



Department of Environmental Services

Monroe County, New York

Adam J. Bello
County Executive

Michael J. Garland, P.E.
Director

RE: Industrial Waste Generator Permit – Initial

Dear Sir or Madam:

Enclosed is an application for an Initial Industrial Waste Generator Permit. Be advised the Industrial Waste Generator Permit is a legal document. Please provide all requested information accurately. Any name or address changes will require a new Industrial Waste Generator Permit application. An officer of the company, identified as a “responsible official” must sign the permit or appoint a duly authorized representative. The letter of appointment must be included with the permit package. The permit will become effective upon authorization by the department and be in effect for one (1) year.

Monroe County Pure Waters, under Section 57 of the Worker's Compensation Law and Section 220 - Subdivision 8 of the Disability Benefits Law, is required to have on file proof your company has workers compensation and disability benefits for your employees. A form from your insurance carrier stating such coverage will thus be required before your permit can be processed.

A check for the initial permit fee of \$130.00 should be made payable to the Director of Finance, County of Monroe. All copies of the application, the form from your insurance carrier, and the check should be mailed to:

Monroe County Department of Environmental Services
Industrial Waste Control
145 Paul Road, Bldg. 1
Rochester, New York 14624

If you have any questions regarding the permit, please call Industrial Waste Control at (585) 753-7600, Option 4.



INITIAL INDUSTRIAL WASTE GENERATOR PERMIT

County of Monroe Pure Waters District No. _____ Permit No: _____

Effective Date: _____

Expiration Date: _____

Fee: \$130.00

Firm Name _____

Address _____

Type of Business or Service _____

I. The above-named applicant is the waste generator and permitted to haul wastes to the designated Monroe County treatment facility, or other designated Monroe County operated location as applied for by an application dated _____ and verified by the applicant except the Director of Environmental Services requires the following terms and conditions to govern the permitted discharge:

- A. _____
- B. _____
- C. _____

II. The applicant further agrees to:

1. Accept and abide by all provisions of the Sewer Use Law of Monroe County and also any Local, State or Federal regulations pertaining to the transport of industrial waste and of all pertinent rules or regulations now in force or shall be adopted in the future.
2. Notify the Director of Environmental Services in writing of any revision to the plant process or any change in industrial wastes characteristics listed in Exhibit "B". The latter encompasses either (1) an increase or decrease in average daily volume or strength and composition of wastes listed in Exhibit "B" or (2) new wastes that were not listed in Exhibit "B".
3. Furnish the Director of Environmental Services upon request any additional information related to processes producing waste which are transported to Monroe County and for which this permit is sought.
4. Operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance of the industrial wastes involved, in an efficient manner at all times, and at no expense to the County.
5. Cooperate with the Director of Environmental Services or his representatives in their inspecting, sampling, and study of wastes, or the facilities provided for pretreatment.
6. Notify the Director of Environmental Services immediately of any accident, negligence, breakdown of pretreatment equipment, or other occurrence that affects approved industrial waste hauled to Monroe County or of any wastes or process waters not covered by this permit.

Applicant's Name (please print) _____ Phone _____

Applicant's Signature _____ Date _____

Applicant's Title _____

Emergency Contact _____ Phone _____

Approved by: _____ Issued this ___ day of _____ 20 _____

Michael J. Garland, P.E.
Director of Environmental Services-Pure Waters

**APPLICATION FOR LICENSE OR PERMIT FOR DISCHARGE
INTO PURE WATERS SEWER SYSTEM OR TRIBUTARY**

1. Name of Applicant. _____
Company or Individual
2. Address of Applicant. _____

3. Location of Property. _____
4. Ownership of Property. _____
Name/Address if
different than above
5. Number of waste
streams requiring
license/permit _____
6. Type of activity producing
wastes requiring license or
permit pursuant to the Sewer
Use Law of Monroe County. _____
7. Department of Health or
New York State Permit #.
(if any) _____
8. Number of Attachments. _____
(See page 1b)
Exhibit "A" _____
Exhibit "B" _____
Exhibit "C" _____
Exhibit "D" _____

Note: Fill in all applicable spaces. If not applicable,
mark N.A. in appropriate space.

ATTACHMENTS TO ACCOMPANY APPLICATION

1. A summary of the total waste water characteristics to be received from the applicant shall be submitted in proper form as Exhibit "A".
2. A complete schedule of all process waters and industrial wastes produced or expected to be produced at said property, including a description of the character of each waste, the daily volume and whether the flow is continuous or intermittent. The schedule shall be attached as Exhibit "B".
3. A plot or tape location map of the property showing accurately the size and location of all sewer and drainage connections to the truck loading station including all pretreatment devices and all manholes or other accessible sampling points. Each sewer or drain connection shown on drawing shall be designated by an identification number. The plot or tape location map shall be attached as Exhibit "C".
4. The name of the contract hauler who will be providing waste transport to Monroe County disposal facilities shall be attached as Exhibit D. Included with the name of the transporter provide the Monroe County waste transporter permit number and New York State Department of Environmental Conservation waste transporter permit number for the contract hauler.

Name of person who is designated as the signatory for the permit.

Name _____

Title _____

Phone # _____

Person to be contacted for inspection or emergency purposes and phone number.

