



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Handwritten initials and signature

**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.

RECEIVED ONLY
Date Received & General Notes
APR 14 2010

General Reference 287.54

Date Prepared/Revised 03/01/2010

SECTION A CLIENT (GENERATOR OF THE WASTE) INFORMATION

Company Name
EOG Resources, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

If a Subsidiary, Name of Parent Company

EPA Generator ID#

Company Mailing Address Line 1
400 Southpointe Blvd.

Company Mailing Address Line 2
Plaza 1, Suite 300

Company Address Last Line - City
Canonsburg

State
PA

Zip+4
15317

Phone

724-745-1102

Ext

Company Contact Last Name

First Name
Gary

MI
L

Suffix

Municipality
Canonsburg

County
Washington

Contact Phone
724-745-1102

Ext

Contact Email Address

gary_smith@eogresources.com

Is the waste generated at the Company Mailing Address (noted above)?

Yes

No

If 'No', describe location of waste generation and storage. Natural Gas Well Locations

Municipality

County

Clearfield, Elk, McKean, Bradford

State

PA

SECTION B WASTE DESCRIPTION

Residual Waste Code

Residual Waste Code Description

Amount

Unit of Measure

Time Frame

801

Drilling Residuals

200

cu yd gal
 lb ton

One Time

1. GENERAL PROPERTIES

a. pH Range

6

to

9

(based on analyses or knowledge)

b. Physical State

Liquid Waste (EPA Method 9095)

Solid (EPA Method 9095)

Gas (ambient temperature & pressure)

c. Physical Appearance

Color

Black to Brown

Odor

None

Number of Solid or Liquid Phases of Separation

One

Describe each phase of separation. Solid

2. CHEMICAL ANALYSIS ATTACHMENTS

a. The results of a detailed chemical characterization of the waste, as described in the instructions, is attached.

Yes

No

b. A detailed description of the waste sampling method is attached.

Yes

No

c. The quality assurance/quality control procedures employed by the laboratory(ies) is attached.

Yes

No

d. The results of the hazardous waste determination is attached.

Yes

No

e. If applicable, a detailed explanation supporting use of generator knowledge in lieu of actual chemical analysis is attached.

Yes

No

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 checked="" 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 checked="" 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 checked="" 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. PA0101243		
b.	Facility Name	Northern Tier Solid Waste Authority	
	Address Line 1	P.O. Box 10	
	Address Line 1		
	Address City State ZIP Municipality	Burlington PA 18814-0010 Burlington County Bradford	
c.	Facility Contact Name	Ronald Slingerland	
	Title	Foreman	
	Phone	570-297-4177	Email Address ntswa@epix.net
d.	Volume of waste shipped to processing or disposal facility in the previous year. 225.94 <input type="checkbox"/> cu yd <input type="checkbox"/> gal <input type="checkbox"/> lb <input checked="" type="checkbox"/> ton (check one)		

a.	Solid waste permit number(s) for processing or disposal facility being utilized. PA0103446		
b.	Facility Name	Veolia ES Greentree Landfill, LLC	
	Address Line 1	635 Toby Road	
	Address Line 1		
	Address City State ZIP Municipality	Kersey PA 15846 Kersey County Elk	
c.	Facility Contact Name		
	Title		
	Phone	814-265-1744	Email Address
d.	Volume of waste shipped to processing or disposal facility in the previous year. 11,107.89 <input type="checkbox"/> cu yd <input type="checkbox"/> gal <input type="checkbox"/> lb <input checked="" type="checkbox"/> ton (check one)		

2. BENEFICIAL USE

a.	Has the waste been approved for beneficial use? If "Yes", list the general permit number or approval number.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b.	Volume of waste beneficially used in the previous year. 0 <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-A, 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-B, 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-C, 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
Gary L. Smith

Title Vice-President and General Manager

Signature 

Date March 23, 2010

a. Solid waste permit number(s) for processing or disposal facility being utilized NY 0025968	
b. Facility Name	Canadaigua WWTP
Address Line 1	
Address Line 2	
Address City State ZIP	
Municipality	County
c. Facility Contact Name	
Title	
Phone	Email Address
d. Volumes of waste shipped to processing or disposal facility in the previous year. 177,000 <input type="checkbox"/> cu yd <input checked="" 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 PA0101508	
b. Facility Name	Pennsylvania Brine Treatment - Franklin
Address Line 1	5148 Route 322
Address Line 2	
Address City State ZIP	Franklin PA 16323
Municipality	Franklin County Venango
c. Facility Contact Name	
Title	Elton DeLong, Jr. Operations Manager
Phone	814-437-3593 Email Address
d. Volumes of waste shipped to processing or disposal facility in the previous year. 4,838,644 <input type="checkbox"/> cu yd <input checked="" 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 PA0095273	
b. Facility Name	Pennsylvania Brine Treatment - Josephine
Address Line 1	P.O. Box 296 Bells Mills Road
Address Line 2	
Address City State ZIP	Josephine PA 15750
Municipality	Josephine County Indiana
c. Facility Contact Name	
Title	Elton DeLong, Jr. Operations Manager
Phone	724-248-1000 Email Address
d. Volumes of waste shipped to processing or disposal facility in the previous year. 606,012 <input type="checkbox"/> cu yd <input checked="" type="checkbox"/> gal <input type="checkbox"/> lb <input type="checkbox"/> ton (check one)	