



Requested Disposal Facility: _____ Profile Number: _____

Renewal for Profile Number: _____ Waste Approval Expiration Date: _____

Check here if there are multiple generating locations for this waste. Attach additional locations.

A. Waste Generator Facility Information (must reflect location of waste generation/origin)

- 1. Generator Name: _____
- 2. Site Address: _____
- 3. City/ZIP: _____
- 4. State: _____
- 5. County: _____
- 6. Contact Name/Title: _____
- 7. Email Address: _____
- 8. Phone: _____
- 9. FAX: _____
- 10. NAICS Code: _____
- 11. Generator USEPA ID #: _____
- 12. State ID# (if applicable): _____

B. Customer Information same as above

P. O. Number: _____

- 1. Customer Name: _____
- 2. Billing Address: _____
- 3. City, State and ZIP: _____
- 4. Contact Name: _____
- 5. Contact Email: _____
- 6. Phone: _____
- 7. Transporter Name: _____
- 8. Transporter ID # (if appl.): _____
- 9. Transporter Address: _____
- 10. City, State and ZIP: _____

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: _____
State Waste Code(s): _____

b. Describe Process Generating Waste or Source of Contamination: _____

c. Typical Color(s): _____

d. Strong Odor? Yes No Describe: _____

e. Physical State at 70°F: Solid Liquid Powder Semi-Solid or Sludge Other: _____

f. Layers? Single layer Multi-layer NA

g. Water Reactive? Yes No If Yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ NA(solid)

i. pH Range: _____ to _____ NA(solid)

j. Liquid Flash Point: < 140°F 140°- 199°F ≥ 200°F NA(solid)

k. Flammable Solid: Yes No

l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): (See Attached)

Constituents (Total Composition Must be ≥ 100%)	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. One Time Event Base Repeat Event

b. Estimated Annual Quantity: _____ Tons Cubic Yards Drums Gallons Other (specify): _____

c. Shipping Frequency: _____ Units per Month Quarter Year One Time Other

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) Yes No

e. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.): _____



D. Regulatory Status (Please check appropriate responses)

- 1. Waste Identification:
 - a. Does the waste meet the definition of a USEPA listed or characteristic hazardous waste as defined by 40 CFR Part 261? Yes No
 - 1. If yes, please complete a hazardous waste profile.
 - b. Does the waste meet the definition of a state hazardous waste other than identified in D.1.a? Yes No
 - 1. If yes, please complete a hazardous waste profile.
- 2. Is this waste included in one or more of categories below (Check all that apply)? If yes, attach supporting documentation. Yes No
 - Delisted Hazardous Waste Excluded Wastes Under 40CFR 261.4
 - Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste
- 3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions. Yes No
- 4. Does the waste represented by this waste profile sheet contain radioactive material? Yes No
 - a. If yes, is disposal regulated by the Nuclear Regulatory Commission? Yes No
 - b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM? Yes No
- 5. Does the waste represented by this waste profile sheet contain Polychlorinated Biphenyls (PCBs)? Yes No
(If yes, list in Chemical Composition - C.1.1)
 - a. If yes, are the PCBs regulated by 40 CFR 761? Yes No
 - b. If yes, is it remediation waste from a project being performed under the Self-Implementing option provided in 40 CFR 761.61(a)? Yes No
 - c. If yes, were the PCBs imported into the US? Yes No
- 6. Does the waste contain untreated, regulated medical or infectious waste? Yes No
- 7. Does the waste contain asbestos? Yes No
 - a. If Yes, Friable Non Friable
- 8. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)? Yes No
 - a. If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? Yes No

E. Generator Certification (Please read and certify by signature below)

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

- 1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
- 2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
- 3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
- 4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the contractor if applicable).
- 5. Check all that apply:
 - a. Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: _____ # Pages: _____
 - b. Only the analysis identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested). Attachment #: _____
 - c. Additional information necessary to characterize the profiled waste has been attached (other than analytical, such as MSDS). Indicate the number of attached pages: _____
 - d. I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.

Certification Signature: _____ Title: _____

Company Name: _____ Name (Print): _____

Date: _____