

DEVELOPMENT AUTHORITY OF THE NORTH COUNTRY
SPECIAL WASTE SCREENING & ACCEPTANCE PROCEDURE

1.0 PURPOSE

The purpose of this procedure is to document the Development Authority of the North Country's (Authority) standard operating procedure for screening requests to accept special waste at the Materials Management Facility (MMF). Special wastes must be properly screened since the Authority's landfill is not permitted as a treatment, storage, and disposal facility for hazardous wastes.

2.0 DEFINITIONS

Special waste is defined in Section 11.2 of the Authority's Solid Waste Disposal Permit Requirements Permit Application & Landfill Site Rules as any waste that is composed of a material that has the potential to exhibit any characteristic of a hazardous waste as defined in NYCRR Part 371, Section 371.2 and 40 CFR Part 261; ignitability, corrosivity, reactivity, or toxicity or any waste, due to its composition or origin, requires special handling for disposal (i.e., asbestos). Examples of special waste include, but are not limited to, non-hazardous contaminated soil, industrial and sewage sludges, some industrial wastes and asbestos.

3.0 RESPONSIBILITY

- 3.1 The Division Director is responsible for overseeing the waste screening program and ensuring that the requirements outlined in this procedure are implemented at the facility.
- 3.2 The Safety & Environmental Coordinator is responsible for implementing this procedure, reviewing special waste requests (non-asbestos related), and soliciting technical assistance from the Chief Operating Officer if requests are for an unfamiliar waste stream that presents greater risks for the facility to accept.
- 3.3 The Customer Service Coordinator or designee is responsible for implementing this procedure, reviewing asbestos waste requests, and soliciting technical assistance from the Division Director if requests are for an unfamiliar waste stream that presents greater risks for the facility to accept.
- 3.4 The Landfill Superintendent is responsible for technical matters relating to Operations at the facility.
- 3.5 The Chief Operating Officer is responsible for providing assistance to the Safety & Environmental Coordinator and Division Director with reviewing

technical requests for special waste. This assistance may entail performing site visits, meeting with facility/site owners to discuss sampling protocols, waste generation process, etc.

- 3.6 When internal expertise is lacking and external consultation is required to assist with an assessment of a special waste disposal request. The Safety & Environmental Coordinator will manage consultant assistance in responding to these requests.

4.0 PROCEDURE

- 4.1 A special waste screening review is initiated when a customer contacts the Authority and requests authorization to dispose of a material meeting the definition in Section 2.0.

4.2 Asbestos Containing Special Waste

4.2.1 Customers requesting authorization to dispose of Friable Asbestos containing special waste will be directed to complete an *Asbestos Waste Profile Form* (Appendix E) and submit it electronically to swmfspecialwaste@danc.org. Once a completed *Asbestos Waste Profile Form* is received, the Customer Service Coordinator or their designee completes the following:

- Verify the form is complete.
- Verify the hauler is permitted at the facility.
- Verify the Hauler's NYSDEC Part 364 Permit for hauling asbestos to the facility is valid and on file.
- Upon approval by the Customer Service Coordinator, the Asbestos Profile form and associated documents will be filed with an *Asbestos Acceptance Agreement* (Appendix F) to include the current pricing and applicable county surcharges.
- The Agreement will then be forwarded to the appropriate county for billing approval if applicable.
- Once county approval is obtained, the *Asbestos Acceptance Agreement* is forwarded to the requestor for signature. Once the requestor signs the agreement, it will be saved electronically in the designated folder with any other supporting documentation.
- The waste project is then entered into the scale software.
- The scale operators are notified of the project.

4.3 Non-Asbestos Containing Special Waste

4.3.1 Customers requesting authorization to dispose of special wastes other than asbestos will be directed to complete a *Non-Asbestos Special Waste Profile Form* (Appendix A) and to complete

analytical testing, if deemed necessary, to verify whether the material is a regulated hazardous waste.

- Analysis must be performed by a laboratory with a New York State or federal Environmental Laboratory Accreditation Program (ELAP) certification.
- Analysis must be representative of the waste. This may require multiple samples and a formal sampling and analysis plan.
- Customers must complete the generator certification and sampling certification that is part of the *Non-Asbestos Special Waste Profile Form* (Appendix A).
- Analytical testing will not be required for virgin fuel spills at residential properties if the *Non-Asbestos Special Waste Profile Form* (Appendix A) is accompanied with a letter from the NYSDEC stating that, based on their knowledge, the waste will not exhibit characteristics of hazardous waste and is therefore deemed non-hazardous.

