

Putnam County Department of Health
Division of Environmental Health Services



Waste Hauler Permit Application for Collection and Transportation of Solid Waste and Recyclable Materials in Putnam County

Please return completed application and direct questions to:

Mary Rice
Putnam County Department of Health
Solid Waste and Recycling Program
1 Geneva Road
Brewster, New York 10509
(845) 808-1390 Ext. 43164



To be completed by PCHD Staff

Transporter/Collector Name: _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Fee Paid /Check #: _____

Permit Issued Date: _____

Permit #: _____ Expiration Date: _____ # of Stickers Issued: _____

ALLEN BEALS, M.D., J.D.
Commissioner of Health

Robert Morris, P.E.
Director of Environmental Health



MaryEllen Odell
County Executive

Department of Health

1 Geneva Road, Brewster, NY 10509

Office (845) 808-1390

Fax (845) 278-7921

January 2013

Dear Applicant,

Pursuant to Chapter 205, Article 2 (Recycling) & 3 (Solid Waste Mgt.) of the Putnam County Code (including all pertinent local laws) and in accordance with Title 1, Article 27 of the New York State Department of Environmental Conservation, and the Putnam County Solid Waste Management Plan, any organization that transports waste generated or disposed of within Putnam County must obtain a permit from the Putnam County Department of Health on an annual basis. An application or renewal may be denied by the Department for the failure of the applicant to properly complete the annual report as provided in §205-20, paragraph B, titled "Permits for Transporters of Solid Waste" (see attachment 2).

In order to obtain a valid permit and permit stickers, this application (which includes annual reporting forms) must be completed in its entirety and returned to the Department for approval, along with the annual fee of \$ 200.00 by certified check or money order made payable to the Putnam County Health Department. This fee covers up to five permit stickers. Additional stickers will be provided for \$1.00 each. Once the Certificate of Registration and permit stickers are obtained, the stickers must be displayed prominently on each of the permitted vehicles. Failure to comply with all sections of the Putnam County Codes & Local Laws will result in permit (s) being revoked, enforcement actions pursued and penalties incurred. Permits will expire on the last day of February of the following year. Renewal applications received after February 15th, will be subject to a late fee of \$50.00.

Please be advised, as a condition for the permit, the Putnam County Department of Health shall require the transporter to complete the annual report forms, including volumes and nature of waste products, including recyclables, disposed of and the place and manor in which waste products were finally disposed, and such other information the Department may require. Failure to submit such information shall result in the automatic denial of the permit application.

The information requested in this application is to allow Putnam County to properly gauge the size and nature of it's solid waste stream, waste generated or disposed of in Putnam County, and to assess the type and variety of services available to manage it as required by the New York State Department of Environmental Conservation in accordance with the New York State Solid Waste Management Act of 1988.

In addition to the above stated requirements, all waste service providers are required to contact the local town or village hall within each municipality serviced, and comply with all applicable licensing and waste service related requirements that each municipality may impose.

A list of permitted haulers will be posted on the County website every April. Should you have any questions in filling out this application (including the annual report), or require additional information, please feel free to contact this office.

Sincerely,

Robert Morris, P.E.
Director of Environmental Health

RM/jmg
Enc.

SWRMpermitappliance
2013

**Instructions for acquiring a waste hauler permit to collect and transport
Solid Waste and Recyclable Materials in Putnam County**

The attached application for a permit should be completed in its entirety and returned to this department on or before February 15, 2013 and include the following:

- Completed permit application for Collection & Transportation of Solid Waste and Recyclable Materials in Putnam County.
- Completed Annual Report forms based on the previous year of business.
- A **Certified Check or Money Order** made payable to the Putnam County Department of Health in the amount of \$ 200.00, plus \$1.00 for each vehicle exceeding the 5 covered by the \$200.00 fee.
- For new applications only: If the business is a corporation, a copy of the Certificate of Incorporation, if a sole proprietorship, a copy of the Certificate of Business or if a partnership, partnership papers need to be attached, signed and notarized.
- Proof of Workman's Compensation and Disability Benefits Insurance (**forms C-105.2 and DB-120.1**) If such insurance coverage is not required, **WC/DB CE-200** exemption (see attachment 1) certificate must be submitted with this application. ACORD forms are not acceptable.
- Copy of valid Waste Transporter Permit from the NYS DEC (applicable to haulers of Regulated Medical/Infectious Waste)
- A letter from the owner of the listed disposal facility (s) permitting you to dispose of the waste material indicated on the permit at their facility.
- The attached "Notarized Certificate of Applicant" must be completed, signed and notarized.

