



WASTE CLASSIFICATION APPLICATION CHECKLIST

State Form 52953 (9-21)

- Instructions:**
1. Each application is for one waste stream only.
 2. Multiple application forms may be submitted at one time.
 3. Attach all requested information.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Industrial Waste Compliance Section
Office of Land Quality
100 N. Senate Ave.
Mail Code 66-20-1
Indianapolis, IN 46204-2251
E-mail: wasteclassification.@idem.IN.gov

Facility Name		Date
Business Address (number and street)		Business Telephone () - - - -
City	County	Zip
Location Address (number and street) (if different)		
City	County	Zip
On-Site Representative		E-mail

CHECKLIST

The following information shall be attached to the waste classification checklist:

- Purpose of waste classification (select all that apply)
 1. Use (under 329 IAC 10-3-1 (13), IC 13-19-3-7, other)
 2. Disposal at Restricted Waste Site (RWS)
 3. Alternate Daily Cover (ADC) at a Municipal Solid Waste Landfill (MSWLF)
 4. Other (specify, e.g., surface impoundment closure, open dump closure)
- A narrative description of the manufacturing process
- Raw materials used in manufacturing
- Volume of waste and frequency of disposal
- Adequate documentation used to make a waste determination (e.g., Not a hazardous waste, PCB containing, etc.)
- A waste sampling description and/or sampling and analysis plan (SAP)
- Laboratory analysis documentation including the appropriate testing methods and quality assurance and quality control (QA/QC) documentation, See Solid & Hazardous Waste Programs Analytical Data Deliverable Requirements: Supplemental Guidance located at: https://www.in.gov/idem/landquality/files/sw_resource_data_deliverable_reqs.pdf

Preparer:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information.

Name (Print)

Signature

Date (month, day, year)