

Beneficial Use Determination Petition – Cement Kiln Feedstock

Instructions and Notes to Petitioner:

For Department use only			
Date Petition Received			
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mm	dd	yyyy	
NYSDEC BUD Petition Number			
NYSDEC Reviewer (Initial, Last Name, CO / RO#)			
Response Date			
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1. This form must be completed by a generator or potential user seeking a case-specific Beneficial Use Determination (BUD) for the use of a regulated solid waste as a cement kiln feedstock, pursuant to Part 360-1.15(d).
2. Petitions for a Cement Kiln Feedstock BUD will ONLY be accepted for materials that are non-hazardous, non-putrescible, and non-regulated medical wastes ready to be fed into a kiln upon delivery; that are a useful source of one or more of the mineral ingredients of Portland cement; that have COC concentrations that pass TARs evaluation, and that have an existing market.
3. A BUD is not necessary for materials excluded from Part 360 regulations, or that have a pre-determined BUD, including mill scale and coal combustion fly or bottom ash used in the manufacture of cement.
4. Unless specifically requested in the petition and approved, these BUD materials cease to be considered as solid waste, pursuant to 6 NYCRR 360-1.15(d)(3), upon arrival at the cement manufacturing facility.
5. Submission of this form does not satisfy any applicable federal, state, or local approval requirements for the beneficial use of this material.

BUD Petitioner / Contact Information

Petitioner Name and Title:	Last	First	M.I.	Title
Petitioner Affiliation:	Company Name			
Petitioner Mailing Address:	Street Address		City/Town	
	County		Zip Code	
	Petitioner Phone: () _____			
Petitioner Email: _____				
Petitioner type:	<input type="checkbox"/> Waste Generator <input type="checkbox"/> BUD Material User <input type="checkbox"/> Other _____			

Contact Name and Title:	Last	First	M.I.	Title
<input type="checkbox"/> Same as Petitioner, skip to BUD Petition Information				
Contact Affiliation:	Company Name			
Contact Mailing Address:	Street Address		City/Town	
	County		Zip Code	
	Contact Phone: () _____			
Contact Email: _____				

BUD Petition Information

Petition Type:	<input type="checkbox"/> New Petition <input type="checkbox"/> Modification <input type="checkbox"/> Renewal without Modification <input type="checkbox"/> Renewal with Modification
Petition Duration Requested:	<input type="checkbox"/> One Time Use <input type="checkbox"/> Short Term Use <input type="checkbox"/> Continuous Process/ Permanent (5 years) ¹ Start Date: mm / dd / yyyy End Date: mm / dd / yyyy
	Notes: 1. The maximum duration for which a BUD will be granted is 5 years. For continuous processes, a renewal petition must be submitted no less than 90 days prior to the expiration date of the BUD, as defined in the BUD conditions. 2. For BUDs that also require other NYSDEC permits such as Part 360, Air or SPDES permits, a renewal petition must be submitted at the same time as a permit renewal application.

Regulated Solid Waste Information

Description of Regulated Waste:	<i>Describe the regulated solid waste to be beneficially used, as required by 6NYCRR Part 360-1.15(d) (1)(i).</i>
	Alumina substitute: <input type="checkbox"/> Spent Refinery Catalyst <input type="checkbox"/> Alumina Tri-nitrate Dust <input type="checkbox"/> Alumino-silica Clay <input type="checkbox"/> Dust Collector Fines <input type="checkbox"/> Steel Ladle Slag <input type="checkbox"/> Lime Filter Cake <input type="checkbox"/> WWTP Sludge Filter Cake <input type="checkbox"/> Aluminum Production Dross <input type="checkbox"/> Other: _____ Silica substitute: <input type="checkbox"/> Petroleum-contaminated Soil <input type="checkbox"/> Off-spec Glass Wool <input type="checkbox"/> Other: _____ Iron substitute: <input type="checkbox"/> Spent Abrasive <input type="checkbox"/> Other: _____ Calcium substitute: _____

Source of Regulated Waste Generation:	_____
	<i>Facility Name(s)</i> _____ <i>Facility Type(s) (i.e. WWTP, type of manufacturer, etc.)</i> _____ _____ <i>Facility Location(s) (Street Address, Town, NYS County(ies))</i>

Estimated Beneficial Use Quantity:	_____
	<i>include units (cy/yr, tons/yr)</i>

Point of Regulated Waste Cessation:	<input type="checkbox"/> Manufacturing Facility <input type="checkbox"/> Other (describe): _____ _____ <i>Facility Name(s) and Address(es)</i>
	<input type="checkbox"/> Part 364 Permit(s) in effect <input type="checkbox"/> Solid Waste Control Plan attached

Description of Regulated Waste Characteristics:	<i>Describe the chemical and physical characteristics of the waste, as required by 6NYCRR Part 360-1.15(d)(1)(ii). (Note any significant variability of characteristics in waste generated throughout the year.)</i>
	Waste analyzed for COCs: <input type="checkbox"/> Total Priority Pollutant Metals <input type="checkbox"/> Organics/ Other: _____ <input type="checkbox"/> Waste is non-hazardous for COCs: Sb, As, Be, Cd, Cr, Cu, Hg, Pb, Ni, Se, Ag, Tl, Zn <input type="checkbox"/> COCs have direct value in the process? No Yes: Explain _____ <input type="checkbox"/> Waste analyzed for __ alumina (___ %) __ silica (___ %) __ calcium (___ %) __ iron (___ %) <input type="checkbox"/> Waste is non-putrescible <input type="checkbox"/> Waste is non-medical <input type="checkbox"/> Waste meets ASTM C 150 and CSA A3000-03 <input type="checkbox"/> Analyses conducted by NYSDOH ELAP-certified lab in accordance with NYSDEC ASPs <input type="checkbox"/> Lab reports are attached in a format acceptable to NYSDEC <input type="checkbox"/> Sampling plan (COCs, frequency, test methods, etc.) to periodically sample / analyze waste is attached.

BUD Material Information

Description of BUD Material Processing and Final Usable Product:	<i>Describe how this material will be beneficially used by being transformed into a usable product, or will be used as an effective substitute for an analogous raw material, and requires no decontamination or other special handling or processing prior to addition to a commercial process, as required by 6NYCRR Part 360-1.15(d)(1) & (2)(i - iv).</i>
	Raw material mineral substitute for cement: <input type="checkbox"/> Alumina <input type="checkbox"/> Silica <input type="checkbox"/> Calcium <input type="checkbox"/> Iron <input type="checkbox"/> Other: _____ Feed rate required by cement manufacturer for the mineral to be substituted (tons/day): _____

List NYSDEC Permitting Required for Processing BUD Material:	<input type="checkbox"/> Waste Transporter Permit ¹ <input type="checkbox"/> SW Facility Permit <input type="checkbox"/> SW Facility Registration <input type="checkbox"/> Air permit <input type="checkbox"/> SPDES permit <input type="checkbox"/> Other/status: _____
	¹ Unless requested and granted a different point of waste cessation, regulated waste that is transported for beneficial use is considered solid waste until the point of use in processing; therefore, a current Part 364 permit is required for transportation.

Location(s) of Beneficial Use Processing in NYS:	_____
	<i>Facility Name(s)</i> _____ <i>Cement Manufacturer</i> _____ <i>Facility Type(s) (i.e., type of manufacturer, etc.)</i> _____ _____ <i>Facility Location(s) (Street Address, Town, County(ies))</i>

End Use Product Information	
Description of Proposed End Use Product Characteristics:	<p><i>Describe the chemical and physical characteristics of the proposed product, as required by 6NYCRR Part 360-1.15(d)(1)(ii). (Note any significant variability of characteristics in product generated throughout the year.)</i></p> <p><input type="checkbox"/> Product has same characteristics as waste (<i>SKIP to Demonstration of Market section</i>)</p> <p><input type="checkbox"/> Product analyzed for: <input type="checkbox"/> Total Priority Pollutant Metals <input type="checkbox"/> Organics/ Other: _____</p> <p><input type="checkbox"/> Product is non-hazardous for Sb, As, Be, Cd, Cr, Cu, Hg, Pb, Ni, Se, Ag, Tl, Zn</p> <p><input type="checkbox"/> COCs have direct value in the product? No Yes: Explain _____</p> <p><input type="checkbox"/> Product meets ASTM C 150 and CSA A3000-03</p> <p><input type="checkbox"/> Analyses conducted by NYSDOH ELAP-certified lab in accordance with NYSDEC ASPs</p> <p><input type="checkbox"/> Lab reports are attached in a format acceptable to NYSDEC</p> <p><input type="checkbox"/> Sampling plan (COCs, frequency, test methods, etc.) to periodically sample / analyze product is attached.</p>
Demonstration of Market:	<p><i>Demonstrate an existing or reasonably certain market for the proposed product, as required by 6NYCRR Part 360-1.15(d)(1)(iii) & (2)(v), by providing one or more of the following: a contract to purchase the proposed product, a demonstration that the proposed product meets industry standards and specifications, or other documentation that a market for the proposed product exists.</i></p> <p>Cement Company: _____ <i>Company/ Facility Name(s) and Address(es)</i></p> <p>Supporting documentation (as described above) <input type="checkbox"/> attached <input type="checkbox"/> N/A</p>
Solid Waste Control and Contingency Plans	
Solid Waste Control Plan	<p><i>Demonstrate that the management of this waste will not adversely affect human health and safety, the environment, and natural resources by providing a Solid Waste Control Plan, as required by 6NYCRR Part 360-1.15(d)(1)(iv).</i></p> <p><input type="checkbox"/> Solid Waste Control Plan attached</p>
Contingency Plan	<p><i>Demonstrate that the management of this waste will not adversely affect human health and safety, the environment, and natural resources, by providing a Contingency Plan, as required by 6NYCRR Part (360-1.9(h).</i></p> <p><input type="checkbox"/> Contingency Plan attached</p>
Signature and Verification	
Signature of Responsible Company Official (<i>NOTICE: Pursuant to ECL Section 3-0301(2)(Q): False statements made on this application are punishable pursuant to Section 210.45 of the New York State Penal Code.</i>)	
_____	mm/dd/yyyy
<i>Signature</i>	<i>Date</i>
Printed Name and Title of Responsible Company Official _____	
Verification	
<input type="checkbox"/>	All fields of the application are complete (indicate N/A if appropriate).
<input type="checkbox"/>	Application is signed and dated above.
<input type="checkbox"/>	Record of Compliance Form attached

