

Fulton County

REDUCE ♦ REUSE ♦ RECYCLE



FULTON COUNTY
DEPARTMENT OF SOLID WASTE
PO BOX 28, 847 MUD ROAD
JOHNSTOWN, NY 12095

518-736-5501
FAX: 518-762-2859
David B. Rhodes, Director

TO: FULTON COUNTY LANDFILL PERMIT APPLICANTS
FROM: DAVID B. RHODES, DIRECTOR
SUBJECT: FULTON COUNTY DEPARTMENT OF SOLID WASTE LANDFILL USE PERMIT

Please read all of the enclosed information carefully. Use of the Fulton County Department of Solid Waste (DSW) landfill is dependent on the rules and regulations specified in this application packet being adhered to.

Fulton County has implemented a permit system for the use of the Fulton County Department of Solid Waste landfill. All necessary application forms, as well as instructions for completing the forms, are enclosed.

The Fulton County Board of Supervisors adopted a local law, known as the "Fulton County Solid Waste Management Law". This local law establishes the framework for the Fulton County Department of Solid Waste to administer the permit process.

Upon approval, the permit will be valid until December 31st. If you desire to amend your permit (i.e. adding a new truck) you must notify the Fulton County Department of Solid Waste office a minimum of five (5) days in **advance** of use.

The permit application fee must be submitted prior to use of the landfill. Make checks payable to the Fulton County Treasurer. Send completed forms and check to the Fulton County Department of Solid Waste, P.O. Box 28, Johnstown, NY, 12095. Completed application forms may be sent via fax 518-762-2859 or emailed to pmarkes@fultoncountyny.gov with payment to follow.

Please note that the Solid Waste Management Law provides Fulton County with a mechanism to revoke landfill privileges of users violating said local law.

Customers will be asked to submit annual tonnage of recyclables collected in Fulton County but taken to facilities other than the Fulton County Department of Solid Waste, for state reporting purposes. We will be sending a yearend recycling survey.

If you send recyclables to any other processing facility, please complete and return the survey by January 31, 2022.

If you have any questions, do not hesitate to contact us, at the above telephone number.

DBR:pmr
Enclosures



Fulton County Department of Solid Waste

2023 Landfill Terms of Use

Permit applications can be obtained at the Fulton County Department of Solid Waste or downloaded at www.fultoncountyny.gov/fulton-county-landfill. This application DOES NOT apply to Transfer Station users.

1. INSURANCE REQUIREMENT for Permitted Vehicles:

Each account holder must provide proof of CURRENT coverage for Automobile Liability insurance certificate (Accord) with the Department of Solid Waste listed as a Certificate Holder and have the following **Automobile** Liability minimum limits:

- a. Combined Single Limit of \$500,000 OR
- b. Bodily Injury per person \$250,000, Bodily Injury per accident \$500,000 and Property damage \$100,000

Proof of Current Workers Compensation Insurance also required per the Fulton County Solid Waste Management Law. The only situations in which Workers Compensation would not be required is when the business is owned/operated by one individual and there are no employees.

2. NYS PART 364 TRANSPORTER REQUIREMENT:

Permit holders must comply with the NYS Department of Environmental Conservation requirements for Part 364 Haulers. (see <http://www.dec.ny.gov/chemical/8483.html> for information).

