**MATERIAL HANDLING PLAN TEMPLATE**

The New York City Department of Design and Construction (NYCDDC) requires Contractors and Consultants to submit a Material Handling Plan (MHP) for projects that require handling, transportation, and disposal of potential and identified contaminated and hazardous materials, and NYCDDC’s Standard Specification for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 C2-Sampling and Testing of Contaminated/Potentially Hazardous Soil for Disposal Purposes) has been included in the Contract. This MHP Template was prepared to be used as a guide to help Contractors and Consultants prepare a MHP that is compliant with applicable State and Local rules and regulations including NYCDDC’s rules and regulations.

This MHP shall be completed in accordance with NYCDDC’s Specifications for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 C1 Handling, Transporting, and Disposal of Non-Hazardous, Contaminated Soils and Section 8.01 H handling, Transporting, and Disposal of Hazardous Soils).

The MHP shall be submitted to the NYCDDC Office of Environmental and Hazmat Services (OEHS) [formerly referred to as Office of Environmental and Geotechnical Services (OEGS)] for review and acceptance prior to performing any field sampling activities. This MHP Template is meant to be a guide to help Consultants with the development of an MHP that is compliant with NYCDDC rules and regulations.

The Field Sampling Plan and Field Sampling Summary Report as per Specification Item 8.01 C1 and Item 8.01 C2, respectively should be reviewed prior to completion of the MHP Template.

**INSTRUCTIONS FOR COMPLETING THE MHP TEMPLATE**

Each section of the MHP Template includes instructions and fillable text fields denoted in blue. Read the instructions for each section before completing that section. The blue text indicates information to include in each text field. Click on the blue text and start typing. This MHP Template is an editable document file to which you may add tables and additional text. For sections of the MHP Template that do not apply, insert “Not Applicable” in the text field and check the “Not Applicable” box where available. Any edits to black text should be completed using track changes.

**REGULATORY REFERENCES**

The following State and Local rules and regulations noted below are offered as references that can be viewed to assist with the completion of the MHP Template. The list, along with hyperlinks to the regulatory references, is not all inclusive but offers some general guidance.

* NYSDEC Spill Guidance Manual
	+ https://www.dec.ny.gov/regulations/2634.html
* NYSDEC CP-51 – Soil Cleanup Guidance Policy
	+ https://www.dec.ny.gov/docs/remediation\_hudson\_pdf/cpsoil.pdf
* NYSDEC Spills Technology Remediation Series (STARS) Guidance Documents
	+ https://www.dec.ny.gov/regulations/2393.html
* NYSDEC DER-10 – Technical Guidance for Site Investigation and Remediation
	+ <https://www.dec.ny.gov/regulations/67386.html>
* NYSDEC Soil Cleanup Objective (SCOs)
	+ https://www.dec.ny.gov/docs/remediation\_hudson\_pdf/part375.pdf

While the NYCDDC has made every effort to ensure the accuracy of all instructions contained in this MHP Template, it is the Rules and Regulations of the City and State of New York, not the Template, that govern your obligations with respect to the performance of the MHP.

**Material Handling Plan**

**MHP Prepared for:**

Insert Project Name

Insert Capital Project ID Number

 Insert Project/Site Address/Location

Insert Project/Site Phone Number



New York City Department of Design and Construction

30-30 Thomson Ave, Queens, New York 11101

Insert Contractor Name

Insert Address, City, State, Zip Code

**MHP Prepared By:**

Insert Company or Organization Name

Insert Contact Name

Insert Address, City, State, Zip Code

 Insert Phone Number

Insert Fax/Email

**MHP Preparation Date:**

Insert Date

**MHP Revision Date:**

Insert Date

**Estimated Project Start and End Dates:**

Insert Start Date — Insert Completion Date

**TABLE OF CONTENTS**

[Acronyms iii](#_Toc177047223)

[Revision Log iv](#_Toc177047224)

[Certification Statement v](#_Toc177047225)

[SECTION 1: INTRODUCTION AND PROJECT PURPOSE 1](#_Toc177047226)

[1.1 Project Discussion 1](#_Toc177047227)

[1.2 Contractor and Consultant 1](#_Toc177047228)

