

TOC Waste Tracking No._____ **Received Date:**_____

**Town of Colonie
Department of Public Works
Division of Environmental Services**

These forms are to be used to describe any industrial solid wastes, contaminated soil or sludge waste proposed to be accepted for disposal at the Town of Colonie, Department of Public Works, Division of Environmental Services. The types of wastes included are defined as any solid, semi-solid and associated containers generated as a result of a manufacturing process or solid waste resulting from an environmental contaminate emission.

In accordance with the New York State 6NYCRR Part 370 Regulations, it is the responsibility of the generator of any waste to thoroughly characterize the waste material to determine whether their waste is a hazardous waste. To assure safe and efficient disposal of your waste, the Town of Colonie Department of Public Works Division of Environmental Services requires certain information to protect you, the Town, and the environment.

Attached is a listing of materials that are not accepted for disposal at the Town of Colonie Sanitary Landfill.

The following measures must be taken before the Town of Colonie Landfill can consider accepting industrial wastes or contaminated soil from a customer:

You must obtain/posses a current, valid Part 364 Permit to haul waste from the New York State Department of Environmental Conservation which allows you to transport this specific type of waste and which allows you to transport non-hazardous solid wastes to the Town of Colonie Sanitary Landfill for disposal.

You need to obtain a representative sample(s) of the waste for analysis for a full complete TCLP Scan (Toxicity Characteristic Leaching Procedure) by a New York State Certified Laboratory. A complete original copy of the results of this analysis should be submitted to the Division of Environmental Services Staff for review and acceptance prior to transporting any waste to the Town of Colonie Sanitary Landfill. The Division of Environmental Services in consultation with Region 4 Solid Waste Office of the New York State Department of Environmental Conservation will determine whether a full or partial scan is necessary for your waste on a case by case basis.

Rates for acceptance of wastes for Disposal are subject to change without notice.

Party Requesting Waste to be accepted at Town of Colonie Landfill

Section 1

I, _____ hereby certify that the information, waste description and waste analysis are complete and accurate to the best of my knowledge and understanding and based upon my knowledge of the composition and characteristics of the waste and the analytical testing of the waste that it is **not** a hazardous waste as defined by the USEPA or NYSDEC or by any applicable local authority and is not a Town of Colonie prohibited waste. The sample of the waste that was submitted for analysis was obtained in a manner which would result in an accurate representation of the waste and the analytical results from the sample are complete and are the entire analytical results for all parameters and scan for all samples taken within one calendar year. Based upon my knowledge of the waste, the disposal of the wastes in the Town of Colonie Sanitary Landfill does not pose a public health, occupational or environmental threat.

I AGREE THAT IF ANY CHANGES IN THE WASTE CHARACTERISTIC, MODE OF WASTE GENERATION OR COMPOSITION OF INGREDIENTS OF THE WASTE ARE PROPOSED OR INITIATED, WE WILL NOTIFY THE TOWN OF COLONIE DIVISION OF ENVIRONMENTAL SERVICES AT LEAST 24 HOURS PRIOR TO TRANSPORTING THE WASTE TO THE TOWN OF COLONIE SANITARY LANDFILL. A CHANGE IN THE NATURE/CHARACTERISTIC OR COMPOSITION OF THE WASTE SHALL BE JUST CAUSE FOR REJECTION OF ANY WASTE PRESENTED FOR DISPOSAL.

I understand that I may be personally and/or corporately liable for any adverse effects, long term remediation costs, emergency clean up costs, legal and other related costs that may result from the disposal of the subject waste in the Town of Colonie Landfill.

Company Name: _____

Representative Name: _____

Representative Signature: _____

Title: _____

Date: _____

Generator Information

Section 2

Generator Name: _____

Location where waste is/was generated: _____

Generator Representative: _____

Emergency Contact Name and Telephone Number: _____

Waste Generation Information:

Has the Generator been issued a RCRA or USEPA Hazardous Waste Identification Number?

If so, what is the number? _____

Are the Generators operations under a Standard Industrial Classification (SIC) code?

If so, what is the number? _____

How is the waste generated: Describe the process/situation/nature: _____

Describe the components or ingredients that were combined to generate the waste; Supply MSDS sheets for all ingredients: _____

Indicate and describe any/all hazardous wastes or hazardous materials present at the site of generation of the waste. Include any past spill/discharge information: _____

Indicate any special handling procedure information, personal protective equipment or other information that will assist in preventing illness or injury resulting from the management of the wastes. If no information is provided, this shall constitute a declaration by the Generator that the waste poses no health or safety hazards, that the waste has no reactive, explosive or fire potential and can be managed safely without the use of personal protective equipment or special handling procedures. _____

The Generator of the waste shall complete the attached draft form letter and submit a copy of the letter to the Town of Colonie DES, signed by the Generators Primary Responsible Representative who has primary knowledge and responsibility for the disposal of the waste.

