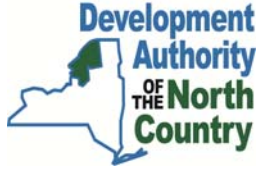


APPENDIX E – ASBESTOS WASTE PROFILE



Solid Waste Management Facility
 23400 NYS Rt. 177, Rodman, NY 13682
 Phone: (315)661-3230 Fax (315)661-3231
 DEC Permit # 6-2252-00006/00007

Directions

- Complete Asbestos Waste Profile in its entirety
- Email completed profile to **swmfspecialwaste@danc.org**
- 24 hour advance notice, *once project is approved*, is required for asbestos disposal
- A completed multipart manifest must accompany each load

FRIABLE ASBESTOS WASTE PROFILE

THIS FORM IS FOR DISPOSAL OF *FRIABLE ASBESTOS* WASTE ONLY
(Incomplete or missing information will delay approval process)

PROPERTY INFORMATION (Physical Location of Waste-No PO Boxes)

Address (Location of Waste):			
City:	State:	Zip:	County:
Owner's Name:		Contact Phone #:	

PROJECT INFORMATION

<input type="checkbox"/> Friable Asbestos <input type="checkbox"/> Friable Asbestos Contaminated C&D (Bulk Asbestos) Quantity: _____ <input type="checkbox"/> Tons <input type="checkbox"/> CY
<i>Note: Bulk asbestos rates apply only when a structure that has been destroyed by fire or has been deemed unsafe for entry (such that an asbestos survey and / or asbestos abatement cannot be performed) and the material resulting from the demolition of that structure is required to be handled as friable asbestos.</i>
For Bulk Asbestos Requests, please provide details as to why this project qualifies as a bulk asbestos job:

CONTRACTOR INFORMATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		

APPENDIX E – ASBESTOS WASTE PROFILE

Email:	Phone:	Fax:
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BILLING INFORMATION

Company Name:		SWMF Bill Account #: (Required)	
Mailing Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	

HAULER INFORMATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Email:	Phone:	Fax:	
NYS DEC Waste Transporter Permit #: (Required)	DANC Solid Waste Management: Facility Permit # (Required)		

GENERATOR’S CERTIFICATION TO SOLID WASTE MANAGEMENT FACILITY

For the purposes of this certification the Generator is defined as: The responsible individual for the firm, company, agency, corporation, partnership, association, municipality, commission, political subdivision or other entity whose act or process produced the waste to be disposed.

I hereby certify that all of the information that we have presented to the Authority on this form or any attachments is an accurate representation of our waste stream.

I hereby certify that the Authority can contact the laboratory directly to discuss our attached waste stream.

I hereby certify that the waste stream that we are applying for disposal at the Authority’s Solid Waste Management Facility 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 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 Authority, in writing, within 24 hours of our findings (email is the preferred method).

I agree that a representative of the Authority may at any time visit the site of contamination and sample the material to be disposed.

I agree to indemnify, defend and hold harmless the Authority, its employees, affiliates, successors and assigns from and against any and all losses, liabilities, damages, claims, fines, causes of action deficiencies, costs and expenses (including reasonable attorneys’ fees and other litigation expenses) based upon, arising out of or otherwise related to the disposal of our waste stream.

Name: _____ Signature: _____
(Print)

Title: _____ Date: _____