- 4.4 Completed *Non-Asbestos Special Waste Profile Forms* (Appendix A), with supporting documents will be submitted electronically to swmfspecialwaste@danc.org. This email will be routed to the Safety & Environmental Technician, Safety & Environmental Coordinator, Customer Service Coordinator/Admin staff, Assistant Landfill Superintendent, Landfill Superintendent, MMF Division Director, and Chief Operating Officer. By having a general email address, the Authority can ensure that requests are not delayed if a specific employee is unavailable to immediately review due to absences. Requests will be acknowledged within 24 hours and every effort will be made to respond within 24 hours.
- 4.5 Once the *Non-Asbestos Special Waste Profile Form* is received, the Environmental Coordinator completes the following review:
- 4.5.1 Verify that the form is complete.
 - 4.5.2 If applicable, verify that New York State Department of Environmental Conservation (NYSDEC) spill number is correct by checking the DEC's website at:
<http://www.dec.ny.gov/cfm/xtapps/derexternal/index.cfm?pageid=2>
 - 4.5.3 Verify that the chain of custody accompanies the analytical data.
 - 4.5.4 Verify the Methods used are listed in SW-846.
 - 4.5.5 Verify that the lab completing the analysis has the proper certifications.
 - 4.5.6 Verify that the analytical data does not have qualifier flags that would make results questionable.
 - 4.5.7 Verify that enough samples were obtained to ensure representativeness.

- 4.5.8 Verify that waste generation process is understood enough to ensure proper analytical testing for potential listed hazardous wastes, in addition to characteristic hazardous wastes.
 - 4.5.9 Verify that the material is non-hazardous and falls within acceptable limits by comparing the analytical testing results against the limits specified in 6 NYCRR Part 371. If results are within 70% of the regulatory limit, additional sampling may be requested (depending on the risk of the material and reviewer's confidence in the representativeness of sampling).
 - 4.5.10 Consult with the Customer Service Coordinator, or their designee, to verify that the hauler is permitted to deliver waste to the MMF and that the entity to be billed has an account and it is in good standing.
 - 4.5.11 Add the request to a Special Waste Request log, which has sequentially numbered project ID numbers, located at T:\PERMITTING – REGULATORY\Environmental\Special Waste\[Year]\Special Waste Request Log.xlsx
 - 4.5.12 All forms, lab data, and other correspondence related to this request will be stored electronically in a folder located at this location, named with Special Waste Project ID Number.
- 4.6 Upon completion of the initial review, the Safety & Environmental Technician will make a recommendation for acceptance of the waste to the MMF Division Director or their designee. The operational staff will review all special waste recommendations during their daily meeting and will make a determination regarding the request and noting it in the meeting notes. This may include denying acceptance of the material, accepting the material, or requesting additional information or additional technical review from internal or external engineering resources.
- 4.6.1 Non-beneficial use waste from outside the region is excluded for disposal.
 - 4.6.2 Beneficial use waste from outside the region requires approval from the Division Director, Chief Operating Officer, and Executive Director. Appendix_G_ includes the form to be used for accepting outside area beneficial waste.
 - 4.6.3 Materials known to be contaminated with perfluorooctyl sulfonate (PFOS) and perfluorooctanoic acid (PFOA) will not be accepted until more information is known about these contaminants and guidance is provided by regulatory agencies.
 - 4.6.4 Preproduction plastics are industrial wastes and are difficult to remove once in the stormwater system. When these wastes are identified for disposal through the special waste program, they shall be prescheduled for delivery and identified at the scale so proper procedures are followed to immediately cover this waste.

4.6.5 Effective January 1, 2022, the NYS Food Donation and Food Scraps Recycling law requires certain businesses and institutions that generate an annual average of two tons of wasted food per week or more to, donate excess edible food; and recycle all remaining food scraps if they are within 25 miles of an organics recycler (composting facility, anaerobic digester, etc.). The Authority will review requests for Food Waste prior to acceptance, to ensure that the material is not coming from a regulated facility.

