

Franklin County			
Solid Waste Management Authority			
Constable, NY			

SPECIAL WASTE PROFILE FOR INDUSTRIAL WASTE
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	Zip
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 Yes No

If hazardous wastes are generated, does management feel that adequate controls are in place to control / separate waste streams? Yes No

(If answer is no, a detailed explanation must be attached)

NYS DEC SPILL RESPONSE #	_____
NYS DEC SPILL RESONSE AGENT	_____

Please Do Not Write Below This Line

CFSWMA Approval _____	Date _____
-----------------------	------------

Authorized Hauler (Primary)			
Company Name			
Address:		City	State Zip
Contact Person		Title	
phone		Fax	
NYSDEC Waste Transporter Permit #			
Authorized Hauler (Secondary)			
Company Name			
Address:		City	State Zip
Contact Person		Title	
phone		Fax	
NYSDEC Waste Transporter Permit #			
<u>GENERATOR'S CERTIFICATION TO SOLID WASTE MANAGEMENT FACILITY</u>			
I / We hereby certify that all the information that we have presented to the CFSWMA on this form or any attachments is an accurate representation of our waste stream.			
I / We hereby certify that the laboratory can contact the CFSWMA directly to discuss our attached waste stream.			
I / We hereby certify that the waste stream that we are applying for disposal at the CFSWMA is not a listed known hazardous waste. In addition, none of the components of the process, or any residue generated, are known as 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 CFSWMA, in writing, within 24 hours of our findings. (Fax is the preferred method).			
I / We agree that a representative of the CFSWMA 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 County of Franklin Solid Waste Management 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: _____	
Title: _____		Date: _____	

--	--	--	--	--	--	--	--	--	--

County of Franklin

Solid Waste Management Authority

Certification of Representative Sample

Please Type or Print Legibly

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 CFSWMA. 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 a 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 quantity 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: _____