3. LANDFILL USE REQUIREMENTS:

- a. No Hazardous waste will be accepted at the Fulton County Landfill.
- b. All loads **MUST** be properly covered/contained during transport (NYS DOT Section 380-a). Violators will be charged an additional Board of Supervisors approved rate of \$150 per load.
- c. All trucks utilizing the landfill must be properly permitted with a visible permit sticker; be equipped with a band radio/CB capable of accessing Channel 17 and have front & rear tow hooks.
- d. All Drivers must have highly visible attire and/or vest.
- e. Stop signs and Speed limits **MUST** be obeyed on the access roadway.
- f. **ALL** trucks **MUST** come to a stop before driving onto the weigh scale.
- g. All 55-gallon drums must have tops/bottoms removed.
- h. **NO** Tires, Freon Units, Electronics, Appliances, Vehicle Batteries, or Recyclables can be **mixed** in the load; violators will be charged the appropriate removal/disposal fee.
- i. Tires, Freon Units, Electronics, Appliances, Vehicle Batteries and Recyclables must be disclosed to the scale attendant when weighing in.
- j. All Industrial waste must be laboratory tested prior to acceptance.
- k. **PRIOR APPROVED** Waste Tracking Document Required for Contaminated Soil, Asbestos, or waste **other than** Commercial or C&D from **within** Fulton County.
- l. Fulton County DSW Waste Tracking Document required for Haulers billing Customer accounts.
- m. Out-of-County (OOC) waste will **NOT** be accepted without a DSW Waste Tracking document with Prior-Approval and/or signed Agreement.
- n. Recyclables must be separated from refuse per preparation guidelines.
- o. Commercial recycling from within Fulton County is currently accepted at our Materials Recovery Facility (MRF) with a current commercial landfill or recycling permit. (Tuesday – Friday).
- p. **NO** Private Cars or Station Wagons allowed into the Landfill.

4. LANDFILL OPERATING HOURS:

- a. 7:15 AM – 3:00 PM Monday – Friday (except Holidays); 7:15 AM – 11:30 AM Saturdays.

- b. NO hand unloading or Industrial waste after 2:00 PM daily or after 10:30 AM on Saturdays.
- c. NO commercial recycling accepted on Mondays or Saturdays.
- d. ALL haulers must be scaled out by closing time.
- e. Holiday Notices will be posted at Scale House.

5. PERMIT FEES:

- a. ANNUAL PERMIT RENEWAL – Renewals are mailed to all current customers in November and are due prior to **December 31st**. Failure to return renewals by December 31st, will require full applications to be completed.
- b. Renewal Permit Fees are Invoiced on or about the 1st of the renewal year; base fee \$50 plus \$25 per vehicle permitted.
- c. Permit fees will NOT be prorated for partial year use.
- d. Additions or changes to permitted trucks must be reported to the Landfill Office PRIOR to utilizing the scale and must have required insurance coverage. Truck fee of \$25 each will apply.

6. LANDFILL USE/BILLING:

- a. CASH Accounts – Payment is required when weighing out. We can accept cash, check (NO 3rd party checks), or Credit/Debit. We accept MasterCard, VISA, or Discover, however, there is a convenience fee charged by the processing company of 2.39% or \$1.95 minimum for all Credit/Debit transactions.
- b. BILLING Accounts – Must be pre-approved.
 - i. 15 Day Accounts will be billed bi-monthly as of the close of business on the 15th and last day of each month.
 - ii. 30 Day Accounts will be billed at the close of business on the last day of the month.
 - iii. PAYMENTS DUE – Per Fulton County Policy, **all payments are due 15 Days from Invoice date**. Delinquent accounts (past 30 days) will be assessed 2% interest and scale privileges will be revoked.
- c. PAYMENTS – Make Checks Payable to **FULTON COUNTY TREASURER** and **mail to Fulton County Department of Solid Waste**, PO Box 28, Johnstown, NY 12095.

7. TIPPING FEES AT SCALE FOR ALL USERS:

- a. All Tipping Fees are set by the Fulton County Board of Supervisors (BOS) annually in November.
- b. Prohibited Tire and/or Unacceptable Waste fees, as set by the BOS, are in addition to regular tipping fee for each unit or tire mixed in the load dumped into the landfill.
- c. \$5 minimum per load fee.
- d. Dig Out fee, as set by the BOS, will be assessed on loads requiring DSW assistance to unload.
- e. The Hauler is responsible for Tipping fees unless a Fulton County DSW Waste Tracking Document is submitted with the signed Customer Authorization.