4.7 If the material is accepted, a *Special Waste Acceptance Agreement* (Appendix D) is completed by the Customer Service Coordinator. The Customer Service Coordinator will then forward to the appropriate county for billing approval if applicable. Once county approval is obtained, the Customer Service Coordinator will forward the acceptance agreement to the requestor for signature. Once the requestor signs the acceptance agreement, it will be saved electronically in the designated folder with all other supporting documentation.

4.8 The Customer Service Coordinator or their designee sets the approved special waste project up in the scale software and notifies the scale operators of the pending project.

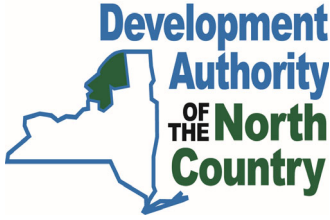
4.9 Digital copies of the agreements are encouraged to expedite request processing.

5.0 Record of Revisions

<u>Revision No.</u>	<u>Description of Changes</u>	<u>Revision Date</u>	<u>Authorized By</u>
0	Document Created	5/3/2012	Richard R. LeClerc
1	Changed wording on form in Appendix A page 7, added option for Totals Analyses in testing requirements Appendix B, changed detection level for PCB's to 500 ppb.	9/7/2012	Richard R. LeClerc
2	Appendix B changed PCB acceptance level to <50 ppm and detection limit to 5 ppm, changed location of Special Waste Files. Updated swmfspecialwaste@danc.org email list.	5/27/2014	Richard R. LeClerc
3	Minor editorial changes, added Non-PCB Dielectric Transformer Oils and testing requirements to Appendix B	6/12/2015	Richard R. LeClerc

4	Added exemption for analytical testing for virgin fuel spills at residences. Added Asbestos containing waste acceptance procedure. Added virgin spill questions to Appendix A. Removed requirement for Authority signature for approval. Added that total constituent analysis is an acceptable substitute for all TCLP analysis in Appendix B if requirements noted in footnote ⁸ are met. Created new waste category for industrial paper manufacturing sludge based on historical review of data. Added question on BUD wastes in Section 6 of App A.	12/22/2015	Richard R. LeClerc
5	Updated directions to include additional review time for larger projects.	9/15/2016	Richard R. LeClerc
6	SWMF to MMF, Division Mgr updates, email routing, direction for out of region wastes in section 4.6, minor editorial changes	06/04/2018	P. Pastella
7	Removed reference to county surcharges from Section 4.7 as they are no longer line items in the agreements. Added actions for receiving preproduction plastics; Updated Appendix C: Ignitability updated to include 3 additional methods as identified in EPA SW-846; Reactivity updated to reflect regulatory language found in 40 CFR 261.23 and formatting of tables. Clarified surcharges in Appendix D. Other minor editorial changes.	11/14/2018	P. Pastella
8	Update job titles, referenced sections of the Authority's Solid Waste Permit Policy, added references to New York State's Food Waste regulations Update sw-846 Method and limit for Ignitability of Solids	11/22/2021	C. Tuttle

APPENDIX A – NON-ASBESTOS 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

- Complete Appendix A, Non-Asbestos Special Waste Profile form, Sections 1.0-8.0 in its entirety
- Refer to Appendix B, Special Waste Analytical Testing Requirements, for information on specific materials
- Refer to Appendix C, Analytical Methods, Parameters and Standards for testing protocols
- Email completed profile to swmfspecialwaste@danc.org and please allow five business days for processing.
- NOTE: Additional notice and review time is required for special waste volumes of more than 100 tons per day. Please contact the MMF Division Manager directly at ppastella@danc.org to discuss these requests at least 10 business days before you plan to dispose of special waste.

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

1.0 ORIGIN OF WASTE (SITE ADDRESS WHERE WASTE ORIGINATED-NO PO BOXES)

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

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):		

APPENDIX A – NON-ASBESTOS SPECIAL WASTE PROFILE FORM

3.0 BILLING INFORMATION (Hauler is typically billed)

Company Name:		MMF Account #:	
Mailing Address:	City:	State:	Zip:
Contact Person:	Phone:	Fax:	