**The completed application should be returned to the:
Putnam County Department of Health
Division of Environmental Health
1 Geneva Road, Brewster, New York 10509
Att: Mary Rice**

If requesting a renewal, failure to return completed application may result in a lapse of your permit.

In the future, at the discretion of the Department of Health, arrangements may be made for an inspection of your vehicle (s). Please note that the following items would be inspected:

- The vehicle containers must prevent the loss or discharge of offensive material during transportation.
- The identification of the owner of the vehicle or the business name and address must be clearly posted on both sides of the vehicle.
- The Putnam County Permit sticker is to be displayed prominently on each truck or vehicle registered.
- All materials must be collected, stored and transported properly separated in accordance with the Putnam County Solid Waste Management Plan and County Code 205.

Please contact Mary Rice at (845) 808-1390 ext. 43164 if further information is required. Your cooperation is greatly appreciated.

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Solid Waste and Recyclable Materials in Putnam County**

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Recycling and Solid Waste Management

**Waste Hauler Permit Application for Collection and Transportation of
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1st Time Applicant

Renewal Application

SECTION 1 – IDENTITY of APPLICANT / BUSINESS

Name of Applicant/Business: _____

Name of Owner: _____

DBA (if different from above): _____

Trade Names (if different from above): _____

Business Address: (Official business address as listed in Certificate of Incorporation or DBA)

Mailing Address: _____

Is Business or Mailing address a residence: _____ Yes _____ No

Location of Vehicle Garage: _____

Business Phone #: () _____

Business Fax #: () _____

Cell Phone #: () _____

24 hr Emergency #: () _____

Email Address: _____

Website Address: _____

**Designated employee/officer of Applicant/Business for communication with Putnam
County Department of Health:**

Name: _____ Title: _____

Telephone #: () _____ Fax #: () _____ Cell #: () _____

Alternate Designee:

Name: _____ Title: _____

Telephone #: () _____ Fax #: () _____ Cell #: () _____

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SECTION 5 - INTENT

Please describe, in detail the nature of the waste hauler services which applicant will provide upon issuance of a permit:

SECTION 6 - Days and Hours of Operation:

(check all that apply and fill in times of operation, circle am/pm)

_____ Monday	from _____ am/pm to _____ am/pm
_____ Tuesday	from _____ am/pm to _____ am/pm
_____ Wednesday	from _____ am/pm to _____ am/pm
_____ Thursday	from _____ am/pm to _____ am/pm
_____ Friday	from _____ am/pm to _____ am/pm
_____ Saturday	from _____ am/pm to _____ am/pm
_____ Sunday	from _____ am/pm to _____ am/pm

Do you adjust your schedule for holidays? (please explain)

SECTION 7 – WORKERS COMPENSATION & DISABILITY

This is to certify, under the penalties of perjury, that this operation has Workers' Compensation & Disability Benefits coverage required by law: **(Attach copies. ACORD Forms are NOT acceptable. Acceptable forms are: U-26.3, C105.2 or the Certificate of Attestation of Exemption CE-200 – attachment 1)**

Workers' Compensation Carrier : _____

Workers' Compensation Policy # : _____ Exp. Date: _____

Disability Benefits Carrier : _____

Disability Benefits Policy # : _____ Exp. Date: _____

-or-

Workers' Compensation Board has endorsed Exemption Form **CE-200** stating that such coverage is not required. Follow directions to obtain Attestation of Exemption Form (**Attach signed and dated copy**)

**Waste Hauler Permit Application for Collection and Transportation of
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SECTION 8 – Physical / Chemical Nature of Waste Handled (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> Septage/Sewage/Sludge |
| <input type="checkbox"/> Comingled Glass/Plastic/Cans | <input type="checkbox"/> Medical Waste |
| <input type="checkbox"/> Paper/Cardboard | <input type="checkbox"/> Hazardous Materials/Chemical |
| <input type="checkbox"/> Construction & Demolition | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Yard Waste | <input type="checkbox"/> Waste Cooking Oil |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Scrap Metals |
| <input type="checkbox"/> Grease Trap Waste | |
| <input type="checkbox"/> Other (please explain): _____ | |

SECTION 9 – Which Towns do you Service in Putnam County? (check all that apply)

