

Development Authority of the North Country
Solid Waste Management Facility
 Rodman, NY

SPECIAL WASTE PROFILE
 THIS FORM IS FOR DISPOSAL OF *NON-HAZARDOUS* WASTE ONLY
(Incomplete or missing information will delay approval process)

ORIGIN OF WASTE (PHYSICAL LOCATION)

Business / Property Owner's Name:			
Address:	City	State	Zip
County:	Phone	Fax	
Contact Person	Title		

GENERATOR INFORMATION (MAY BE THE SAME AS ABOVE)

Business / Property Owner's Name:			
Address:	City	State	Zip
County:	Phone	Fax	
Contact Person	Title		

BILLING INFORMATION

Company Name:	Phone	Fax	
Mailing Address:	City	State	Zip

WASTE CHARACTERIZATION

Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong	Physical Characteristics: <input type="checkbox"/> Solid <input type="checkbox"/> Sludge
Minimum % Solids: _____	Is Request:
% solids must exceed 20%-no free liquids evident	<input type="checkbox"/> One Time Only Approx amount: _____ (Tons)
	<input type="checkbox"/> Ongoing Monthly amount: _____ (Tons)
Name of Waste: _____	Type of Waste: _____
Process that generated waste (Be Specific): 	
Does this facility generate any hazardous waste <input type="checkbox"/> Yes <input type="checkbox"/> No If hazardous wastes are generated, does management feel that adequate controls are in place to control / separate waste streams? <input type="checkbox"/> Yes <input type="checkbox"/> No (If answer is no, a detailed explanation must be attached)	

Please Do Not Write Below This Line

SWMF Approval _____ Date _____

AUTHORIZED HAULER (PRIMARY)

Company Name			
Address	City	State	Zip
Contact Person	Title		
Phone	Fax		
NYS DEC Waste Transporter Permit #	Is hauler permitted to use DANC Solid Waste Management Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTHORIZED HAULER (SECONDARY)

Company Name			
Address	City	State	Zip
Contact Person	Title		
Phone	Fax		
NYS DEC Waste Transporter Permit #	Is hauler permitted to use DANC Solid Waste Management Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERATOR'S CERTIFICATION TO SOLID WASTE MANAGEMENT FACILITY

I / We hereby certify that all of the information that we have presented to the DANC Solid Waste Management Facility on this form or any attachments is an accurate representation of our waste stream.

I / We hereby certify that the laboratory can contact the DANC Solid Waste Management Facility directly to discuss our attached waste stream.

I / We hereby certify that the waste stream that we are applying for disposal at the DANC Solid Waste Management Facility is not a listed known hazardous waste. In addition, none of the components of the process, or any residue generated, are known hazardous wastes.

I / We hereby agree that any changes in this waste stream, either in the process method or changes of any of the components, that we will notify the DANC Solid Waste Management Facility, in writing, within 24 hours of our findings. (Fax is the preferred method).

I / We agree that a representative of the DANC Solid Waste Management Facility may at any time visit the site of contamination and sample the material to be disposed.

I / We agree to indemnify, defend and hold harmless the Development Authority of the North Country, its employees, affiliates, successors and assigns from and against any and all losses, liabilities, damages, claims, fines, causes of action deficiencies, costs and expenses (including reasonable attorneys' fees and other litigation expenses) based upon, arising out of or otherwise related to the disposal of our waste stream.

Name: _____ Signature: _____

Title: _____ Date: _____

Development Authority of the North Country
Solid Waste Management Facility
Certification of Representative Sample

Please Type or Print Legibly

Generator's
Name: _____

Waste
Name: _____

Sampler's
Name: _____

Employer: _____

Sample Date: _____ Time: _____

It is mandatory that the testing laboratory receive a representative sample of the waste stream that you intend to dispose of at the DANC Solid Waste Management Facility. Sampling instructions can be obtained from your ELAP and / or other approved laboratory. Please follow the instructions carefully.

Analytical test results must be submitted with profile. Please refer to our Special Waste Analytical Requirements for the required laboratory tests.

Ongoing Waste Stream

Minimum one (1) representative sample annually. Additional testing may be required depending on quantities of waste disposed.

Sample Quantities for One Time Only Approvals

1-1,000 Tons	One (1) Representative Sample Required
1,000-3,000 Tons	Two (2) Representative Samples Required
3,000-7,500 Tons	Three (3) Representative Samples Required
7,500-10,000 Tons	Four (4) Representative Samples Required

Sampler's Certification

I hereby certify that I personally collected a representative sample of the waste stream at the location, date and time as listed above.

Name: _____ Date: _____
(please print)

Signature: _____