



Nebraska Department of Environmental Quality

Return form to:
Nebraska Department of Environmental Quality
Waste Management Division
P.O. Box 98922
Lincoln, NE 68509-8922
Phone: (402) 471-4210, Toll Free: (877) 253-2603, Fax: (402) 471-2909

Special Waste Characterization and Land Disposal Request Form

A: Generator Information

Business/Organization/Entity: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name/Briefly Describe the Waste: _____

Total amount of waste to be disposed _____ ft³ or lbs. (circle)

One Time Disposal (Yes / No) (circle)

If no, time frame (annually, monthly, etc.) _____

What process or incident generated the waste? _____

B: Physical Characteristics of the Waste

Color _____

Odor: (Please circle one) None Mild Strong

Describe odor: _____

Physical State, @ 70°F

(Please circle one) Solid Gas Liquid Semi-Solid

Layers (Please circle one) Multi-Layered Bi-Layered Single-Phased

Please provide: pH _____ Flash Point _____ Specific Gravity _____

Free Liquids? - Refer to Paint Filter Test (PFT) Method 9095 from SW-846

(Please circle one) Yes No

If yes, describe the method used to solidify the waste prior to disposal. _____

C: Chemical Composition (Attach Analytical Results)

Please Attach All Laboratory Analysis Data Sheets and/or Material Safety Data Sheets

D: Waste Analysis and Data (Circle)

Has the Toxicity Characteristic Leaching Procedure (TCLP) been run on this waste? Yes No

Is this a hazardous waste? Yes No

If yes, is this an exempt quantity of hazardous waste? Yes No

E: Disposal Method

How do you plan to dispose of this waste? (Please circle one below)

Landfill Name of Landfill _____

Land application (Fill in Section F if circled)

Other method Describe: _____

F. Land Application Information

Complete this section only if the waste will be land applied.

Type of Contaminants: _____

Assessment of the treatment/disposal by-products (e.g. air emissions, leachate, etc.); include type of by-product, amount and rate of emission:

Treatment/Disposal Location: _____

Area Size of Location: _____

Legal Description: _____ 1/4, _____ 1/4, _____ Sect., _____ Township, _____ Range

County: _____ Nearest City: _____

Treatment/Disposal Location Owner's Name, Address, & Phone Number: _____

Topography Description: _____

Distance in Feet to Nearest Inhabited Residence, Business or Facilities/Lands

Frequented by the Public: _____

Distance in feet to the Nearest Manmade or Natural Structure that may Collect Vapors

(Petroleum Contaminated Soils Only): _____

Distance in Feet to Nearest Drinking Well(s) (Domestic, Municipal, Etc.):

Distance in Feet to Nearest Surface Water (Pond, Lake, Stream, Wet Lands, Etc.):

Distance in Feet Between the Ground Surface and the Water Table: _____

Major Soil Type(s) Between Surface and Groundwater (i.e. Sand, Gravel, Loam):

Slope of Area (%): _____

Description of Proposed Effectiveness of Treatment: _____

Anticipated Treatment Rate (amount/time): _____

Anticipated Length of Treatment: _____

Certification. By signing below, the party(ies) certify that all above information and all attachments submitted with this document are complete and accurate and that information regarding all known or suspected hazards has been disclosed.

Signature – Responsible Party

Title

Date

Name (type or print)

Signature – Consultant/Contractor

Title

Date

Name – Consultant/Contractor (type or print)