

Village of Alfred Contract with Waste Water Haulers

The Village of Alfred, Allegany County, New York, enters into the following contract with (Company) Wall Enterprises of NY Inc to deliver liquid decant to the Alfred Village Wastewater Treatment Plant (WWTP) for processing under the following stipulations.

(Company) Larry's Latrines acknowledges and agrees:

1. To deliver liquid decant to the Alfred WWTP **only from** the following source(s) septic tanks and portable toilets.
2. To deliver no more than 1000 gallons of liquid decant (waste category: septage/ptw) per day, and no more than 2 days per week, subject to change as determined by the WWTP Chief Operator.
3. To pay the Village of Alfred \$0.02 per gallon of liquid decant.
4. To provide an initial listing of the chemical composition in the liquid decant and an initial analysis of their concentration in mg/kg.
5. To provide periodic (determined by WWTP Chief Operator) chemical analyses of the liquid decant to assure there is no significant increase in concentrations of initial elements or additional elements in the liquid decant harmful to the operation of the plant and/or would exceed limits set by State and Federal mandated limits.
6. To not deliver decant on any day(s) or permanently as the operation and/or circumstances of the WWTP dictate in the judgment of the WWTP Chief Operator.
7. To provide the Village with an insurance certificate for comprehensive general liability and automobile coverage in a minimum amount of one million dollars naming the Village of Alfred as additional insured, together with a certificate for worker's compensation coverage. The Village reserves the right at any time to suspend or terminate this Agreement if it determines that the Recipient's insurance coverage is insufficient. The insurance policies shall also provide that the Village shall be given thirty (30) days unconditional prior written notice of any non-renewal, cancellation, or change in coverage thereof.
8. To the fullest extent allowed by law, to hold harmless and indemnify the Village of Alfred against claims or suits brought by employees of Company.
9. The village has the right in its sole discretion for any reason to refuse any delivery and or to test any delivery prior to acceptance.
10. This contract expires on _____.

Mayor, Village of Alfred

Wia A. Wall

Authorized Representative, Company

Date

9/29/15

Date

Application for Processing of External Liquid Decant at the Village of Alfred Waste Water Treatment Plant

Company/Hauler Identification

Name of Company Wall Enterprises of NY, Inc. AKA Lamy's Latrines
Company Address PO Box 43, 894 State Rte 21, Hornell NY 14843
Authorized Representative Lisa Wall Phone 324-5015

Auto, Liability & Worker's Compensation Insurance Information

- Auto Insurance Certificate attached
- Liability Insurance Certificate attached
- Worker's Compensation Certificate attached

Vehicle Information

Licensing State NYS Plate # 81974MA 300gal
54916MA 750gal
28749ME 650gal
Vehicle Tank Capacity see above
Does vehicle have calibrated volume measurement device? Yes No
If yes, describe calibration. site glass

Waste Transport Disposal Information

Do you have a hazardous waste permit? Yes No
If Yes, list Permit Type Waste Transporter, Permit # BA-595
Issuing Agency NYSDEC Div. of MM, Expiration date 6/13/16
Does vehicle transport wastes other than non-domestic, residential, grease and grit waste? Yes No
If Yes, list those wastes _____

Source of liquid decant to be hauled to the Alfred WWTP

Name of source (ex. Company) Alfred: Allegany county
Address of source Various

Lisa A. Wall

Signature: Authorized Representative

9/29/15

Date

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT

PART 364

WASTE TRANSPORTER PERMIT NO. 8A-595

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364



PERMIT ISSUED TO:

LARRY'S LATRINES (WALL ENTERPRISES INC.)
P.O. BOX 43
894 STATE ROUTE 21
HORNELL, NY 14843

PERMIT TYPE:

- NEW
 RENEWAL
 MODIFICATION

CONTACT NAME: LISA WALL
COUNTY: STEUBEN
TELEPHONE NO: (607)324-5015

EFFECTIVE DATE: 06/14/2015
EXPIRATION DATE: 06/13/2016
US EPA ID NUMBER:

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY:

The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)	Note
BATH ELECTRIC GAS AND WATER SYSTEMS	BATH , NY	Residential Raw Sewage including Portable Toilet Waste	
BATH WWTP	BATH , NY	Residential Raw Sewage including Portable Toilet Waste	
CANISTEO (V) WWTP	CANISTEO , NY	Residential Raw Sewage including Portable Toilet Waste	
HORNELL WPCP	HORNELL , NY	Septage only (residential) Residential Raw Sewage including Portable Toilet Waste	

NOTE: By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

ADDRESS: New York State Department of Environmental Conservation
Division of Materials Management - Waste Transporter Program
625 Broadway, 9th Floor
Albany, NY 12233-7251

AUTHORIZED SIGNATURE: M. McTigue

Date: 5/15/15

NOTICE

This permit is not valid until the effective date listed on the permit

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US EPA ID NUMBER:

AUTHORIZED VEHICLES:

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

(Vehicles enclosed in <>'s are authorized to haul Residential Raw Sewage and/or Septage only)

5 (Five) Permitted Vehicle(s)

< NY 28674ME >
< NY 41795KA >
< NY 41806KA >
< NY 54916MA >
< NY 81979MA >
End of List



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Ryan Agency 57 Broadway Mall Hornell NY 14843	CONTACT NAME: Joshua Wing	PHONE (A/C, No, Ext): 607-324-7500	FAX (A/C, No): 6073245694
	E-MAIL ADDRESS: josh@ryanagency.com		
INSURED Wall Enterprises Of NY, Inc Larry's Latrines PO Box 43 Hornell NY 14843	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual		00000
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:	Y	N	CBP2737421	02/24/2015	02/24/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000 \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	N	N	BA8830404	02/24/2015	02/24/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DED RETENTION \$	N	N	CU8765811	02/24/2015	02/24/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	WC8926202	02/24/2015	02/24/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE EA EMPLOYEE \$ 100,000 E.L. DISEASE POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as additional insured in regards to the named insureds general liability policy. Terms & Conditions of coverage are outlined in the Policy Forms & Endorsements. Verbiage on the Certificate does not supersede the Policy Forms & Endorsements.

CERTIFICATE HOLDER


Village of Alfred
7 West University

Alfred NY 14802

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Fax: Email:

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ACORD 25 (2014/01)

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