

Waste Profile Report

Waste Generator Information

Generator Name: _____

Address: _____

City: _____ State: _____

ZIP: _____ County: _____

Contact Name: _____

E-mail: _____

Phone: _____

FAX : _____

Waste Location (if different from contact information)

Address: _____ City: _____ State: _____ ZIP: _____

Waste Information

Name of Waste: _____

Description of Process Generating Waste: _____

Estimated Annual Volume: _____ gallons, _____ cubic yards, _____ tons, _____ drums, _____ other (specify)

Shipping Frequency: _____ one time only, _____ per month, _____ per quarter, _____ per year

Packaging: _____ bulk, _____ drum, _____ other (specify)

Is this a U.S. Department of Transportation (USDOT) Hazardous Material? _____

Waste Analytical

Analytical Results (as required): Total Metals, VOC's, SVOC's, TCLP, Ph and Flashpoint

Analytical must be done annually.

Virgin Material MSDS attached _____ yes, _____ no

Generator's Certification

Is the waste a listed or characteristic hazardous waste as defined by USEPA and/or state regulations? _____

Does the waste contain free liquids? _____

Does the material fail a paint filter test? _____

Does the waste contain regulated concentrations of Polychlorinated Biphenyls (PCB's) greater than or equal to 50 ppm? _____

Does the waste contain regulated radioactive material? _____

Is the waste capable of or does it generate heat? _____

Does the waste produce fugitive dust? _____

Any changes in the characteristics of this waste occurred since the waste determinations were performed? _____

Has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor? _____

I verify that all information on this Waste Profile Report is accurate and true.

Company Name: _____

Name (type or print): _____

Title: _____

Certification Signature _____

Date: _____