Identity and Address of Party responsible for paying for disposal of the wastes

Name _____ Title _____

Address _____

Telephone Number _____ Facsimile Number _____

SHIPPING INFORMATION

Section 3

One Generator or Site - One time Shipment

Projected Quantity _____ Projected Shipments per day _____
(Tons or Cubic Yards) Project Start Date _____
(Circle One) Project Completion Date _____

One Generator or Site - Annual Shipment

Quantity per week _____ Projected Shipments per week _____
(Tons or Cubic Yards)
(Circle One)

Total Annual Waste Quantity Proposed for acceptance at Town of Colonie Sanitary Landfill

_____ Tons or Cubic Yards (Circle One)

Who will authorized to transport the waste from the generator to the Town of Colonie Sanitary Landfill?

Transporter # 1

Company Name _____
Address _____
Contract Person _____
Telephone Number _____
Facsimile Number _____
Number of dump trucks _____
Number of dump trailers _____
Number of roll offs _____
Number of compactors. _____

Transporter # 2

Company Name _____
Address _____
Contract Person _____
Telephone Number _____
Facsimile Number _____
Number of dump trucks _____
Number of dump trailers _____
Number of roll offs _____
Number of compactors. _____

If more than two transporters are proposed to be used, complete additional sheets with the transporter information and attach all to this application.

WASTE PROPERTIES/COMPOSITION/CHARACTERISTICS
CHECKLIST - Section 4

The waste is a F, K, P or U listed Hazardous Waste. Y/N

The waste is a characteristic Hazardous Waste (ignitable, corrosive, reactive, toxic). Y/N

The waste is an exempt Hazardous Waste. Y/N

What is the color of the waste? _____

Does the waste separate into layers? Y/N

Is the waste a solid or semi-solid? (Circle one)

Does the waste have any free draining liquid? Y/N

Does the waste pass the paint filter test? Y/N

Is the waste reactive with water? Y/N

Is the waste reactive in the presents of acids or alkalines? Y/N

Is the waste and oxidizer or organic reactive? Y/N

Does the waste act as a catalyst with other materials resulting in the release of gases or heat? Y/N

Is the waste reactive in air? Y/N

Is the waste explosive or thermally sensitive? Y/N

Is the waste shock sensitive? Y/N

What is the flash point of the waste? _____degrees F.

What is the pH of the waste? _____s.u.

Does the waste exhibit any odor? Y/N

If so, describe the type and intensity of the odor. _____

Does the waste contain any Cyanide? Y/N

Does the waste contain any Sulfide? Y/N

Does the waste contain bulk or heavy metals? Y/N

Does the waste emit any type of radiation or is the waste radioactive above typical or naturally occurring background levels? Y/N

Does the waste contain any organic solvents? Y/N

Does the waste contain any OSHA Regulated Substances having Occupational Exposure Limits? Y/N

If so, what are the substances and what are the occupational exposure limits?

_____ CAS# _____ LIMITS _____

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Use additional sheets to list additional substances if needed.

Does the waste contain any virgin petroleum? Y/N

Does the waste contain any used petroleum? Y/N

Does the waste contain any etiological Agents or disease causing organisms? Y/N

Does the waste contain any PCB's at any concentration? Y/N

Does the waste contain any asbestos at any concentration? Y/N

What percent of the waste will pass the #200 sieve? _____%

What percent of the waste will pass the #50 sieve? _____%

Is the waste a known or suspected carcinogen? Y/N

Does the waste contain or is it contaminated with any pesticide? Y/N

WASTE CHARACTERIZATION SAMPLING/ANALYSIS

Section - 5

Who will be sampling the waste?

Company Name: _____
Address: _____
Name Company Contact Person: _____
Name Sampling Person: _____
Telephone Number: _____
Facsimile Number: _____

I, _____ certify that the sample(s) obtained on _____, 20__ of the waste material described as _____ from the _____ company, as the waste generator, was obtained in a manner to assure that the sample represents the nature, characteristics and component ingredients and was not contaminated by any other source. The obtaining, handling, storage, transportation and chain of custody of the sampling were in accordance with the USEPA/NYSDEC Regulations and Industry Standards. The sampling and analysis must be completed within one year of the proposed date of shipment.

Who is the laboratory that will analyze the representative sample of the waste?

Company Name: _____
NYSDOH Approved License # _____
Address _____
Name Contact Person _____
Telephone Number _____
Facsimile Number _____

Laboratory Manager certifies that the analytical results are accurate and precise, and that the USEPA NYSDEC ASP Protocol Quality Control/Quality Assurance Standards have been met. No spike sample recovery results were outside of the required recovery accuracy. Laboratory practices (i.e.: holding times, sample cooling, test equipment certification, personnel training) were in accordance with the USEPA/NYSDEC laboratory requirements and industry standard procedures.

Signature of Laboratory Manager: _____

Wastes shall be analyzed based upon the following quantities

0 to 500 tons	one test
501 to 1200 tons	two tests
1201 to 3000 tons	four tests
over 3001	determined by Town of Colonie Division of Environmental Service

Testing requirements may be increased if the waste is heterogeneous or the variability of the analytical results or other factors as determined by Town of Colonie Division of Environmental Services. All waste analysis shall be generated within a maximum of 12 months of the date the request to accept the waste for disposal is received. Requests to decrease the Testing Requirements will require the submission of a minimum of six complete analytical test results taken at different periods over a minimum of 18 months.