8. FULTON COUNTY FLOW CONTROL LEGISLATION:

- a. Waste generated within Fulton County must be disposed of at the Fulton County Landfill Facility.
- b. Waste cannot be delivered to our facility that is generated from within the boundaries of any county that has Flow Control Legislation, such as Madison, Oneida or Herkimer Counties.

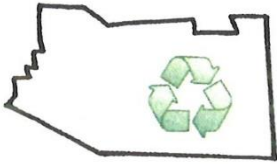
9. NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION REPORTING:

Customers will be asked to submit annual tonnage of recyclables collected in Fulton County but taken to facilities other than the DSW, for state reporting purposes. We will be sending a yearend recycling survey.

If you send recyclables to any other processing facility, please complete and return the survey by January 31st.

Fulton County Department of Solid Waste
PO Box 28, 847 Mud Rd.
Johnstown, NY 12095

Email: pmarkes@fultoncountyny.gov
Phone #: 518-736-5501
Fax #: 518-762-2859



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David B. Rhodes, Director

LANDFILL APPLICATION

Part A: Applicant Information

Applicant Business Name: _____

DBA if applicable: _____

Business Address: _____

City _____ State _____ Zip _____

Business Contact: Title: _____

Phone: _____ Fax: _____

E-mail: _____

Billing Address: _____

City _____ State _____ Zip _____

Billing Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Invoice delivery preference (circle one): Email or Mail

Legal Character of Business (check one):

Corporation _____ Partnership _____ Individual _____ Other (explain) _____

Annual Permit Fee:

Base Fee: \$50.00 + No. of Vehicles: ___ at \$25.00 per vehicle: \$ _____ =Total Fee \$ _____

For County Use Only:

Date Issued _____ Account No. _____ Account Approval _____

Billing Account Type: 15 Day Acct. 30 Day Acct

_____ CASH Only _____ CASH Pending Billing Credit Approval

OOC Agreement needed Yes No

[] INS [] INS DB [] LF DB [] QB [] SMS Stickers: Mailed Scale Files: [] LFBK [] AR [] LF

Part B: BILLING CREDIT Request

ONLY applicants that desire a BILLING account must complete this section.

NOTE: This will allow tipping fees to be applied to your customer billing account when scaling out. Bi-Monthly billing invoices will then be sent on or about the 16th and 1st of each month. Fulton County Code Article VII 260.28 requires payment be received within 15 days of the date of the invoice. Accounts past due (over 30 days) will be assessed a 2% interest and scale privileges may be revoked.

Credit Check Authorization

I hereby authorize the Fulton County Department of Solid Waste to verify my credit history, bank accounts, holdings and any other asset balances needed to process my landfill permit application. I further authorize the Fulton County Department of Solid Waste to order a credit report and verify other credit information. It is understood that a photocopy of this form will also serve as authorization.

The information the Fulton County Department of Solid Waste obtains will only be used in processing my landfill permit application billing account for Department of Solid Waste services.

Applicant Business Name: _____

Business Address: _____

Contact Person: (print) _____

Signature: _____ Date: _____

Requested Monthly Billing Limit \$_____

Provide three business credit references (at least one bank or financial institution):

Name _____ Contact: _____
Address _____
Telephone # _____ Fax #: _____
Email _____
Acct. No. _____

Name _____ Contact: _____
Address _____
Telephone # _____ Fax #: _____
Email _____
Acct. No. _____

Name _____ Contact: _____
Address _____
Telephone # _____ Fax #: _____
Email _____
Acct. No. _____

For County Use Only: Monthly Billing Limit approved: _____ Billing/Credit Approval: _____ Date: _____
Update: [] LF DB [] QB [] SMS Files: [] LFBK [] AR [] LF

Part C: Vehicle Information

Denote "N/A" if not applicable. If Sub-Contracting, see Part G Hauler to Bill Customer

Applicant Business Name: _____

Number of vehicles listed: _____ at \$25/unit = \$_____ (do not include trailers*)