4.0 AUTHORIZED HAULER (PRIMARY)

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

5.0 AUTHORIZED HAULER (SECONDARY)

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

6.0 WASTE CHARACTERIZATION

Name of Waste (see Appendix B Waste Product Column):	Type of Waste: (soil, sludge, process waste, etc.)	Estimated Delivery Date(s):
Odor <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong	Is the waste stream: <input type="checkbox"/> Stored above grade <input type="checkbox"/> To be excavated <input type="checkbox"/> Stored in container	
One Time Project, estimated amount in tons:		
Maximum Daily Amount in tons:		
Ongoing disposal, estimated annual amount in tons:		
Maximum Daily Amount in tons:		
Was waste generated from food production? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes”, answer questions below) - Is your facility considered a designated New York State Food Scrap generator? <i>The NYS Department of Environmental Conservation maintains a list of facilities on their website at:</i> https://www.dec.ny.gov/docs/materials_minerals_pdf/dfsglistfinal.pdf <input type="checkbox"/> Yes <input type="checkbox"/> No (If “yes”, answer questions below and provide generator code:		

APPENDIX A – NON-ASBESTOS SPECIAL WASTE PROFILE FORM

If a designated NYS Food Scrap generator, are you required to recycle food waste? Yes No If “yes”, have you obtained a waiver from NYS stating you do not have to comply? Yes, attach a copy. No

Process that generated waste (Be Specific):

Was waste generated from a leak or spill? Yes (If “yes”, answer questions below) No

- Type of Contamination: Gasoline Fuel Oil Diesel Kerosene Waste Oil Unknown Other (Specify)
- Is the property: Residential Commercial Industrial Other: _____ (specify)
- List Tax Parcel Identification Number(s) associated with the location of the spill

- Amount of Contaminant Released, if known (Gallons): _____
- DEC Spill # (if greater than 5 gallons): _____ N/A
- Is this a Virgin Fuel Spill (defined as fuel that has not been used or mixed with other chemicals)?
 Yes No

Has a letter from the NYSDEC been attached deeming the waste “non-hazardous”? Yes No
If “Yes” Analytical Testing is not required. If “No” Analytical Testing is required see Appendix B.

Was this site ever suspected of having hazardous materials? Yes (if “Yes” answer questions below) No (if “No” go to next page)

- What was the source of the hazardous materials? _____
- Which compounds were suspected? _____
- Has testing been performed to quantify these compounds?
 Yes (If yes, provide copies of analysis and of sampling and analysis plan.)
 No

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

Is the site a registered Superfund Site? Yes; provide registration number: _____ No

Does this facility currently generate any hazardous waste? Yes (if “yes” answer questions below) No

- If hazardous wastes are generated, does management feel that adequate controls are in place to control separate waste streams? Yes No, a detailed explanation must be attached.

7.0 GENERATOR'S CERTIFICATION TO MATERIALS MANAGEMENT FACILITY

For the purposes of this certification, the Generator is defined as the responsible individual for the firm, company, agency, corporation, partnership, association, municipality, commission, political subdivision or other entity whose act or process produced the waste to be disposed.

I hereby certify that all of the information that we have presented to the Authority on this form or any attachments is an accurate representation of our waste stream.

I hereby certify that the Authority can contact the laboratory directly to discuss our attached waste stream.

I hereby certify that the waste stream that we are applying for disposal at the Authority's Materials 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 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 Authority, in writing, within 24 hours of our findings (email is the preferred method).

I agree that a representative of the Authority may at any time visit the site of contamination and sample the material to be disposed.

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 our waste stream.

Name:

_____ (Print)

Signature: _____

Title: _____ Date: _____

8.0 Certification of Representative Sample (Please Type or Print Legibly)

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

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

Please refer to our Special Waste Analytical Requirements-Appendix B, for the required laboratory tests. These are the general sampling quantities and may be modified at our discretion.

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	Determined By DANC

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: _____

Company: _____

Generator Witness: _____

APPENDIX B– SPECIAL WASTE ANALYTICAL REQUIREMENTS

**DEVELOPMENT AUTHORITY OF THE NORTH COUNTRY
MATERIALS MANAGEMENT FACILITY, RODMAN, NY**

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.

