

**Schenectady County CESQG Hazardous Waste Disposal Program 2017**

Company Name:	Company Address:
Contact Person:	Contact Email:
Contact Phone #:	Contact FAX#:

Pre-Registration Deadline	Inventory & 3rd Party Form Deadline	Care's Deadline Appointment Times & Quotes for P.O.s	Haz Waste Collection Date & Location
No later than Thursday June 1, 2017	No later than Thursday June 15, 2017	No later than Thursday July 6, 2017	Friday, July 21, 2017 Schenectady County Compost Facility 24 Hetcheltown Road Town of Glenville
No later than Thursday July 20, 2017	No later than Thursday August 3, 2017	No later than Thursday August 24, 2017	Friday, September 15, 2017 Schenectady County Compost Facility, 24 Hetcheltown Road Town of Glenville
No later than Thursday September 14, 2017	No later than Thursday September 28, 2017	No later than Thursday October 19, 2017	Friday, November 3, 2017 Schenectady County Compost Facility, 24 Hetcheltown Road Town of Glenville

**WHAT IS ELIGIBLE**—Up to 220 lbs. of non-acute hazardous waste (approx. 26 gallons) per collecton. Only 2.2 lbs. of acutely hazardous waste per collection is allowed. For a list of acutely hazardous wastes:

<https://www.ehs.wisc.edu/chem/PList.pdf>.

**\*HOW TO PRE-REGISTER—by the ‘pre-registration deadline’:**

- Email Jeff Edwards at the County Hazardous Waste Program at [jeff.edwards@schenectadycounty.com](mailto:jeff.edwards@schenectadycounty.com) to pre-register for the program. Call him with questions at 518-386-2225-9-224.

**\*\*\*HOW TO SEND INVENTORY— by the ‘inventory & 3rd party form deadline’ send completed pages 1-3 as follows:**

1. Send originals to John D. at Care Environmental via email ([john@careenv.com](mailto:john@careenv.com)), fax (1-973-361-5550) or mail (Attn: John D., 429a East Blackwell Street, Dover, NJ 07801).
2. Send copies to Schenectady County via email ([jeff.edwards@schenectadycounty.com](mailto:jeff.edwards@schenectadycounty.com)), fax (518-382-5539), or mail (The Schenectady County Dept. of Economic Dev. & Planning, Schaffer Heights, Suite 303, 107 Nott Terrace, Schenectady, NY 12308).

**\*\*\*P.O. QUOTES & APPOINTMENTS:** John from Care Environmental will contact you with appointment times and quotes via email by the deadlines noted above.

**PURCHASE ORDERS (P.O.s):** Make P.O.s out to Care Environmental, Corp., 429a East Blackwell Street, Dover, NJ 07801; Tax ID: 22-3070727, Phone: 1-800-494-2273, Fax: 973-361-5550. The actual cost will be based on weights & counts noted on the disposal day; the estimated PO amounts may need to be adjusted.

**CESQG TRANSPORT:** Transport CESQG hazardous materials under the following conditions:

- A. The vehicle follows a direct and safe route from the school to the collection site;
- B. The materials are secured in the transport vehicle;
- C. The vehicle is loaded with a quantity of materials that does not exceed the hauling capacity of the vehicle or the CESQG totals.
- D. Only use a company-owned vehicle. Use a vehicle that can isolate the chemicals from the driver’s breathing air if possible. It is preferable to place all chemicals in the vehicle trunk or truck bed rather than inside a vehicle with the driver, i.e., If possible do not transport chemicals inside the passenger section of a car, suburban, truck, etc.

**BRING TO DISPOSAL:** On the day of the disposal, bring: a) your items for disposal, and b) your payment.

Disposal appointments will be made on a first come, first served basis. Schenectady County reserves the right to limit and prioritize registrations.

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Company Name: \_\_\_\_\_

Date Contact Name and Phone # : \_\_\_\_\_

**Hazardous Waste Inventory Form**

Waste Chemical Name	Volume (for liquids)	Weight (for solids)	# of items	Quantity Left in Container (full, ½ full, etc.)	Notes	Est. Weight for Pricing <small>This must be filled in for pricing</small>
						TOTAL lbs haz waste* = _____ TOTAL lbs acute haz* = _____ TOTAL lbs non-haz = _____

NOTE: Total inventory amounts cannot exceed Conditionally Exempt Small Quantity Generator status, which is:  
 1) Less than 220 lbs or approximately 26 gallons of non-acute hazardous waste per month, or  
 2) Less than 2.2 lbs of acute hazardous waste per month.

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Aug 6, 2012 9:12AM Care Environmental Corp.

W-4216 P. 2



THIRD PARTY SIGNATURE AUTHORIZATION FORM  
For Waste Disposal

Please be advised that the following company / Individual has been appointed to work as our agent for the purposes of managing waste materials:

Name of Authorized Agent(s): John Dorrington

Name of Company: CARE ENVIRONMENTAL CORP.

Check the appropriate box:

a) The authorization is for the individuals listed above only.

b) The authorization is for the company listed above as a whole.

Check the appropriate box:

a) The authorization is for any waste materials that we may generate or have generated.

b) The authorization is for a particular waste stream or incident only. (Add details of the waste stream / incident below. Include any EQ tracking or approval numbers.)

\_\_\_\_\_

\_\_\_\_\_

The above company / Individual is authorized to act as our agent for the following purposes (check as many as apply):

Completing and signing Waste Characterization Reports (profiles).

Completing and signing recertification forms for profiles.

Completing and signing amendments to profiles

Completing and signing manifests and other shipping documents.

Signing other certifications as necessary to comply with TSDf and regulatory requirements.

Other: \_\_\_\_\_

Sign below to agree to the following statement: Our authorized agent will notify us of any action, and will provide us with copies of any documents bearing our name. We acknowledge that our agent is not the legal generator of our waste stream(s), and that we are not released from issues of liability as generator

Generator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Co. Address: \_\_\_\_\_