

Putnam County Department of Health
Division of Environmental Health Services
Solid Waste & Recycling
<https://putnamcountyny.gov/health/recycle/>



2026 Permit Application

For Collection and Transportation of Solid Waste/Recyclable Materials and/or Septic Waste
in Putnam County

Please check off which application type is being submitted:

☐ New

☐ Renewal

Please check which type of waste will be hauled

☐ Solid Waste Hauler

☐ Septic Waste Hauler

Incomplete applications cannot be processed and will be returned to the applicant.

A \$50 late fee applies to any renewal application received after February 13th.

Hauler Name: _____

To be completed by PCDOH Staff

Date Received: _____

Reviewed / Approved By: /

Date: /

Permit #: _____ Permit Issued Date: _____ # of Stickers Issued: _____

Fee Paid: \$ _____ Check #: _____ Late Fee Paid: \$ _____

PERMIT #:

Instructions and General Information

1. Please type or print clearly.
2. This application must be filled out completely.
3. All certifications must be signed by an officer of the applicant.
4. Each application must be submitted with the application fee of \$300
5. Please include \$50.00 for each vehicle and/or trailer (as defined below) to be used by the business in Putnam County.
 - a. Total number of vehicles (from section 8) _____ x \$50.00 \$ _____
 - b. Total Enclosed: \$ _____
6. Applicants who require additional information or assistance may contact the Putnam County Health Department at 845-808-1390 between 8:00a and 4:00p, Monday-Friday
7. Please keep a copy of this application for your records.

Section 1: Identity of Applicant/Business****ALL INFORMATION IS REQUIRED****

Name of Applicant/Business:			
DBA (if different from above):			
Name of Owner:			
Previous Business Names:			
Business Address: <i>(As listed in Certificate of Incorporation or DBA)</i>	Street Name:		
	City:	State:	Zip Code:
Mailing Address <i>(If different than above)</i>	Street Name:		
	City:	State:	Zip Code:
Is the business or mailing address a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Vehicle Garage: <input type="checkbox"/> Same as Business <input type="checkbox"/> Same as Mailing	Street Name:		
	City:	State:	Zip Code:
Business Phone Number:			
Business Email:			
Designated Employee/Officer: <i>(for communication with PCDOH; if different than above)</i>	Name:	Title:	
	Phone #:	Email:	

PUTNAM COUNTY DEPARTMENT OF HEALTH – WASTE HAULER PERMIT REQUIREMENTS

Pursuant to **Chapter 205, Articles 2 & 3** of the *Putnam County Code* (including all applicable local laws), **Title 1, Article 27** of the *New York State Department of Environmental Conservation (NYSDEC)*, and the *Putnam County Solid Waste Management Plan*, any business that **transports regulated waste generated or disposed of within Putnam County** must obtain an **annual permit** from the Putnam County Department of Health.

Purpose

Information collected in this application enables the County to assess the **size, nature, and management** of its solid waste stream as required by the *New York State Solid Waste Management Act of 1988* and enforce the Putnam County Solid Waste Code.

Definition of Waste Hauler

A **Waste Hauler** is any person or business engaged in generating, collecting, transferring, processing, recovering, transporting, or disposing of waste. This includes:

- Solid waste and septic haulers (residential or commercial)
- Clean-out and property management companies, and businesses handling disposal of trash, municipal solid waste, yard waste, brush/trees, construction & demolition debris, metals, textiles, sludge, waste oils (including cooking oil), medical waste, food waste, organic/inorganic waste, and recyclables

Application and Fees

To obtain a **Certificate of Registration** and **permit stickers**, applicants must

- Complete and submit this application (including annual reporting forms) in full
- Pay an **annual fee of \$300.00** (certified check or money order payable to the *Putnam County Department of Health*). This fee includes **5 vehicle permit** stickers at no additional charge. *Applicants must provide registration information for all permits being requested.*
 - Additional permit stickers are available upon request and will cost \$50 per permit. Any vehicle and/or trailer that hauls MSW must be registered and permitted. Permit stickers must be prominently displayed on each permitted vehicle

Terms of License/Permit

Each license issued shall be valid for a term expiring on February 28th of the year following issuance. License renewals shall be considered in the same manner and subject to the same conditions as original applications. Applicants must meet and maintain standards of good character, honesty, and integrity, as determined by the Director of Health, to protect the environment from mishandling or mismanagement of regulated waste.

Annual Reporting

Sections 9 & 10 of the application must be *detailed* to represent the waste collected by the business for the previous year:

- The **volume and type** of waste and recyclables handled, the **collection and disposal methods**, the **disposal locations** within Putnam County

Applications or renewals may be **denied** for failure to submit a complete or accurate annual report, per *Putnam County Code §205-20(B)* ("Permits for Transporters of Solid Waste").

Compliance and Enforcement

All applicants must comply with **Federal, State, and Local Laws**, including those governing **Source Separation** and **Waste Disposal**, and must hold all necessary licenses and approvals from the appropriate agencies. Applicants must also contact each municipality served (town or village hall) to ensure compliance with any **local waste service licensing or requirements**. Failure to comply may result in **permit revocation, penalties, enforcement actions, or prosecution**.

For questions or assistance with this application or the annual report, please contact the **Solid Waste Program Manager** by email at PutnamRecycles@putnamcountyny.gov or by phone 845-808-1390.

Section 2: Type of Business

Type of Business or Organization (check those that apply)

☐ Corporation (specific type/state of incorporation): _____

☐ Partnership (specify type): _____

☐ Sole Proprietorship: _____

☐ LLC: _____

Business Identification Number: _____

List the names and position/title of any other officers, directors, partners, and managerial employees and/or agents of the applicant:

Name	Position/Title	Phone #/Email

Section 3: Towns Serviced

Check all that apply:

☐ Carmel

☐ Southeast

☐ Philipstown

☐ Kent

☐ Patterson

☐ Putnam Valley

Section 4: Types of Services Provided

☐ Commercial/Business

☐ Public Institutions

☐ Government/Municipalities

☐ Other: _____

☐ Residential

Section 5: Other Licenses & Permits

Please list any jurisdictions other than Putnam County NY where the applicant is or has been licensed or permitted to provide services as a waste hauler during the last 5 years. Include all jurisdictions where the applicant disposes of materials. Copies of permits are not required.

Jurisdiction	Permit/Registration #	Date of Issuance	Date of Expiration

If the applicant's license/permit to provide services as a waste hauler in any other jurisdiction other than Putnam County, NY was terminated, revoked, suspended or otherwise discontinued in the last 5 years. Applicants must provide documentation for the circumstances and the final determination issued by such other jurisdictions licensing/permitting authority as part of this application.

The NYSDEC requires a Part 364 or Part 381 Permit or Registration for the following operations:

Part 364 Registration

- construction and demolition debris including all categories of fill materials
- commercial solid waste
- household hazardous waste
- regulated medical waste
- sharps

Part 381 Permit

- low-level radioactive waste (LLRW)
- mixed waste (LLRW mixed with hazardous waste)

Part 364 Permit

- non-hazardous commercial/industrial waste
- hazardous waste
- universal waste
- grease trap waste
- waste oil
- petroleum-contaminated soil
- oil and gas well drill cuttings
- oil and gas well completion or production wastes
- residential septage
- residential raw sewage including portable toilet wastes
- non-residential raw sewage or sewage-contaminated wastes
- sludge from a sewage treatment plant or water supply treatment plant
- regulated medical waste
- waste tires
- asbestos

If you have additional questions regarding the DEC's Waste Transporter Permit Program, staff in their Waste Transporter Program will be happy to assist you. They can be reached by phone at (518) 402-8792, or by email, at transport@dec.ny.gov

Section 6: Nature of Waste Handled

Check all that apply:

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Commingled Glass/Plastic/Cans | <input type="checkbox"/> Medical Waste |
| <input type="checkbox"/> Construction & Demolition Debris | <input type="checkbox"/> Municipal Solid Waste/Residential Waste |
| <input type="checkbox"/> Scrap Metals | <input type="checkbox"/> Paper/Cardboard |
| <input type="checkbox"/> Electronic Waste (e-waste) | <input type="checkbox"/> Septage/Sewage/Sludge |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> General Household Contents
(dumpster/bulk/non-MSW) | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Grease Trap Waste | <input type="checkbox"/> Used Cooking Oil |
| <input type="checkbox"/> Hazardous Materials/Chemical | <input type="checkbox"/> White Goods |
| | <input type="checkbox"/> Yard Waste/Stumps/Tree Removal |

Section 7: Weekly Route Pickup

Day(s) of the week	Town(s)	# of Accounts being serviced
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Section 8: Vehicle Identification

Please list all equipment used in the collection and transportation of waste by the company in Putnam County. All Vehicle Identification Numbers (VIN) must be provided for vehicles owned, leased, operated, or controlled by the applicant which will be used in connection with the permitted activities. Copies of registrations should be provided with as many on one page as will fit; use as many pages as needed as an addendum to this application. Any change in registration must be reported to this agency within 24 hours of such change (i.e. license plates, addition/deletion of any truck[s]).

