



DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Return form to:
Nebraska Department of Water, Energy, and Environment
Waste Compliance Section
245 Fallbrook Blvd, Ste. 100, Lincoln, NE 68521
Phone: (402) 471-2186, 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. (select one)

One time disposal? Yes No (select one)

If No, time frame (annually, monthly, etc.)

What process or incident generated the waste?

B: Physical Characteristics of the Waste

Color:

Odor: (Select one) None Mild Strong

Describe odor:

Physical State, @ 70°F:

(Select one) Solid Gas Liquid Semi-Solid

Layers:

(Select one) Single-Phased Bi-Layered Multi-Layered

Provide: pH:

Flash Point:

Specific Gravity:

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

Yes No (Select one)

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

Has the Toxicity Characteristic Leaching Procedure (TCLP) been performed 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 select one below)

Landfill Name of Landfill:

Land application (Fill in Section F if selected)

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 the 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, wetlands, 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
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Name (Type or Print)

Signature – Consultant/Contractor	Title	Date
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Name – Consultant/Contractor (Type or Print)