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY DES STAFF ONLY

DIVISION OF ENVIRONMENTAL SERVICES
INDUSTRIAL WASTE ACCEPTANCE REVIEW

STAFF NAME: _____ DATE: _____

REVIEW OF GENERATOR INFORMATION COMPLETE Y/N

REVIEW OF SHIPPING INFORMATION COMPLETE Y/N

REVIEW OF LABORATORY/SAMPLING INFORMATION COMPLETE Y/N

REVIEW OF WASTE CHARACTERISTICS INFORMATION COMPLETE Y/N

WASTE ACCEPTED _____(INITIAL) DATE _____

WASTE DENIED _____(INITIAL) DATE _____

STAFF SIGNATURE _____

COPY TO PART 364 INDUSTRIAL WASTE FILE

COPY TO WEIGHMASTER

COPY TO PARTY REQUESTING WASTE APPROVAL

TOWN OF COLONIE - CHEMICAL CHARACTERIZATION

CONSTITUENT	TESTING METHOD (USEPA TCLP)	ANALYTICAL RESULT (mg/L)	LEVEL OF CONCERN (mg/L)	REGULATORY LIMIT (mg/L)
METALS				
Arsenic	Method 200.7		0.5	5.0
Barium	Method 200.7		10	100.0
Cadmium	Method 200.7		0.1	1.0
Chromium	Method 200.7		0.5	5.0
Lead	Method 200.7		0.5	5.0
Silver	Method 200.7		0.5	5.0
Selenium	Method 200.7		0.1	1.0
Mercury	Method 245.2		0.02	0.2
VOLATILES				
Benzene	Method 8240		0.05	0.5
Carbon Tetrachloride	Method 8240		0.05	0.5
Chlorobenzene	Method 8240		10	100.0
Chloroform	Method 8240		0.6	6.0
1,2-Dichloroethane	Method 8240		0.05	0.5
1,1-Dichloroethylene	Method 8240		0.07	0.7
Methyl Ethyl Ketone	Method 8240		20	200
Tetrachloroethylene	Method 8240		0.07	0.7
Trichloroethylene	Method 8240		0.05	0.5
Vinyl Chloride	Method 8240		0.02	0.2
SEMI VOLATILES				
o-Cresol	Method 8270		20	200
m-Cresol	Method 8270		20	200
p-Cresol	Method 8270		20	200
Cresol (Total)	Method 8270		20	200
1,4-Dichlorobenzene	Method 8270		0.75	7.5
2,4-Dinitrotoluene	Method 8270		0.013	0.13
Hexachlorobenzene	Method 8270		0.013	0.13
Hexachloro-1,3Butadiene	Method 8270		0.05	0.5
Hexachloroethane	Method 8270		0.3	3
Nitrobenzene	Method 8270		0.2	2
Pentachlorophenol	Method 8270		10	100
Pyridine	Method 8270		0.5	5
2,4,5-Trichlorophenol	Method 8270		40	400
2,4,6-Trichlorophenol	Method 8270		0.2	2
PEST/HERBICIDES				
Chlorodane			0.003	0.03
2,4 D			1.0	10.0
Endrin			.002	0.02
Heptochlor			0.0008	0.008
Methoxychlor			1.0	10
Toxaphene			0.05	0.5
2,4,5 TP (silvex)			0.1	1
TOTAL PETROLEUM HYDROCARBONS (TPH)	Method 8015B Method 1664	GRO - Gasoline DRO - Diesel Heavy Hydrocarbons	1,000	5,000

Town of Colonie Department of Public Works Division of Environmental Services
Industrial Waste Approval Form Letter

DATE ,

Mr.
Company Name
Company Address
 , New York

Re: Town of Colonie Waste Disposal Facility Acceptance

Dear Mr. ,

The Town of Colonie Landfill is currently operating under a permit issued by the New York State Department of Environmental Conservation under the 6NYCRR Part 360 Solid Waste Management Facility Regulations. It is the responsibility of the waste generator to demonstrate that the waste being presented for disposal is a non-hazardous waste; is a non-radioactive waste; is greater than 20 % solids by weight; has no free draining liquids and is acceptable for disposal in a non-hazardous waste disposal facility. The waste must also be transported to this facility by a party who is licensed by the NYSDEC to haul wastes under the 6NYCRR Part 364 Regulations and who has this facility as accepting this type of waste specifically identified on their permit.

We have reviewed the information that you have submitted as being representative of the projected _____ tons or cubic yards of industrial waste material from _____. Based upon your representation that this waste is a non-hazardous solid waste material and that the waste was analyzed for all known or probable contaminants, we are able to accept the material at this facility under our NYSDEC permit. The Town does not guarantee nor is it required to accept any waste materials. The rate for disposal shall be established the day the wastes are presented for disposal at the Town Landfill. We do not guarantee any future rate for disposal of any materials within the Town Landfill.

If you have any questions or wish to discuss this matter, please do not hesitate to contact me.

Sincerely,

F. Joseph Stockbridge, P.E.
Director

Cc: