

INSTRUCTIONS

Special Waste Characterization Profile (SWCP) Form

A separate application is required for each special wastestream and must be approved by Casella Special Waste Technical Approval Team prior to transport and disposal to any of our facilities.

Disposal Facility Location - If known, please select the preferred disposal facility.

Disposal Option - If known, please select the preferred disposal option.

Waste Characterization Data - Please complete ALL sections on the SWCP form.

- Generator of Waste:** Enter the GENERATOR information in section (1). The generator is the individual or entity that has ultimate responsibility for the waste. The generator is the person or company that created the waste or physically changed the waste last, typically the property owner, a municipality, a Company, a State Agency, etc. (not the engineer or contractor hired to do the work) Include the physical address where the waste was generated, including the county (not country) of origin.
- Generator's Representative:** The name and mailing address of the generator; the individual certifying the information provided on the profile is accurate, true and representative of the waste being disposed. The 'Representative of the Generator' should be the same individual signing the Form and must be an authorized representative of the generator (i.e. an officer of the company, or their authorized designee). Only the generator is authorized to sign the SWCP Form. In the rare event that the generator assigns responsibility to sign on their behalf, an Authorized Agent Form must accompany the SWCP Form.
- Bill To Customer:** Name and mailing address of the landfill's customer
- Description of Facility:** Indicate the type of facility or event generating the waste
Process Generating the Waste: Provide a detailed description of the process and/or manner in which the material was generated, including the source of contamination. Include as much information as possible; attach a process flow diagram, if applicable.
Example: Site is former ABC Manufacturing Facility. The Plant manufactured plastic widgets and closed in 1970. Waste is remediation of contaminated soils from historic facility use – not the result of a spill of release.
- Description of Waste (debris-containing, composition, uniform or mixture, etc.):** Provide a detailed description of the waste, including all known or potential contaminants, composition, whether it is uniform or a mixture, or contains debris.
Example: The waste is contaminated soil excavated from various areas of the former ABC Manufacturing Facility site; paints and varnishes were widely used in the process. The soil contamination is due to historic use, contaminants of concern include VOCs, SVOCs and heavy metals. Waste is uniform in nature with no detectable discoloration or odors.
Note: "soil" is NOT an acceptable description of waste.
- Is Waste Hazardous by Federal OR State Waste Regulations?:** It is the Generator's responsibility to identify any hazardous waste; you must check the appropriate box.
- Expected Annual Amount of Waste To Be Delivered(Approximate Density of Waste):** Indicate the anticipated amount of waste to be delivered in tons or cubic yards. If waste is estimate in cubic yards, please include the estimated waste density in pounds/cubic yard. If waste generated is a one-time event (not an on-going process), indicate the total project volume (or tons). If a waste density is not provided on the Form an estimate will be made based on the information provided.

Waste Approvals will have an annual or one-time tonnage limit and require a renewal certification form to be completed and signed by the generator annually (anniversary date of the Approval) or if the approved tonnage limit is reached.

8. **Expected Frequency of Delivery:** On-going wastes are typically manufacturing or industrial process waste. Please indicate if delivery will be daily, weekly, monthly or other. If it is not an on-going process that is generating the waste, it is considered a one-time event (even if it will be delivered over a period of time)
9. **Hauler Name:** Provide name, address, hauling permit number, permit expiration date and phone number of hauler. (Most States require waste haulers to be permitted and/or registered.)
10. **Method of Delivery:** Indicate the vessel or vehicle-type used for waste delivery. If "other" please provide a description
11. **Previous Disposal Location:** Enter information about any other facilities where the material has been disposed. If it has not been disposed at another location, enter "None" (do not leave blank).
12. **Is the waste classified as a "listed" or "characteristic" hazardous waste?:** Refer to 40 CFR 261.31-33 for Listed Waste and 40 CFR 261.21-24 for Characteristic Waste to make this determination.
13. **Describe all Hazardous or Nuisance Properties associated with the waste:** Such as dust, odors or size of material that may require special handling at the disposal facility.
14. **Does the Waste Require Special Handling or Disposal Procedures:** Indicate any special handling requirements at the disposal facility to address the above listed nuisance properties.
Example: Waste is friable asbestos and will be managed and packaged according to State and Federal regulations.
15. **Analytical Data Submitted:** Describe the analysis provided for evaluation; include the laboratory, report number and sample ID#. Waste to be disposed of in NY State must be analyzed by NYS Certified lab. Indicate the type (i.e. grab samples /boring samples, composite samples), AND number of samples collected. Contaminated soil or remediation sites require representative composite samples collected from stockpiled material; include a brief description of how the composite sample was taken and the volume of material it represents. Test pit samples or boring samples will be evaluated case-by-case at Casella's discretion. TP or Borings **MUST** include a description of how the samples were collected, **MUST** be representative of the entire waste stream and include a site plan depicting sampling locations.
16. **Justification for not submitting a Full TCLP Analysis:** All special wastes require Full TCLP Analysis, minimum testing requirements are listed on the Profile Form. If the minimum testing is not submitted, the generator **MUST** provide justification for reduced analytical.
Example: Waste is Non-friable PCB contaminated building debris with lead-based paint. Attached engineering report includes TCLP analysis for lead, totals analysis for PCBs and an asbestos survey. Applicable Report sections and analysis is highlighted for the waste included in this application. Full TCLP is not needed because the waste is not contaminated with heavy metals or volatile organic compounds. Waste is not combustible, does not contain reactive sulfides or reactive cyanides.

Minimum testing requirements for any special waste submitted for landfill acceptance. The generator is responsible for proper waste characterization.

