## FORM B PROFESSIONAL CERTIFICATION

# FORM B1 APPLICATION FORM CERTIFICATION

Prepared	09/2022	2
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This Form B and Form B1 are provided for application with this Major Permit Modification Application. These forms provide information on the preparation of this Major Permit Modification Application only; no certification, guarantee or warranty is provided for other work at this facility, express or implied.

Form B & Form B1 - Table of Contents		
FORM B	This Major Permit Modification	
FORM B1	This Major Permit Modification	

F-BB1-AT.doc 10/3/2022

2540-PM-BWM0358 6/2005



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

Date Prepared/Revised Prepared 09/2022

**DEP USE ONLY** 

Date Received

## FORM B PROFESSIONAL CERTIFICATION

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 B, reference the item number and identify the date prepared. The "date prepared/revised" on any attached sheets needs to match the "date prepared/revised" on this page.

General References: Section 271.122, 287.122		
SECTION A. SITE IDENTIFIER		
Applicant/permittee: Boyd Roll-Off Services, Inc.		
Site Name: Boyd Waste Transfer & Recycling Facility		
Facility ID (as issued by DEP): 101717		
SECTION B. REGISTERED PROFESSIONAL ENGINEER		
I, David W. Murray		
(Engineer's Name – Print or Tyl	pe)	
being a Registered Professional Engineer in accordance with the Pennsylvania Professional Engineer's Registration Law, do hereby certify to the best of my knowledge, information, and belief that the information contained in the accompanying application, plans, specifications, and reports has been prepared in accordance with accepted practice of engineering, are true and correct, and are in accordance with the Rules and Regulations of the Department of Environmental Protection. I also certify that those individuals indicated in the following paragraphs prepared this application under my supervision. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.		
Signature David MEA  Professional David Management David Mediane Date September 12, 2022  License Number PE 045947 E  Expiration Date September 30, 2023		
Address <u>Civil Design Solutions, Inc.</u>		
1331 State Avenue		
Coraopolis, Pennsylvania 15108	 Professional Seal	
Telephone No. ( 412 ) 299-2700 Ext. 151		

SECTION C. SOIL SCIENTIST PROVIDING SOILS INFORMATION		
L Not Applicable	do hereby certify	
I, Not Applicable  (Soil Scientists Name – Print or Type)	do nereby certify	
to the best of my knowledge, information, and belief that the soils information contained in this app	olication has been prepared in	
accordance with accepted practices of soil science and in accordance with the Rules and Regu		
Environmental Protection. I am aware that there are significant penalties for submitting false information	tion, including the possibility of	
fines and imprisonment.		
Signature Date		
Address	_	
	_	
	_	
Talanhana Na ( )		
Telephone No. ()		
SECTION D. REGISTERED PROFESSIONAL GEOLOGIST		
I, Not Applicable	being a	
(Hydrogeologist's Name – Print or Type)		
Registered Professional Geologist in accordance with the Pennsylvania Professional Geologists Regist	ration Law, do hereby certify	
to the best of my knowledge, information, and belief that the hydrogeology information contained		
prepared in accordance with the accepted practices of hydrogeology and in accordance with the	Rules and Regulations of the	
Department of Environmental Protection. I am aware that there are significant penalties for submitting	false information, including the	
possibility of fines and imprisonment.		
Signature Date		
License Number Expiration Date		
Address	Professional Seal	
	Geal	
Telephone No. ()		



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

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### FORM B1 APPLICATION FORM CERTIFICATION

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 B1, reference the item number and identify the date prepared. The "date prepared/revised" on any attached sheets needs to match the "date prepared/revised" on this page.

prepared/revised" on this page.			
SE	CTION A. SITE IDENTIFIER		
Applicant/permittee: Boyd Roll-Off Services	s, Inc.		
Site Name: Boyd Waste Transfer & Recycling Facility			
Facility ID (as issued by DEP): 101717			
SECTION B. CERTIFICATION			
Professional Engineer			
I, <u>David W. Murray</u>			
(Engineer's Name -Print or Type)			
being a Registered Professional Engineer in accordance with the Pennsylvania Professional Engineer's Registration Law, do hereby certify that the forms used in the accompanying application have been reproduced under my supervision and have the same exact content and the same format as the forms prepared by the Department. I am aware that there are significant penalties for altering the content of the Department's forms, including the possibility of fines and imprisonment.			
PROFESSIONAL DAVID IV. AND FRAY  NO. 045947-E  Signature  Date September 12, 2022			
License Number PE 045947 E	Expiration Date <u>September 30, 2023</u>		
Address <u>Civil Design Solutions, Inc.</u>			
1331 State Avenue	Professional		
Coraopolis, Pennsylvania 15108	Seal		
Telephone No. ( 412 ) 299-2700 Ext. 151			