Hauled Waste Plan Review Checklist

At a minimum, the Hauled Waste plan should include the following. The level of detail needed depends on the types of wastes accepted. For landfill leachate, complete treatability study must be performed.

Access the DEQ/ACWA hauled waste guidance document here.

| Permittee: |  |
| NPDES Permit No: |  |

1. POTW's Facility Information
   - Brief process description
   - Summary of capacity (hydraulic and organic) from treatability study
   - Plan author and contact information

2. Hauler Authorization
   - Authorized haulers only
   - Hauler authorization process (form)
   - Permitting process
   - Termination procedures

3. Prohibited Materials
   - Federal prohibitions
   - Additional owner prohibitions

4. Source and Types of Waste

5. Limits on Waste Received: Type, Volume, Strength (Daily and monthly limits)

6. Waste Monitoring
   - Every load: visual, pH, microbial activity, etc.
   - Random periodic: frequency and tests (SOUR, BOD, TSS, metals, VOCs)
   - Plant upset testing: (Ex. Maintain sample in plant refrigerator for 1 week to test in the event of a plant upset).


8. Receipt (Discharge) Procedures
   - Manifest system
   - Discharge location and connection method
   - Clean up procedures

9. Record Keeping and Reporting
   - Tracking amount and types of hauled waste accepted
   - Annual report form

Attachments

A. Capacity Calculations and Treatability Study
   - Summary of findings
   - Waste quantity calculations
   - Waste characterization of impacts (include all 5 categories):
     i. Potential to pass through treatment system to effluent (compare to WQ criteria)
     ii. Potential to pass through to sludge (biosolids)
     iii. Potential to interfere with treatment process (SOUR tests?)
     iv. Potential to cause nuisance (odors, equipment coating, etc.)
     v. Potential to cause worker health/safety concern
   - Conventional Pollutant Loading Calculations (BOD, TSS, pH)
   - Treatment plant capacity calculations / hauled waste impacts

Reviewed by: ___________________________ Review Date: ___________________________