[1.3 Site Description 2](#_Toc177047229)

[SECTION 2: MATERIAL HANDLING PROCEDURES 4](#_Toc177047230)

[2.1 OSHA Compliance and Environmental HASP 4](#_Toc177047231)

[2.2 Requirements for Identification of Potential Contamination 4](#_Toc177047232)

[2.3 Screening of Excavated Soils 5](#_Toc177047233)

[2.4 Level of Protection for Workers 6](#_Toc177047234)

[SECTION 3: MATERIAL STAGING/STOCKPILING PROCEDURES AT PRIMARY AND BACKUP LOCATIONS 7](#_Toc177047235)

[3.1 General Procedures for All Contaminated Material 7](#_Toc177047236)

[3.2 Special Procedures for Hazardous Materials 7](#_Toc177047237)

[SECTION 4: ANALYTICAL LABORATORY 8](#_Toc177047238)

[SECTION 5: MATERIAL WASTE TRANSPORTER 9](#_Toc177047239)

[SECTION 6: FACILITY WHERE OFF-SITE SCALE IS LOCATED 11](#_Toc177047240)

[SECTION 7: MATERIAL WASTE TREATMENT, STORAGE OR DISPOSAL FACILITIES 12](#_Toc177047241)

[7.1 Primary Waste Treatment, Storage or Disposal Facility 12](#_Toc177047242)

[7.2 Backup Waste Treatment, Storage or Disposal Facility 15](#_Toc177047243)

**Figure**

[Figure 1. Project Location Map](#_Toc84853638)

**Appendices**

Appendix A OSHA Training Certifications

Appendix B Calibration Procedures and Certifications

Appendix C Copy of Permit Authorizations from the Waste Transporter

Appendix D Copy of Signed Letter of Agreement from the Primary Waste Treatment, Storage or Disposal Facility to Accept Waste

Appendix E List of All Permits, Licenses, and/or Letters of Approval to Operate from Primary Waste Treatment, Storage or Disposal Facility

Appendix F List of All Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Primary Waste Treatment, Storage or Disposal Facility

Appendix G Copy of Signed Letter of Agreement from the Backup Waste Treatment, Storage or Disposal Facility to Accept Waste

Appendix H List of All Permits, Licenses, and/or Letters of Approval to Operate from Backup Waste Treatment, Storage or Disposal Facility

Appendix I List of All Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Backup Waste Treatment, Storage or Disposal Facility

Acronyms

The following acronyms are referenced in this MHP Template. Any additional acronyms included in the MHP should be added to the table below.

|  |  |
| --- | --- |
| **Item** | **Description** |
| COC | Chain-of-custody  |
| ELAP | Environmental Laboratory Program |
| EHASP | Environmental Health and Safety Plan |
| HAZWOPER | Hazardous Waste Operations and Emergency Response |
| MHP | Material Handling Plan |
| NYCDDC | New York City Department of Design and Construction |
| NYSDOH | New York State Department of Health |
| OEHS | NYCDDC Office of Environmental and Hazmat Services |
| OSHA | Occupational Safety and Health Administration |
| PID | Photo-Ionization Detector |
| PPE | Personal Protective Equipment |
| SCOS | Soil Cleanup Objectives |
| STARS | Spills Technology Remediation Series |
| TOVs | Total Organic Vapors |
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Revision Log

The following revision log should be completed with the initial submission and subsequent revisions. The revision date noting two digits for the month, two digits for the day, and four digits for the year (i.e., 00/00/0000) should be entered in the Date column. The Revision Number should offer revision number with two digits (i.e., 00, 01, 02, 03 – noting 00 as the initial submission) with MHP as the descriptor (i.e., MHP-00, MHP-01, MHP-02). Revision Description column should contain brief description of changes and/or initial submission.

|  |  |  |
| --- | --- | --- |
| **Date** | **Revision Number** | **Description** |
| 00/00/0000 | MHP-00 | Initial submission for NYCDDC review. |
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Certification Statement