Submit applications to NYSDEC Office specified in the Cement Kiln Feedstock SOP

Cement Kiln Feedstock Contingency Plan

Cement Company Facility: _____
Company/ Facility Name and Address

1. List names, addresses, email addresses, telephone numbers (office, home, and cell.), and availability (days/ hours) of all individuals qualified to act as an emergency coordinator, as required by 6 NYCRR Part 360-1.9(h)(1)(ii).

Emergency Coordinator <i>(Name, Title, Home Address, Email Address)</i>	Telephone Numbers <i>(Note: office (o), Home(h), Cell.(c))</i>	Availability <i>(days / hours)</i>
Primary		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Alternate		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Alternates, listed in the order in which they will assume responsibility, are included on page ___ of this plan.

2. Describe arrangements with local police departments, fire departments, hospitals, contractors, equipment suppliers, and State and local emergency response teams, as required by 6 NYCRR Part 360-1.9(h)(1)(i) to:

a. coordinate emergency services

Police / Fire Department <i>(e.g., local police/fire, sheriff, highway patrol, etc.)</i>	Phone Number (###) ###-####	Has Copy of Plan
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Hospitals		
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Utilities, Emergency Response Offices, Contractors		
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

- b. 1) the layout of the facility, a site location map is attached as page ___ of this plan.
 a site layout plan noting areas of potential emergency concerns is attached as page ___ of this plan
- 2) properties of the solid waste (including BUD material and residual waste) handled at the facility and associated hazards
 MSDS sheets are attached as pages ___ of this plan
- 3) the entrances to and roads inside the facility these are noted on the site layout plan. page ___ of this plan
- 4) the places where facility personnel normally would be working noted on the site layout plan, page ___ of this plan
- 5) and, any possible evacuation routes. noted on the site layout plan, page ___ of this plan

3. List all relevant emergency equipment maintained at the facility (such as, but not limited to, fire extinguishing systems, spill control equipment, and internal and external communications and alarm systems) and the location and a physical description of each item of emergency equipment with a brief outline of its capabilities, as required by 6 NYCRR Part 360-1.9(h)(1)(iii).

Location of emergency equipment and Contingency Plan noted on the site layout plan, page ___ of this plan

Lists of Emergency Equipment with Descriptions of Capabilities

Personnel Protection, page ___ Fire / Spill Response, page ___ Communication / Alarm Systems, page ___

4. Include an evacuation plan for facility personnel, as required by 6 NYCRR Part 360-1.9(h)(1)(iv).
 Primary and alternate evacuation routes and description of signals to begin evacuation noted on site layout plan, page ___

5. Include other requirements for a contingency plan for any regulated SWM facilities, as required by 6 NYCRR Part 360-1.9(h)(2).
 List of regulated solid waste management (SWM) facilities) used for handling BUD waste or residual waste attached, page ___
 Other Contingency Plan requirements for these regulated solid waste management (SWM) facilities) attached, page ___

Send this completed form and any supporting attachments to the **Materials Management Supervisor** in your DEC Region (for help, see <http://www.dec.ny.gov/about/50230.html>), with a copy to:

Gus Carayiannis, P.E.
Bureau of Permitting and Planning
Division of Materials Management
NYSDEC
625 Broadway, 9th Floor
Albany, NY 12233-7260

Please contact Mr. Carayiannis or Kathleen Prather at (518) 402-8678 or benuse@dec.ny.gov if you have any questions about petitioning for a case-specific BUD.