



Nebraska Department of Environmental Quality

Return form to:
Nebraska Department of Environmental Quality
Waste Management Division
P.O. Box 98922
Lincoln, Nebraska 68509-8922
Phone: 1-877-253-2603, Fax: (402) 471-2909

Alternative Petroleum-Contaminated Soil Treatment and Disposal Form

Company responsible or treatment/disposal of soil: _____

Contact name/Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Methods of treatment/disposal: _____

Description of process: _____

Amount of soil to be treated/disposed: _____

Soil type (s): _____

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: _____

Legal description: _____

City, County: _____

Owner's name, address, & phone number of the treatment/disposal location:

Topography description: _____

Description of proposed effectiveness of treatment: _____

Anticipated treatment rate (amount/time): _____

Anticipated length of treatment: _____

Certification. By signing below, the party (ies) certify that the above information is true and an accurate description of the treatment/disposal process and of the treatment/disposal area.

Signature – Responsible Party

Title

Date

Name (type or print)

Signature – Consultant/Contractor

Title

Date

Name – Consultant/Contractor (type or print)