SPECIAL WASTE PROFILE FORM

Materials Management Facility
23400 NYS Rt. 177, Rodman, NY 13682
Phone: (315)661-3230 Fax (315)661-3231 DEC Permit # 6-2252-00006/00007

Directions:

1. You must have an active permit with our facility in order to be billed for or haul in waste. If you do not, the permit application can be found on our website: https://www.danc.org/departments/materialsmanagement/LandfillPermits
2. This facility is not permitted to accept regulated hazardous waste. This application is designed to ensure that the Authority maintains compliance with its operating permits.
3. Complete the Special Waste Profile Form in its entirety, and provide any required analytical results of samples with your submission.
   a. Refer to Special Waste Analytical Testing Requirements for more information.
   b. Complete and sign the Sampler's and Generator's Certification.
4. If the project includes materials from a large institutional or industrial property a pre-application discussion is recommended. Email swmfspecialwaste@danc.org to arrange a phone call.
5. Email completed profile to swmfspecialwaste@danc.org
   a. All future correspondence on the request must be addressed to swmfspecialwaste@danc.org.
   b. Please allow 5 business days for application processing.
   c. A 10-day notification is required for volumes greater than 100 tons per day.

☐ **New Permit** ☐ **Ongoing Permit Renewal**

1.0 ORIGIN OF WASTE

Business / Property Owner's Name:			
Address*:	City:	State:	Zip:
County:	Phone:	Fax:	
Contact Person:	Title:	Email:	
EPA ID# (if applicable):	State ID# (if applicable):		
Site Description: ☐ Residential ☐ Commercial ☐ Institutional ☐ Industrial ☐ Other: _____			

*A physical address is required. Post office boxes are not acceptable.

2.0 GENERATOR INFORMATION

Check if Same as Above ☐

Business / Property Owner's Name:			
Address:	City:	State:	Zip:
County:	Phone:	Fax:	
Contact Person:	Title:	Email:	
EPA ID# (if applicable):	State ID# (if applicable):		

3.0 BILLING INFORMATION

Please note the entity that will be invoiced for the waste received. This entity will be responsible for payment. Please use the 8-character Development Authority Account ID specific to the account – all account IDs are available on our website, and can be verified through the company selected below. If the waste is generated in Lewis County, the Authority will invoice the County and they will invoice the company noted below.

Account ID Weblink:
https://www.danc.org/media/Operations/Materials%20Management/LandfillPermits/Hauler_Account_ID.pdf

4.0 COMMUNITY IMPROVEMENT PROJECTS

Is there a Community Improvement Project (CIP) reduced tip fee associated with this project? ☐Yes ☐No

Information/ application regarding CIP:
https://www.danc.org/media/Operations/Materials%20Management/LandFillPermits/Application_for_Reduced_Tip_Fee.pdf

5.0 BILLING INFORMATION (Primary Hauler typically billed)

Must have current DANC permit

Company Name:	Authority Billing Account ID:		
Mailing Address:	City:	State:	Zip:
Contact Person:	Phone:	Fax:	
PO # for billing, if applicable:	Email:		

6.0 AUTHORIZED HAULER (PRIMARY)

Must have current DANC permit

☐Check if same account as billing

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	
NYS DEC Waste Transporter Permit #:	Authority Hauler Account ID:		

7.0 AUTHORIZED HAULER (SECONDARY)

Must have current DANC permit

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	
NYS DEC Waste Transporter Permit #:	Authority Hauler Account ID:		

8.0 WASTE CHARACTERIZATION

Name of Waste Profile (Job Name):	Anticipated Delivery Date(s):
Type of Waste: (soil, sludge, process waste, etc.) ☐Non-Hazardous Petroleum Contaminated soil ☐Beneficial Use Sludge ☐Sewage Sludge ☐Non-Beneficial Use Sludge ☐Industrial Waste ☐Friable Asbestos (One-Ton Minimum) ☐Asbestos-Containing Material ☐Construction & Demolition Debris ☐Other _____	Estimated Amount in Tons: Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____ Daily Ton ____ Total Ton _____
Project Duration: ☐One Time Project ☐ Ongoing Disposal If ongoing: ☐First time application ☐ Renewal If Renewal: Waste Class: _____ Profile #: _____	Maximum Daily Amount in Tons:

