



Department of Environmental Services

Monroe County, New York

Maggie Brooks
County Executive

Michael J. Garland, P.E.
Director

RE: Solids Disposal Permit

Enclosed is an application for a Solids Disposal Permit. Please provide all requested information accurately. An officer of the municipality/company must sign the permit or appoint a duly authorized representative. The letter of appointment should be included with the permit package. Should you no longer require this permit, please notify our office as soon as possible.

Monroe County Pure Waters, under Section 57 of the Worker's Compensation Law and Section 220 - Subdivision 8 of the Disability Benefits Law, is required to have on file proof that your company has workers compensation insurance and disability benefits for your employees. A form from your insurance carrier stating such coverage will thus be required before your permit can be processed.

All copies of the application and the form from your insurance carrier should be mailed to:

Monroe County Department of Environmental Services
Industrial Waste Control
145 Paul Road, Bldg. 1
Rochester, New York 14624

Processing of your permit will NOT be initiated until this office has received all required sludge monitoring.

If you have any questions regarding the permit, please call Industrial Waste Control at (585) 753-7600, Option 4.

**MONROE COUNTY PURE WATERS
APPLICATION FOR PERMIT TO DISCHARGE SLUDGE
AT PURE WATERS TREATMENT FACILITIES**

Part A - General Information

1. Name of Applicant _____
(Town, Village, Company Name)

2. Name of Facility _____

3. Location of Facility _____

New York State SPDES Permit Number (if any) _____

4. Applicant Mailing Address _____

5. Applicant Legal Address (if different) _____

6. Contact(s) for billing purposes
Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

7. Designated facility contact(s)
Name _____ Name _____

Title _____ Title _____

Phone _____ Phone _____

8. Do you have Worker's Compensation?
Yes _____ Attach certificate
No _____ Attach self insured statement

Verification of Workers' Compensation and Disability is a New York State requirement for all permit issuing agencies.

**Part B - Publicly Owned Treatment Works
(POTW) only**

1) Does your POTW have a Federal approved Pretreatment Program? Yes ___ No ___

If yes, complete form entitled **Major Contributors to Municipal System**

2) Is the POTW exempt from Pretreatment Program requirements AND has at least one Significant Industrial User *(SIU) discharging to facility? Yes ___ No ___

If yes, complete form entitled **Major Contributors to Municipal System**

3) Does your facility address discharges of the following substances of concern under a local Sewer Use Ordinance or other applicable State or Federal regulations:

- a) Gasoline, benzene, naptha, fuel oil, alcohols or other flammable or explosive liquids, solids or gases Yes ___ No ___
- b) waters or wastes having pH lower than 5 or higher than 12 Yes ___ No ___
PH range if different _____
- c) water or wastes containing toxic, poisonous or hazardous solids, liquids or gases Yes ___ No ___
- d) radioactive wastes Yes ___ No ___

*SIU - All industrial users subject to Categorical Pretreatment standards under 40 CFR 403.6 and 40CFR chapter I, subchapter N or user discharging process water greater than 25,000 gallons per day, or in the amount greater than 5 percent of the average dry weather hydraulic, or organic capacity of the wastewater treatment facility, whichever is less.

MAJOR CONTRIBUTORS TO MUNICIPAL SYSTEM

1. Significant Industrial User *

A. Name _____

Address _____

Phone _____

B. Brief description of industry _____

_____ Category _____

C. Standard Industrial Classification Code(s) _____

2. Significant Industrial User*

A. Name _____

Address _____

Phone _____

B. Brief description of industry _____

_____ Category _____

C. Standard Industrial Classification Code(s) _____

3. Significant Industrial User*

A. Name _____

Address _____

Phone _____

B. Brief description of industry _____

_____ Category _____

C. Standard Industrial Classification Code(s) _____

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Part C - DESCRIPTION OF SLUDGE GENERATED

1. Give a brief description of treatment process generating wastewater sludge (i.e. primary, activated sludge, etc.)

Plant Flow _____MGD

2. Indicate whether the sludge delivery to Monroe County for disposal will be:
() Continuous through the year () Seasonal

Circle the months of the year during which the activity will occur:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

COMMENTS: _____

3. Primary Disposal Facility:

Secondary Disposal Facility:

4. Quantity of sludge that may be hauled to Monroe County for disposal:

Minimum	Average	Maximum
_____	_____	_____
(Gal./Month)	(Gal./Month)	(Gal./Month)

5. Please state the name(s) and address(es) of all waste haulers:

a. _____ b. _____

DEC Permit # _____ DEC Permit # _____

PART D - SUMMARY OF SLUDGE CHARACTERISTICS

Waste Characteristics

Sample Date: _____

Total Solids	%	_____
Total Volatile Solids	%	_____
Arsenic	mg/kg	_____
Beryllium	mg/kg	_____
Cadmium	mg/kg	_____
Chromium	mg/kg	_____
Copper	mg/kg	_____
Lead	mg/kg	_____
Mercury	mg/kg	_____
Molybdenum	mg/kg	_____
Nickel	mg/kg	_____
Selenium	mg/kg	_____
Silver	mg/kg	_____
Zinc	mg/kg	_____
PCB'S	mg/kg	_____
Purgeable Organics	mg/kg	_____
pH		_____
other		_____

PART E - AUTHORIZED SIGNATURE

YOUR APPLICATION MUST BE SIGNED AS FOLLOWS:

- 1. For a municipality: by a duly elected or appointed public official.
- 2. For a corporation: by a responsible corporate officer.
 A corporate officer means:
 - (A) A president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation: or
 - (B) The manager of one or more manufacturing, production or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 3. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- 4. By a duly authorized representative of the individual designated in items (1), (2), or (3) above if:
 - (a) The authorization is made in writing by the individual described in items 1,2 or 3 ;
 - (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates such as the position of plant manager, superintendent, and position of equivalent responsibility. (A duly authorized representative may be either a named individual or any individual occupying a named position); and
 - (c) The written authorization is submitted to this Department.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

Signature of Official

Date

Print/Type Name

Phone