<u>CONTAMINATED SOILS & SEDIMENTS</u>		
Waste Product	Testing Requirements	Acceptable Level
Gasoline Contaminated Material	TCLP Lead TCLP Volatiles Paint Filter Liquids Test Ignitability of Solids	Refer to Appendix C “ 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 Appendix C 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 Appendix C “ “ <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 Liquids Test Ignitability of Solids Corrosivity	Refer to Appendix C “ “ “ “ <50 ppm 5 ppm dL ¹ Cyanide <250 ppm Sulfide < 500 ppm Not Present <2.2 mm/sec pH >2 and < 12.5

APPENDIX B– SPECIAL WASTE ANALYTICAL REQUIREMENTS

<u>OTHER CONTAMINATED SOILS & SEDIMENTS</u>		
Waste Product	Testing Requirements	Acceptable Level
Coal Tar Contaminated Material	TCLP Metals	Refer to Appendix C
	TCLP Volatiles	“
	TCLP Semi-Volatiles	“
	TCLP Herbicides ⁴	“
	TCLP Pesticides ⁴	“
	Total PCBs	<50 ppm 5ppm dL ¹
	Reactivity	Cyanide <250 ppm Sulfide < 500 ppm
PCB Impacted Material	Paint Filter Liquids Test	Not Present
	Ignitability of Solids	<2.2 mm/sec
	Corrosivity	pH >2 and < 12.5
	Total PCBs	<50 ppm 5ppm dL ¹
<u>SLUDGES & RELATED WASTES</u>		
Waste Product	Testing Requirements	Acceptable Level
WWTP Grit/Screenings or WWTP Sludge ^{2,3}	TCLP Metals	Refer to Appendix C
	TCLP Volatiles	“
	Total PCBs	<50 ppm 5ppm dL ¹
	Reactivity	Cyanide <250 ppm Sulfide < 500 ppm
	Paint Filter Liquids Test	Not Present
	Ignitability of Solids	<2.2 mm/sec
	Corrosivity	pH >2 and < 12.5
Petroleum Derived Sludge; Other Industrial Sludge ^{2,3}	TCLP Metals	Refer to Appendix C
	TCLP Volatiles	“
	TCLP Semi-Volatiles	“
	Total PCBs	<50 ppm 5ppm dL ¹
	Reactivity	Cyanide <250 ppm Sulfide < 500 ppm
	Paint Filter Liquids Test	Not Present
	Ignitability of Solids	<2.2 mm/sec
Paper Sludge ^{2,3}	Corrosivity	pH >2 and < 12.5
	TCLP Metals	Refer Appendix C
	Total PCBs	<50 ppm 5ppm dL ¹
	Reactivity	Cyanide <250 ppm Sulfide <500 ppm
	Paint Filter Liquids Test	Not Present
Food Processing Sludge ³	Ignitability of Solids	<2.2 mm/sec
	Corrosivity	pH >2 and < 12.5
	Paint Filter	Not Present
<u>COMBUSTION RESIDUE</u>		
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 Appendix C Not Present

APPENDIX B– SPECIAL WASTE ANALYTICAL REQUIREMENTS

Refractory Material (brick, flue lining, etc.)	None, 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 Appendix C
<u>METALLURGICAL PROCESS RESIDUES</u>		
Waste Product	Testing Requirements	Acceptable Level
Foundry Sand	TCLP Metals Total Phenols Paint Filter Liquids Test	Refer to Appendix C < 10 ppm Not Present
	TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used in the process	Refer to Appendix C “
Grindings / Shavings	TCLP Metals Reactivity Paint Filter	Refer to Appendix C Cyanide <250 ppm Sulfide < 500 ppm Not Present
	TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used in the process	Refer to Appendix C “
Sandblast Sand & Residue	TCLP Metals Paint Filter	Refer to Appendix C Not Present
<u>FOOD WASTE</u>		
No testing is required for food production waste. Food production waste does not include wastewater treatment sludge or liquid process waste.		
<u>MISCELLANEOUS</u>		
	Testing Requirements	Acceptable Level
Air Emission Control Media	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Reactivity	Refer to Appendix C “ “ Cyanide <250 ppm Sulfide < 500 ppm
	Paint Filter Ignitability of Solids Corrosivity	Not Present <2.2 mm/sec pH >2 and < 12.5
Railroad Ties & Creosote Treated Wood	TCLP Semi-Volatiles Total PCBs	Refer to Appendix C <50 ppm 5ppm dL ¹
Auto Shredder Waste, Auto Fluff ⁵	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Total PCBs Reactivity Ignitability of Solids Corrosivity	Refer to Appendix C “ “ <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 Appendix C

