



### Waste Profile Sheet

#### I. Generator Information

Generator Name: \_\_\_\_\_  
Generator Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Generator State ID #: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Generator Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Generator Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### II. Transporter Information

Transporter 1 Name: \_\_\_\_\_  
Transporter 1 Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Transporter Contact Name: \_\_\_\_\_ State Transportation #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Transporter 2 Name: \_\_\_\_\_  
Transporter 2 Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Transporter Contact Name: \_\_\_\_\_ State Transportation #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### III. Billing Information

Bill-To:  Generator  Transporter 1  Transporter 2  Other: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### IV. Waste Stream Information

Name of Waste: \_\_\_\_\_  
Process Generating Waste: \_\_\_\_\_  
Type of Waste: Industrial Process Waste  Pollution Control Waste  UST or Spill Related  Other: \_\_\_\_\_  
Waste Description: Color: \_\_\_\_\_ Odor: \_\_\_\_\_  
Physical State: Solid  Semi-Solid  Powder  Liquid  Other \_\_\_\_\_  
Method of Shipment: Bulk  Drum  Bagged  Other/Explain \_\_\_\_\_  
Estimated Annual Volume: Cubic Yards \_\_\_\_\_ Tons \_\_\_\_\_ Gallons \_\_\_\_\_ Other \_\_\_\_\_  
Frequency: One Time  Daily  Weekly  Monthly  Other/Explain \_\_\_\_\_  
Is waste an off-specification, unused or discarded commercial or chemical product? Yes  No   
If Yes, is MSDS Attached: Yes  No  Comment \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_



### Waste Profile Sheet (continued)

#### V. Representative Sample Certification

Is the representative sample collected to prepare this profile and laboratory analysis collected in accordance with US EPA, 40 CFR 261.20c guidelines or equivalent rules? Yes  No

Sample Date: \_\_\_\_\_ Composit Sample:  Grab Sample:

Sampler's Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Analysis Attached: Yes  No  Comment \_\_\_\_\_

#### VI. Physical Characteristics of Waste

Characteristic Components	By Weight (range)
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Does this waste or generating process contain regulated concentrations of the following Pesticides and /or Herbicides: Chlordane, Endrin, Haptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2, 4D, or 2, 4, 5, -Tp Silvex as defined in 40 CFR 261.33?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23? (if >10ppm reactive Sulfide or Cyanide, generator must complete additional certification form.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this waste contain regulated concentrations of listed hazardous waste defined by 40 CFR Part 261.31, 261.32, 261.33 including RCRA F-Listed Solvents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a regulated Toxic material as defined by 40 CFR 261.24 and/or State regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a regulated Hazardous Waste as defined by Title 35 Environmental Protection, Chapter 1 Pollution Control Board, Part 721 - Identification and Listing of Hazardous Waste?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this waste contain regulated concentrations of 2, 3, 7, 8-Tetrachlorodibenzodioxin (2,3,4,8-TCCD), or any other dioxin as defined in 40 CFR Part 261.31?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a waste generated at a Federal Superfund Cleanup Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Waste Profile Sheet (continued)

### VI. Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, medical or infectious waste or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the information provided above. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

\_\_\_\_\_  
Authorized Representative Name and Title (Printed)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date