Vehicles listed below must meet:

- (1) Insurance requirements indicated in Part D: Insurance Certificate
- (2) Be equipped with front and back tow hooks
- (3) Have CB/radio capable of accessing channel 17

	VEHICLE A	VEHICLE B	VEHICLE C
Year & Make			
Vehicle Type			
State of Issue			
License Plate #			
Company assigned # (if applicable)			
Capacity (C.Y.)			
NYS Part 364 Permit #			
Vehicle LF Acct #: (Official Use Only)			
Date permit Issued (Official use only)			

*For safety concerns, DSW does not accept **Tractor Trailer** Dump Trailers in the landfill area, Walking floors and Roll offs are acceptable. Contact us with any trailer acceptance concerns.

Part D: Insurance Certificate

(Automobile Liability)

An insurance certificate/accord (Sample Accord enclosed) must be provided per the requirements of the Fulton County Solid Waste Management Law. The insurance certificate must name the Fulton County Department of Solid Waste as Certificate Holder, list scheduled autos (if applicable), and must have the following minimum **automotive** liability limits:

Combined Single Limit: \$500,000	-or-	Bodily Injury Per Person:	\$250,000
		Bodily Injury Per Accident:	\$500,000
		Property Damage:	\$100,000

Proof of Current Workers Compensation Insurance is also required per the Fulton County Solid Waste Management Law. If the business is owned by one individual with no employees, proof of Workers Compensation would not be required.

Part E: Waste Identification

Waste Description: Provide detailed *estimate of quantities* of each component of the waste stream; i.e. tons of sludge, asbestos, contaminated soil, construction and demolition debris, commercial waste, industrial waste, commercial recycling, etc. that you expect to be depositing annually at the Fulton County Sanitary Landfill or Recycling Facility, itemized by type and origin:

Waste Description	Estimated Tons/Year	Village/Town/City	County

Waste from other than Fulton County MUST have a Fulton County Department of Solid Waste (DSW) Waste Tracking/Profile form (DSW WTD enclosed).

NO Recycling or Asbestos allowed from Out-of-County.

Part F: Toxicity Data

A NYS Department of Environmental Conservation/Department of Health approved laboratory for toxicity must test any and all waste material that is subject to NYS Part 364 Transporter Regulations. The tests must be conducted with the TCLP method. Also, solids content information must be provided.

Laboratory results must be received a minimum of two weeks prior to the transportation of refuse to the Fulton County Landfill by each waste generator. Tests must be conducted on each component of the waste stream and tests must be performed on random samples for TCLP parameters.

All laboratory data must be current; i.e. conducted within three months of permit application. A retest is needed if the generator implements a process change.

If applicable, attach laboratory results to application.

Part G: Hauler to Bill Customer

Customers who use a hauler/sub-contractor to bring debris to our facility and desire landfill user charges billed directly to their account must complete a DSW Waste Tracking/Profile form (DSW WTD enclosed) for each load of debris brought to the landfill. The Customer will then provide the Hauler with the form to complete and submit to the scale attendant when weighing in. This will ensure the proper company is billed when the ticket is created. Forms that do not have the Customer Certification section signed will be billed to the Hauler.

If you have any questions or concerns, do not hesitate to contact us at 518-736-5501.

Part H: Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application package and all attached documents; I affirm that the submitted information is true, accurate and complete. I certify that no hazardous wastes (as defined by New York State and U.S. Environmental Protection Agency regulations), explosives, infectious wastes or radioactive wastes will be delivered by my business or in my vehicle(s) to the Fulton County Sanitary Landfill. I agree to indemnify and hold harmless the County of Fulton from any liability arising from the disposal of such wastes delivered by my business or my vehicle(s). I am aware that there are significant penalties for submitting false information, including the possibility of fines, imprisonment and the revocation of facility permit.

I also certify that I will abide by the rules and regulations, as outlined in the Fulton County Solid Waste Management Law and Terms of Use.

