

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 ____	
** No Closed Drums are Acceptable**	
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 _____
TCLP Test Data Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO		
 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:		

<p align="center">Certification to Madison County Solid Waste Management Facility</p>
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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: _____