Is There a Chemical Odor? ☐None ☐Mild ☐Strong	Was the Waste Stored: ☐Above Grade ☐ Containerized ☐ Below Grade and Excavated

A) WASTE DESCRIPTION DETAILS

Please provide a detailed description of the process which generated the waste:

_____

_____

_____

_____

B) WASTE GENERATION INFORMATION

1. Was the waste generated from food production? ☐ Yes ☐ No

2. Is your facility a designated New York State Food Scrap generator? (https://www.dec.ny.gov/docs/materials_minerals_pdf/dfsglist2024.pdf)
☐ Yes, my generator code is: _____ ☐ No

3. Are you required to recycle food waste? ☐ Yes ☐ No

4. Have you obtained an exemption waiver from NYS DEC? ☐ Yes (Attach a copy) ☐ No

C) WASTE MATERIAL INFORMATION

1. Does the waste contain building materials, or is it classified as Construction and Demolition Waste (C&D)? C&D debris is uncontaminated solid waste resulting from the construction, remodeling, repair and demolition of utilities, structures and roads; and uncontaminated solid waste resulting from land clearing.
☐ Yes
☐ No, ***proceed to next section***

2. Was the building constructed before 1978?
☐ Yes
☐ No, ***proceed to next section***

3. Is building condemned or are there other conditions present that would make an asbestos survey unsafe to perform?

☐ Yes, attach a copy of the NYS Department of Labor (NYSDOL) site-specific or Applicable Variance issued for the controlled asbestos demolition of the structure ***and proceed to Question 7***. *Note that if relying on the NYSDOL Applicable Variance A-1 (AV-A-1) for municipally owned properties, a copy of AV-A-1 is not necessary. Please provide a signed copy of the Condemnation Letter from the local authority.
☐ No

4. New York State Labor Law (Article 10, Sect. 241.10) requires a survey to identify asbestos prior to commencing any interior or exterior demolition, renovation, remodeling, or repair work on all buildings unless a NYSDOL variance is issued indicating an exemption of survey.

☐ Attach a copy of survey completed by a NYSDOL- Licensed Asbestos Inspector.

5. Was asbestos detected?
☐ Yes[1]
☐ No, ***proceed to Question 7***
[1]If ACM was detected but has been abated, please provide documentation of abatement.

6. Check the materials identified from the asbestos survey:
☐ Friable, will be bagged for disposal
☐ Friable, will be disposed of as bulk asbestos contaminated material
☐ Non-Friable asbestos, will be disposed of as bulk asbestos contaminated materials
☐ Provide NYSDOL Project Notification Number _____

Asbestos receiving hours end at 2:00PM. Loads must be scheduled 24 hours in advance. Approved materials must be received in accordance with all regulations. A completed multi-part manifest is required for each load.

Bulk asbestos rates apply only when a structure that has been destroyed by fire or has been deemed unsafe for entry (such that an asbestos survey and / or asbestos abatement cannot be performed) and the material resulting from the demolition of that structure is required to be handled as friable asbestos.

7. The Toxic Substances Control Act (40 CFR Part 745) details the sampling requirements for Lead-Based Paints. A representative TCLP sample is required. If a NYSDOL Variance for controlled demolition was issued, then TCLP analysis may be performed by obtaining representative sample(s) from the debris pile. The Authority cannot approve the special waste application until the TCLP analysis is complete.
☐ TCLP analysis complete and Laboratory Report attached

8. Was Lead-Based Paint identified in the report?
☐ Yes, identify highest level detected _____
☐ No

D) WASTE GERNERATION INFORMATION

1. Was waste generated from a leak or spill greater than 5 gallons? ☐ Yes ☐ No, ***Proceed to next Section***

2. Released volume in gallons: _____ DEC Spill #: _____ ☐ N/A

☐Type of Contamination:
☐Gasoline
☐Fuel Oil
☐Diesel
☐Kerosene
☐Waste Oil
☐Unknown
☐Other _____

3. Tax Parcel Identification Number(s) associated with the spill:
_____

4. Is it a Virgin Fuel Spill (fuel that has not been used or mixed with other chemicals)? ☐ Yes ☐ No

E) NYSDEC INFORMATION

1. Has a letter from the NYSDEC been attached deeming the waste "non-hazardous"?
☐ Yes, ***proceed to next section*** ☐ No (Analytical Testing is required).

