

Kathy M. Sheehan
Mayor



Sergio P. Panunzio CPWM.CPM.
Commissioner

Frank W. Zeoli
Executive Deputy Commissioner

CITY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
ONE CONNERS BOULEVARD, ALBANY, NEW YORK 12204-2514
(518) 427-7480 • FAX: (518) 427-7499
WWW.ALBANYNY.GOV

WASTE PROFILE SHEET

DATE: _____

LOT NUMBER: (ASSIGNED BY CITY) _____

A. WASTE GENERATOR INFORMATION

1. GENERATOR NAME: _____
2. PHONE: _____
3. FACILITY STREET ADDRESS: _____
4. FACILITY CITY: _____
5. FACILITY COUNTY: _____
6. STATE: _____
7. ZIP/POSTAL CODE: _____
8. GENERATOR USEPA/FEDERAL ID #: _____

B. CUSTOMER INFORMATION

1. CUSTOMER NAME: _____
2. CUSTOMER CONTACT: _____
3. CUSTOMER PHONE: _____
4. CUSTOMER FAX: _____
5. BILLING ADDRESS: _____
6. BILL TO #: _____

C. WASTE STREAM INFORMATION

1. DESCRIPTION
 - A. NAME OF WASTE: _____
 - B. PROCESS GENERATING WASTE (ATTACH PROCESS DESCRIPTION): _____
 - C. COLOR: _____
 - D. STRONG ODOR (DESCRIBE): _____
 - E. PHYSICAL STATE @70 DEGREES FARENHEIT: _____ SOLID _____ LIQUID _____ GAS
_____ SLUDGE _____ OTHER
 - F. PERCENT (%) SOLIDS: _____
 - G. DENSITY: _____ LBS/CUBIC YD.
 - H. LIQUID FLASH POINT: _____ <73°F _____ 73-99°F _____ 100-139°F _____ 140-199°F _____ 200°F _____ N/A
2. QUANTITY OF WASTE
ESTIMATED VOLUME: _____ TONS/YARDS/DRUMS/OTHER (SPECIFY)
3. SHIPPING FREQUENCY: _____ PER _____ MONTH _____ QUARTER _____ YEAR _____ 1 TIME
4. PACKAGING:
_____ BULK SOLID: TYPE/SIZE _____ (AGGREGATE/BAGS/BOXES/BALED)
_____ OTHER: _____
5. _____ TCLP PROVIDED

6. ☐ MSDS PROVIDED

(NOTE: WASTE PROFILE SUBMITTALS MUST CONTAIN EITHER A TCLP OR MSDS TO BE CONSIDERED!)

