



(03/24)

NOTIFICATION OF FILL TRANSFER FOR REUSE

OFFICIAL USE ONLY DATE RECEIVED GENERATOR NUMBER DESTINATION NUMBER STAFF INITIALS	<p>6 NYCRR Part 360.13 requires notification to the Department for the transfer of excavated material for use as fill in the following cases:</p> <ul style="list-style-type: none"> At least five days in advance of transfers of Fill Types 2, 3, 4 and 5 (generated in, imported to, or relocated within the City of New York. At least five days in advance of transfers of Fill Type 4 and Fill Type 5 anywhere in the State of New York. <p>Note this form need only be submitted once per generator per destination site, i.e.,for the first planned load greater than 10 cubic yards transferred from site of excavation directly to a site of reuse. Notification to the Department is not required when the destination is a facility authorized under 6 NYCRR Part 361-5; however, the facility may request information required by this form as part of its waste control plan.</p>
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1. Generating Site Location and Contact

Project Name: _____

Location of Generating Site:

_____ *Street Address* _____ *City/Town*

_____ *County* _____ *Zip Code*

Contact:

_____ *Last* _____ *First* _____ *M.I.*

Office Phone: () _____ **Mobile Phone:** () _____

E-mail _____

Company Name: _____

Company Address: _____

_____ *Street Address*

_____ *City* _____ *State* _____ *Zip*

2. Fill Generated at Remediation Sites

a. Is the fill generated from a site being remediated pursuant to a program administered by the Department or EPA? Yes No

b. If Yes to question 2a, do you have approval from the Department or EPA to reuse this material at the proposed destination? Yes No

If No to question 2b, contact the Department prior to transferring fill to the destination site.

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6. Destination Site Location and Contact

Project Name: _____

Location of
Destination
Site:

Street Address

City/Town

County

Zip Code

Contact:

Last

First

M.I.

Phone:

() _____

Mobile Phone:

() _____

E-mail: _____

Company
Name:

Company
Address:

Street Address

City

State

Zip

7. Destination Site Information

a. Quantity of fill required for this project? _____ Cubic Yards

b. Type(s) of fill to be used (check all that apply):

Fill Type 2

Fill Type 3

Fill Type 4

Fill Type 5

Other

c. For Fill Types 4 and 5, has a local building permit or other municipal authorization been issued for this project that includes need for fill?

Yes No

d. Are additional fill transfer notifications to be submitted for this project?

Yes No

e. Describe the area(s) on the site where this fill is to be used:

Please note that both the generator and the receiver of the fill must retain records of fill quantities, with analytical data, for a minimum of three years after fill is removed or received, as applicable. To demonstrate compliance with applicable requirements of this notification, a log of all loads of fill and corresponding tracking documents should be maintained as part of these records. The Department reserves the right to inspect any site of generation or placement of fill.

Transfer of fill that originates in the City of New York, or Fill Types 4 or 5 generated outside of New York City, is also subject to Waste Transporter requirements in 6 NYCRR Part 364.

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8. Certification by Qualified Environmental Professional

I certify, under penalty of law that the data and other information provided in this notification have been prepared under my direction and supervision in compliance with the system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in this notification is punishable pursuant to Section 71-2703(2) of the Environmental Conservation Law and Section 210.45 of the Penal Law.

Name:

Last Name First Name M.I.

Signature:

Date

License
Information:

Number State

Profession:

Engineer Geologist Other (see 6 NYCRR 360.2(b)(225))

(Engineer or Geologist seal above)

In the event the Qualified Environmental Professional identified in Item 5 above is not a Professional Engineer or Geologist licensed in New York State, the QEP's basis for credential must be attached to this form.

All notifications must be sent to the Regional Office of the Department in which the destination is located (see <http://www.dec.ny.gov/about/558.html>).

Pursuant to 6 NYCRR Subdivision 360.13(c), all notifications must be made on forms and in a manner acceptable to the Department. Before submitting this notification, please ensure this form is complete and all supporting documentation is formatted in a manner acceptable to the Department as recommended in the checklist below.

- Completed Form.** All fields of the application are complete, including the certification.
- Analytical Data Comparison.** Analytical data is compared with the following, for the respective fill type for the receiving site, and exceedances clearly identified as follows (see also 6 NYCRR Part 360.13(f)):
 - Fill Type 2: protection of groundwater and residential soil cleanup objectives found in 6 NYCRR Part 375, Section 375-6.8.
 - Fill Type 3: Same as Fill Type 2.
 - Fill Type 4: In addition to Fill Type 2 requirements, benzo(a) pyrene equivalent (except in Nassau and Suffolk Counties)
 - Fill Type 5: In addition to restricted use requirements, commercial soil cleanup objectives for metals found in 6 NYCRR Part 375, Section 375-6.8.

Summary Table - Recommended Formatting. Summary tables are attached that show standards and analytes on the left; sample IDs, depths and locations on the top; and detection limits are indicated for those constituents that are listed as 'non-detects'. The summary table should list all analytes. All data for the generating site should be provided, even for material not to be transferred, as part of this notification.