Type of Customer:					
	est in Seneca Landfill. Before tors must sign in at building				wing information.
A. Waste Generator In	formation				
Generator Name:		EIN #:		DEP Generator ID #:	
Generator Site Address:			Municipality:		
City:	County:		State:	Zip:	
Site Contact Name:			Title:		
Phone:	Fax:	or I	E-mail:		
Billing Address (if different	t):	(City:	State:	Zip:
Billing Contact Name:		1	Γitle:		
Phone:	Fax:	or	E-mail:		
	kets provide all the same informa ediately, if your company still wan				
B. Waste Transporter I	nformation				
Truck Type:	VIN #:	License Plate #: _		Truck Fleet	#:
Subcontracted Company N list of this information for ea	ame:ach truck.		If there will I	be more than one truc	k please provide a
Is this an Act 90 vehicle? [☐ No ☐ Yes If yes Act 90 Perm	nit #:		GRW of Truck:	
Will a Purchase Order # or	Job # be used for different location	ns or this project?] No □ Yes	S	
If yes please supply this inf	ormation:			_	
	ss Registered Weight (GRW) of 17 90 Permit. Please see this link for				
	// 121 1	/1 1/0 //		4 0 410 000 10	

http://www.elibrary.dep.state.pa.us/dsweb/Get/Document-59702/254-2412-002.pdf

Processing/Disposal Facility

Seneca Landfill - PA DEP Permit #: 100403 421 Hartmann Road Evans City PA 16033

Phone: 724-452-0899 Fax: 724-453-0915

Email: residualwastespecialist@senecalandfill.com Facility Contact Person: John Ott, Compliance Specialist Landfill Hours: Monday-Friday 8am-3pm, Saturday 8am-11am

Seneca Landfill Office

PO Box 1080 Mars, PA 16046 Phone: 724-625-9000 Fax: 724-625-3777

Email: billing@senecalandfill.com

Office Hours: Monday-Friday 8am-4:30pm