MHP Certification by Insert Company or Organization Name

1. Insert Company or Organization Name certifies that this MHP dated Insert Date and all information included is true, accurate, and complete to the best of our professional knowledge and judgement; and
2. This MHP has been prepared in accordance with all applicable rules and regulations; and
3. This MHP has been prepared in conformance with NYCDDC Specifications for Handling, Transportation, and Disposal of Potential and Identified Contaminated and Hazardous Materials (Section 8.01 C1 and H)

Insert Author’s Signature

Insert Author’s Name / Affiliation / Date

# INTRODUCTION AND PROJECT PURPOSE

## Project Discussion

Instructions:

1. *Provide a general description of the project and construction activities at the site.*
2. *Identify the project activity that will result in the need to handle, transport, and dispose of potential and identified contaminated and hazardous materials and why a MHP has been prepared.*

Insert Text Here

## Contractor and Consultant

Instructions:

1. *Identify the Contractor and the Consultant for the project. Provide their names and addresses, and their contact names and phone numbers.*

The Contractor and the Consultant for the project are identified below with their contact information:

**Contractor**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

**Consultant**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

## Site Description

Instructions:

1. *Provide a general description of the site, including natural and constructed features.*
2. *Identify the size and location of the site.*
3. *Describe the existing land use of the site and surrounding area.*
4. *Provide a Project Location Map as Figure 1. Following this section is an 8 1/2” by 11” portrait border template to be utilized for the preparation of Figure 1.*
5. *Provide ownership of the site if not owned by New York City.*

|  |
| --- |
| **Project Site**Capital Project ID Number: Insert Text HereStreet/Location: Insert Text HereCity: Insert Text HereState: New YorkZip Code: Insert Text HereBorough: Insert Text HereBlock(s) and Lot(s): Insert Text Here from GISBusiness Days and Hours for the Project: Insert Text Here |

**General Site Description**

Insert Text Here

A Project Location Map is included as **Figure 1.**

**INSERT NEW FIGURE 1 CONTAINING THE PROJECT NAME, CAPITAL PROJECT ID AND ADDRESS**



# MATERIAL HANDLING PROCEDURES

## OSHA Compliance and Environmental HASP

Instructions:

1. *Identify the site workers that received safety training in compliance with Occupational and Safety Administration (OSHA) requirements in the table below.*
2. *Provide copies of the training certifications for these workers in* ***Appendix A****.*

All personnel working in areas that contain contaminated and/or hazardous materials on-site have taken the Occupational Health & Safety (OSHA) 40-Hour Hazardous Waste Operations and Emergency Response (HAZWOPER) Training and the 8-Hour Annual Refresher Course. These individuals are identified in the table below. Photocopies of the training certifications are provided in Appendix A.

**Personnel Who Received OSHA Training**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date Received 40-HR HAZWOPER Training** | **Date Taken 8-HR Annual Refresher Course** |
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 An Environmental Health and Safety Plan (EHASP) has been prepared for this project. The objective of this plan is to protect workers from potential exposure to safety or health hazards. Please refer to the HASP for procedures and protocols to mitigate potential on-site hazards during project implementation.

## Requirements for Identification of Potential Contamination

Excavated soils on-site will be classified as non-contaminated, non-hazardous contaminated, or hazardous. As per contract specifications, non-hazardous contaminated soils exhibit one or more of the following characteristics: visual evidence of contamination, petroleum or chemical odors, elevated readings from a photoionization detector (PID), and/or identification as contaminated from previous reports. Excavated soils will be screened on-site for organic vapors utilizing a PID operated by a trained, experienced technician. PID readings will be recorded daily on a log. Soils that have high PID readings confirmed later by laboratory analysis or any of the characteristics previously identified will be defined as non-hazardous contaminated material and stockpiled separately.

In order to mitigate worker exposure to contaminants, air monitoring for particulates and vapors will be conducted during handling of potentially contaminated materials. If the concentration of organic vapors exceeds 5 ppm over background levels, work will be stopped to assess the situation. Engineering controls such as upgrading the level of personal protective equipment (PPE) that the workers use on-site to Level C (when vapor background levels are 5 ppm to 25 ppm) or wetting the work area may be implemented. Level C PPE includes the following:

* Half-face respirator, with appropriate cartridge
* Coveralls (chemical resistant)
* Gloves (chemical resistant) that are taped to the coveralls
* Boots (chemical resistant) that are taped to the coveralls

## Screening of Excavated Soils

Instructions:

1. *Identify the make and model of the organic vapor monitoring equipment to be utilized to identify contaminated soils on-site. Provide calibration procedures from the operations manual in* ***Appendix B****.*
2. *Identify the personnel who will operate the organic vapor monitoring equipment in the table below. Provide photocopies of their certifications in* ***Appendix B****.*

Excavated soils will be initially screened for the presence of petroleum or chemical odors or discoloration. If either of these are present, Total Organic Vapors (TOVs) will be measured in the field utilizing a PID. The make and model number of the PID that will utilized on-site are identified below:

Type of PID: Insert Text Here

Model Number of PID: Insert Text Here

The PID will be calibrated at the start of each working day utilizing the procedures identified in Appendix B. Personnel certified to operate a PID are identified in the table below and photocopies of their certifications are provided in Appendix B:

**Personnel Certified to Operate a PID**

|  |  |
| --- | --- |
| **Name** | **Date Received Certification** |
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## Level of Protection for Workers

Instructions:

1. *Identify how protection zones will be established.*
2. *Identify the safety measures that will be utilized by site workers in these areas.*

**Level of Protection**

Level D PPE, as identified in the HASP prepared for this project, will be adequate for the work conducted on-site. The following Level D PPE will be utilized by all workers on the project site:

* Hard Hat
* Safety Glasses
* Work Gloves
* Work Boots (steel toe)

**Protection Zones**

Insert Text Here

# MATERIAL STAGING/STOCKPILING PROCEDURES AT PRIMARY AND BACKUP LOCATIONS

## General Procedures for All Contaminated Material

Instructions:

1. *Identify the primary and backup stockpiling locations on-site.*
2. *Identify maximum stockpiling size.*

Temporary stockpiles will be created on-site when excavated contaminated or hazardous materials cannot be directly loaded into trucks for off-site disposal and will be removed as soon as practicable. Materials will be placed into different stockpiles, based on their classification, that are separated by at least 10 feet. All materials to be stockpiled will be placed on impervious plastic sheets or linings. Each stockpile will be securely covered with an impervious cover that is stabilized with concrete blocks or bricks to prevent potential migration of contaminants. Each stockpile will be no larger than Insert Text Here cubic yards. The ground surrounding each stockpile will be graded to direct storm water runoff away from the stockpiled material.

Stockpiling will be conducted on-site at a primary and a backup location. These on-site locations are identified below:

Primary Stockpiling Location: Insert Text Here

Backup Stockpiling Location: Insert Text Here

## Special Procedures for Hazardous Materials

**Special Stockpiling Procedures**

Excavated hazardous material will be handled and stockpiled separately from contaminated non-hazardous materials. The stockpiling procedures to be utilized on-site for hazardous material is the same as the procedures identified for contaminated materials as discussed in Section 3.1.

**Equipment Decontamination Procedures**

All equipment utilized for hazardous materials will be decontaminated at the conclusion of on-site field activities. Large equipment will be washed at the truck inspection station over a gravel stabilization area located at the interface between paved and unpaved areas that is underlain by an impermeable liner. The decontamination water collected on the liner will be discharged to a tank, sampled to determine waste characteristics, and disposed of at an off-site facility licensed to accept this waste type. Decontamination water from small tools will be placed in 55-gallon drums for off-site disposal at a facility licensed to accept this type of waste.

# ANALYTICAL LABORATORY

Instructions:

1. *Identify the analytical laboratory selected to analyze soil samples to be collected.*
2. *Include the laboratory name, address, and contact name and phone number.*
3. *The selected laboratory must be certified by the New York State Department of Health (NYSDOH) Environmental Laboratory Program (ELAP). Provide the laboratory’s New York ELAP number.*

The Laboratory selected to analyze soil samples for the project is identified below with their contact information:

**Laboratory**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

As required by contract specifications, Insert Laboratory Name is a NYSDOH ELAP certified laboratory (New York ELAP No. Insert Laboratory Number).

# MATERIAL WASTE TRANSPORTER

Instructions:

1. *Provide the name and address of the primary waste transporter, name of contact and phone number, and waste transporter permit number.*
2. *Describe the types of waste that are permitted to be transported and the experience of the waste transporter.*
3. *Provide copies of permits authorizing transport of each type of approved waste in* ***Appendix C****.*

The Waste Transporter for the project is identified below with their contact information:

**Waste Transporter (for contaminated non-hazardous)**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Waste Transporter Number: Insert Text Here

**Waste Transporter (for contaminated hazardous)**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Waste Transporter Number: Insert Text Here

**List the Types of Waste Permitted to be Transported**

1. Insert Waste Type Here
2. Insert Waste Type Here
3. Insert Waste Type Here
4. Insert Waste Type Here

**Transport Experience**

Insert Text Here

#  FACILITY WHERE OFF-SITE SCALE IS LOCATED

Instructions:

1. *Identify the facility where the off-site scale is located (if utilized).*
2. *Provide the name and address of the facility.*
3. *Describe the procedures that will be utilized to control trucks leaving the project site enroute to this facility.*

*d. Identify the types of shipping documents and describe what information is included in these documents.*

*(Check one that applies)***:**

[ ]  Project will utilize an off-site scale.

[ ]  Not Applicable

The location of the Off-Site Scale Facility where the off-site scale is located is identified below:

**Off-Site Scale Facility**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

**Procedures to Control Trucks Leaving the Site Enroute to the Off-Site Scale Facility**

Insert Text Here

**Shipping Documents**

Insert Text Here

#  MATERIAL WASTE TREATMENT, STORAGE OR DISPOSAL FACILITIES

## Primary Waste Treatment, Storage or Disposal Facility

Instructions:

1. *Provide the name and address of the primary waste treatment, storage or disposal facility, name of contact and phone number, and state identification number.*
2. *Provide the date of the last compliance inspection.*
3. *Identify the waste types accepted for disposal and provide the unit of measure utilized for costing purposes.*
4. *Specify and describe the disposal/containment units used to manage the waste. Identify the capacity available in the units and the capacity reserved in the units for the waste.*
5. *Describe the sampling and field/laboratory analyses conducted to obtain facility approval to accept the waste.*
6. *Provide a copy of a signed letter of agreement to accept the waste specified in the contract in* ***Appendix E****.*
7. *Provide a list of all permits, licenses, and/or letters of approval to operate the primary waste treatment, storage, or disposal facility in* ***Appendix F****.*
8. *Provide a list of all permits, licenses, and/or letters of approval to operate the primary waste treatment, storage or disposal facility that were applied for but not yet received in* ***Appendix G.***
9. *In the table below identify e the date, number, and government agency who issued each unresolved compliance order, enforcement notice and/or notice of violation that was received by the primary waste treatment, storage, or disposal facility.*

The Primary Waste Treatment, Storage or Disposal Facility for the project is identified below with their contact information:

**Primary Waste Treatment, Storage or Disposal Facility (for contaminated non-hazardous)**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

State Identification Number: Insert Text Here

**Date of Last Compliance Inspection**: Insert Text Here

**Waste Types Accepted for Disposal and Unit of Measure Utilized for Costing Purposes**

Insert Text Here

**Disposal Containment Units Used to Manage Waste**

Insert Text Here

**Sampling and Field/Laboratory Analyses**

Insert Text Here

**Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation**

If any unresolved compliance orders, enforcement notices and/or notices of violation were issued to the primary waste treatment, storage or disposal facility that will be utilized for the project, please identify the information identified in the table below:

**Unresolved Compliance Orders, Enforcement Notices and/or Notices of Violation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Compliance Order Enforcement Notice or Notice of Violation** | **Number** | **Government Agency Who Issued It** |
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**Primary Waste Treatment, Storage or Disposal Facility (for hazardous, if necessary)**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

State Identification Number: Insert Text Here

**Date of Last Compliance Inspection**: Insert Text Here

**Waste Types Accepted for Disposal and Unit of Measure Utilized for Costing Purposes**

Insert Text Here

**Disposal Containment Units Used to Manage Waste**

Insert Text Here

**Sampling and Field/Laboratory Analyses**

Insert Text Here

**Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation**

If any unresolved compliance orders, enforcement notices and/or notices of violation were issued to the primary waste treatment, storage or disposal facility that will be utilized for the project, please identify the information identified in the table below:

**Unresolved Compliance Orders, Enforcement Notices and/or Notices of Violation**

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| --- | --- | --- | --- |
| **Date** | **Compliance Order Enforcement Notice or Notice of Violation** | **Number** | **Government Agency Who Issued It** |
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## Backup Waste Treatment, Storage or Disposal Facility

Instructions:

1. *Provide the name and address of the backup waste treatment, storage or disposal facility, name of contact and phone number, and state identification number.*
2. *Provide the date of the last compliance inspection.*
3. *Identify the waste types accepted for disposal and provide the unit of measure utilized for costing purposes.*
4. *Specify and describe the disposal/containment units used to manage the waste. Identify the capacity available in the units and the capacity reserved in the units for the waste.*
5. *Describe the sampling and field/laboratory analyses conducted to obtain facility approval to accept the waste.*
6. *Provide a copy of a signed letter of agreement to accept the waste specified in the contract in* ***Appendix H****.*
7. *Provide a list of all permits, licenses, and/or letters of approval to operate the backup waste treatment, storage or disposal facility in* ***Appendix I****.*
8. *Provide a list of all permits, licenses, and/or letters of approval to operate the backup waste treatment, storage or disposal facility that were applied for but not yet received in* ***Appendix J****.*
9. *In the table below identify the date, number, and government agency who issued each unresolved compliance order, enforcement notice and/or notice of violation that was received by the backup waste treatment, storage, or disposal facility. known).*

The Backup Waste Treatment, Storage or Disposal Facility for the project is identified below with their contact information:

**Backup Waste Treatment, Storage or Disposal Facility**

Name: Insert Text Here

Street/Location: Insert Text Here

City: Insert Text Here

State: Insert Text Here

Zip Code: Insert Text Here

Contact Name: Insert Text Here

Contact Phone Number: Insert Text Here

State Identification Number: Insert Text Here

**Date of Last Compliance Inspection**: Insert Text Here

**Waste Types Accepted for Disposal and Unit of Measure Utilized for Costing Purposes**

Insert Text Here

**Disposal Containment Units Used to Manage Waste**

Insert Text Here

**Sampling and Field/Laboratory Analyses**

Insert Text Here

**Unresolved Compliance Orders, Enforcement Notices, and/or Notices of Violation**

If any unresolved compliance orders, enforcement notices and/or notices of violation were issued to the backup waste treatment, storage or disposal facility that will be utilized for the project, please identify the information identified in the table below:

**Unresolved Compliance Orders, Enforcement Notices and/or Notices of Violation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Compliance Order Enforcement Notice or Notice of Violation** | **Number** | **Government Agency Who Issued It** |
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**Appendix A**

**OSHA Training Certifications**

**Appendix B**

**Calibration Procedures and Certifications**

**Appendix C**

**Copy of Permit Authorizations from Waste Transporter**

**Appendix D**

**Copy of Signed Letter of Agreement from Primary Waste Treatment,**

**Storage or Disposal Facility to Accept Waste**

**Appendix E**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate from Primary Waste Treatment, Storage or Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**from Primary Waste Treatment, Storage or Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date Issued** | **Expiration Date** | **Description** |
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**Appendix F**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from Primary Waste Treatment, Storage or Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**Applied for But Not Yet Received from Primary Waste Treatment, Storage or Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date of Submittal** | **To Be Submitted** | **Description** |
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**Appendix G**

**Copy of Signed Letter of Agreement from Backup Waste Treatment,**

 **Storage or Disposal Facility to Accept Waste**

**Appendix H**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate from Backup Waste Treatment, Storage or Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**from Backup Waste Treatment, Storage or Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date Issued** | **Expiration Date** | **Description** |
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**Appendix I**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate Applied for But Not Yet Received from the Backup Waste Treatment, Storage or Disposal Facility**

**List of All Valid Permits, Licenses, and/or Letters of Approval to Operate**

**Applied for But Not Yet Received from Backup Waste Treatment, Storage or Disposal Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit, License, and/or Letter of Approval** | **Date of Submittal** | **To Be Submitted** | **Description** |
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