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GENERATOR'S WASTE MATERIAL PROFILE SHEET	PROFILE NUMBER
New <input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERATOR:		BILL TO:	
Name:		Name:	
Address:		Address:	
Email:		Email:	
Technical Contact:		Contact:	
Shipping Contact:		Ph:	Fax:

TRANSPORTER		TRANSPORTER	
Name:		Contact:	
Address:		Phone:	
Email:		Fax:	

WASTE DESCRIPTION – (Clarifier water, rain water, food process water, etc.):

CHEMICAL & PHYSICAL STATE			
Liquid <input type="checkbox"/>	Multilayered <input type="checkbox"/>	Odor:	_____
Semi-Liquid <input type="checkbox"/>	Bi-layered <input type="checkbox"/>	TSS:	_____
Solid <input type="checkbox"/>	Single Phase <input type="checkbox"/>	Color:	_____
PH		Flash Point:	_____
<input type="checkbox"/> <2	<input type="checkbox"/> 8 – 10	% Bottoms Sediment:	_____
<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 10 – 12	% Debris:	_____
<input type="checkbox"/> 4 – 6	<input type="checkbox"/> >12	% Ash:	_____
<input type="checkbox"/> 6 – 8	<input type="checkbox"/> N/A	Specific Gravity:	_____

PROFILE HISTORY	
Has this waste ever been shipped as a Haz waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:	

MANUFACTURING/PROCESS DESCRIPTION
 Describe type of manufacturing/company and process generating waste stream. Include a list of virgin material and their Material Safety Data Sheets:

CHEMICAL CONSTITUENTS	METALS (ppm)
_____ %	Arsenic _____ Mg _____
_____ %	Cadmium _____ Mercury _____
_____ %	Chromium _____ Nickel _____
_____ %	Copper _____ Tin _____
_____ %	Lead _____ Zinc _____

SHIPPING INFORMATION						
Shipping Method:	Vector <input type="checkbox"/>	Vac Truck <input type="checkbox"/>	Dry Van <input type="checkbox"/>	Totes <input type="checkbox"/>	Drums <input type="checkbox"/>	Roll Off <input type="checkbox"/>
Volume (gallons/tons):						

Generator's Certification: I certify the material described above on this profile are Non-Hazardous therefore not subject to federal regulations for reporting disposal of hazardous waste.

Signed on Behalf of Generator Date: _____

X _____ X _____
 Authorized Signature Print Name