



Fulton County

REDUCE ♦ REUSE ♦ RECYCLE



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

PHONE: (518) 736-5501

FAX: (518) 762-2859

CINDY G. LIVINGSTON, INTERIM DIRECTOR
JEFFREY BOUCHARD, OPERATIONS CONSULTANT

TO: FULTON COUNTY LANDFILL PERMIT APPLICANTS
FROM: CINDY G. LIVINGSTON, INTERIM DIRECTOR
SUBJECT: FULTON COUNTY LANDFILL USER PERMIT

Please read all of the enclosed information carefully. Your privilege to use the Fulton County Sanitary Landfill is based on the rules and regulations specified in this application packet.

Fulton County has implemented a user permit system for the Fulton County Sanitary 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, which is known as the "Fulton County Solid Waste Management Law". This local law establishes the framework for the Department of Solid Waste to administer the permit process.

Upon approval, the user permit will be valid until December 31st of each year. Renewal applications must be filed a minimum of thirty (30) days prior to the expiration date. If you desire to amend your permit (i.e. adding a new truck) you must notify the Department of Solid Waste a minimum of five (5) days in **advance** of use.

The permit application fee must be submitted with your completed application. Make checks payable to the Fulton County Treasurer. Send completed forms and check to the Department of Solid Waste, P.O. Box 28, Johnstown, NY, 12095.

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

If you have any questions concerning the above, contact the Department of Solid Waste, at the above telephone number.

CGL:pm
Enclosures

FULTON COUNTY DEPARTMENT OF SOLID WASTE **GENERAL INFORMATION/PERMIT FEES**

Permit applications can be obtained at the Fulton County Department of Solid Waste, 847 Mud Road, Johnstown, NY 12095, (518) 736-5501. **THESE APPLICATIONS DO NOT APPLY TO TRANSFER STATION USERS.**

Permit Fees:

- Base fee of \$50.00.
- Vehicle charge: \$25.00 per vehicle registered.
- Base fee and vehicle charge are annual fees (1/1 - 12/31 annually). These fees **ARE NOT** prorated for partial year use.
- Certificate of Insurance required (see sample, Part D of Permit Application). Required limits: \$500,000.00 minimum automotive liability. The Department of Solid Waste requires that a current certificate be kept on file in the Department throughout the duration of the user's permit.

Tipping Fees at Scale for all Users:

- \$55.00 per ton for in-county construction/demolition waste, commercial waste, and industrial wet or dry waste. There will be a \$5.00 service charge assessed for each appliance brought to the Landfill.
- \$25.00 per ton for contaminated soil (prior approval required).
- \$75.00 per ton for asbestos waste (24-hour notice & prior approval required).
- \$150.00 per ton for any uncovered load crossing over the scale.
- Commercial Recycling is currently being accepted at our Materials Recovery Facility (MRF) at NO CHARGE (see normal hours of operation below)
- Out-of-county rates set by contract/agreement only.

NOTE: NO PRIVATE CARS OR STATION WAGONS WILL BE ALLOWED TO UTILIZE THE LANDFILL SITE, PER COUNTY LOCAL LAW.

Billing:

- Department of Solid Waste will bill approved customers bi-monthly (municipalities billed monthly).
- Payment is required within 15 days after billing date; 2% interest charges assessed monthly on past due balances per County Code.
- Non-payment will result in temporary revocation of disposal privileges.

General Rules:

- All loads **must** be properly covered during transport.
- All 55-gallon drums must have the tops/bottoms removed.
- No hazardous waste will be accepted at the Fulton County Landfill.
- All industrial waste must be laboratory tested prior to acceptance.
- Recyclables must be separated from refuse per preparation guidelines.
- Unless previously approved, all waste must be from within the boundaries of Fulton County.
- Tires and Freon units must be disclosed to weigh scale attendant.

Department Operating Hours:

7:15 a.m. - 3:00 p.m. Monday – Friday
7:15 a.m. -11:30 a.m. Saturday

Recycling Facility Operating Hours:

7:15 a.m. – 3:00 p.m. Tuesday - Friday
Closed on Monday and Saturday

NOTE: No hand unloading or wet industrial waste after 2:00 p.m. daily, or after 10:30 a.m. on Saturdays. No commercial recycling on Mondays or Saturday. Holiday notices posted at Scale House.

FULTON COUNTY DEPARTMENT OF SOLID WASTE LANDFILL APPLICATION
Part A: Applicant Information

1. Applicant Business Name: _____

2. Billing Address: _____

3. Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

4. Billing Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

5. Legal Character of Business (check one):

Corporation _____ Partnership _____ Individual _____ Other (explain) _____

6. Annual Permit Fee:

a. Base Fee: \$50.00

b. No. of Vehicles: _____ at \$25.00 per vehicle: \$ _____

Total Fee Attached: \$ _____ (5a + 5b) (attach check here)

7. Provide two business credit references (at least one bank, financial institution):

***DO NOT FILL IN IF "CASH" CUSTOMER!**

Name _____ Contact: _____

Address _____

Telephone # _____ Fax #: _____

Acct. No. _____

Name _____ Contact: _____

Address _____

Telephone # _____ Fax #: _____

Acct. No. _____

Requested Monthly Billing Limit \$ _____

8. NYS Sales Tax ID No. (if available) _____

For County Use Only:

Date Issued _____

Initials _____

Account No. _____

Billing Account Type:

Cash Only 15 Day Acct. 30 Day Acct Monthly Billing Limit: _____ Billing/Credit Approval: _____

OOA Agreement Yes Approval Date: _____

No

ONLY applicants that desire a Department of Solid Waste Billing account must complete Part B.

Part B: Credit Check Authorization Form

I hereby authorize the Fulton County Department of Solid Waste to verify my credit history, bank accounts, holdings and any other asset balances that are 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 is only to be used in processing my landfill permit application for the purpose of creation of a billing account for Department of Solid Waste services.

Applicant Business Name: _____

Contact Person: (print) _____

Signature: _____

Date: _____

Part C: Vehicle Information

Applicant Business Name: _____

Number of units listed: _____ at \$25/unit = \$_____

NOTE: Denote "N/A" if not applicable. See Part H if sub-contracting Hauler)

Please see Part G: Insurance Certificate for insurance requirements for vehicles listed below.

	VEHICLE A	VEHICLE B	VEHICLE C
License Plate No.			
State of Issue			
Vehicle Type			
Year & Make			
Capacity (C.Y.)			
NYS Part 364 Permit #			
Vehicle LF Acct #: (Official Use Only)			
Date permit Issued (Official use only)			

(use additional sheets, if necessary)

Part D: Insurance Certificate

(Automobile Liability)

An insurance certificate (Accord) must be provided, per the requirements of 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 NYS Workers Compensation coverage also required per the requirements of Fulton County Solid Waste Management Law.

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, 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	Village/Town/City	Approx. Tons/Year

Unless an Out-of-County Agreement or Contract has been executed, all waste disposed of at the Fulton County Landfill must be from within the boundaries of Fulton County.

Part F: Toxicity Data

A 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; 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: 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 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 use.

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

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

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: _____

Part H: Bill To "Business/Customer" Certification

If the business listed in "Part A" hauls its own refuse with the vehicles listed in "Part C", skip this section.

*If the business listed in "Part A" sub-contracts all or some hauling to another business, **and** the business listed in "Part A" desires landfill user charges billed directly to their account, this form must be completed, and signed by both the business and the hauler.*

BILLING CERTIFICATION:

I, _____, hereby certify that the following hauler is hereby
(Business contact person)

authorized to dispose of solid waste generated by my business, and the solid waste hauler is hereby authorized to instruct Department of Solid Waste staff that said solid waste fees should be assessed to said Undersigned Business account, and the Undersigned Business hereby agrees to promptly pay all invoices, per the requirements of Fulton County Solid Waste Management Law.

BUSINESS NAME: _____ LF ACCT # _____

Authorized Representative: _____
(Type or print)

Signature: _____

HAULER CERTIFICATION:

I, _____, hereby certify that no hazardous wastes (as defined by New York State and 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 use.

I also certify that I will abide by the rules and regulations, as outlined in the Fulton County Solid Waste Management Law. I certify that I hold a current Fulton County Department of Solid Waste Landfill Use Permit in good standing; that all insurance requirements and NYS DEC hauler permits are current and on file.

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.

REFUSE HAULER: _____ LF Acct # _____

Authorized Representative: _____
(Type or print)

Signature: _____