

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF SOLID AND HAZARDOUS WASTE • BUREAU OF HAZARDOUS WASTE
 OPERATIONS
 50 WOLF ROAD, ALBANY, NEW YORK 12233-4017

**APPLICATION FOR TREATMENT OR DISPOSAL
 OF AN INDUSTRIAL WASTE STREAM**

SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE

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

1. NAME OF PROJECT/FACILITY Chautauqua County Landfill		2. COUNTY Chautauqua		3. SITE NUMBER 07S12	
4. NAME OF OWNER Chautauqua County		5. ADDRESS (Street, City, State, Zip Code) 3889 Towerville Road Jamestown, NY 14701		6. TELEPHONE NO. (716) 985-4785	
7. NAME OF OPERATOR Dept. of Public Facilities		8. ADDRESS (Street, City, State, Zip Code) Same		9. TELEPHONE NO. (716) 985-4785	
10. METHOD OF TREATMENT OR DISPOSAL Sanitary Landfill – D90					
11. COMPANY GENERATING WASTE			12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code)		
13. REPRESENTATIVE OF WASTE GENERATOR		14. MAILING ADDRESS OF REPRESENTATIVE		15. TELEPHONE NO. () -	
16. DESCRIPTION OF PROCESS PRODUCING WASTE					
17. EXPECTED ANNUAL WASTE PRODUCTION Tons/Year _____ Gallons/Year _____			18. WASTE HAULED IN <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Roll-Off Container <input type="checkbox"/> Other _____		
19. WASTE COMPOSITION 19a. Average Percent Solids _____		19b. PHYSICAL STATE <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH Range _____ to _____	
19. COMPONENTS					
			CONCENTRATION (Dry Weight)		UNIT (Check One)
			Upper %	Lower %	Typical %
			Wt.%	PPM	
1)			_____	_____	_____
2)			_____	_____	_____
3)			_____	_____	_____
4)			_____	_____	_____
20. IS AN ANALYSIS OF WASTE ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. WAS A TCLP TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach results		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous	
23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment, and disposal precautions.					
24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY?					
25. NAME OF WASTE TRANSPORTER		26. ADDRESS (Street, City, State, Zip Code)		27. NYSDEC PERMIT NO.	28. TELEPHONE NO. () -
29. CERTIFICATION I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.					
a. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR X					DATE
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY X					DATE