2. Was this site ever suspected of having hazardous materials?
☐ Yes ☐ No, ***Proceed to next section***

3. What was the source of the hazardous materials?
   _____

4. Which compounds were suspected?
   _____

5. Has testing been performed to quantify these compounds?
   ☐ Yes (Provide copies of analysis and of sampling and analysis plan.) ☐ No

6. What conclusions were made regarding lab data (attach additional detail if necessary)?
   _____
   _____
   _____
   _____

7. Is the site a registered Superfund Site? ☐ Yes, registration #: _____ ☐ No

8. Does the location create hazardous waste not included in this waste? ☐ Yes ☐ No, ***Proceed to next section***

9. Are controls established to maintain separate waste streams? ☐ Yes ☐ No (Attach a detailed explanation)

10. Does the waste include potentially contaminated soil? ☐ Yes ☐ No ***Proceed to next section***

F) Analytical Testing Required? ☐ Yes ☐ No

1. If yes, please list analytical testing needed for waste stream from the Special Waste Analytical Testing Requirements tables at the end of the document:
   _____
   _____

9.0 CERTIFICATION OF REPRESENTATIVE SAMPLING

Generator's Name:			
Waste Description:			
Sample Date:	Time Sampled:		
Laboratory Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	

Refer to the Special Waste Analytical Requirements on the following pages for information about the laboratory tests required for waste acceptance. All laboratory instructions for sample collection, submittal, and chain of custody documentation must be followed. Samples submitted for laboratory analysis must be collected from, and be fully representative of, the waste described within this application for disposal. No testing is required for food waste which does not include wastewater treatment sludge or liquid process waste.

The Authority reserves the right to modify sampling quantities and requirements as required to ensure permit compliance.

1-500 Tons	One (1) Sample Required
>500 Tons and ≤1000Tons	Two (2) Samples Required
>1000 Tons and ≤1500	Three (3) Samples Required
>1500 and ≤2000 Tons	Four (4) Samples Required
>2000 Tons	To Be Determined By the Authority

A) 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.

The Sampler's Certification is not required if no analytical testing or hazardous materials survey is required for given waste stream.

Name: _____ Date: _____
(Please print)

Signature: _____

Company: _____

Generator Witness: _____

B) Generator's Certification

The Generator is hereby defined as the responsible individual or representative for the firm, company, agency, corporation, partnership, association, municipality, commission, political subdivision, or other entity who produced the waste described within this application. The Generator must review and affirm each statement by checking the corresponding box and sign below before the Authority will consider their application for disposal.

☐ I certify that the information submitted to the Authority in this application constitutes an accurate and complete representation of the waste profile.
☐ I give permission for the Authority to contact the laboratory who performed the waste analysis directly, and ask questions in reference to this waste stream.
☐ I certify that neither the waste described in this application, nor the components and residues of the generation process could be considered hazardous waste(s).
☐ Authority review is required upon discovery of additional substances, or changing the waste handling methods, as it could introduce unforeseen hazardous materials into the waste stream. In such an event, I agree to notify the Authority in writing within 24 hours, and shall withhold further shipments

until receiving guidance.

☐ I understand that the Authority reserves the right for a representative to visit the site of generation at any time, and to sample the waste material at its own expense. I hereby provide authorization for inspections and sampling.

☐ I agree to indemnify, defend, and hold harmless the Authority, 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 this waste stream.

☐ I agree to all the conditions set forth by the Development Authority of the North Country in this document.

If signing and certifying on behalf of the generator, provide a document establishing you as the Generator's agent.

Name: _____ Signature: _____ (Print)

Title: _____ Date: _____

SPECIAL WASTE ANALYTICAL REQUIREMENTS

The following testing guidance has been prepared to provide requirements for specific special wastes. Please consult with Authority Staff if you have any questions about the testing requirements.

