This form should be completed when mass poultry mortalities will be direct hauled to the landfill for disposal. This form is not needed for poultry mortality composted on-site or when the compost will be disposed of at the landfill.

**PART I – GENERATOR INFORMATION**

**Section A – Generator Information**

Integrator:

Farm Name:       Permit #:

Grower/Producer:

Property Owner (if different from Grower/Producer):

Farm Address:

USDA Field Contact**:**

**Primary Contact for Waste Disposal: [ ]  Integrator [ ]  Grower/Producer [ ]  USDA Field Contact [ ]  Other**

Contact Name:

Office Phone:       Cell Phone:

Email:

**Section B – General Waste Profile**

1. General description of the process generating the waste:

[ ]  Disease (specify type) [ ]  Other:

Depopulation Date:

Depopulation Method:

1. Type and size or age of carcasses, and any other wastes, (e.g., plastic sheeting, litter, personal protective equipment) to be disposed:

1. Amount of waste, including number/ID of houses, estimated number of carcasses, and/or total weight/volume (tonnage or cubic yards):

1. Estimated date or timeframe for landfill disposal:

1. Number and types of containers for transport (e.g., super sacs, drums, buckets, plastic bags, totes), transportation method (e.g., roll-off, tractor trailer, trailer with walking floor), and number of truckloads:

1. Hauler name(s):

1. Will VA Dept. of Agriculture and Consumer Services and/or US Dept. of Agriculture protocols for transport, decontamination, and personal protective equipment be followed, as applicable, when handling this waste? **[ ]  Yes [ ]  No [ ]  NA**
2. Any other information to be considered as part of this request:

**Section C – Contact Information for Individual Submitting Part I of this Form**

**Print Name:**

**Title:**

**Signature:**

**Date:**

**PART II – SOLID WASTE MANAGEMENT FACILITY INFORMATION**

**Section A – Landfill Information** [Only SANITARY landfills may be considered for disposal of animal mortality. Mass mortalities should be direct hauled to the landfill for disposal and not to a transfer station.]

Facility Name:       Permit #:

Address:

County:

Contact Name:

Office Phone:       Cell Phone:

Email:

**Section B – Landfill Programs**

1. Is the landfill implementing a groundwater monitoring program in accordance with the VSWMR? **[ ]  Yes [ ]  No [ ]  NA**
2. Is the cell in which this waste is to be placed underlain with at least a Subtitle D liner system and a leachate collection system? **[ ]  Yes [ ]  No [ ]  NA** *[animal mortality waste should not be disposed in HB1205 areas]*
3. Does the landfill have financial assurance as required by 9 VAC 20-70? **[ ]  Yes [ ]  No [ ]  NA**
4. Does the landfill have an active gas extraction system? **[ ]  Yes [ ]  No [ ]  NA**
5. Is the landfill implementing an odor management plan?  **[ ]  Yes [ ]  No [ ]  NA**
6. Does the landfill’s permit allow disposal of mass animal mortality with DEQ approval? **[ ]  Yes [ ]  No [ ]  NA**
7. Is a temporary increase to the daily disposal limit needed to accommodate the waste? **[ ]  Yes [ ]  No [ ]  NA**
8. If required, has the landfill received approval from the locality to receive the special waste? **[ ]  Yes [ ]  No [ ]  NA**
9. Will a record be placed in the landfill’s operating record of the disposal location (including map, elevation, and coordinates), type, and quantity of waste disposed? **[ ]  Yes [ ]  No [ ]  NA**
10. Describe how this special waste is proposed to be managed, including:
	1. Proposed disposal location (landfill unit, phase, and/or cell number, and location/grade/orientation on slope, at least 50 feet or more from the edge of slope in cells operating above grade);

* 1. If waste will be immediately disposed in single/multiple pre-excavated trenches away from the active workface; and

* 1. Cover placement (immediate or progressive cover of at least 2 ft. compacted soil or 2 ft. excavated waste with daily or intermediate cover above, as applicable)

1. Describe how runoff will be controlled and if/how weather conditions will affect acceptance or disposal of the waste:

1. Describe if/how the landfill will receive and process other incoming waste loads while the special waste is being processed:

1. Will VA Dept. of Agriculture and Consumer Services and/or US Dept. of Agriculture protocols for transport, decontamination, and personal protective equipment be followed, as applicable, when handling this waste?
**[ ]  Yes [ ]  No [ ]  NA**
2. Other strategies to minimize the potential for leachate seeps, settlement, odors, vectors, gas issues, slope instability, and citizen complaints during and after disposal, such as visual monitoring, additional cover, odor neutralizer or masking agent, increased vacuum on active gas systems, etc.:

1. Any other information to be considered as part of this request:

*Note: If, after receiving approval to receive the requested special waste, a facility determines that the waste received does not conform to the information submitted in Part I of this form, the facility should reject the waste and notify the Department of the circumstances of the rejection.*

**Facility Operator Certification**

I am licensed by the Virginia Board of Waste Management Facility Operators to act as a Waste Management Facility Operator (WMFO) for this facility. I hereby certify the above information is true and accurate to the best of my knowledge. I request that the Department evaluate the SWDR for disposal of the special solid waste at this facility.

Print Name:

Title:

WMFO License No:       Class:

Signature:       Date: