

# **Policies and Procedures Governing the Use of Rockland County's Household Hazardous Waste Collection Facility by Conditionally Exempt Small Quantity Generators**

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## General Overview:

Members of the governing body of the Rockland County Solid Waste Management Authority have made a policy decision to expand the operation of the Household Hazardous Waste Collection Facility (HHWF) to permit the acceptance of hazardous wastes from Conditionally Exempt Small Quantity Generators (CESQGs). This decision in no way changes or diminishes the primary function of the HHWF, which is to service the needs of individual households in Rockland County.

Of particular concern to the members of the Authority is the ability to accept hazardous waste from county and municipal agencies, special districts, authorities, private and public schools and non-profit agencies. Access will only be provided to CESQGs located in Rockland County, and for only those wastes which are generated in Rockland County.

## Procedure to Use the HHWF:

1. Establish your status as a CESQG by completing a CESQG Form. Forms should be obtained from, completed and returned to:

Jeremy Erlich  
Assistant Public Health Engineer  
Rockland County Health Department  
50 Sanatorium Road  
Pomona, NY 10970  
PH: 845-364-3682 Fax: 845-364-2025

2. After the completed certification form is received and approved, the Authority, or its contractor will determine a disposal fee (if applicable), and submit quote in writing to the CESQGs authorized representative along with a copy of the approved certification.
3. After the quote for disposal is received and approved by the CESQGs authorized representative, the representative should contact Jeremy Erlich to schedule an appointment to dispose of the waste during a scheduled collection event.

**NO MATERIAL WILL BE ACCEPTED WITHOUT AN APPOINTMENT.**

4. All waste must be transported by the generator or his authorized representative. By law a CESQG may transport no more than 220 pounds of hazardous waste per trip. Quantities larger than this will require more than one trip or the use of a licensed hauler with a Part 364 permit.
5. Payment must be made prior to unloading by means of check or money order (NO CASH) made payable to the Contractor (Clean Harbors.) Only previously agreed upon amounts of material will be accepted at time of appointment.

**ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY  
HOUSEHOLD HAZARDOUS WASTE PROGRAM**

**CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR CERTIFICATION FORM**

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

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

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

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

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

**EPA ID No.:** \_\_\_\_\_ (if applicable)

**CERTIFICATION**

I hereby certify that I am a generator of hazardous waste within New York State and a business located in Rockland County, and because of the small volume of hazardous waste generated and/or stored, I qualify for Conditionally Exempt Small Quantity Generator (CESQG) status as per 6 NYCRR Part 372. I understand that in order to qualify for CESQG status that I must meet **both** of the following conditions:

1. Generate less than 1 kg/month (2.2 lb) of acutely hazardous waste (as defined by 6 NYCRR Part 371), and never store more than this amount on site at any time; and
2. Generate less than 100 kg/month (220 lb) of listed and/or characteristic hazardous waste (as defined by 6 NYCRR Part 371), and never store more than 1,000 kg/month (2,200 lb.)

I further understand that if, in the future, I exceed the quantity limitation described above, I will become subject to additional regulations as a hazardous waste generator and will no longer be eligible to participate in this type of collection program.

I certify that I have the authority to make these statements on behalf of my institution, business, or municipality.

Signed: \_\_\_\_\_

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

## DESCRIPTION OF WASTE

Type of Waste for Disposal	Quantity	Total lbs	Cost/lb	Cost
<b>TOTAL</b>				

**DO NOT WRITE BELOW THIS LINE**

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TOTAL FEE FOR DISPOSAL:

\_\_\_\_\_

CHECK NUMBER:

\_\_\_\_\_

DISPOSAL DATE:

\_\_\_\_\_

DELIVERED BY:

\_\_\_\_\_

RECEIVED BY:

\_\_\_\_\_