



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

FORM 26R
CHEMICAL ANALYSIS OF RESIDUAL WASTE
ANNUAL REPORT BY THE GENERATOR

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form 26R, reference the item number and identify the date prepared. The date on attached sheets needs to match the date noted below. General Reference 287.54 Date Prepared/Revised _____	DEP USE ONLY Date Received & General Notes
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SECTION A. CLIENT (GENERATOR OF THE WASTE) INFORMATION

Company Name _____				
If a Subsidiary, Name of Parent Company _____			EPA Generator ID# _____	
Company Mailing Address Line 1 _____		Company Mailing Address Line 2 _____		
Company Address Last Line – City _____	State _____	Zip+4 _____	Phone _____	Ext _____
Company Contact Last Name _____	First Name _____	MI _____	Suffix _____	
Municipality _____		County _____		
Contact Phone _____	Ext _____	Contact Email Address _____		
Is the waste generated at the Company Mailing Address (noted above)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', describe location of waste generation and storage. _____				
Municipality _____		County _____		State _____

SECTION B. WASTE DESCRIPTION

Residual Waste Code	Residual Waste Code Description	Amount	Unit of Measure	Time Frame
			<input type="checkbox"/> cu yd <input type="checkbox"/> gal <input type="checkbox"/> lb <input type="checkbox"/> ton	<input type="checkbox"/> One Time

1. GENERAL PROPERTIES

a.	pH Range _____	to _____	(based on analyses or knowledge)	
b.	Physical State	<input type="checkbox"/> Liquid Waste (EPA Method 9095) <input type="checkbox"/> Solid (EPA Method 9095) <input type="checkbox"/> Gas (ambient temperature & pressure)		
c.	Physical Appearance	Color _____	Odor _____	
		Number of Solid or Liquid Phases of Separation _____		
		Describe each phase of separation. _____		

2. CHEMICAL ANALYSIS ATTACHMENTS

a.	The results of a detailed chemical characterization of the waste, as described in the instructions, is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	A detailed description of the waste sampling method is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	The quality assurance/quality control procedures employed by the laboratory(ies) is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	The results of the hazardous waste determination is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	If applicable, a detailed explanation supporting use of generator knowledge in lieu of actual chemical analysis is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

3. PROCESS DESCRIPTION & SCHEMATIC ATTACHMENTS			
a.	A detailed description of the manufacturing and/or pollution control processes producing the waste, as specified in the instructions, is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	A schematic of the manufacturing and/or pollution control processes producing the waste, as specified in the instructions, is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	If portions of the information submitted are confidential, the substantiation for a confidentiality claim, as described in the instructions, is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
SECTION C. MANAGEMENT OF RESIDUAL WASTE			
1. PROCESSING OR DISPOSAL FACILITY(IES)			
The area below (a.-d.) will accommodate the identification of two facilities. Attach additional sheets if necessary.			
a.	Solid waste permit number(s) for processing or disposal facility being utilized.		
b.	Facility Name		
	Address Line 1		
	Address Line 1		
	Address City State ZIP		
	Municipality	County	
c.	Facility Contact Name		
	Title		
	Phone	Email Address	
d.	Volume of waste shipped to processing or disposal facility in the previous year.		
	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	<input type="checkbox"/> lb <input type="checkbox"/> ton (check one)
a.	Solid waste permit number(s) for processing or disposal facility being utilized.		
b.	Facility Name		
	Address Line 1		
	Address Line 1		
	Address City State ZIP		
	Municipality	County	
c.	Facility Contact Name		
	Title		
	Phone	Email Address	
d.	Volume of waste shipped to processing or disposal facility in the previous year.		
	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	<input type="checkbox"/> lb <input type="checkbox"/> ton (check one)
2. BENEFICIAL USE			
a.	Has the waste been approved for beneficial use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", list the general permit number or approval number.		
b.	Volume of waste beneficially used in the previous year.		
	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	<input type="checkbox"/> lb <input type="checkbox"/> ton (check one)

SECTION D. CERTIFICATION

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this Annual Report and all attached documents and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I verify that the submitted information is true, accurate and complete to the best of my knowledge. I understand that the submission of false information herein is made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, which include fine and imprisonment.

Check the following, if applicable:

I certify the information required in Section B-1, General Properties was supplied to the Department for the year _____ and has not changed.

Form Submitted: Form 26R
 Other (specify) _____

Date Submitted: _____

I certify the information required in Section B-2, Chemical Analysis was supplied to the Department for the year _____ and has not changed.

Form Submitted: Form 26R
 Other (specify) _____

Date Submitted: _____

I certify the information required in Section B-3, Process Description and Schematic, was supplied to the Department for the year _____ and has not changed.

Form Submitted: Form 26R
 Other (specify) _____

Date Submitted: _____

Name of Responsible Official _____ Title _____

Signature _____ Date _____