CONTAMINATED SOILS & SEDIMENTS

Waste Product	Testing Requirements	Acceptable Level
Gasoline Contaminated Material	TCLP Lead TCLP Volatiles Paint Filter Ignitability of Solids	Refer to Acceptance Limits Refer to Acceptance Limits Not Present <2.2 mm/sec
Diesel Fuel, Kerosene, Heating Oil, Hydraulic Oil Contaminated Material	TCLP Semi-Volatiles Paint Filter Ignitability of Solids	Refer to Acceptance Limits Not Present <2.2 mm/sec
Waste Oil Contaminated Material	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Total PCBs Reactivity Paint Filter Ignitability of Solids Corrosivity	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5ppm dL[1] Cyanide <250 ppm Sulfide < 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5
Non-PCB Dielectric Transformer Oil (from non-industrial sites only)	Total PCBs Paint Filter Ignitability of Solids	<50 ppm 5ppm dL[1] Not Present <2.2 mm/sec
Unknown Release	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles TCLP Herbicides[4] TCLP Pesticides[4] Total PCBs Reactivity Paint Filter Ignitability of Solids Corrosivity	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5 ppm dL[1] Cyanide <250 ppm Sulfide < 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5

OTHER CONTAMINATED MATERIALS

Waste Product	Testing Requirements	Acceptable Level
Coal Tar Contaminated Material	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles TCLP Herbicides[3] TCLP Pesticides[3] Total PCBs Reactivity Paint Filter Ignitability of Solids Corrosivity	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5ppm dL[1] Cyanide <250 ppm Sulfide< 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5
PCB Impacted Material	Total PCBs	<50 ppm 5ppm dL[1]

SLUDGES & RELATED WASTES

Waste Product	Testing Requirements	Acceptable Level
Grit, Screenings, or Sludge[2] from Industrial Wastewater Treatment	TCLP Metals TCLP Volatiles Total PCBs Reactivity Paint Filter Corrosivity Percent Solids	Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5ppm dL[1] Cyanide <250 ppm Sulfide < 500 ppm Not Present pH >2 and < 12.5 Minimum 20%
Grit, Screenings, Filter Sand, or Sludge[2] from Publicly Operated Treatment Works	Paint Filter Percent Solids Corrosivity	No free liquid Minimum 20% pH >2 and < 12.5
Petroleum Derived Sludge; Other Industrial Sludge[2]	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Total PCBs Reactivity Paint Filter Ignitability of Solids Corrosivity Percent Solids	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5ppm dL[1] Cyanide <250 ppm Sulfide < 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5 Minimum 20%
Paper Sludge[2]	TCLP Metals Total PCBs Reactivity Paint Filter Corrosivity Percent Solids	Refer Acceptance Limits <50 ppm 5ppm dL[1] Cyanide <250 ppm Sulfide <500 ppm Not Present pH >2 and < 12.5 Minimum 20%
Food Processing Sludge	Paint Filter Percent Solids	Not Present Minimum 20%

COMBUSTION RESIDUE

Waste Product	Testing Requirements	Acceptable Level
Coal Ash (Bottom & Fly Ash)	No Testing Required	N/A
Medical Incinerator Ash MSW Incinerator Ash	TCLP Metals Paint Filter	Refer to Acceptance Limits Not Present
Refractory Material (brick, flue lining, etc.)	Not required if fuel source is fossil fuel based.	
Refractory Material (brick, flue lining, etc.)	TCLP Metals, if fuel source is waste oil or if furnace is associated with an industrial process.	Refer to Acceptance Limits

METALLURGICAL PROCESS RESIDUES

Waste Product	Testing Requirements	Acceptable Level
Foundry Sand	TCLP Metals Total Phenols Paint Filter Liquids Test	Refer to Acceptance Limits < 10 ppm Not Present
	TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used in the process	Refer to Acceptance Limits Refer to Acceptance Limits
Grindings / Shavings	TCLP Metals Reactivity Paint Filter	Refer to Acceptance Limits Cyanide <250 ppm Sulfide < 500 ppm Not Present
	TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used in the process	Refer to Acceptance Limits Refer to Acceptance Limits
Sandblast Sand & Residue	TCLP Metals Paint Filter	Refer to Acceptance Limits Not Present

FOOD WASTE

No testing is required for food waste which does not include wastewater treatment sludge or liquid process waste.

