

FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE

**APPLICATION FOR TREATMENT OR DISPOSAL
 OF AN INDUSTRIAL WASTE STREAM
 SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE**

1. NAME OF PROJECT/FACILITY MODERN LANDFILL, INC.		2. COUNTY NIAGARA		3. SITE NUMBER 32N30			
4. NAME OF OWNER RICHARD WASHUTA		5. ADDRESS (Street, City, State, Zip Code) 4746 Model City Road, Model City, NY 14107		6. TELEPHONE NO. (716) 754-8226			
6. NAME OF OPERATOR RICHARD WASHUTA		8. ADDRESS (Street, City, State, Zip Code) Pletcher & Harold Road, Model City, NY 14107		9. TELEPHONE NO. (716) 754-8226			
10. METHOD OF TREATMENT OR DISPOSAL SANITARY LANDFILL - D90							
11. COMPANY GENERATING WASTE			12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code)				
13. REPRESENTATIVE OF WASTE GENERATOR		14. MAILING ADDRESS OF REPRESENTATIVE		15. TELEPHONE NO.			
16. DESCRIPTION OF PROCESS PRODUCING WASTE							
17. EXPECTED ANNUAL WASTE PRODUCTION _____Tons/Year _____Gallons/Year			18. WASTE HAULED IN <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Roll-Off Container <input type="checkbox"/> Other _____				
19. WASTE COMPOSITION 19A. Average Percent Solids _____		19b. Physical State <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH Range _____ to _____			
19d. ANALYSIS OF WASTE							
COMPONENTS			CONDENSATION (Dry Weight)		UNIT (Check One)		
			Upper	Lower	Typical	Wt. %	ppm
1) _____			_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____			_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____			_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____			_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
20. IS AN ANALYSIS OF WASTE ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. WAS A TCLP TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", attach results		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous			
23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment and disposal precautions.							
24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY?							
25. NAME OF WASTE TRANSPORTER		26. ADDRESS (Street, City, State, Zip Code)		27. NYSDEC PERMIT No.	28. TELEPHONE NO>		
29. CERTIFICATION I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.							
a. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR					DATE		
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY					DATE		