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King County Public Rules

Title

Waste Clearance Policies for King County Solid Waste
Division Solid Waste Handling Facilities

Document Code No.

PUT 7-2-1(PR)
KCC 10.10.030

Department/Issuing Agency

Department of Public Works/Solid Waste Division

Effective Date

July 23, 1992

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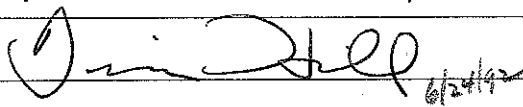
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King County Public Rules and Regulations

Public Rules

Title Clearance of Solid Waste Disposal King County Waste Disposal Facilities		Document Code No. PUT 7-2-1(PR) KCC 10.10.030
Department/Issuing Agency Department of Public Works/Solid Waste Division		Effective Date July 23, 1992
Approved 		

1.0 **SUBJECT TITLE:** Clearance of Solid Waste for Disposal at King County Solid Waste Disposal Facilities.

1.1 **EFFECTIVE DATE:**

1.1.0 File Date: July 23, 1992

1.2 **TYPE OF ACTION:** Superseding PUT 7-2 (PR)

1.3 **KEY WORDS:** (1) Clearance of Solid Waste; (2) Solid Waste Disposal; (3) Waste Clearance Policy; (4) Solid Waste Facility Operation; (5) Health Department Solid Waste Clearance.

2.0 **PURPOSE:** To specify procedures for clearance of solid waste for disposal at King County Solid Waste Division Facilities. Wastes affected by this Public Rule include those types identified in Public Rule PUT 7-1-2 (PR) and subsequent revisions as requiring clearance from the Solid Waste Division for disposal at County facilities.

3.0 **ORGANIZATIONS AFFECTED:** Applicable to the Department of Public Works, Solid Waste Division. The Seattle-King County Department of Public Health, Environmental Health Division, and users of King County solid waste disposal facilities are also affected.

4.0 **REFERENCES:**

- 4.1 Puget Sound Air Pollution Control Agency, Regulation III, Article 4, Asbestos Control Standard.
- 4.2 King County Comprehensive Solid Waste Management Plan.
- 4.3 King County Code, Title 10, Solid Waste.
- 4.4 King County Department Policies and Procedures, PUT 7-3-2 (D-W).
- 4.5 King County Board of Health Code, Title 10, King County Solid Waste Regulations.
- 4.6 Washington Administrative Code 173-303, State Dangerous Waste Regulations.
- 4.7 Washington Administrative Code 173-304, Minimum Functional Standards for Solid Waste Handling.

- 4.8 Federal Solid Waste Disposal Act, more commonly known as the Resource Conservation and Recovery Act (RCRA), 42 USC, Section 6901-6991i.
- 4.9 National Emission Standards for Hazardous Air Pollutants, 40 CFR Part 61.

5.0 DEFINITIONS:

- 5.1 "Container" shall be as defined by the waste acceptance policy.
- 5.2 "Contaminated soils" shall be as defined by the waste acceptance policy.
- 5.3 "Dangerous Waste" means solid waste designated by WAC 173-303-070 through 173-303-103 as dangerous or extremely hazardous waste.
- 5.4 "Hazardous Waste" means solid waste designated by 40 CFR Part 261 and regulated as hazardous waste by the United States Environmental Protection Agency.
- 5.5 "Health Department" means the Seattle-King County Department of Public Health.
- 5.6 "Improperly handled waste" shall be as defined by the waste acceptance policy.
- 5.7 "Industrial Waste" shall be as defined by the waste acceptance policy.
- 5.8 "KCSWD" means the King County Solid Waste Division.
- 5.9 "Official of the King County Solid Waste Division" means the Solid Waste Division Manager or his/her designee.
- 5.10 "PSAPCA" means the Puget Sound Air Pollution Control Agency.
- 5.11 "Special waste" means all wastes which require waste clearance, as specified in the waste acceptance policy.
- 5.12 "Waste Acceptance Policy" means King County Public Rule PUT 7-1-2 (PR) or future amendments of that rule.
- 5.13 "Waste Clearance Application Form" means documentation provided by the Health Department or KCSWD which, when completed by the generator, provides information on the characteristics of the solid waste load and specifications regarding an acceptable method of disposal.

- 5.14 "Waste Clearance Decision Form" means documentation provided by the KCSWD to generators based on information provided in the generator's application. The decision form specifies conditions for disposal of materials regulated under this public rule.

6.0 POLICIES

- 6.1 All incoming loads of special waste must be accompanied by a Waste Clearance Decision Form.
- 6.2 Waste Clearance Decision Forms are issued by KCSWD after review of a completed Generator's Waste Clearance Application Form. Copies of the Generator's Waste Clearance Application Form are available from KCSWD and the Health Department. A Generator's Waste Profile Sheet and a Generator's Certification of Representative Sample are also required for certain waste types specified in the waste acceptance policy.
- 6.3 Forms completed by the generator are returned to the KCSWD or the Health Department depending on the type of waste being disposed. Instructions and addresses for returning forms are contained on the forms.
- 6.4 Special waste loads may be subject to certain conditions which will be specified on the Waste Clearance Decision Form. These conditions include, but are not limited to:
- 6.4.1 A particular solid waste handling facility to which the waste must be taken.
 - 6.4.2 A disposal schedule to which the transporter must adhere.
 - 6.4.3 An acceptable haul route to which the transporter must adhere.
 - 6.4.4 Conditions for handling or packaging the waste prior to disposal.
- 6.5 Special wastes will be charged a special waste disposal fee as specified by King County ordinance. The manager of the Solid Waste Division, or his/her designee shall have the authority to make exceptions to the special waste fee for a certain type of waste when it can be clearly demonstrated that the waste type does not have unique operational, administrative, public health or environmental impacts.
- 6.6 The number of types of special waste loads accepted at the Cedar Hills Landfill may be limited by weather constraints, such as frozen ground, heavy rains or high winds, or by operational constraints.

- 6.7 Available daily and yearly landfill capacity, in terms of both numbers of incoming vehicles and total tonnages, is restricted for special wastes to quantities to be determined by the KCSWD. The KCSWD reserves the right to allocate this capacity.
- 6.8 The generator will produce, at the request of the Health Department or the KCSWD, laboratory test data from representative samples, material safety data sheets, or other documentation that the waste being disposed of is not a regulated Hazardous/Dangerous Waste or otherwise being improperly handled. All such documentation will be attached to the Waste Clearance Application Form.
- 6.9 The Generator's Waste Clearance Application Form should be submitted to the applicable agency at least two weeks prior to the anticipated start of disposal activities.
- 6.10 If material being disposed is generated at regular intervals and is consistent in its composition, a Waste Clearance Decision Form may be issued allowing disposal over a period of up to one year.
- 6.11 The Director of the Department of Public Works or his/her designee shall have the authority to declare an emergency authorizing the disposal of materials otherwise requiring clearance under this rule, which could pose a threat to public health or the environment if not disposed immediately.
- 6.12 Enforcement. The Director of the Department of Public Works or his/her designee is authorized and responsible to enforce or seek enforcement through the prosecutor's office of this Public Rule pursuant to the civil penalty provisions of King County Code Title 23.

7.0 PROCEDURES

Action by:

Action:

- | | | |
|-----------|-----|---|
| Generator | 7.1 | Determines if Waste Clearance is needed and obtains application form from the KCSWD or the Health Department. Returns completed application to the Health Department with Generator's Waste Profile Sheet and Generator's Certification of Representative Sample if the waste is contaminated soil, or industrial waste. For all other waste requiring clearance, the completed application is returned to the KCSWD. |
|-----------|-----|---|

- | | | |
|-------------------|-----|--|
| KCSWD | 7.2 | Reviews Waste Clearance Application received from generator. Completes Waste Clearance Decision Form and sends to Generator. Keeps a copy of both forms in files. |
| Health Department | 7.3 | Reviews Waste Clearance Application received from generator. Completes Waste Clearance Authorization Form and forwards to KCSWD. Keeps a copy of the form in files. Sends copies of completed form to Region 10 of the Federal Environmental Protection Agency and the Northwest Regional Office of the State Department of Ecology. |
| KCSWD | 7.4 | Reviews Waste Clearance Authorization received from Health Department and Generator's Application Form. Completes Waste Clearance Decision Form and sends to Generator. Sends copies of completed form to the Health Department, transporter and engineering consultant, if any. A copy of the completed approval form is kept in the KCSWD files. |
| Generator | 7.5 | Provides transporter with copy of Waste Clearance Decision Form. |
| Transporter | 7.6 | Presents Waste Clearance Decision Form to KCSWD staff at cashiers booth with each load of approved waste delivered. Retains form during unloading. Loads of asbestos-containing wastes must also provide Waste Shipment Records to the landfill cashier. |
| KCSWD | 7.7 | Keeps records of cleared wastes entering landfill. |

8.0 RESPONSIBILITIES

- 8.1 All those generating solid waste for ultimate disposal at KCSWD disposal facilities are responsible for ensuring that the solid waste is not being improperly handling and that, when required, a Waste Clearance Decision Form accompanies the solid waste loads.
- 8.2 Transporters of solid waste to KCSWD facilities are responsible for not knowingly transporting improperly handled waste, and for presenting a Waste Clearance Decision Form as requested by King County officials or facility attendants.

- 8.3 KCSWD is responsible for ensuring that King County solid waste facilities are available for use by the residents of King County for municipal waste handling and disposal, and that these facilities are constructed and operated in conformance with applicable federal, state and local regulations.
- 8.4 The KCSWD is responsible for requiring transporters to present an approved Waste Clearance Decision Form at the disposal facility prior to unloading materials covered by this Public Rule. The KCSWD has the authority to check incoming loads to ensure that the waste being delivered is consistent with the waste described on the Waste Clearance Approval Form.
- 8.5 Officials at the KCSWD and Health Department are responsible for processing Waste Clearance Application Forms and for maintaining records of materials approved for disposal.

9.0 APPENDICES

- 9.1 Generator's Waste Clearance Application
- 9.2 Generator's Waste Profile Sheet
- 9.3 Generator's Certification of Representative Sample
- 9.4 Health Department Waste Clearance Authorization Form
- 9.5 Solid Waste Division Waste Clearance Decision Form

Appendix 9.1
KING COUNTY SOLID WASTE DIVISION/
SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

GENERATOR'S WASTE CLEARANCE APPLICATION FORM

Please print in ink or type

Waste Clearance No. _____
(Agency Use)

Generator Name and Mailing Address:

Contact: _____

Tel. No: _____

FAX No: _____

EPA/State Identification Number, if available: _____

Hauler Name and Mailing Address:

Contact: _____

Tel. No: _____

FAX No: _____

Consultant Name and Mailing Address:

Contact: _____

Tel. No: _____

FAX. No: _____

If disposal fees will be paid by Solid Waste charge account, please give name of account holder and charge account number:

Name: _____ Acct. No. _____
(For information on establishing a Solid Waste charge account, call 296-4448.)

Description of material: _____

Source of material (give address and location at address): _____

Use of material prior to disposal: _____

Weight or volume of material to be disposed: _____

Frequency of disposal: _____

Requested disposal schedule (give dates): _____

TYPE OF MATERIAL: Please check category and provide requested information.
Attach extra pages if necessary.

☐ Animal or food waste
Describe: _____

☐ Asbestos-containing waste
Describe method of containerization: _____

If PSAPCA Notice of Intent to Remove or Encapsulate is required, this form
is not necessary.

☐ Containerized liquids
List number and size of containers and contents of each container:

☐ Contaminated soil, or industrial waste (please circle applicable category
of waste). Please complete and attach Generator's Waste Profile Sheet.

☐ Drum containers - empty
Number/size: _____

Contents before emptying: _____

Method of emptying: _____

☐ Dusty material Describe method of dust control: _____

☐ Infectious Waste as defined by PUT 7-2 (to be disposed of at King County
Solid Waste handling/disposal facilities)

Type

Treatment Method

Other infectious waste disposed of outside of King County system:

Type

Destination

☐ Other
Describe: _____

I, _____, hereby certify under penalty of perjury under the laws of the State of Washington, that to the best of my knowledge the information contained above is true and correct and that this waste fully complies with the regulations of the Seattle-King County Department of Public Health and the King County Solid Waste Division. Furthermore, I certify that, to the best of my knowledge, this waste is not a "hazardous waste" as defined by USEPA or the State of Washington, that this waste does not contain regulated quantities of PCBs (Polychlorinated Biphenyls) and that this waste does not contain regulated quantities of radioactive materials.

_____ Generator Signature	_____ Type or Print Name
_____ Title	_____ Date

For contaminated soils or industrial waste, send completed form to:

Seattle-King County Department of Public Health
Waste Screening Program
172 - 20th Avenue
Seattle, WA 98122

Telephone: (206) 296-4633
FAX*: (206) 296-0188

For other wastes requiring clearance return completed form to:

King County Solid Waste Division,
Engineering Services, Waste Clearance Program
Yesler Building
400 Yesler Way, Room 600
Seattle, WA 98104

FAX*: (206) 296-0197

* CLEARANCE FORMS TRANSMITTED BY FAX MUST BE FOLLOWED BY MAILED ORIGINAL

APPENDIX 9.2

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Waste Clearance No. _____
(Agency Use)

I. GENERATOR/TRANSPORTER INFORMATION:

Generator Name: _____

Address of Waste Generation: _____

Technical Contact: _____ Phone: _____

Transporter Name: _____

Technical Contact: _____ Phone: _____

II. PHYSICAL CHARACTERISTICS OF WASTE:

Name of Waste: _____

Use of Material prior to Disposal: _____

Special Handling Instructions: _____

Color: _____	Does the waste have a strong incidental odor? <input type="checkbox"/> No <input type="checkbox"/> Yes, if so, describe: _____	Physical state at 70°F/21°C: <input type="checkbox"/> solid <input type="checkbox"/> semi-solid <input type="checkbox"/> liquid <input type="checkbox"/> power <input type="checkbox"/> other: _____	Specific gravity: Range: _____	Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No Volume: _____ %
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pH: ☐ <2 ☐ >2-4 ☐ 4-7 ☐ 7-10 ☐ 10-<12.5 ☐ >12.5 ☐ Range ☐ NA

Flash Pt: ☐ None ☐ <140°F/60°C ☐ 140°-190°F/60°-83°C ☐ >200°F/93°C
☐ Closed Cup ☐ Open Cup

III. CHEMICAL COMPOSITION

Waste Components	Range	Does this waste contain any of the following: (Provide concentration, if known.)
_____	_____ %	NO LESS THAN or ACTUAL PCB's <input type="checkbox"/> <input type="checkbox"/> <50 ppm _____ ppm Cyanides <input type="checkbox"/> <input type="checkbox"/> <50 ppm _____ ppm Sulfides <input type="checkbox"/> <input type="checkbox"/> <50 ppm _____ ppm Phenolics <input type="checkbox"/> <input type="checkbox"/> <50 ppm _____ ppm
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
TOTAL	_____ %	

Please note: The chemical composition total in the maximum column must be greater than or equal to 100%.

IV. METALS

Does this waste contain any of the following metals (provide concentration, if known):

Arsenic	<input type="checkbox"/> <5 or _____ ppm	Mercury	<input type="checkbox"/> <0.2 or _____ ppm
Barium	<input type="checkbox"/> <100 or _____ ppm	Nickel	<input type="checkbox"/> _____ ppm
Cadmium	<input type="checkbox"/> <1 or _____ ppm	Selenium	<input type="checkbox"/> <1 or _____ ppm
Chromium	<input type="checkbox"/> <5 or _____ ppm	Silver	<input type="checkbox"/> <5 or _____ ppm
Copper	<input type="checkbox"/> _____ ppm	Zinc	<input type="checkbox"/> _____ ppm
Lead	<input type="checkbox"/> <5 or _____ ppm		

Indicate method used to determine concentration: ☐ TCLP, or ☐ Total

V. GENERATOR CERTIFICATION

By signing this profile sheet, the generator certifies that this sheet and its attachments contain true and accurate descriptions of the waste material. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

Signature _____

Title _____

Name (Type or Print) _____

Date _____

SEATTLE-KING COUNTY HEALTH DEPARTMENT

GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE INSTRUCTIONS

PART A. SAMPLING METHOD

Check the sampling method employed and sign in the space provided in Section C.

Some wastes require analytical data to determine their chemical composition, regulatory status, and if they are acceptable for transportation, treatment or disposal. This form is used to certify that analytical data being presented to SKCHD were derived from testing of a representative sample. The sample should be collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods," SW 846, USEPA, and/or 40 CFR 261 - Appendix I. A suitable sample container for most wastes is a wide mouth glass bottle with a plastic cap having a non-reactive liner. Fill to approximately 90% of capacity to allow for expansion during transportation. The sample must be packed and shipped in accordance with U.S. DOT regulations and any specific requirements imposed by the carrier. Improperly packaged samples may be disposed upon receipt.

PART B. SAMPLE SOURCE

Describe exactly where the sample was taken (e.g., conveyor, drum, lagoon, pipe, pit, pond, tank, vat).

PART C. SAMPLE CERTIFICATION

1. GENERATOR'S NAME - Enter the name of the facility where the waste is generated.
2. NAME OF WASTE - Enter a name which is generally descriptive of this waste (e.g., paint sludge, diesel oil contaminated dirt. This name should be the same as Section II on the Generator's Waste Profile Sheet.
3. SAMPLE HOUR/DATE - Enter the hour and date the sample was collected.
4. SAMPLER'S SIGNATURE - The sampler must sign in the space provided.
5. PRINT SAMPLER'S NAME - Enter the sampler's name.
6. SAMPLER'S TITLE - Enter the sampler's title.
7. SAMPLER'S EMPLOYER (if other than generator, see D. below) - Enter the sampler's employer's name.

The sample should be labeled with equivalent information.

PART D. WITNESS VERIFICATION (if required)

If a contractor obtains the sample on your site, then one of your employees must direct the contractor's employee to the sample source and witness the sampling. Your employee must also provide the information requested in PART D.

1. WITNESS' SIGNATURE - Sign in the space provided.
2. WITNESS NAME - Print the name of the customer's employee who witnessed the sampling.
3. WITNESS' TITLE - Enter the witness' title.
4. WITNESS' EMPLOYER - Enter the witness' employer's name.
5. DATE - Enter the date the sampling event was witnessed.

PART E. REPRESENTATIVE DATA CERTIFICATION

If the customer is presenting their own analytical data to SKCHD they must sign this section, certifying that the analytical data presented were derived from testing of a representative sample taken in accordance with one of the methods listed in Part A. Parts B & C should also be completed to the extent possible.

GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE

Please Print in INK or TYPE

Waste Clearance No. _____

(Agency use)

This completed form must be returned to:

SEATTLE-KING COUNTY HEALTH DEPARTMENT
Waste Clearance Program/Environmental Health Division
172 - 20th Avenue, Seattle, Washington 98122

INSTRUCTIONS FOR COMPLETING THIS FORM ARE FOUND ON THE OPPOSITE SIDE. In order to determine whether the Seattle-King County Health Department can accept the waste described in the attached Generator's Waste Profile Sheet, you must sign Part E below certifying that analytical data presented to the SKCHD were derived from testing of a representative sample. A representative sample is defined as a sample obtained using any of the applicable sampling methods specified in Federal or State Regulations. If you collect a representative sample of your waste, label the sample as described in Part C or its equivalent. If you have any questions, please call the Seattle-King County Health Department (SKCHD) at (206) 296-4633.

A. SAMPLING METHOD (Indicate the method used and sign line 5 in Section C to certify a representative sample was taken.)

1. ☐ I have obtained a representative sample of the waste material described in the attached Generator's Waste Profile Sheet according to the sampling methods specified in 40 CFR 261-Appendix I.
2. ☐ I have obtained a representative sample of the waste material described in the attached Generator's Waste Profile Sheet by an equivalent method.

B. SAMPLING SOURCE (e.g., drum, lagoon, pit, pond, tank, vat)

C. REPRESENTATIVE SAMPLE CERTIFICATION

Generator's Name: _____

Name of Waste: _____

Sample Hour/Date: _____

Sampler's Signature: _____

Print Sampler's Name: _____

Sampler's Title: _____

Sampler's Employer (if other than generator, see D below): _____

D. WITNESS VERIFICATION (if required) In most circumstances the generator will obtain the sample. However, in those cases in which another contractor obtains the sample, one of the generator's employees must be present to direct the particular source to be sampled, to witness the sampling, and to complete this Part D.

I was personally present during the sampling described. I directed the waste source to be sampled, and I verify the information noted above.

1. Witness' Signature: _____

2. Witness' Name: _____

3. Witness' Title: _____

4. Witness' Employer: _____

5. Date: _____

E. REPRESENTATIVE DATE CERTIFICATION (Complete Parts A, B, and C to the extent possible.)

By signing below the customer is certifying that the analytical data presented to the SKCHD were derived from testing of a representative sample taken in accordance with one of the methods listed in Part A of this form.

Signature _____

Title _____

Name _____

Date _____

WASTE CLEARANCE AUTHORIZATION
(King County Solid Waste Division Facilities)

Waste Clearance No. _____

1. Generator: _____

2. Type of waste: _____

3. Is material described by generator a Dangerous Waste?

☐ Yes

☐ No

4. Does material have dangerous waste qualities?

☐ Yes

☐ No

If yes, specify: _____

5. Is material described by generator cleared for disposal at the Cedar Hills Landfill? If disposal is denied, attach sheet stating reasons for denial.

☐ Yes

☐ No

☐ See attached sheet

7. Quantity approved for disposal: _____

Conditions: _____

8. Expiration Date: _____

Signature

Print Name

Title

Date

cc: John Conroy, Hazardous Waste, Northwest Regional Office DOE
Winnie Hooker, EPA, Region X
Wallace Swofford, EHS Supervisor, Smith Tower, SKCDPH
Gary Irvine, EHS Supervisor, Southeast EHS Office
Marilyn Monk, Waste Clearance Program, Solid Waste Division

**KING COUNTY SOLID WASTE DIVISION
WASTE CLEARANCE FORM, Part C**

Waste Clearance Number: 0000

GENERATOR_____

Name and address:

Source:

WASTE APPROVED FOR DISPOSAL_____

Waste type: :

Quantity approved for disposal:

CONDITIONS OF DISPOSAL_____.
.
.
.
.

SAMPLE

CLEARANCE SCHEDULE_____

Clearance is valid from _____ through _____

Delivery schedule:

Delivery frequency:

Clearance issued by:

Marilyn D. Monk, Project Coordinator

Payment by check or account must accompany each vehicle at
time of disposal.