



# County of Yolo

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DIRECTOR

DEPARTMENT OF PLANNING, PUBLIC WORKS & ENVIRONMENTAL SERVICES  
DIVISION OF INTEGRATED WASTE MANAGEMENT

44090 CR 28H Woodland, CA 95776 Phone: (530) 666-8852 Fax (530) 666-8853 [www.yolocounty.org](http://www.yolocounty.org)

## CRITERIA FOR LIQUID WASTE ACCEPTANCE YOLO COUNTY CENTRAL LANDFILL (YCCL)

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Non-hazardous liquid wastes from commercial or industrial haulers may be accepted at the Yolo County Central Landfill (YCCL) only if the liquid is determined to meet YCCL limits and criteria. Potential customers are to complete the Liquid Waste Acceptability Application.

### PLEASE NOTE:

- Typically, a Waste Evaluation will be required (see page two). In general testing of the liquid should be for expected contaminants and metals. Please call to confirm testing and analysis requirements.

### Liquid Approval Procedures

1. Complete the Waste Acceptability Application. Make sure to include specific details about the following:
  - What type of project or activity is being conducted that requires the soil to be disposed?
  - Potential contaminants – what type of business or process generated the liquid?
  - How much liquid is to be disposed?
  - What is the approximate solids content of the liquid?
  - If a permit was required for this project, include the name of the permit, the name of the agency that issued the permit, and the date issued. Also include the agency phone number and a contact name if available.
  - Once the Waste Acceptability Application is complete, fax it to YCCL at 530-666-8853 or email to [john.borrego@yolocounty.org](mailto:john.borrego@yolocounty.org), [mary.murray@yolocounty.org](mailto:mary.murray@yolocounty.org) and/or [jeff.kieffer@yolocounty.org](mailto:jeff.kieffer@yolocounty.org) for review.
2. YCCL staff will review the completed application and inform the customer if the waste stream has been approved (or not approved) for disposal at YCCL. A profile number will be assigned to the waste stream at that time, Please use the profile number on any correspondence with YCCL about the waste.
3. It is the customer's responsibility to contact the YCCL scale house (530-666-8726 or -8796) to coordinate hauling/disposal and billing specifics such as:
  - When hauling may begin
  - Access roads to be used, traffic control issues, etc.
  - Disposal and special handling fees
  - Any other disposal requirements as needed

## Waste Evaluations

Waste evaluations are typically required to determine if liquid wastes can be accepted for disposal at YCCL. Call the Yolo County Division of Integrated Waste Management (DIWM) office at 530-666-8858 if there are questions regarding the following procedures:

1. Contact the Water Quality Specialist at 530-666-8858 or via email ([john.borrego@yolocounty.org](mailto:john.borrego@yolocounty.org), [mary.murray@yolocounty.org](mailto:mary.murray@yolocounty.org) and [jeff.kieffer@yolocounty.org](mailto:jeff.kieffer@yolocounty.org) ) to find out the number of samples and analytical requirements for this project.
2. A staff person may come to the project site to look at the waste stream to be disposed and to meet with the project manager or a phone interview with the project manager may be conducted.
3. Complete the attached Analytical Data Evaluation Form, making sure to do the following:
  - Collect the correct number of samples to be representative of the material to be disposed.
  - Include a location map that notes where the samples were collected and the depths collected as applicable.
  - Provide environmental agency information in order to verify the project information. Please complete this section as completely as possible to expedite the waste review process.
4. Submit a copy of the completed Analytical Data Evaluation Application, analytical data, and sampling location map to:

Yolo County Central Landfill  
Water Quality Specialist  
44090 County Road 28H  
Woodland, CA 95776

*For help with completing the application, call 530-666-8858.*
5. Staff will review the completed application, compare the analytical data to YCCL limits, validate the environmental agency information, and inform the customer if the waste has been approved (or not approved) for disposal at YCCL.