MISCELLANEOUS

Waste Product	Testing Requirements	Acceptable Level
C&D from buildings built before 1978	TCLP Lead Asbestos Survey Hazardous Materials Survey	Refer to Acceptance Limits Provide with Profile Provide with Profile
C&D from buildings built after 1978	Asbestos Survey Hazardous Materials Survey	Provide with Profile Provide with Profile
Air Emission Control Media	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Reactivity Paint Filter Ignitability of Solids Corrosivity	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits Cyanide <250 ppm Sulfide < 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5

Railroad Ties & Creosote Treated Wood	TCLP Semi-Volatiles Total PCBs	Refer to Acceptance Limits <50 ppm 5ppm dL[1]
Auto Shredder Waste, Auto Fluff[4]	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Total PCBs Reactivity Ignitability of Solids Corrosivity	Refer to Acceptance Limits Refer to Acceptance Limits Refer to Acceptance Limits <50 ppm 5 ppm dL[1] Cyanide <250 ppm Sulfide < 500 ppm <2.2 mm/sec pH >2 and < 12.5
Lead Contaminated Material	TCLP Lead	Refer to Acceptance Limits
Treated Regulated Medical Waste	A regulated medical waste treatment certificate must be completed.	
Clean Empty Tanks	No testing is required. A statement regarding the product the tank held and how it was cleaned is required (i.e., tank closure report). Both ends need to be cut off the tanks and it must be crushed.	

ADDITIONAL INFORMATION & FOOTNOTES

1. The Authority will evaluate PCB contaminated waste on a case-by-case basis. In no case will PCB waste be accepted above 50 ppm.

2. Analyses listed for sludges need to be repeated on an annual basis. Analyses must be repeated for Industrial and Paper sludges if the process changes anytime during the year.

3. Herbicides & Pesticides testing may be waived upon request. To enable the staff to waive the testing for pesticides or herbicides, a letter from the generator stating that pesticides and herbicides were never used or stored in the area of excavation or during the process is required.

4. Consult with Authority personnel to determine actual sampling requirements for Auto shredder waste. Parameters listed may be expounded upon, and multiple composite samples required.

5. Analyses within 70% of the MCL levels may be subject to re-sampling.

6. Analytical testing will not be required for virgin fuel spills at residences if the profile form is accompanied with a letter from the NYSDEC. The letter shall state, based on their knowledge, the waste will not exhibit characteristics of hazardous waste and is therefore deemed non-hazardous.

7. Total Constituent Analysis may be accepted upon prior approval in lieu of TCLP Analysis under the following conditions. If the waste is 100% solid (no filterable liquid) the results of total constituent analysis shall be converted and reported as maximum leachable concentration (mg/L). If the waste has filterable liquid then the concentration of the analyte in each phase (liquid and solid) must be determined, converted and reported as the maximum theoretical concentration in leachate (mg/L). See USEPA website for more information: https://www.epa.gov/hw-sw846/sw-846-test-method-1311-toxicity-characteristic-leaching-procedure

SPECIAL WASTE ACCEPTANCE LIMITS

EPA Testing Protocols (Reference SW-846)	
Corrosivity as pH	EPA 9045D = pH > 2 and pH <12.5
Ignitability	Solid Phase = SW-846 Method 1030 – Limit <2.2 mm/sec
Reactivity	See 40 CFR 261.23 for characteristic of reactivity. It is the responsibility of the generator and their analytical laboratory to evaluate the waste for the reactivity characteristic, as EPA no longer specifies a procedure for this evaluation. Cyanide Guidance Value <250 ppm
Paint Filter Liquids Test	EPA Method 9095B; Liquid collection after 5 minutes = Not Present or "Pass"
Total PCBs	EPA Method 8082A with Detection Level of 5 ppm; not to exceed 50 ppm
TCLP Metals	EPA Method 1311
TCLP Volatiles	EPA Method 1311
TCLP Semi-Volatiles	EPA Method 1311
TCLP Herbicides	EPA Method 1311
TCLP Pesticides	EPA Method 1311