7. DOES THE WASTE REPRESENTED BY THIS PROFILE CONTAIN ANY OF THE CARCINOGENS WHICH REQUIRE OSHA NOTIFICATION? ☐ YES ☐ NO
8. DOES THE WASTE REPRESENTED BY THIS PROFILE CONTAIN ANY DIOXINS? ☐ YES ☐ NO
9. DOES THE WASTE REPRESENTED BY THIS PROFILE CONTAIN ASBESTOS? ☐ YES ☐ NO
IF YES ☐ FRIABLE ☐ NON-FRIABLE
10. DOES THE WASTE REPRESENTED BY THIS PROFILE CONTAIN BENZENE? ☐ YES ☐ NO
IF YES, CONCENTRATION _____PPM
11. DOES THE WASTE CONTAIN DEBRIS? (DESCRIBE)_____ ☐ YES ☐ NO
12. WILL DISPOSAL OF THE WASTE REPRESENTED BY THIS PROFILE REQUIRE THE USE OF PERSONAL PROTECTIVE EQUIPMENT? ☐ YES ☐ NO
13. DOES THE WASTE REPRESENTED BY THIS PROFILE EASILY DISPERSE IN HIGH WINDS? ☐ YES ☐ NO
IF YES, CAN WATER BE ADDED BY GENERATOR? ☐ YES ☐ NO
14. PLEASE BE ADVISED THAT IN ACCORDANCE WITH 40 CRF SECTION 258.28, LIQUIDS CONTAINING FREE MOISTURE ARE BANNED FROM DISPOSAL IN LANDFILLS. FOR THIS REASON, THE CITY REQUIRES THAT A **PAINT FILTER TEST** BE PERFORMED. A 100-ML SAMPLE OF WASTE SHOULD BE PLACED IN A 400-MICRON, CONICAL PAINT FILTER. SHOULD THE WASTE YIELD ANY LIQUID THROUGH THE FILTER IN A 5-MINUTE PERIOD, THE WASTE IS DEEMED TO CONTAIN FREE MOISTURE AND THEREFORE FAILS THE ACCEPTANCE TEST. WASTES ARE SUBJECT TO RANDOM SPOT-CHECKS AT THE LANDFILL. HAS THE WASTE REPRESENTED BY THIS PROFILE PASSED THE PAINT FILTER TEST AS DESCRIBED ABOVE? ☐ YES ☐ NO
15. ALL HAULERS, BROKERS AND/OR ENVIRONMENTAL COMPANIES CONDUCTING BUSINESS WITH THE CITY SHALL MAINTAIN A CURRENT LANDFILL PERMIT. HAULERS SHALL MAINTAIN AND PROVIDE COPIES OF THEIR 6 NYCRR PART 364 & 6 NYCCR PART 381 WASTE TRANSPORTER PERMITS.
16. MATERIAL DOES NOT CONTAIN ANY HAZARDOUS WASTE AS DEFINED IN 40 CFR PART 261.
17. MATERIAL CAN NOT BE GENERATED FROM A HAZARDOUS WASTE SPILL.
18. THE CITY WILL ASSIGN A LOT NUMBER TO EACH SPECIFIC JOB. NO LOADS WILL BE ACCEPTED WITHOUT PRIOR APPROVAL. THE LOT NUMBER MUST APPEAR ON THE BILL OF LADING OR THE NON-HAZ. WASTE MANIFEST FOR EACH LOAD.
19. DUE TO DEMAND FOR DISPOSAL SPACE, THE CITY WILL ACCEPT LOADS ON AN APPOINTMENT BASIS ONLY. THE CITY RESERVES THE RIGHT TO CHARGE THE MAXIMUM TIP FEE FOR LOADS OF MATERIAL THAT ARRIVE WITHOUT AN APPOINTMENT.
20. THE CITY RESERVES THE RIGHT TO REJECT ANY GIVEN LOAD AT ANYTIME.
21. THE CITY WILL NOT ACCEPT ANY FOREIGN MATTER IN THE MATERIAL (I.E., DRUMS, CONTAINERS, LUMBER, ETC). LOADS CONTAINING FOREIGN MATTER WILL BE ASSESSED AT THE MAXIMUM TIP FEE.
22. TOW HOOKS MUST BE MOUNTED ON BOTH THE FRONT AND REAR OF ALL VEHICLES. THE CITY DOES NOT ASSUME DAMAGE TO VEHICLES AT THE LANDFILL. FROZEN LOADS WILL BE EXCAVATED AT THE REQUEST OF THE DRIVER FOR A FEE.
23. UNLESS OTHERWISE SPECIFIED, ALL TIP FEES WILL BE PAID COD. ENDORSED CHECKS, MADE PAYABLE TO "THE CITY OF ALBANY TREASURER", WILL BE PROVIDED TO THE SCALEHOUSE WITH THE FIRST LOAD. OPEN CHECKS WILL BE CLOSED AT THE END OF THE DAY EACH WEDNESDAY; CUSTOMERS WILL BE REQUIRED TO SUPPLY A NEW CHECK AT THEIR NEXT APPOINTMENT.
24. ALL HAULERS AND BROKERS MUST MAINTAIN A CURRENT LANDFILL PERMIT APPLICATION WITH THE CITY, TO BE RENEWED ANNUALLY.
25. ANY PERSON VIOLATING ARTICLE III OF CHAPTER 313 OF THE CODE OF THE CITY OF ALBANY SHALL HAVE THEIR PERMIT REVOKED FOR A PERIOD NOT TO EXCEED ONE (1) YEAR AND SHALL FURTHER BE SUBJECT TO PENALTIES AS SET FORTH IN CHAPTER 258 OF THE CODE OF THE CITY OF ALBANY.

26. THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT THEY HAVE READ THE INDEMNIFICATION POLICY AS STATED ON PAGE 9 OF THE PERMIT APPLICATION AND AGREE TO ALL THE TERMS THEREOF.

[REDACTED]

I AUTHORIZE THE CITY OF ALBANY TO OBTAIN A SAMPLE FROM ANY WASTE SHIPMENT FOR PURPOSES OF RE-CERTIFICATION. IF THIS CERTIFICATION IS MADE BY A BROKER, THE UNDERSIGNED SIGNS AS AUTHORIZED AGENT OF THE GENERATOR AND, IF APPROVED, WILL PROVIDE TO THE CITY WITH ALL NECESSARY PERMITS AND LICENSES FOR THE WASTE THAT HAS BEEN CHARACTERIZED AND IDENTIFIED BY THIS APPROVED PROFILE.

I CERTIFY THAT THE WASTE REPRESENTED BY THIS PROFILE IS NON-HAZARDOUS AND CONTAINS NO RADIOACTIVE MATERIAL OR POLYCHLORINATED BIPHENYLS (PCBs). IN ADDITION, I CERTIFY THAT THE WASTE REPRESENTED BY THIS PROFILE DOES NOT CONTAIN RECYCLABLE MATERIAL OR MATERIAL DEFINED AS UNACCEPTABLE BY THE CITY OF ALBANY'S LANDFILL PERMIT. I CERTIFY THAT I HAVE REVIEWED THE CITY OF ALBANY'S LANDFILL PERMIT AND WILL ABIDE BY ITS POLICIES. I CERTIFY THAT THIS WASTE PROFILE SHEET AND ALL ATTACHMENTS CONTAIN TRUE AND ACCURATE DESCRIPTIONS OF THE WASTE MATERIAL.

IN THE EVENT THAT THE CITY OF ALBANY DETERMINES, AFTER CONDUCTING ITS OWN LABORATORY TESTS, THAT THE MATERIAL CONTAINS HAZARDOUS MATERIALS, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE REMOVAL OF THE MATERIAL FROM THE LANDFILL. IF THE SOIL IS NOT REMOVED WITHIN THE TIME SPECIFIED BY THE CITY OF ALBANY, I AGREE TO REIMBURSE THE CITY OF ALBANY FOR THE COMPLETE COSTS ASSOCIATED WITH REMOVAL OF THE SOIL.

MOREOVER, I UNDERSTAND THAT ANY VIOLATION OF THIS POLICY OR ARTICLE III OF CHAPTER 313 OF THE CODE OF THE CITY OF ALBANY SHALL RESULT IN MY PERMIT BEING REVOKED FOR A PERIOD NOT TO EXCEED ONE (1) YEAR AND I SHALL FURTHER BE SUBJECT TO PENALTIES AS SET FORTH IN CHAPTER 258 OF THE CODE OF THE CITY OF ALBANY.

CERTIFICATION SIGNATURE: _____ TITLE: _____

NAME: _____ COMPANY NAME: _____

DATE: _____

____ CHECK IF ADDITIONAL INFORMATION IS ATTACHED. INDICATE THE NUMBER OF ATTACHED PAGES ____.

FOR CITY OF ALBANY USE ONLY:

____ APPROVED ____ DISAPPROVED

COMMENTS _____

WASTE MATERIAL CODE: _____

BILL TO #: _____

TIP FEE QUOTE: _____

Please forward to: COALandfill@albanyny.gov or fax: 518-869-6825