



Requested Disposal Facility _____ Profile Number _____
 Renewal for Profile Number _____ Waste Approval Expiration Date _____

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: _____
- FAX: _____

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: ≤2 2.1-12.4 ≥12.5 NA(solid) Actual: _____
 - j. Liquid Flash Point: < 140°F ≥ 140°F NA(solid) Actual: _____
 - 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%)	Concentration %	Constituents (Total Composition Must be ≥ 100%)	Concentration %
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

- 2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION
 - a. Event Base/Ongoing (Check One)
 - 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. Is this a USEPA (40 CFR Part 261)/State hazardous waste? If yes, contact your sales representative. Yes No
- 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 40 CFR 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 concentrations of regulated Polychlorinated Biphenyls (PCBs)? Yes No
a. If yes, is disposal regulated under TSCA? Yes No
- 6. Does the waste contain untreated, regulated, medical or infectious waste? Yes No
- 7. Does the waste contain asbestos? Yes No 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 NESHP, 40 CFR 63 subpart GGGGG)? Yes No
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:
 Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: _____ # Pages: _____
 Only the analyses identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested). Attachment #: _____
 Additional information necessary to characterize the profiled waste has been attached (other than analytical). Indicate the number of attached pages: _____
 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.
 By Generator process knowledge, the following waste is not a listed waste and is below all TCLP regulatory limits.

Certification Signature: _____ Title: _____
Company Name: _____ Name (Print): _____
Date: _____

FOR WM USE ONLY

Management Method: Landfill Bioremediation Approval Decision: Approved Not Approved
 Non-hazardous solidification Other: _____ Waste Approval Expiration Date: _____
Management Facility Precautions, Special Handling Procedures or Limitation on approval: _____
 Shall not contain free liquid
 Shipment must be scheduled into disposal facility
 Approval Number must accompany each shipment
 Waste Manifest must accompany load
WM Authorization Name / Title: _____ Date: _____
State Authorization (if Required): _____ Date: _____