APPENDIX B– SPECIAL WASTE ANALYTICAL REQUIREMENTS

Treated Regulated Medical Waste	A regulated medical waste treatment certificate and <i>Non-Asbestos Special Waste Profile</i> form must be completed.
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. Part 360 Regulations require sludges be stabilized and dewatered to a minimum of 20% solids with no free liquid as defined by the paint filter liquids test (method 9095B).
4. 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.
5. Consult with Authority personnel to determine actual sampling requirements for Auto shredder waste. Parameters listed may be expounded upon, and multiple composite samples required.
6. Analyses within 70% of the MCL levels may be subject to re-sampling.
7. 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.
8. 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://archive.epa.gov/epawaste/hazard/web/html/faq_tclp.html

APPENDIX C – ANALYTICAL METHODS, PARAMETERS, AND STANDARDS

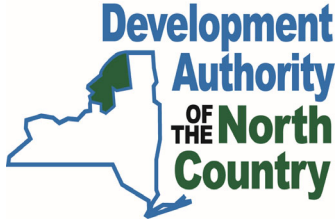
EPA Testing Protocols (Reference SW-846)	
Corrosivity as pH	EPA 9045D = pH > 2 and pH <12.5
Ignitability	Solid Phase = SW-846 Method 1030 – Limit <2.2 mm/sec
Reactivity	See 40 CFR 261.23 for characteristic of reactivity. It is the responsibility of the generator and their analytical laboratory to evaluate 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		TCLP Volatiles		TCLP Semi-Volatiles	
Parameter	Limit	Parameter	Limit	Parameter	Limit
Arsenic	5 mg/l	Benzene	0.5 mg/l	o-Cresol	200 mg/l
Barium	100 mg/l	Carbon Tetrachloride	0.5 mg/l	m-Cresol	200 mg/l
Cadmium	1 mg/l	Chlorobenzene	100 mg/l	p-Cresol	200 mg/l
Chromium	5 mg/l	Chloroform	6 mg/l	Cresol	200 mg/l
Lead	5 mg/l	1,4-Dichlorobenzene	7.5 mg/l	1,4-Dichlorobenzene	7.5 mg/l
Mercury	0.2 mg/l	1,2-Dichloroethane	0.5 mg/l	2,4-Dinitrotoluene	0.13 mg/l
Selenium	1 mg/l	1,1-Dichloroethylene	0.7 mg/l	Hexachlorobenzene	0.13 mg/l
Silver	5 mg/l	Methyl ethyl ketone	200 mg/l	Hexachlorobutadiene	0.5 mg/l
		Tetrachloroethylene	0.7 mg/l	Hexachloroethane	3 mg/l
		Trichloroethylene	0.5 mg/l	Nitrobenzene	2 mg/l
		Vinyl chloride	0.2 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

APPENDIX D – SPECIAL WASTE ACCEPTANCE AGREEMENT



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

Special Waste Acceptance Agreement

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

Date:	MMF Project #: SW	Material Type:
Property Name:		Approved Amount (Tons):
Property Address:		
County:	This Agreement Expires On:	
Remarks or Special Conditions:		

Requestor Information

Requestor Name:		
Company Name:		
Company Address:		
Phone:	Fax:	Email:

Disposal Fees Will Be Billed To:	Primary Hauler	Secondary Hauler (If applicable)

Authority Representative Signature:	Date:
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The Development Authority of the North Country reserves the right to visit the project site and sample, at its own expense, any material to be disposed. I agree to all conditions set forth by the Development Authority of the North Country.

Requestor Signature:	Date:
Printed Name:	Title:

Authority Rate/Ton: \$	*County Surcharge/Ton: \$	Total Fee/Ton: \$
*County Authorization: (Sign & Date)		Waste Class: (MMF Use Only)
Tip Fees Payable To:		
* Surcharge and Authorization for Lewis County only. Surcharges invoiced directly from Jefferson and St. Lawrence Counties if applicable.		

APPENDIX E – ASBESTOS WASTE PROFILE



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

- Complete Asbestos Waste Profile in its entirety
- Email completed profile to **swmfspecialwaste@danc.org**
- 24 hour advance notice, *once project is approved*, is required for asbestos disposal
- A completed multipart manifest must accompany each load

FRIABLE ASBESTOS WASTE PROFILE

THIS FORM IS FOR DISPOSAL OF *FRIABLE ASBESTOS* WASTE ONLY
 (Incomplete or missing information will delay approval process)

PROPERTY INFORMATION (Physical Location of Waste-No PO Boxes)

Address (Location of Waste):			
City:	State:	Zip:	County:
Owner's Name:		Contact Phone #:	

PROJECT INFORMATION

Friable Asbestos Friable Asbestos Contaminated C&D (Bulk Asbestos) Quantity: _____ Tons CY

Note: 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.

