

BURLINGTON COUNTY DEPARTMENT OF SOLID WASTE WASTE CLASSIFICATION REQUEST FORM AND INSTRUCTIONS

Burlington County owns and operates a Resource Recovery Complex which includes, among other facilities, a RCRA Subtitle D Sanitary Landfill and a Household and Conditionally Exempt Small Quantity Generator Hazardous Waste Facility. The landfill is permitted to receive and dispose of Types 10, 13, 13C, 23, 25, 27 and 27I waste. The County is specifically prohibited from accepting any type of liquid waste for disposal. All ID27 waste must be properly classified prior to acceptance for disposal at the Burlington County Resource Recovery Complex.

ID27 waste, which is defined by the NJDEP as dry industrial waste resulting from manufacturing, industrial and research and development processes and operations, requires classification as hazardous or non-hazardous in order to determine the proper disposal option. The regulations set forth at N.J.A.C. 7:26G state that it is the responsibility of the waste generator to determine whether the waste generated is hazardous in accordance with the definition stated in N.J.A.C. 7:26G-5.1 et seq.

To assist waste generators, the County has developed the attached Waste Classification Request Form and Instructions. The form lists all the information required for a proper classification. This includes information about the generator, waste generation process, waste type, waste volume and description and waste sampling. A site diagram, analytical report complete with laboratory quality assurance information and analytical test results tabulation must also be included with the Waste Classification Request Form.

If you have any questions, please contact:

The Burlington County Household Hazardous Waste Facility
Phone: 609-499-5200
Email: hazwaste@co.burlington.nj.us

Completed forms and copies of laboratory reports for all required analysis should be emailed to hazwaste@co.burlington.nj.us.

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**BURLINGTON COUNTY DEPARTMENT OF SOLID WASTE
WASTE CLASSIFICATION REQUEST FORM**

SECTION 1: General Information

GENERATOR

(Please type or print clearly)

1. Company Name _____ 2. EPA ID Number _____
 3. Street Address _____ 4. Municipality _____
(Where the waste was generated)
 5. County _____ 6. State ____ 7. Zip Code _____ 8. Contact _____
 9. Phone Number () _____ 10. Email _____
 11. Regulatory Program: ISRA ____ RCRA ____ CERCLA ____ UST ____ NJ Spill Act ____
 12. Agency Contact _____

SUBMITTER *(Complete if someone else is submitting this request on behalf of the generator or if the generator's mailing address is different from above.)*

- 13 Company Name _____ 14. Mailing Address _____
 15. Municipality _____ 16. State ____ 17. Zip Code _____
 18. Contact _____ 19. Phone Number: () _____
 20. Email _____

LICENSED SITE REMEDIATION PROFESSIONAL *(Complete if an LSRP is employed by the generator and familiar with the waste that is being classified.)*

21. LSRP Name _____ 22. Mailing Address _____
 23. Municipality _____ 24. State ____ 25. Zip Code _____
 26. License Number _____ 27. Phone Number: () _____
 28. Email _____

SECTION 2: WASTE TYPE INFORMATION

29. Waste Type: (Check the appropriate box for the types of waste to be classified. If the waste can not be identified by any of the descriptions, check box for "Other waste".)

<input type="checkbox"/> Soil contaminated with waste oil	<input type="checkbox"/> Dredge spoils	<input type="checkbox"/> Municipal waste
<input type="checkbox"/> Soil contaminated with process waste	<input type="checkbox"/> Sewage sludge	<input type="checkbox"/> Empty containers
<input type="checkbox"/> Soil contaminated with virgin chemicals	<input type="checkbox"/> Process waste sludge	<input type="checkbox"/> Household exempt waste
<input type="checkbox"/> Soil, N.O.S.*	<input type="checkbox"/> Sludge, N.O.S.*	<input type="checkbox"/> Product/raw materials
<input type="checkbox"/> Spill cleanup waste (non-soil)	<input type="checkbox"/> Grit and screenings	<input type="checkbox"/> Process waste, N.O.S.*
<input type="checkbox"/> Ash from waste incineration	<input type="checkbox"/> Contaminated water	<input type="checkbox"/> Other waste

* Not Otherwise Specified

30. Volume _____ tons cubic yards (*Circle one*).

(Please note: the volume to be classified is the volume represented by the samples only.)