- Full TCLP analysis for (RCRA 8 Metals, VOCs, SVOCs, and Pesticides/Herbicides),
- PCBs totals analysis,
- pH, Reactivity, Ignitibility, and % solids
- TPH is required for disposal in Vermont.
- Paint Filter will be required for any 'wet wastes' to confirm no free liquids.

Additional testing may be required for applications seeking Beneficial Use, or at Casella's sole discretion.

Generator's Certification: Once all information is completed on the form, the authorized GENERATOR REPRESENTATIVE must certify the accuracy of the information. The individual signing the form must be the same as person listed in Section 2.

Casella will not accept a Special Waste Characterization Profile signed by anyone other than the generator (i.e. contractor, broker, or consultant) without express written delegation by Authorized Agent Form signed by the generator.



FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE

SPECIAL WASTE CHARACTERIZATION PROFILE

Disposal Facility Location (Choose All That Apply): Casella reserves the right to make changes to this section based upon review.

Hyland Landfill 6653 Herdman Road Angelica, NY 14709 Tel: (585) 466.7271 Fax: (585) 466.3206 <input type="checkbox"/>	Chemung Cty LF 1488 Cnty Rte. 60 Lowman, NY 14861 Tel: (607) 737.2980 Fax: (607) 737.2967 <input type="checkbox"/>	Ontario Cty LF 1879 Rt. 5 & 20 Stanley, NY 14561 Tel: (585) 526.4420 Fax: (585) 526.5459 <input type="checkbox"/>	Clinton Cty LF 286 Sand Road Morrisonville, NY 12962 Tel: (518) 563.5514 Fax: (518) 563.5598 <input type="checkbox"/>	Waste USA LF 21 Landfill Lane Coventry, VT 05825 Tel: (802) 334.5796 Fax: (802) 334.2476 <input type="checkbox"/>	NCES Landfill 581 Trudeau Road Bethlehem, NH 03574 Tel: (603) 869.3366 Fax: (603) 869.2152 <input type="checkbox"/>
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Disposal Option: Casella reserves the right to make changes to this section based upon review.

Waste Profile is destined for: Disposal as waste BUD: _____ Other (describe): _____
 Drill Cuttings Only: Raw Cuttings for Solidification Bulked Cuttings For Disposal **MUST CHECK ONE:** Air/Water Oil-based

Waste Characterization Data :

1) Company Generating Waste:	Address of Where the Waste was Generated: Street: City, State, Zip:		County of Origin:
2) Generator's Contact: (must match signature on pg 2)	Mailing Address of Generator: (if different from above) Street: City, State, Zip:	Telephone No.	Fax No. & Email:
3) The Landfill's "Bill To" Customer:	Bill To Address:	Telephone No.	Fax No. & Email:
4) Description of Facility (i.e. Residential, Commercial, Type of Manufacturing, WWTP) and a description of the Process Generating Waste:			
5) Description of waste (list type of waste; contamination of waste, debris-containing, composition, uniform or mixture, etc.)			
6) Is Waste Considered Hazardous by Federal or State Hazardous Waste Regulations? (Must Choose One): <input type="checkbox"/> Yes <input type="checkbox"/> No			
7) Expected <u>Annual</u> Amount of Waste To Be Delivered _____ tons/year _____ cubic yards/year		Approximate Density of Waste _____ pounds/cubic yard	
8) Expected Frequency of Delivery: _____ one-time _____ daily _____ weekly _____ monthly _____ other (specify, if known)			
9) Hauler Name	Address	Transporter Permit No. Exp. Date: / /	Telephone No.
10) Method of Delivery. _____ roll-off _____ packer truck _____ tractor trailer _____ other			
11) Previous Disposal Location:	Address	Telephone No.	Contact Person

Waste Characterization Data (Cont'd)

12) Is the waste classified as a "listed" or "characteristic" hazardous waste as defined by USEPA, or State of origin, or State where disposed? (Yes or No; If yes, see box #6, provide explanation.)

13) Describe all hazardous or nuisance properties associated with the waste, if applicable.

14) Does the waste require any special handling or disposal procedures? (Yes or No; If Yes, provide explanation.)

15) Analytical Data Submitted (TCLP/Other).

Type of Samples (indicate # of each type below)

____ grab ____ composite ____ borings

(Site plan must be provided if test pit/boring data is provided)

Casella requires, at a minimum, the submittal of full TCLP (Metals-RCRA 8, VOC, SVOC, Pesticides/Herbicides), Total PCB's, pH, Reactivity, Ignitibility, and % solids testing results for any special waste submitted for landfill acceptance unless the applicant can provide an acceptable justification in the box below for submittal of less comprehensive data. The generator is responsible for proper waste characterization.

16) Justification for not submitting full list of analysis data:

GENERATOR CERTIFICATION

I hereby certify that (1) I am the authorized representative of the generator; (2) all information submitted on this form and on supplemental materials is complete and accurate to the best of my knowledge and ability to determine; (3) the information provided herein, including any supplemental information, such as laboratory analytical, MSDS, etc., accurately describes the waste stream to be delivered to the facility and that all known or suspected hazards have been disclosed; (4) Casella can contact the laboratory directly to discuss our attached waste stream. I understand that, once the waste stream is approved by Casella based on this information, any deviation in the source, composition, constituents or characteristics of the waste stream from the information described herein, may render the waste stream unacceptable for disposal, at the sole discretion of Casella. I further understand that any deviation from the information contained herein will require immediate notification to the disposal facility and cessation of disposal.

Generator or Authorized Representative -
Signature (by hand):

Print name:

Print Company Name & Person's
Title:

Date:

SUBMIT THIS FORM AND ATTACHMENTS TO:

Special.Waste@Casella.com

Fax#: 802-419-3736

Toll Free Phone#: 855-379-2783