



Seneca Meadows, Inc.
 1786 Salcman Road
 Waterloo, NY 13165
 NYS DEC Facility #50S08
 Telephone: 315-539-5624
 Industrial Waste Fax: 315-539-0557
 E-mail: dpannucci@iesi.com

File Number: _____

Generators Industrial Waste Profile
 Non Hazardous Waste Only

**This form is for disposal of Non Hazardous Waste at the Seneca Meadows Landfill only
 NYSDEC Permit #8-4532-00023/00001-0**

This form must be completed by the generator only

Generator's Name:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		
EPA ID#:	State ID#:		

Facility Generating Waste:

Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Authorized Hauler (Primary):

Name:	NYS Permit #:		
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Authorized Hauler (Secondary):

Name:	NYS Permit #:		
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Waste Characterization:

Name of waste:	Description of waste:
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? (if answer is no, a detailed explanation must be attached) YES NO

Certification of Representative Sample

Seneca Meadows File Number: _____

Generator's name:	
Waste name:	
Sampler's name:	
Sample date:	Sample time:

NOTE: This sample must be received by the lab within 24 hours

It is critical that the testing laboratory receive a representative sample of the waste stream that you intend to dispose of at Seneca Meadows Landfill. Please follow the instructions very carefully.

Sample Collection Process:

- Must be done by your consultant or selected laboratory representative
- Sample must be kept cold (placed in ice pack)
- Amount of samples required is one (1) container. However, we may require a semi-annual testing of the waste stream sample if the quantity exceeds 5,000 (thousand) tons per year

Samples required – One time only approvals:

1 – 200 tons	One (1) sample required
201 – 500 tons	Two (2) samples required
501 – 1,000 tons	Three (3) samples required
1,001 – 2,000 tons	Four (4) samples required
Over 2,000 tons	Determined by Seneca Meadows

Lab Selection:

We will have our waste stream analysis completed by:

Laboratory Name:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Sample Certification:

I hereby certify that I personally collected a representative sample of waste stream at the location, time and date as listed above.

Signature: _____ Date: _____

Laboratory: _____

Generator Witness: _____

General Information

Seneca Meadows File Number: _____

Physical Characteristic: <input type="checkbox"/> Solid <input type="checkbox"/> Sludge Minimum % of solids _____ for waste stream <i>NOTE: Acceptable level of solids must exceed 20% and have no free liquids</i>	
Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong	Transportation: <input type="checkbox"/> Roll Off <input type="checkbox"/> Trailer <input type="checkbox"/> Packer <input type="checkbox"/> Other _____ <i>NOTE: No drums are acceptable</i>
<input type="checkbox"/> One time only Approximate amount: _____ tons	<input type="checkbox"/> On going Amount of monthly _____ tons
What is the maximum tonnage for any given day: _____ tons	
Briefly describe any special handling that could be required for this waste item: (dust, protective clothing...)	

Generators certification to Seneca Meadows landfill

(Please Initial)

I / we hereby certify that all of the information that we have presented to Seneca Meadows, Inc. on this form or any attachments is an accurate representation of our waste stream. _____

I / we hereby certify that the laboratory can contact Seneca Meadows, Inc. directly to discuss this waste stream. _____

I / we hereby certify that the waste stream that we are applying for disposal at Seneca Meadows, Inc. is not a listed or known hazardous waste. In addition, none of the components of the process, or any residue generated are known to be a hazardous, radioactive, or contain regulated concentrate of polychlorinated biphenyles (PCBs) waste streams. _____

I / we hereby agree that any charges in this waste stream, either in process method, changes of any of the components, or laboratory data received, that we will notify Seneca Meadows, Inc. in writing within 24 hours of our findings (*Fax is the preferred method of notification*). _____

Name: _____

Signature: _____

Title: _____

Date: _____

Industrial Waste Characterization Information

Section One - General project information (please complete in full)

If not applicable, denote with "NA"

Site / Project Engineering Company:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

General Contractor:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Seneca Meadows Customer to be Billed:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Site Owner:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Is the material a listed hazardous waste? YES NO

Description of the waste: _____

NYSDEC Waste Type Code: N - _____ Comments: _____

Section Two - Site information (please complete in full)

If not applicable, denote with "NA"

Was the site ever suspected of having hazardous materials? YES NO

If so, what was the source of the potential hazardous materials? _____

Which compounds were suspected? _____

Has testing been performed to quantify these compounds? YES NO

Who prepared the sampling and analysis program?

Company Name:			
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax/E-mail:		

Was the program reviewed by the NYSDEC and NYDOH officials prior to installation? YES NO

Was the program approved? YES NO

Please attach any available analytical data (*including Chain of Custody Record*)

What conclusions were made regarding the laboratory data?

Is the site a registered Superfund Site? YES NO

If so, place Site Registration Number here: _____

Will copies of the scale manifest / tickets be required? YES NO

NOTE: Seneca Meadows, Inc. may have to charge a nominal administrative fee for providing this information at a later date, if not notified appropriately herein

Additional comments, handling precautions or supplemental information:
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