Disposed: once weekly monthly annually other frequency (*Circle one*).

31. Waste Description: Describe in detail the waste to be classified. [If the waste is contaminated soil, describe how the soil became contaminated. If the waste is off-specification, contaminated, or otherwise unusable product, or empty containers, describe the product, the reason the material is being disposed of, and (for empty containers) how the containers were emptied and/or cleaned. If the waste is process waste, or contains process waste, describe all of the processes that generate, or contribute to the waste. For all other wastes, describe the type of waste to be classified and how the waste was generated. **Please DO NOT ANSWER THIS QUESTION BY “SEE ATTACHMENT”**]

(Check box if additional sheets are attached) []

32. Other uses of hazardous materials on the same site: Indicate any other processes, including storage, which involve the use of hazardous materials, which have taken place on the site. Of special importance are those wastes listed in 40 C.F.R. 261.31, 271.32, 261.33 as incorporated by reference at N.J.A.C. 7:26G-5.1. If these materials could have contributed to the waste to be classified, please list them here.

(Check box if additional sheets are attached) []

SECTION 3: SAMPLING INFORMATION

Note: Sampling of excavated/stockpiled waste must be performed in accordance with the approach listed in Appendix 1 of this document. Sampling of other wastes (e.g. drummed waste, process wastes, *in situ* sampling of soil, etc.) must be approved prior to sampling.

33. Sampling Methodology: check the appropriate box for the method of sampling used. If the method is not identified by any of the descriptions, check “other.” and explain methods used.

<input type="checkbox"/> split spoon	<input type="checkbox"/> boring	<input type="checkbox"/> dredge	<input type="checkbox"/> wipe
<input type="checkbox"/> test pits	<input type="checkbox"/> grab	<input type="checkbox"/> chip	<input type="checkbox"/> other (explain)

34. Sampling approach: random positive bias (*Circle one*)

35. Site Diagram: A site diagram (showing the location of the waste to be classified, sampling locations, location of any nearby process, storage, or waste disposal areas, and the present or past location of any nearby electrical transformers) is necessary for most classifications and should be submitted. The diagram should be submitted as a separate attachment. If one is not supplied, and found to be necessary, the processing of your request will be suspended pending receipt of the diagram.

SECTION 4: ANALYTICAL RESULTS AND QUALITY ASSURANCE DELIVERABLES

All Waste Classification Request Forms submitted to the County must be accompanied by the appropriate supporting information. In most cases this information would either be one electronic copy of the laboratory testing report and quality assurance information, or material safety data sheets (MSDS). The specific information required depends upon the type of waste to be classified. **The requester is strongly advised to present an overall summary of results as the first page of the laboratory report.** This will aid in expediting the review process.

The testing requirements listed below assume that no listed hazardous waste is present in the waste to be classified. Wastes that contain, or are, hazardous waste listed in 40 C.F.R. 261.31, 261.32, and 261.33 as incorporated by reference at N.J.A.C. 7:26G-5.1 are, in most cases, automatically hazardous and would not require testing.

If you are unsure about the need to test your waste, contact the County at (609) 499-5317. The County reserves the right to require additional testing and information if deemed necessary.

MINIMUM TESTING REQUIREMENTS

- A. The minimum testing requirements for grit and screenings from Domestic Wastewater Treatment Works shall consist of:
 - A Toxicity Characteristic Leaching Procedure (TCLP) test for:
 - Metals;
 - Pesticides/Herbicides;
 - Volatile organics; and
 - Semi-volatile organics
 - Total metals

- B. Testing requirements for all other waste types shall include those listed in “A” above and the following additional parameters:
 - PCB’s;
 - Total petroleum hydrocarbons (TPH);
 - Ignitability characteristic,
 - Reactive characteristic (including quantitative results for reactive sulfide and cyanide);
 - Corrosivity characteristic;
 - Soil must be sampled for Dioxin if the material is dredge/sediment and/or based on generators knowledge or site information.

SECTION 5: CERTIFICATION

36. **Certifications of Generator and Submitter:** I certify that I have examined and am familiar with the information submitted in this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the submitted information is true, accurate, and complete. I am also aware that the County's opinion on the hazardous/nonhazardous status of the material/waste represented by the information presented on this form, in no way relieves my responsibility to properly determine whether the waste generated is a hazardous waste in accordance with provisions of 7:26G-1,3-12 *et seq.*

_____	_____
Generator Name (print)	Date
_____	_____
Generator Signature	Company
_____	_____
Submitter Name (print)	Date
_____	_____
Submitter Signature	Company
_____	_____
LSRP Name (print)	Date
_____	_____
LSRP Signature	Company

For Burlington County Use Only

Approval Tracking Number: _____

Approved **Volume of Material Approved:** _____

Frequency of Disposal: _____

Expiration of Approval: _____

Disapproved **Explain:** _____

Laboratory analysis **Attached** **Waived: Explain:** _____

_____	_____
(Signature)	(Date)

DIRECTIONS

SECTION 1: GENERAL INFORMATION

(The numbers identifying each direction correspond to the number of the question on the form for which the direction applies. *Please note: it is not acceptable if a separate document is submitted as an attachment to this submittal and each question on the form is addressed with the response “see the attachment”. If an answer to a certain question is too long to fit in the reserved space on the form, the submitter may refer to a portion of an attached document only when the appropriate page numbers and paragraph of the attached document are given.*)

GENERATOR

1. **Company Name:** Please enter the name of the company or individual that owns the property, or is otherwise taking responsibility for generating the waste to be classified.
2. **EPA ID Number:** If the site where the waste was generated currently has an EPA hazardous waste generator identification number, please list.
3. **Street Address:** Please enter the address where the waste was generated.
4. **Municipality:** Please enter the city or township where the waste was generated.
5. **County:** Please enter the county where the waste was generated.
6. **State:** Please use the appropriate two-letter state abbreviation.
7. **Zip Code:** Please enter the appropriate five or nine digit zip code.
8. **Contact:** Please list the name of a knowledgeable person associated with the company or individual generating the waste who can be contacted should additional information/clarification be required to complete the waste classification determination.
9. **Phone Number:** Please enter the daytime telephone number of the person identified in question 8.
10. **Email:** Please enter the email address of the person identified in question 8.
11. **Regulatory agency:** If the generator’s company is currently working with an environmental regulatory agency on issues concerning this waste, or other related issues, please identify under which program this work is being performed ---- ISRA (The Industrial Site Recovery Act), RCRA (The Resource Conservation and Recovery Act) including those portions of the programs delegated to New Jersey and found in the New Jersey hazardous waste regulations, CERCLA (The Comprehensive Environmental Responsibility, Compensation, and Liability Act), UST (The New Jersey underground storage tank regulations), the New Jersey Spill Compensation and Control Act, NJPDES (New Jersey Pollutant Discharge Elimination System), County/local environmental agencies, or other (please list).
12. **Agency contact:** If a regulatory agency is identified in question 11, please list the name of the person at that agency with whom you are dealing on these issues.

SUBMITTER

13. **Company Name:** Please enter the name of the company, (e.g. consultant), if any, who is submitting this classification request on behalf of the generator. Also complete this section if a second party is not submitting the request, but the generator’s mailing address is different from the address where the waste was generated. Any correspondence will be addressed to the submitter, if one is indicated. *If a second party is not submitting this request on behalf of the generator, please skip to question 21.*
14. **Mailing Address:** Please enter the mailing address of the submitter.

15. **Municipality:** Please enter the city where the submitter is located.
16. **State:** Please use the appropriate two letter state abbreviation.
17. **Zip Code:** Please enter the zip code for the submitter.
18. **Contact:** Please enter the name of the person within the company identified in question 13 who should be contacted should additional information be required.
19. **Phone Number:** Please enter the daytime telephone number of the person identified in question 18.
20. **Email:** Please enter the email address of the person identified in question 18.

LICENSED SITE REMEDIATION PROFESSIONAL

21. **LSRP Name:** Please enter the name of the Licensed Site Remediation Professional, if any, familiar with the waste. *If an LSRP is not associated with the project/job, please skip to question 29.*
22. **Mailing Address:** Please enter the mailing address of the submitter.
23. **Municipality:** Please enter the city where the submitter is located.
24. **State:** Please use the appropriate two letter state abbreviation.
25. **Zip Code:** Please enter the zip code for the submitter.
26. **License Number:** Please enter the license number of the LSRP.
27. **Phone Number:** Please enter the daytime telephone number of the person identified in question 21.
28. **Phone Number:** Please enter the daytime telephone number of the person identified in question 21.

SECTION 2: WASTE TYPE INFORMATION

29. **Waste Type:** Please check off the box next to the type of waste for which you are requesting a classification. If the type of waste is not identified by any of the descriptions, check off the box next to "Other waste".
30. **Waste Volume:** Please state the quantity of waste for which you are requesting classification, and circle the appropriate units. Units should be converted to, and reported in, cubic yards or tons. Also circle the appropriate disposal frequency. (Circle "once" if this request is for a one-time disposal. Also circle "once" if this request is for a portion of an ongoing cleanup, or when the time between disposal events is greater than 1 year).
31. **Waste Description:** *(Improper completion of this question may result in delayed response or return of your request.)* Please describe in detail the waste to be classified in terms of its major components, origins, homogeneity and contaminants of concern. Examples would be: "soil contaminated with gasoline from the removal of underground storage tanks at a gas station" or "lagoon sludge from our wastewater treatment plants, consisting of 2 layers, and contaminated with nickel and lead compounds" or "construction debris, consisting of concrete and wood which is coated with lead paint" or "soil which is contaminated with solvents from the cleaning of spray guns."
32. **Other uses of hazardous materials on the same site:** Indicate any other processes, including storage, which involve the use of hazardous materials, which have taken place on the site. Of special importance are those compounds and wastes listed in 40 C.F.R. 261.31, 261.32, and 261.33 as incorporated by reference at N.J.A.C. 7:26G-5.1. If these materials could have contributed contamination to the waste to be classified, please list them.

SECTION 3: SAMPLING INFORMATION

Note: *Sampling of excavated/stockpiled waste must be performed in accordance with the approach listed in Appendix 1 of this form. Failure to do so will result in the return of your request. Sampling of all other wastes (e.g. drummed waste, process wastes, etc. must be approved by the County prior to sampling).*

33. **Sampling methodology:** Please check the appropriate box for the method of sampling used. If the method is not identified by any of the descriptions, check “other” and explain the method used.
34. **Sampling approach:** Please indicate whether samples were collected using a random approach (where any portion of the waste had an equal possibility of being sampled) or a positive bias approach (where samples were collected from areas known to be the most contaminated).
35. **Site Diagram:** A site diagram showing the location of the waste to be classified, sampling locations (and depths if applicable), locations of any nearby process, storage, or waste disposal areas, and the location of any nearby electrical transformers should be attached. Failure to submit a site diagram may result in processing delays or return of your request.

SECTION 4: ANALYTICAL RESULTS AND QUALITY ASSURANCE

The minimum testing and quality assurance requirements must be performed and the results/documentation submitted with this form. We reserve the right to require additional testing and information if deemed necessary.

All laboratories performing analyses in support of waste classification requests must be certified under either the New Jersey Laboratory Certification Program, or another state certification program. (For states, including New Jersey, which do not have a certification for hazardous waste analysis, the certification should cover the types of analyses performed (e.g. A.A., G.C./M.S., limited chemistry, etc.).

If separate analyses were performed by different laboratories, copies of the original laboratory reports and all other applicable information must be submitted for each laboratory.

SECTION 5: CERTIFICATIONS

36. The certification statement must be completed and signed by an official of the company that is generating the waste. This official must be familiar with the waste to be classified, and the information submitted on the Form.

If someone other than the generator is submitting the form, the certification statement must be signed by both the submitter and the generator.

If there is a Licensed Site Remediation Professional associated with the project/job, the certification statement must be completed by the LSRP.

APPENDIX 1

PROCEDURES FOR OBTAINING REPRESENTATIVE SAMPLES IN SUPPORT OF WASTE CLASSIFICATION REQUEST

Persons wishing to classify ID27 waste are required to sample the waste in support of their request. This section explains the requirements for obtaining representative samples of wastes. The procedures presented below, except sections I.A. and I.B. follow a statistical approach outlined in Chapter 7 of EPA's guidance document 230/02-89-042 (Methods for Evaluating the Attainment of Cleanup Standards). The method should be used for waste piles, wastes in roll-off containers, and sludges in lagoons. The guidance is not appropriate for wastes in small containers (e.g. drums, small tanks, etc.) and wastes being continuously produced. For guidance on sampling these other types of wastes, please contact the County at (609) 499-5317.

DEFINITION OF TERMS

“Grid” is defined as a unit of waste designated for sampling, the boundary of which extends to three dimensions.

“Grid composite” is defined as a sample obtained by compositing the required number of samples from a grid on an equal weight basis (either in the field or at the laboratory). “Grid composites” are sent to laboratory for analysis in some cases, or may be combined with other “grid composites”, at the laboratory, to form an “area composite” under other scenarios.

“Area composite” is defined as a sample obtained by compositing two or more “grid composites”, on an equal weight basis at the laboratory, resulting in a sample representing multiple grids.

COMPOSITING SAMPLES

Compositing of samples is allowed only if the waste area(s) from which samples will be taken are relatively homogeneous in physical appearance and anticipated concentration of contaminant(s). The types of contaminants present in the areas to be composited also must be the same. Otherwise, the waste must be subdivided into smaller relatively homogeneous areas and the following sampling plan used for each area. Wastes for which there are areas differing in the types of contaminants must not be composited, and must be treated as separate waste streams. Separate waste streams must be submitted separately for classification.

Grid compositing may be performed either in the field or at the laboratory. Compositing must be done on an equal weight basis. Compositing of samples in the field must be done in such a way as to minimize volatilization of compounds (e.g. storage on ice, adequate shade, expeditious handling). Management of soils destined for laboratory compositing must be in accordance with the procedures outlined for “area composites” below.

Area compositing must be performed at the testing laboratory. As samples are collected at the site, they should be preserved (if applicable) and immediately stored at 4 degrees C (e.g. put in a cooler with ice). Samples should be maintained at 4 degrees C until opened for compositing. The compositing should be performed as quickly as possible to minimize volatilization of compounds.

I. Determining the Proper Number of Samples.

A. For Domestic Wastewater Treatment Works

1. Collect 1 five-point composite sample from a 20 cubic yard container.

B. For Waste Volume Less Than 900 Cubic Yards:

1. Divide the waste into grids representing no more than 20 cubic yards.
2. Collect 1 sample from each grid.
3. If the waste appears relatively homogeneous, up to 5 adjacent grid samples may be composited on an equal weight basis, **at the laboratory**, to make an “area composite”.

C. For waste Volumes between 900 and 9,000 Cubic Yards:

1. Divide the waste into 45 equal grids.
 - a. If the volume of each individual grid is less than 100 cubic yards, collect a “grid composite” by taking 1 sample for each 20 cubic yards within the grid.
 - b. If the individual grid is greater than or equal to 100 cubic yards, collect a “grid composite” by taking and compositing 5 random samples within the grid.
2. If the waste appears relatively homogeneous, composite up to 5 adjacent “grid composites” on an equal weight basis, **at the laboratory** to make each “area composite”.

D. For Waste Volume between 9,000 and 45,000 Cubic Yards:

1. Divide the waste into 45 equal grids and collect a “grid composite” by taking and compositing 5 random samples within the grid.
2. **Do not** composite the “grid composites”.

II. Sample Collection

Sample collection, preservation and handling must be performed in accordance with the latest edition of “New Jersey Department of Environmental Protection, Field Sampling Procedure Manual (August 2005 and updated April 30, 2009)”.

III. Interpreting the Results

- A. For results from samples collected and composited in accordance with sections I.A. and I.B.:
1. If the values are less than the regulatory limit, the waste will be deemed nonhazardous.
 2. If the values are greater than the regulatory limit in Appendix 2, the entire portion of the waste represented by the “area composite” must be managed as hazardous.
- B. For results from samples collected and composited in accordance with section I.C. above:
1. Multiply the results by the number of “grid composites” within the “area composite” (as a check on possible masking).
 - a. If the multiplied values are less than the regulatory limit in Appendix 2, the waste will be deemed nonhazardous.
 - b. If the multiplied values are greater than the regulatory limit in Appendix 2 retained portions of each “grid composite” comprising the “area composite” must be analyzed for the parameter(s) of concern to determine whether any of them exceed the regulatory limits (and therefore the waste represented by that “grid composite” must be managed as hazardous). ***Please note:** if the holding times for the parameter(s) of concern has been exceeded for the retained samples, new samples must be collected for each grid and analyzed separately.*

If 2 or more grids are determined to be hazardous waste, the sampling event cannot be used for classification of the entire waste (because the level of certainty that no more hazardous waste is present drops below levels acceptable to the County).

- C. For results from samples collected and composited in accordance with section I.D. above:
1. If the results are below the regulatory limits set forth in Appendix 2, the waste is deemed to be nonhazardous.
 2. If the results exceed the regulatory limits set forth in Appendix 2, the waste must be managed as hazardous waste.

APPENDIX 2

TOXICITY CHARACTERISTIC CONSTITUENTS AND REGULATORY LEVELS 40 CFR PART 261.24

1. General Chemistry

EPA Waste No.	Parameter	Hazardous Level
D001	Ignitability	<= 140 degrees F
D002	Corrosivity	<= PH 2 and >= PH 12.5
D003	Reactive Sulfide	500 ppm (Total)
D003	Reactive Cyanide	250 ppm(Total)

2. TCLP metals

EPA Waste No.	Parameter	Hazardous Level (mg/l)
D004	Arsenic	5.0
D005	Barium	100.0
D006	Cadmium	1.0
D007	Chromium	5.0
D008	Lead	5.0
D009	Mercury	0.2
D010	Selenium	1.0
D011	Silver	5.0

3. TCLP Pesticides/Herbicides

EPA Waste No.	Parameter	Hazardous Level (mg/l)
D020	Chlordane	0.03
D012	Endrin	0.02
D031	Heptachlor	0.008
D013	Lindane	0.4
D014	Methoxychlor	10.0
D015	Toxaphene	0.5
D016	2,4-D	10.0
D017	2,4,5-TP	1.0

4. TCLP volatiles

EPA Waste No.	Parameter	Hazardous Level (mg/l)
D018	Benzene	0.5
D019	Carbon tetrachloride	0.5
D021	Chlorobenzene	100.0
D022	Chloroform	6.0
D028	1,2-Dichloroethane	0.5
D029	1,1-Dichloroethylene	0.7
D035	Methyl ethyl ketone	200.0
D039	Tetrachloroethylene	0.7
D040	Trichloroethylene	0.5
D043	Vinyl chloride	0.2

APPENDIX 2

**TOXICITY CHARACTERISTIC CONSTITUENTS AND REGULATORY LEVELS
40 CFR PART 261.24**

5. TCLP Semi-volatiles

EPA Waste No.	Parameter	Hazardous Level (mg/l)
D023-D026	o,m,p-(total)Cresol	200.0
D027	1,4-Dichlorobenzene	7.5
D030	2,4-Dinitrotoluene	0.13
D032	Hexachlorobenzene	0.13
D033	Hexachlorobutadiene	0.5
D034	Hexachloroethane	3.0
D036	Nitrobenzene	2.0
D037	Pentachlorophenol	100.0
D038	Pyridine	5.0
D041	2,4,5-Trichlorophenol	400.0
D042	2,4,6-Trichlorophenol	2.0