**Waste Acceptance Limits  
FOR CUSTOMER USE  
Yolo County Central Landfill**

**FOR SEPTIC, CHEMICAL TOILET, WATER TREATMENT  
LIME SLUDGE AND OTHER NON-HAZARDOUS LIQUID WASTE**

Possible Parameters - Review of the waste's MSDS, source, and/or analytical data will be used to determine what analytical testing will be required.	Criteria	Total Limit liquid - mg/l, sludge - mg/kg
<b>GENERAL</b>		
Ph*	Between 3 and 12	
Temperature	Less than 40 degrees Celsius	
Solids Content	Less than 25%	
BOD	as applicable	
COD	as applicable	
<b>PETROLEUM CONTAMINANTS</b>		
BTEX (VOCs) (EPA 8021 or 8260)		
Benzene		0.007
Ethylbenzene		0.06
Toluene		3
Xylenes		35
GASOLINE		
TPHG (EPA 5030/8015M)		500
Fuel Oxygenates (EPA 8021 or 8260)		
Methyl tert-butyl-ether (VOC)		0.1
Isopropyl ether (VOC)		0.016
DIESEL / KEROSENE / MOTOR OIL		
TPHD (EPA 3550/8015M)		1,000
TOTAL PETROLEUM		
TRPH (EPA 418.1)		1,000
Volatile Organic Compounds (EPA 8260) **	as applicable	
Semivolatile Organic Compounds (EPA 8270) **	as applicable	
Polychlorinated Biphenyls (PCBs) (EPA 8080)	as applicable	
	<b>Title 22 Hazardous Waste Limits STLC (mg/l)</b>	<b>Title 22 Hazardous Waste Limits TTLC (mg/kg)</b>
<b>CAM 17 METALS **</b>		
Antimony	15	500
Arsenic	5.0	500
Barium	100	10,000
Beryllium	0.75	75
Cadmium	1.0	100
Chromium, total	5	2,500
Cobalt	80	8,000
Copper	25	2,500
Lead	5.0	1,000
Mercury	0.2	20
Molybdenum	350	3,500
Nickel	20	2,000
Selenium	1.0	100
Silver	5	500
Thallium	7.0	700
Vanadium	24	2,400
Zinc	250	5,000
Other metals		
Chromium VI	5.0	500

\* Some wastes, such as grease trap, require pH adjustment prior to delivery. Please call first.

\*\* Liquid results are compared to the STLC limits, Sludge results are compared to the TTLC and/or STLC

If the analytical results for sludge reported as "Totals" exceed the TTLC limits, the WET Method can be run to compare against the STLC limits.

You would only need to run the WET Method if the Totals results are greater than 10 times the STLC limits.

mg/l = milligrams per liter

mg/kg = milligrams per kilogram

STLC = Soluble Threshold Limit Concentration (Analyzed by the WET Method)

TTLC = Total Threshold Limit Concentration

## LIQUID WASTE APPLICATION, YOLO COUNTY CENTRAL LANDFILL

**Instructions:** Complete this form and attach analytical and FAX to (530) 666-8853 or email to [john.borrego@yolocounty.org](mailto:john.borrego@yolocounty.org) or [mary.murray@yolocounty.org](mailto:mary.murray@yolocounty.org) or [jeff.kieffer@yolocounty.org](mailto:jeff.kieffer@yolocounty.org) Questions, please contact 530-666-8726

### WASTE INFORMATION

Waste Type (Circle one) 1) LIQUID 2) SLUDGE 3) OTHER (specify): \_\_\_\_\_ Wash out? (\$15) YES  NO

Approx. amount: \_\_\_\_\_ (gallons or tons (circle)) Approx. Solids \_\_\_\_\_ (%) pH \_\_\_\_\_

What project/activity generated this waste? \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated First Day of Haul: \_\_\_\_\_ Anticipated last day of haul: \_\_\_\_\_

YES  NO  **Known or suspected hydrocarbon contaminants?** If yes, provide analytical

YES  NO  **Known or suspected metals contaminants?** If yes, provide analytical

YES  NO  **Known or suspected other contaminants?** If yes, provide analytical

YES  NO  **Analytical data and/or MSDS provided?** Analytical data must be from California State Certified Laboratory

YES  NO  **Odor Potential?** Describe: \_\_\_\_\_

### TRANSPORTER INFORMATION

Company Name & Address: \_\_\_\_\_

Driver's/Dispatcher Name: \_\_\_\_\_ Phone # (office, mobile, pager): \_\_\_\_\_

Vehicle capacity  1) 5000 gal,  2) 2000 gal,  3) 1000 gal,  Other: \_\_\_\_\_

### WASTE GENERATOR INFORMATION

Company Name and Address: \_\_\_\_\_

Project Manager Name \_\_\_\_\_ Phone # (office, mobile, pager): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business (note if it is a residence): \_\_\_\_\_

### CERTIFICATION

The Waste Generator certifies that this application and any attached information are true and accurate and representative of the subject waste. Waste Generator certifies that he/she has disclosed all relevant information on known or suspected contaminants and understands that there may be additional fees should contaminants be discovered that were not disclosed by Generator. Generator certifies that this waste does not constitute a Hazardous Waste as defined by State of California under Section 66261.3 of Title 22, Division 4.5, Chapter 11, Article 1 of the California Code of Regulations (22 C.C.R. 66261.3). If this application is completed on behalf of Generator, Applicant certifies that he/she has the full authority to bind Generator to these terms and conditions. Applicant agrees to be jointly and severally liable with Generator for all information and representations provided herein.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

(Generator or Authorized Representative)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* TO BE COMPLETED BY AUTHORIZED COUNTY PERSONNEL \*\*\***

**WASTE APPROVED?** YES  NO  If no, give reason(s): \_\_\_\_\_

County employee conducting review: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Material: \_\_\_\_\_ Origin: \_\_\_\_\_ Grid: \_\_\_\_\_

**FEES:** Disposal \$ \_\_\_\_\_ Special Handling \$ \_\_\_\_\_ **Wash out (\$15)** YES  NO

Special Instructions (handling, fees, hauler, etc.) \_\_\_\_\_

**WASTE ACCEPTABILILTY APPLICATION, Side 2**  
**ANALYTICAL DATA EVALUATION - Processing fee of \$50 required**

Submit this completed form with required 1) \$50 Processing Fee, 2) sampling location map, and 3) analytical results.  
If you have questions completing this form, please call 530-666-8858.

Submit to: **Yolo County Central Landfill**  
**Water Quality Specialist**  
**44090 County Road 28H**  
**Woodland, CA 95776**

Your Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**SAMPLING INFORMATION**

Submit a LOCATION MAP showing where samples were collected.

Show sample location(s) in relation to tanks, stockpiles, property lines, etc.

Name of the sampler: \_\_\_\_\_ Title: \_\_\_\_\_

Number of samples collected: \_\_\_\_\_ per \_\_\_\_\_ cubic yard.

Typically, a 4:1 composite sample per every 100 cubic yards is required.

Date of sample collection: \_\_\_\_\_ Date of analyses: \_\_\_\_\_ (less than one year old)

Attach the analytical results including laboratory quality assurance/quality control report.

(Lab must be certified by the California Department of Health Services)

**ENVIRONMENTAL AGENCY CONTACT INFORMATION**

Name of the agency (County Health, Regional Water Quality Control Board, etc.) that provided project oversight:

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*\* Note – Approval of this material applies ONLY to acceptance at the Yolo County Central Landfill in Woodland, CA**

**\*\*\*TO BE COMPLETED BY AUTHORIZED COUNTY PERSONNEL\*\*\***

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECEIPT OF PROCESSING FEE & ATTACHMENTS**

**YES**  **NO**  \$50 Processing fee received? Check #: \_\_\_\_\_ Other: \_\_\_\_\_

**YES**  **NO**  Attachments and analytical data submitted as required?

**ANALYTICAL RESULTS REVIEW**

**YES**  **NO**  Analytical data within YCCL acceptable limits?

If no, what was above the limits? \_\_\_\_\_

I have reviewed Side 1 of this application for billing information and any special hauling and/or disposal requirements.

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_