

**Madison County Department of Solid Waste  
Petroleum Contaminated Soil Profile**

**This Form is for disposal of *non-hazardous* waste only**

**General Information**

Physical Characteristics: _____ Solid	DEC Spill # _____
Odor: None _____ Mild _____ Strong _____	
Transportation: Roll-off _____ Trailer _____ Dump _____ Other _____	
<b>** No Closed Drums are Acceptable**</b>	
Approximate amount _____ Tons	
Is the Waste Stream (select one): _____ Stockpiled _____ To be excavated _____ To be generated _____	
Briefly describe any special handling that could be required for this waste stream (e.g. dust, protective clothing, etc.)	

**Source Location of Waste**

Business Name:			
Address:	City:	State:	Zip:
Owner (if different):			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax:		
Billed To:			

**Waste Characterization**

Type of Contamination:			
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Diesel	
<input type="checkbox"/> Waste Oil	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other	_____
<b>TCLP Test Data Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>			
Process that Generated Waste:			

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 the answer is No, a **detailed explanation must be attached.**)

**Please do not write below this line**

Mad. Co. Dept. of Solid Waste Approval \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Name:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax:		
EPA Id #:	State Id #:		

#### **Authorized Hauler/Primary**

Name:	NYS Permit #		
Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax:		
Is Hauler registered with the County where the waste is coming from?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Hauler have current NYSDEC 364 Permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### **Authorized Hauler/Secondary**

Name:	NYS Permit #		
Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax:		

#### **Certification to Madison County Solid Waste Management Facility**

I/We hereby certify that all of the information that we have presented to the Madison County 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 Madison County 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 Madison County Landfill 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 Madison County Solid Waste Management Facility, in writing, within 24 hours of our findings (Fax is a preferred method).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_