

FOR STATE USE ONLY		
SITE NO. 32S30	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION		DATE
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	

**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 32S30	
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		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		19b. Physical State		19c. pH Range	
19A. Average Percent Solids		<input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		to	
19d. COMPONENTS		CONCENTRATION (Dry Weight)		UNIT (Check One)	
		Upper Lower Typical		Wt. % ppm	
1)					
2)					
3)					
4)					
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",		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input checked="" 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	