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Carmel | <input type="checkbox"/> Kent | <input type="checkbox"/> Putnam Valley |
| <input type="checkbox"/> Southeast | <input type="checkbox"/> Philipstown | <input type="checkbox"/> Patterson |

SECTION 10 – Which Type of Service Do You Provide? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial/Businesses |
| <input type="checkbox"/> Public Institutions | <input type="checkbox"/> Government / Municipalities |
| <input type="checkbox"/> Bulk Pick-Up | <input type="checkbox"/> Roll-Off Service |
| <input type="checkbox"/> Drop Off Center | <input type="checkbox"/> Other (please explain) |

SECTION 11 – Collection Frequency (fill in all that apply) ie: once a week, twice a month, as needed

<i>Type of Account</i>	<i>Collection Frequency</i>
Residential	
Commercial / Businesses	
Public Institutions	
Government / Municipalities	
Bulk Pick-Up	
Roll Off Service	
Drop Off Center	

**Waste Hauler Permit Application for Collection and Transportation of
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Type of Waste Disposed	Total Weight or Volume Specify Tons, Gallons, or Cubic Yards	Disposal Site	Fees for Tipping or Disposal (ie: \$\$ per gallon, Cont., CY or Ton)
Municipal Solid Waste			
Glass			
Plastic			
Cans			
Comingled Glass/Plastic/Cans			
Paper			
Cardboard			
Mixed Paper/Cardboard			
Single Stream			
Food Waste			
Yard Waste			
Scrap Metal			
Tires			
Construction & Demolition			
Wood			
Asphalt			
Concrete/Rock			
Other C & D			
Medical			
Hazardous/Chemical			
Waste Cooking Oil			
Grease Trap Waste			
Used Motor Oil			
White Goods			
Electronics			
Roll Offs			
Bulk Pick Up			
Septage/Sewage/Sludge			
Other: (explain)			

(Make copies of this page if more than one disposal facility is used)

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SECTION 13 –CERTIFICATION

By signing and submitting this Application, I hereby request that the Corporation, Municipality, or Person named in Section 1 be granted a permit by the County of Putnam for the Transportation of Source Separated Waste Material and Recyclables in accordance with the Putnam County Department of Health.

I further agree the County has the right to verify the information contained herein before and after granting of a permit, and that inaccurate information will be grounds for the denial or revocation of said permit.

I understand that _____ shall be granted permission to collect,
(Applicant)
transport or dispose of source separated waste and recyclable material in Putnam County under the following conditions:

- Vehicles are maintained in a clean, sanitary and leak-proof condition to prevent loss or discharge of offensive material during transportation;
- The identification of the owner of the vehicle or the business name and address is clearly posted on both sides of the vehicle;
- Current permit is prominently displayed on the vehicle (s) at all times;
- All source separated waste and recyclable materials are covered or maintained in a closed truck;
- All materials are collected, stored and transported properly separated in accordance with the Putnam County Solid Waste Management Plan; Article 2 & 3 of the Putnam County Codes and all Local Laws pertaining to waste hauling within Putnam County.
- Permit (s) are granted subject to any/all state and local laws, ordinances, codes, rules and regulations. Failure to comply with all sections of the Putnam County Codes, Local Laws or the Putnam County Solid Waste Management Plan will result in your permit (s) being revoked, enforcement actions pursued and penalties incurred.

Signed: _____ Date: _____

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SECTION 14 – NOTARIZED CERTIFICATION

Notarized Certificate of Applicant

This certification must be completed and executed, individually, by the person completing the application on behalf of the Applicant and shall be notarized.

State of New York
County of Putnam

I, _____, being duly sworn, state that I am the _____
(Name of person executing application) (Title)
_____ of _____ and that I have
(Title) (Applicant or Business)
been duly authorized to complete and execute this application on behalf of _____.
(Applicant)

I, _____, hereby certify that I have read and understand the
(Name of person executing application)
instructions and the questions set forth in this application; and

that to the best of my knowledge the information provided in response to the questions set forth herein is full, complete and truthful, and has been prepared based upon my personal knowledge, as well as diligent search of all business and other records in my possession and control; and

that I understand the that Putnam County Department of Health my, by any legal means it deems necessary and appropriate, determine the accuracy and truth of the statements made in this applications; and

that I understand that the Putnam County Department of Health shall rely upon and issue a determination as to _____'s permit status based upon the
(Applicant)
information provided herein, along with any further information provided during the verification process.

(Signature) (Title)

(Print or Type Name)

Sworn to before me this _____ day
of _____, 20____

(Notary Public)