For Bulk Asbestos Requests, please provide details as to why this project qualifies as a bulk asbestos job:

CONTRACTOR INFORMATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		

APPENDIX E – ASBESTOS WASTE PROFILE

Email:	Phone:	Fax:
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BILLING INFORMATION

Company Name:		SWMF Bill Account #: (Required)	
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	

HAULER INFORMATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	
NYS DEC Waste Transporter Permit #: (Required)	DANC Materials Management: Facility Permit # (Required)		

GENERATOR’S CERTIFICATION TO MATERIALS MANAGEMENT FACILITY

For the purposes of this certification, the Generator is defined as: The responsible individual for the firm, company, agency, corporation, partnership, association, municipality, commission, political subdivision or other entity whose act or process produced the waste to be disposed.

I hereby certify that all of the information that we have presented to the Authority on this form or any attachments is an accurate representation of our waste stream.

I hereby certify that the Authority can contact the laboratory directly to discuss our attached waste stream.

I hereby certify that the waste stream that we are applying for disposal at the Authority’s Materials 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 hereby agree that any changes in this waste stream, in either the process method or changes of any of the components, that we will notify the Authority, in writing, within 24 hours of our findings (email is the preferred method).

I agree that a representative of the Authority may at any time visit the site of contamination and sample the material to be disposed.

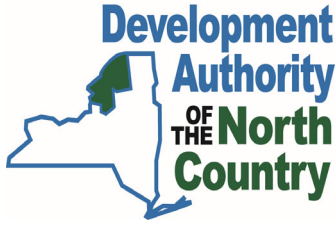
I agree to indemnify, defend and hold harmless the Authority, its employees, affiliates, successors and assigns from and against any and all losses, liabilities, damages, claims, fines, causes of action deficiencies, costs and expenses (including reasonable attorneys’ fees and other litigation expenses)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

Name: _____ Signature: _____

(Print)

Title: _____ Date: _____

APPENDIX F – ASBESTOS WASTE ACCEPTANCE AGREEMENT



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

Asbestos Waste Acceptance Agreement

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

Date:	SWMF Project #: ASB	Material Type: Friable Asbestos
Property Name:		Approved Amount (Yards):
Property Address:		
County:	This Agreement Expires On:	
Special Conditions: <i>Asbestos Receiving Hours: until 2:00PM. Loads must be scheduled 24 hours in advance. All materials received must be in accordance with all regulations. A completed multi-part manifest is required for each load.</i>		
Comments:		

Requestor Information

Requestor Name:		
Company Name:		
Company Address:		
Phone:	Fax:	Email:

Disposal Fees Will Be Billed To:	Primary Hauler

Authority Representative Signature:	Date:
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The Development Authority of the North Country reserves the right to visit the project site and sample, at its own expense, any material to be disposed. I agree to all conditions set forth by the Development Authority of the North Country.

Requestor Signature:	Date:
Printed Name:	Title:

Authority Rate/Ton (1 Ton Min): \$	County Surcharge/Ton: \$	Total Fee/Ton: \$
County Authorization: (Sign & Date)		Waste Class: (SWMF Use Only)
Tip Fees Payable To:		

APPENDIX G – OUT OF SERVICE AREA DISPOSAL REQUEST FORM

Date:

Name of Contact:	Company:
Phone:	Address:
Email:	City, State:

IDENTIFY MATERIAL

Is the material regulated? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, have analytical(s) been sent to swmfspecialwaste@danc.org <input type="checkbox"/> Y <input type="checkbox"/> N Date: ___ / ___ / ___
Location of waste:
Description of material to be disposed:
How many total tons? Requested Daily Delivery (tons/day):
Is this a public benefit project? <input type="checkbox"/> Y <input type="checkbox"/> N
Who is the hauler?
Who will be billed for tip fees?

FOR INTERNAL USE ONLY

Is material a beneficial use for our facility? <input type="checkbox"/> Y <input type="checkbox"/> N Explain:
Additional sampling required: <input type="checkbox"/> Y <input type="checkbox"/> N if yes, explain
Justification for approval:
Daily limit recommendations in tons/day:
Potential additional revenue: \$

Recommended:	Division Director	Date:
Approved:	Chief Operating Officer	Date:
	Executive Director	Date: