

# 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

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TO: FULTON COUNTY LANDFILL PERMIT APPLICANTS

FROM: DAVID B. RHODES, DIRECTOR

SUBJECT: FULTON COUNTY LANDFILL USE 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 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 permit will be valid until December 31<sup>st</sup> 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.

DBR:pm  
Enclosures





# Fulton County Department of Solid Waste

## Landfill Terms of Use

Permit applications can be obtained at the Fulton County Department of Solid Waste or downloaded at <http://www.fultoncountyny.gov/dsw>. These applications DO NOT apply to Transfer Station users.

### 1. INSURANCE REQUIREMENT:

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

### 2. NYS PART 364 TRANSPORTER REQUIREMENT:

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

### 3. GENERAL 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 \$150 per ton for an uncovered load.
- c. All trucks utilizing the landfill are requested to be equipped with a CB radio, and front & rear tow hooks.
- d. Stop signs and Speed limits **MUST** be followed on the access roadway.
- e. ALL trucks should come to a stop before getting on the weigh scale.
- f. All 55-gallon drums must have tops/bottoms removed.
- g. **NO** tires, Freon Units, Electronics or Appliances can be **mixed** in the load; violators will be charged the appropriate removal/disposal fee.
- h. Tires and Freon units must be disclosed to the scale attendant when weighing in.
- i. All Industrial waste must be laboratory tested prior to acceptance.
- j. Recyclables must be separated from refuse per preparation guidelines.
- k. **NO** out of county waste/debris without an approved Out of County Contract.
- l. **NO** Private Cars or Station Wagons will be allowed to utilize 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 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 by November 1<sup>st</sup> and **must** be returned by **December 1<sup>st</sup>**.
- b. Renewal Permit Fees are Invoiced on or about the 1<sup>st</sup> of the renewal year; base fee \$50 plus \$25 per vehicle permitted.
- c. Permit fees are **NOT** 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 may apply.

6. LANDFILL USE/BILLING:

- a. CASH Accounts – Payment is required when weighing out. We can accept cash, check (NO 3<sup>rd</sup> 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 15<sup>th</sup> and 30<sup>th</sup> of each month.
  - ii. 30 Day Accounts (Municipalities) 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 – Should be made Payable to **FULTON COUNTY TREASURER** and **mailed 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 Nov/Dec.
- b. \$150 per ton for any uncovered load crossing over the scale.
- c. \$5 service charge for each appliance brought into the landfill.
- d. \$5 minimum per load fee.
- e. PRIOR APPROVAL Required for Contaminated Soil, Asbestos, Out-Of-County or other waste
- f. Commercial recycling is currently accepted at our Materials Recovery Facility (MRF) (commercial landfill or recycling permit required).
- g. Dig Out fee, as set by the BOS, will be assessed on loads requiring DSW assistance to unload.
- h. Out-of-County (OOC) waste will not be accepted without prior approval or signed standing agreement/contract.

8. FULTON COUNTY FLOW CONTROL Legislation:

- a. Any waste generated within Fulton County must be disposed of in Fulton County Landfill Facility.
- b. No waste can 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.

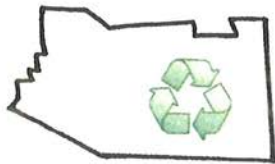
9. CERTIFICATION:

I agree to indemnify and hold harmless the County of Fulton from any liability arising from the disposal of inappropriate waste 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 certify that I will abide by the rules and regulations, as outlined in the Fulton County Solid Waste Terms of Use and Management Law.

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

Email: [pmarkes@fultoncountyny.gov](mailto:pmarkes@fultoncountyny.gov)  
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## LANDFILL APPLICATION

### Part A: Applicant Information

1. Applicant Business Name: \_\_\_\_\_

DBA if applicable: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
\_\_\_\_\_

3. Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_  
\_\_\_\_\_

5. Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Legal Character of Business (check one):

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other (explain) \_\_\_\_\_

7. 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)

8. NYS Sales Tax ID No. (if available) \_\_\_\_\_

#### For County Use Only:

Date Issued \_\_\_\_\_ Account No. \_\_\_\_\_ Account Approval \_\_\_\_\_

Billing Account Type: 15 Day Acct. 30 Day Acct

Cash Only Credit : Monthly Billing Limit: \_\_\_\_\_ Billing/Credit Approval: \_\_\_\_\_

OOC Agreement  Yes OCC Approval: \_\_\_\_\_  
 No

[ ] LF DB [ ] QB [ ] Scale Permit Stickers: Mailed Scale Files: [ ] AR [ ] LF

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

NOTE: This will allow daily tipping fees to be applied to your customer account. Bi-Monthly Invoices will be sent. Fulton County Code Article VII 260.28 requires payment be received within 15 days of the date of the invoice.

**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: \_\_\_\_\_

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Requested Monthly Billing Limit \$\_\_\_\_\_

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

Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax #: \_\_\_\_\_  
Acct. No. \_\_\_\_\_

Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax #: \_\_\_\_\_  
Acct. No. \_\_\_\_\_

**Part C: Vehicle Information**

Applicant Business Name: \_\_\_\_\_

Number of vehicles 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.

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

**Part D: Insurance Certificate**

(Automobile Liability)

An insurance certificate (Accord) 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 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:

<b>Waste Description</b>	<b>Approx. Tons/Year</b>	<b>Village/Town/City</b>	<b>County</b>

***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.***

***NO Recycling from Out-of-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 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.

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: 2019 AUTHORIZATION for HAULER to BILL CUSTOMER**

*A Customer that sub-contracts all or some hauling to another Hauler and desires landfill user charges billed directly to their account, must complete and sign this form.*

Yearly Blanket

This Job/Date only

Job Desc: \_\_\_\_\_ Date Covered: \_\_\_\_\_

**CUSTOMER BILLING CERTIFICATION:**

I, \_\_\_\_\_, hereby certify that the hauler listed below is hereby  
(Customer contact person)

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

CUSTOMER ACCOUNT: \_\_\_\_\_ DSW 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 permit.

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: \_\_\_\_\_ DSW Acct # \_\_\_\_\_

Authorized Representative: \_\_\_\_\_  
(Type or print)

Signature: \_\_\_\_\_