



## Generator's Non-Hazardous Waste Profile Sheet Instructions

Information on this form is used to determine if the described waste may be transported, treated, stored or disposed in a legal, safe, and environmentally sound manner. This information will be maintained in strict confidence. Typed or printed answers must be provided for Requested Disposal Facility, Certificate of Disposal (if required), Renewal information and Sections A - E. For a response of "NONE" or "NA" attach the information to the completed Generator's Non-Hazardous Waste Profile Sheet. If you have questions concerning this form, please contact 1-800-WMDisposal (1-800-963-4776).

### A. Waste Generator Information

1. **Generator Name** - Enter the name of the facility where the waste is generated.
2. **Site Address** - Enter the street address (not P.O. Box) of the facility where the waste is generated.
3. **City/ZIP** - Enter the city and zip or postal code where the waste is generated.
4. **State/Province** - Enter the state or province where the waste is generated.
5. **County** - Enter the county where the waste is generated.
6. **Contact Name/Title** - Enter the name and title of the Generator's contact.
7. **Email Address** - Enter the email address of the Generator's contact.
8. **Phone** - Enter Generators contact's area code and phone number.
9. **FAX** - Enter the Generators contact's area code and facsimile number.
10. **NAICS Code** - Enter the SIC/NAIS Code for the facility where the waste is generated <http://www.census.gov/epcd/www/naics.html>.
11. **Generator USEPA ID#** - Enter the USEPA (or Canadian equivalent) identification number issued to the facility generating the waste (if applicable).
12. **State/ID#** - Enter the identification number issued by the state to the facility generating the waste (if applicable).

### B. Customer Information

1. **Customer Name** - Enter the customer name that is responsible for billing. If the same as the Generator, mark "Same as Above."
2. **Billing Address** - Enter the customer address where the bill for services should be sent.
3. **City, State, ZIP** - Enter the customer's city, state and ZIP or postal code.
4. **Contact Name** - Enter the name of the person who can answer technical questions about the waste.
5. **Contact Email** - Enter the email address of the technical contact.
6. **Phone/FAX** - Enter the technical contact's area code and phone number and area code and facsimile number for the technical contact.
7. **Transporter Name** - Enter the name of the transportation company hauling the waste (if known).
8. **Transporter ID #** - Enter the Federal/State Identification number issued to the transporter (if applicable).
9. **Transporter Address** - Enter the physical address for the transportation company.
10. **City, State and ZIP** - Enter the City, State and ZIP for the transportation company.

### C. Waste Stream Information

- 1.a. **Common Waste Name** - Enter a name generally descriptive of this waste (e.g., paint sludge, fluorescent bulbs).  
**State Waste Code** - If applicable, enter the appropriate State code assigned to this type of waste.
- 1.b. **Process Generating Waste or Source of Contamination** - Describe the process or source of contamination generating the waste in detail. Identify the specific process/operation or source that generates the waste (e.g., incineration of municipal refuse, wastewater treatment, generated from domestic water conditioning, contaminated soil from gasoline UST removal.).
- 1.c. **Color(s)** - Describe the color(s), of the waste (e.g., blue, transparent, varies).
- 1.d. **Strong Odor** - DO NOT SMELL THE WASTE! If the waste has a known or strong odor, then describe (e.g., acrid, pungent, solvent, sweet).
- 1.e. **Physical State @ 70°F** - If the four boxes provided do not apply, a descriptive phrase may be entered after "Other" e.g., multi-phase).
- 1.f. **Layers** - Single layer means the waste is homogenous. Multi-layer means the waste is comprised of two or more layers (e.g., oil/water/sludge).
- 1.g. **Water Reactive** - See attached
- 1.h. **Free Liquid Range** - See attached

## C. Waste Stream Information (continued)

- 1.i. **pH Range** - Indicate the pH range of the waste. **Note:** Certain states may require pH of a water/waste slurry.
- 1.j. **Liquid Flash Point** - Indicate the flash point obtained using the appropriate test method.
- 1.k. **Flammable Solid** - See attached
- 1.l. **Physical Constituents** - List general components of the waste using appropriate names. If trade names are used, attach Material Safety Data Sheets or other documents that adequately describe the composition of the waste. For each component, estimate the range (in percent) in which the component is present (e.g. 90-100% Soil/0-10% debris).
- 2.a. **Event/Base Business** - Indicate if the waste is generated from a specific event or an on-going process.
- 2.b. **Estimated Annual Quantity** - Approximate annual volume in tons, yards or other (e.g., drums, gallons) that will be received by the ultimate management facility. This volume amount is not intended for use in complying with state and/or permit restrictions.
- 2.c. **Shipping Frequency** - Choose the appropriate option or "other" along with a description.
- 2.d. **US DOT Hazardous Material** - Indicate if the waste is considered to be a US DOT hazardous material in the quantities/packages shipped.
- 2.e. **US DOT Shipping Description** - If applicable, enter the proper US DOT Shipping description. For further information, see 40CFR173.
3. **Safety Requirements** - All personal protective equipment necessary to safely manage the waste stream (e.g. dust mask, gloves, respirator, do not wet waste).

## D. Regulatory Status

1. **Hazardous Waste Determination** - Verify that the waste is non-hazardous as defined by RCRA or state equivalent regulation. If unsure check with your WM representative for assistance.
2. **Identify whether your waste is an excluded, delisted or treated hazardous waste** - If yes, please attach the following to the profile.  
Delisted - Attach the Federal Register Citation FR\_\_\_\_ or State Agency Letter; Excluded Waste - Identify the specific citation in 40CFR261.4 Treated Hazardous Waste - Identify Method from 40CFR268; Treated Characteristic Waste - Attach Certification of Treatment.
3. **Is this waste from a Federal or State mandated clean-up** - If yes, Waste Management may require the Records of Decision or other documentation to assist others in the evaluation for proper disposal.
4. **If the waste contains radioactive material or is a Normally Occurring Radioactive Material (NORM)** - answer 4.a and 4.b.
5. **Does the waste contain PCBs?** If yes, attach analysis and supporting documentation of the PCB source. For additional information, see 40CFR761.
6. **Regulated (untreated) medical waste** - See attached.
7. **Asbestos containing waste** - Indicate whether the waste contains asbestos. If yes, indicate the type of asbestos.

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

Indicate the appropriate response to questions/statements 1, 2, 3, 4 and 5. By signing this Generator's Waste Profile Sheet, the Generator certifies the responses are true and accurate with respect to the waste stream(s) listed.

**Certification Signature** - Signature of an authorized employee of the Generator or representative of the generator if authorized in writing by the generator.

**Title** - Enter Employee's title.

**Company Name** - Company employing the person certifying the Generator's Waste Profile Sheet.

**Name** - Type or Print Employee's name.

**Date** - Date of certification.