Please indicate the model using the following key:

Packer – P1

Tractor Trailer – T1

Recycling Truck – R2

Other (please explain) – V1

Vehicle List

[illegible]

Section 9: Disposal Sites

Please list the disposal sites/locations, transfer facilities, collection or processing facilities where waste collected in Putnam County is disposed of.

Disposal Site: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Type of Facility (check all that apply):

☐ Transfer Station ☐ Storage Facility ☐ Processing Facility ☐ Disposal Site

Disposal Site: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Type of Facility (check all that apply):

☐ Transfer Station ☐ Storage Facility ☐ Processing Facility ☐ Disposal Site

Disposal Site: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Type of Facility (check all that apply):

☐ Transfer Station ☐ Storage Facility ☐ Processing Facility ☐ Disposal Site

Disposal Site: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Type of Facility (check all that apply):

☐ Transfer Station ☐ Storage Facility ☐ Processing Facility ☐ Disposal Site

Section 10: Disposal Amounts by Type of Waste

Please provide the total amount of materials collected in Putnam County only for the last calendar year for each type, hauled by the Applicant to each and every disposal location, transfer station, collection or processing facility. Waste must be source separated. Use any many pages to accurately report multiple disposal locations for each waste type.

The grid to fill in these totals is on page 9 and 10.

Identifying “various” as the disposal site is not acceptable. The responses must be specific and detailed.

All haulers must identify waste hauled from residential and businesses separately in the corresponding column.

If a waste type that the applicant hauls is not included on the table on pages 9 and 10, the applicant must provide the same information on a separate page for the waste type hauled, the disposal site, the weight/volume, and the tipping fees for the type of waste.

For NEW Applicants:

Disposal plans including disposal sites must be submitted to and approved by this Department when waste volume by type can not be provided for the previous calendar year.

Type of Waste Disposed		Indicate if from Business or Residential (B or R)	Total Weight Collected	Ton or cu. yd or Gal	Disposal Site	Tipping Fee by Type
Biosolids	Septage					
	Sewage					
	Sludge					
	Portable Toilet Waste					
WWTP - Sludge						
Garbage – Municipal Solid Waste						
Corrugated Cardboard						
Mixed Paper (all grades)						
Single Stream Recyclables (paper, plastic, cardboard, glass, and metal)						
Dual Stream Recyclables (plastic, glass, and metal)						
Organics	Food Scraps					
	Yard Waste/Stumps/Leaves/Brush					
	Animal Organics					
Land Clearing Debris (Not included in Yard Waste/Stumps/Leaves/Brush)						
Plastic Film & Bags						
Segregated Plastics						
Tires						

Type of Waste Disposed		Indicate if from Business or Residential (B or R)	Total Weight Collected	Ton or cu.yd or Gal	Disposal Site	Tipping Fee by Type
Construction & Demolition Debris	Asphalt					
	Brick					
	Concrete					
	Land Clearing Debris					
	Soil – Clean					
	Soil - Contaminated					
Roofing Shingles						
Wood - Clean						
Wood - Contaminated						
Metals	Scrap Metal					
	Bulk Metal					
Tin/Aluminum Containers						
Medical Waste						
Medical Waste (Sharps)						
Fats, Oils, Grease						
Used Cooking Oil						
Used Cooking Oil						
General Household Debris (Clean outs)						
Other:						
Other:						
Other:						

Section 11: Workers Compensation & Disability/ Proof of Insurance

This is to certify that the applicant's operation has Worker's Compensation and Disability Benefits and Liability Coverage required by law.

Worker's Compensation

Worker's Compensation Carrier: _____

Worker's Compensation Policy #: _____

ACORD Forms are NOT acceptable proof of Worker's Compensation or Disability
Acceptable forms for Worker's Compensation ARE:

- Form C-105.2 – Certificate of Worker's Compensation Insurance -or-
- Form U-26.3 – Certificate of Worker's Compensation Insurance -or-
- Form SI-12 – Certificate of Worker's Compensation Self Insurance -or-
- GSI-105.2 – Certificate of Participation in Worker's Compensation Group Self-Insurance

If you do not have employees:

IF you are not required to have WC or DB insurance coverage, please provide the Form CE-200 – "Certificate of Exemption" from NYS Worker's Compensation and/or Disability Benefits Coverage. To obtain this certificate, follow the directions attached on the information page from wcb.ny.gov or go to:

www.web.ny.gov

Disability Benefits

Disability Benefits Carrier: _____

Disability Benefits Policy #: _____

Acceptable forms for Disability Benefit Insurance Form ARE:

- DB-120.1 – Certificate of Disability -or-
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

Certificate of Liability Insurance

Please provide a copy of the Acord 25 form as proof of Liability Insurance.

Liability Insurance Carrier: _____

Liability Policy #: _____ Expiration Date: _____

The Certificate of Liability *must* include the following as an additional insured:

Putnam County Department of Health
1 Geneva Road, Brewster, NY, 10509

Please attach copies of all Worker's Compensation, Disability Benefits or Exemption and Proof of Liability Insurance

Section 12: Notarized Certification of Applicant

The certification must be completed and executed individually by the person completing the application on behalf of the applicant and shall be notarized.

State of New York
County of Putnam

I, _____, being duly sworn state that I am the
(Name of person completing the application)
_____ of _____ and that I have been
(Title of with Business) (Name of Business)
duly authorized to complete and execute this application on behalf of _____.
(Name of Business)

I, _____, hereby certify that I have read and understand the
(Name of person completing the application)
instructions and the questions set forth in this application; and that to the best of my knowledge the information provided in response to the questions set forth herein is full, complete, and truthful, and has been prepared based upon my personal knowledge, as well as a diligent search of all business and other records in my possession and control; and

that I understand that the Putnam County Department of Health may by any legal means it deems necessary and appropriate, determine the accuracy and truth of the statements made in this application; and that I understand that the Putnam County Department of Health shall rely upon and issue a determination as to _____'s permit status based upon the
(Name of Business)

information provided herein along with any further information provided during the verification process

(Signature)

(Title)

(Print or Type Name)

Sworn to before me on this _____ day
of _____, 20____

(Notary Public)

Section 13: Certification of Application

By signing and submitting this Application, I hereby request that the Corporation, Municipality, or Person named in Section 1 be granted a permit by the County of Putnam for the Transportation of Waste Material and Source Separated Recyclables in accordance with the Putnam County Department of Health.

I further agree that the County has the right to verify the information contained herein before and after granting of a permit, and that inaccurate information will be grounds for the denial or revocation of said permit.

I understand that _____ shall be granted permission to
(Name of Business)

collect, transport, or dispose of waste and source separated recyclable material generated in Putnam County under the following conditions:

- All materials must be collected, stored and transported properly. The vehicle containers must prevent the loss or discharge of any offensive or environmentally hazardous material during transportation.
- All material collected must be covered, tarped, or maintained in a closed truck during transport. If materials are lost out of the truck, it is your responsibility to pick it up or re-collect it.
- All vehicles used must be safe, road worthy and not leaking any material or product.
- The identification of the owner of the vehicle or the business name and address must be clearly posted on both sides of the vehicle.
- The current Putnam County Permit sticker is to be displayed prominently on each truck or vehicle registered in the left rear corner.
- Source separation is mandatory to avoid contamination in accordance with **the Putnam County Solid Waste Management Plan** and **Putnam County Code Chapter 205** and **NYS Municipal Law**. The hauler must provide these services to all commercial and residential customers.
- Certification of Registration and Permits are NOT transferable.

Permit(s) are granted subject to any/all state and local laws, ordinances, codes, rules and regulations. Failure to comply with all sections of the Putnam County Solid Waste Management Plan, the Putnam County Code, and Local Laws will result in your permit (s) being revoked, enforcement actions pursued, and penalties incurred.

(Business Representative)

(Date)

Checklist

- ☐ All pages and sections in the application are complete
- ☐ Certified check of money order in the amount totaled on page 2, section 1
- ☐ Copy of Acceptable:
 - ☐ Worker's Compensation Certificate or Exemption Form,
 - ☐ Disability Benefits Certificate or Exemption Form and
 - ☐ Acceptable Certificate of Liability Insurance
- ☐ The Notarized Certificate of Applicant, Section 12, is signed and stamped by a Notary Public