Name _____

Title _____

Phone # _____

SUMMARY OF INDUSTRIAL WASTE CHARACTERISTICS
(Exhibit A)

Firm: _____

Address: _____

Industrial Waste Characteristics and Quantity

Characteristics	Unit	Average	Minimum	Maximum
Volume	GPD			
Temperature	°C			
pH	S.U.			
Biochemical Oxygen Demand	mg/L			
Total Phosphorus	mg/L			
Total Suspended Solids	mg/L			

SUBSTANCES UNDER ARTICLES III, IV and V OF THE SEWER USE LAW

(List item and concentration (or volume) under appropriate heading. If none, so state).

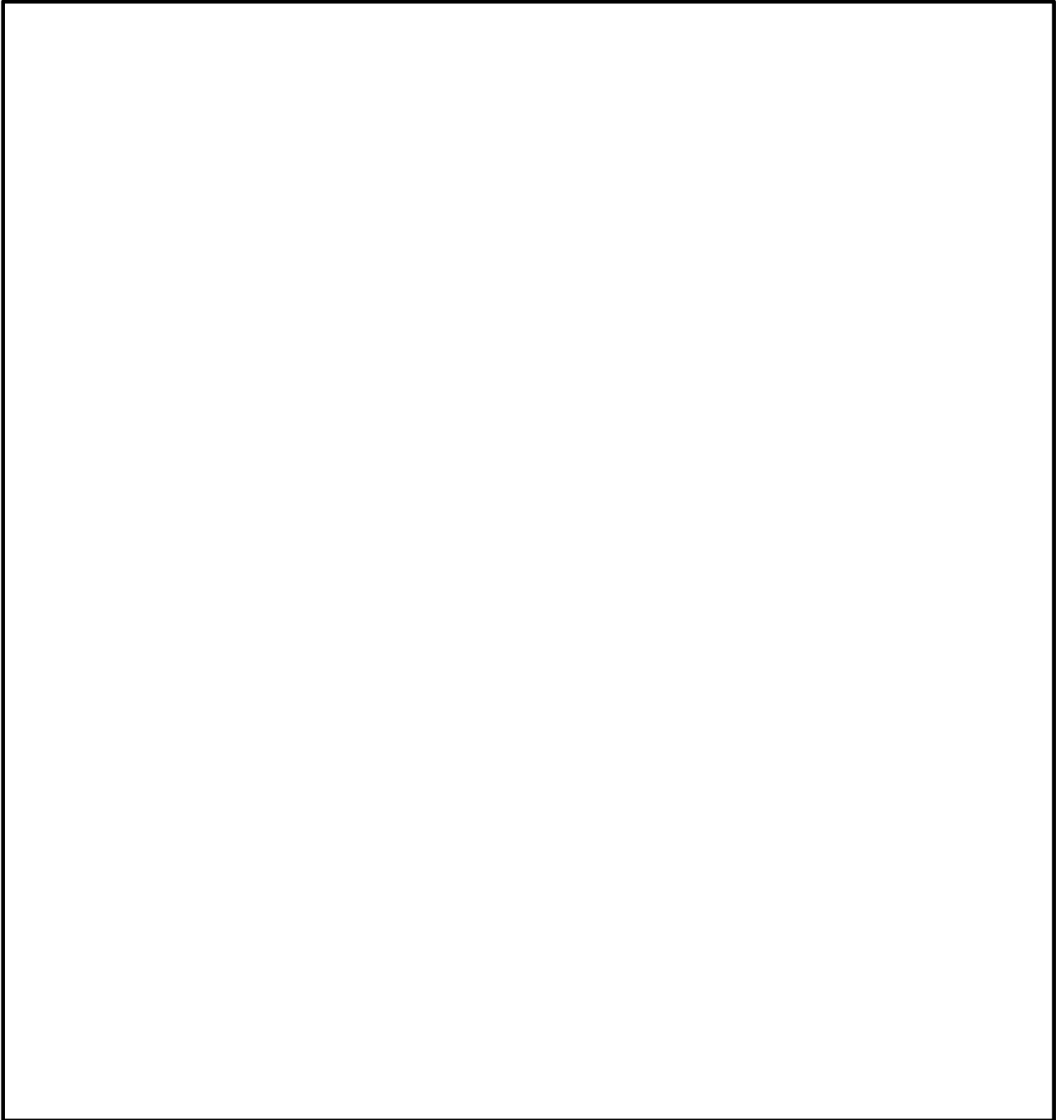
1. Unpolluted waters (Sect. 4.1) _____
2. Prohibited Materials (Sect. 3.3(b)) _____
3. Certain materials and/
or characteristics (Sect. 3.3(c)) _____
4. Toxic Substances (Sect. 3.3(a)) _____
5. Pathogenic Bacteria (Sect. 3.3(a)) _____
6. Radioactive Wastes (Sect. 3.3(c)(5), (5.2(f)) _____
7. Scavenger Wastes (Sect. 5.3) _____



SCHEDULE OF PROCESS WATERS AND INDUSTRIAL WASTES
(Exhibit B)

	Waste Stream	Description	Volume (gpd)	Continuous / Intermittent	Comments
1					
2					
3					
4					
5					
6					
7					
8					

PLOT OR TAPE MAP
(Exhibit C)



CONTRACT HAULER
(Exhibit D)

	Name of Hauler	Monroe County Scavenger Waste Hauler Permit #	NYS DEC Waste Transporter Permit #
1			
2			
3			
4			