I also certify that all the information provided on this application is true and that I agree to pay all tipping fee billings within fifteen (15) days and understand that for any unpaid balance, a finance charge may be assessed as well as permit privileges revoked.

I also certify that all refuse delivered by my business or in my vehicle(s) originates in the County of Fulton unless an Out-of-County Agreement or Contract has been executed.

BUSINESS NAME: _____

ADDRESS: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

* Sample Copy *

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER Insurance Agent info	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Your Name/Company & Address	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS * <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> *	<i>Mark all that apply</i> Policy #	<i>effective</i>	<i>EXPIRE</i>	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ 250000 BODILY INJURY (Per accident) \$ 500000 PROPERTY DAMAGE (Per accident) \$ 100000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*

Discription of Scheduled Autos or Other

CERTIFICATE HOLDER Fulton County Dept. of Solid Waste PO Box 28, 847 Mud Rd Johnstown, NY 12095	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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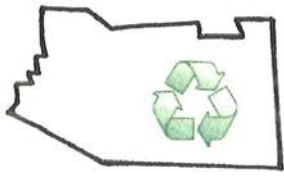
IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Fulton County

REDUCE ♦ REUSE ♦ RECYCLE



FOR DSW USE ONLY:
Job Approved to Start on:
DATE: _____
BY: _____

FULTON COUNTY
DEPARTMENT OF SOLID WASTE
PO BOX 28, 847 MUD ROAD
JOHNSTOWN, NY 12095

518-736-5501
FAX: 518-762-2859
David B. Rhodes, Director

DSW WASTE TRACKING/PROFILE DOCUMENT

HAULER INFORMATION: (Hauler will be billed unless Billing Authorization is completed)

Company Name: _____ DSW Permit # _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ E-mail: _____ Phone #: _____

CUSTOMER/BILLING INFORMATION: (if billing hauler, indicate "same" below & include authorization)

Company Name: _____ DSW Permit # _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person: _____ E-mail: _____ Phone #: _____

SITE/GENERATOR INFORMATION: (where the waste is coming from)

County: _____ Site/Generator Name: _____
Site/Generator Street Address: _____
City: _____ State: _____ Zip Code: _____
NYS DEC Spill # (if applicable) _____ Job # (optional) _____

SELECT WASTE STREAM TYPE:

- In-County Commercial (01)
- In-County Construction & Debris (02)
- In-County Contaminated Soil ** (08)
- In-County Asbestos* (09) Date notified DSW _____
- In-County Clean Wood *** (91)
- In-County Industrial** Wet (06) Dry (05)
- Out-of-County Contaminated Soil** (14)
- Out-of-County Commercial* (19)
- Out-of-County Construction & Debris* (19A)
- Out-of-County MSW Large Load (25+tons)* (20)
- Out-of-County Clean Wood*** (92)
- Other* (Specify: _____)

Process Generating Waste: _____
Estimated Volume: Cubic Yds: _____ Tons: _____
Characteristic Components _____ % by Weight % by County
1. _____
2. _____
3. _____

AUTHORIZATION: I hereby certify that the above hauler is authorized to dispose of the above stated waste generated by my business, and is hereby authorized to instruct Department of Solid Waste staff that said solid waste fees should be assessed to my business account listed above. I agree to promptly pay all invoices, per the requirements of the Fulton County Solid Waste Management Law. I certify that no hazardous waste, explosives, infectious waste, radioactive waste or recyclables included in the County's program, will be delivered by the Customer/Hauler or by vehicles authorized by the Customer/Hauler to the Fulton County Sanitary Landfill.

Customer : _____ DSW Permit# _____
Customer Signature: _____ Phone #: _____

Signature of Hauler/Driver: _____ **Date** _____ **DSW Truck Permit #:** _____

*-Prior Approval/Contract Required **-TCLP Testing Required and Prior Approval ***-Inspection Required by DSW Staff