



Public Works Department
125 N. Animas
TRINIDAD, COLORADO 81082
TELEPHONE (719) 846-9843
FAX (719) 846-0952

February 20, 2024

RE: Waste Acceptance Approval Form

The Colorado Department of Public Health and Environment, who regulates the operation of the City of Trinidad Landfill requires that documentation and authorization from the City be maintained from all industrial and commercial waste generators and hauling companies on the characteristics of solid waste disposed of from your site to the landfill. A laboratory analysis of materials may be required.

Only non-hazardous solid waste may be disposed at the landfill. Prohibited wastes include regulated hazardous, radioactive, or PCB wastes, which are subject to U.S. or Colorado regulations will not be disposed or managed by the Trinidad Landfill. Generator and/or hauling company with these wastes will be referred to an appropriately permitted facility.

Enclosed is a copy of the Waste Acceptance Approval Form. Please complete the form and return to City of Trinidad, Director of Public Works, Waste Acceptance Approval, 125 N. Animas, Trinidad, CO 81082, for authorization.

If you have any questions you may contact me at (719) 846-9843 extension 126.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Robert D. Just'.

Robert D. Just, P.E.
Public Works Director

WASTE ACCEPTANCE APPROVAL FORM

Trinidad Landfill Use Only	
Expiration Date:	7/29/2025
Technical Approval By:	Robert O. Junt
Approval Date:	6/29/2025
Form #	
Limitations:	NONE

In order for us to determine whether we can lawfully and safely manage your waste material, we must obtain certain information about the chemical and physical properties of the waste, and its chemical composition and regulatory status. Please answer each question as completely as possible by circling "YES" or "NO," **checking the appropriate boxes, or listing in the blanks, or attaching additional sheets as necessary.** An ink pen or typewriter must be used. The Generator and/or hauling company or Authorized Representative must sign the form. All related analyses must be included with the form and if future analyses differ from what was submitted, it must be sent to Trinidad Landfill immediately. Originals must follow fax copies.

A. GENERATOR AND/OR HAULING COMPANY INFORMATION			
Generator and/or hauling company Name:	BNL (Enterprise) Inc ECMC Operator #10763	Generator and/or hauling company Contact:	Peter Kondrat
Mailing Address:	6494 S QUEBEC ST ENGLEWOOD, CO 80111	Generator and/or hauling company Title:	Chief Operating Officer
Phone:	970-759-5370	BILLING INFORMATION:	
	Fax:	P.O. #	Account #
Facility Address:	State #09 SWSE 3054 API: 05-71-09923 SWSE Sec 9 30S54W 6	Broker Name:	
Phone:	Fax:	Broker Contact:	
Billing Address:	bluestarhelium@opportune.com BNL (Enterprise) Inc 6494 S Quebec St	Broker Phone:	
Phone:	Englewood, CO 80111	Broker Fax:	

B. PROCESS GENERATING WASTE (Based on 40 CFR 261 and 6 CCR 1007.3 Part 261)	
Waste Name: <p style="text-align: center;">Drill Cuttings</p>	Mode of Shipment: <input type="checkbox"/> Bulk Liquid <input checked="" type="checkbox"/> Bulk Solid <input type="checkbox"/> Drums <input type="checkbox"/> Other
Process Generating Waste: <p style="text-align: center;">Air Drilling with Fresh Water</p>	Estimated Volume: <p style="text-align: center;">100 yd³</p>
Describe the business of generator and/or hauling company: <p style="text-align: center;">Local Contractor hauling cuttings</p>	Frequency Per: <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year <input checked="" type="checkbox"/> One Time <input type="checkbox"/> Project

C. WASTE PROPERTIES				
Appearance: Color: _____ Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Phases: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Bi-layered <input type="checkbox"/> Multi-layered	pH: <input type="checkbox"/> < 2 <input type="checkbox"/> 2-7 <input checked="" type="checkbox"/> 7-12.5 <input type="checkbox"/> >12.5 Viscosity: (Similar to) <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Tar <input type="checkbox"/> Honey <input type="checkbox"/> Motor Oil <input type="checkbox"/> Water	Specific Gravity: <input type="checkbox"/> < 0.8 <input type="checkbox"/> 1.0-1.7 <input checked="" type="checkbox"/> >1.7 <input type="checkbox"/> _____ actual Total Suspended Solids (% wt): <input checked="" type="checkbox"/> <0.5 <input type="checkbox"/> 0.5-2.0 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> >20 <input type="checkbox"/> _____ actual	Physical State: <input type="checkbox"/> oil <input type="checkbox"/> liquid (water) <input type="checkbox"/> sludge <input checked="" type="checkbox"/> damp solid <input type="checkbox"/> dry solid <input type="checkbox"/> powder <input type="checkbox"/> filter cake <input type="checkbox"/> soil <input type="checkbox"/> concrete <input type="checkbox"/> debris <input type="checkbox"/> lab pack <input type="checkbox"/> ash	Flashpoint: (closed cup) <input checked="" type="checkbox"/> Non-Ignitable solid <input type="checkbox"/> <140° F <input type="checkbox"/> 140° - 200° F <input type="checkbox"/> > 200° F <input type="checkbox"/> _____ actual

D. REGULATORY QUESTIONS (Based on 40 CFR 261 and 6 CCR 1007.3 Part 261)	
Is the waste a hazardous waste as defined by 6CCR 1007-3 Part 261 Sections 261.31 (F Code), 261.32 (K Code), 261.33 (P or U Codes)?	YES <input checked="" type="checkbox"/> NO
Is the waste from an UST corrective action under 40 CFR Part 280?	YES <input checked="" type="checkbox"/> NO
Is the waste specifically excluded from hazardous waste regulations in 6CCR 1007-3 Section 261.4? If so, attach an explanation including the portion of the regulation where the exclusion is mentioned.	YES <input checked="" type="checkbox"/> NO
Is the waste being legally treated for a single hazardous characteristic? If so, attach a copy of the Agency notification and a certification that no Underlying Hazardous Constituents (UHC's) are present.	YES <input checked="" type="checkbox"/> NO
Is the waste from a CERCLA project, in response to a Compliance Order, or a hazardous waste in another State or subject to Land Disposal Restrictions?	YES <input checked="" type="checkbox"/> NO
Does the waste contain radioactives or PCB's? (Attach analyses)	YES <input checked="" type="checkbox"/> NO

E. AUTHORIZED SIGNATORY:

I hereby certify that I am the generator and/or hauling company or authorized by the Generator and/or hauling company identified herein to provide the information submitted in this form and any attached documents and to enter into this Agreement on the Generator and/or hauling company's behalf. I have made a complete and thorough investigation of all matters relevant to completion of this form. This investigation included laboratory analysis, where applicable, and was performed in accordance with 6CCR 1007-3 Section 261.20(c) on a representative sample of the ("Waste"). All required information concerning the Waste, including the results of all laboratory analyses has been provided in this and the attached documents. Such information is complete and accurate and that all known or suspected hazardous constituents/characteristics or safety hazards associated with the Waste have been disclosed herein.

Signature: *Peter Kondrat*

Print:
Peter Kondrat

Title: Chief Operating Officer

Date: 6/9/2025

Company: BNL (Enterprise) Inc