TCLP Metals	
Parameter	**Limit**
Arsenic	5 mg/l
Barium	100 mg/l
Cadmium	1 mg/l
Chromium	5 mg/l
Lead	5 mg/l
Mercury	0.2 mg/l
Selenium	1 mg/l
Silver	5 mg/l

TCLP Volatiles	
Parameter	**Limit**
Benzene	0.5 mg/l
Carbon Tetrachloride	0.5 mg/l
Chlorobenzene	100 mg/l
Chloroform	6 mg/l
1,4-Dichlorobenzene	7.5 mg/l
1,2-Dichloroethane	0.5 mg/l
1,1-Dichloroethylene	0.7 mg/l
Methyl ethyl ketone	200 mg/l
Tetrachloroethylene	0.7 mg/l
Trichloroethylene	0.5 mg/l
Vinyl chloride	0.2 mg/l

TCLP Semi-Volatiles	
Parameter	**Limit**
o-Cresol	200 mg/l
m-Cresol	200 mg/l
p-Cresol	200 mg/l
Cresol	200 mg/l
1,4-Dichlorobenzene	7.5 mg/l
2,4-Dinitrotoluene	0.13 mg/l
Hexachlorobenzene	0.13 mg/l
Hexachlorobutadiene	0.5 mg/l
Hexachloroethane	3 mg/l
Nitrobenzene	2 mg/l
Pentachlorophenol	100 mg/l
2,4-5 Trichlorophenol	400 mg/l
2,4,6-Trichlorophenol	2 mg/l
Pyridine	5 mg/l

TCLP Pesticides	
Parameter	**Limit**
Endrin	0.02 mg/l
Chlordane	0.03 mg/l
Heptachlor (and its epoxide)	0.008 mg/l
Lindane	0.4 mg/l
Methoxychlor	10 mg/l
Toxaphene	0.5 mg/l

TCLP Herbicides	
Parameter	**Limit**
2,4-D	10 mg/l
2,4,5-TP (Silvex)	1 mg/l

SPECIAL WASTE ACCEPTANCE AGREEMENT
(To be completed by the Authority)

Materials Management Facility
23400 NYS Rt. 177
Rodman, NY 13682
Phone: (315)661-3230 Fax: (315)661-3231
DEC Permit # 6-2252-00006/00007

The Development Authority of the North Country agrees to accept the following under the terms specified below:

Date:	Authority Profile #:	Material Type:
Property Name/Job Name:	Property Address:	
Originating County of Waste: ☐ Jefferson☐ Lewis☐ St. Lawrence	Project Duration: ☐ One Time Project ☐ Ongoing Disposal	Former Profile # (for ongoing project):
Disposal Fees Billed to:	Primary Hauler:	Secondary Hauler:
Approved Amount (Tons): Daily Limit: _____ Total Tonnage: _____	Analytical Expiration: ☐No Analytical Required ☐1 year from analysis	This Agreement Expires On:
Remarks, Special Conditions, or Billing Notes for Lewis County:		

*Current CY Authority Rate/Ton: $	**County Surcharge/Ton: $	***Current CY Total Fee/Ton: **$**
*CY____ Authority Rate/Ton Effective January 1: $	**County Surcharge/Ton: $	*** CY____ Total Fee/Ton Effective January 1: $
County Authorization (Sign & Date):		Waste Class:
Tip Fees Payable To: ☐ Development Authority of the North Country, 317 Washington Street, Suite 414, NY, 13601 ☐ Lewis County Solid Waste, 7660 North State Street, Lowville, NY 13367		
Authorized Authority Signature		Date

* One-Ton Minimum applies to bagged Friable material.

** Surcharge and Authorization for Lewis and St. Lawrence Counties, if applicable.

***Tip fees are subject to change January 1st each year.

The Development Authority of the North Country Reserves the right to inspect the project site and sample, at its own expense, any material subject to disposal.
Please provide 24-hour notice of delivery prior to scale arrival.