



Service Agreement on file?  Yes  No Profile Number

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

Check here if a Certificate of Destruction or Disposal is required

Requested Disposal Facility \_\_\_\_\_

Renewal for Profile Number \_\_\_\_\_ Waste Approval Expiration Date \_\_\_\_\_

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

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

**B. Customer Information**  same as above

P. O. Number: \_\_\_\_\_

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

**C. Waste Stream Information**

USEPA Hazardous  State Hazardous  TSCA

1. Description

a. Name of Waste: \_\_\_\_\_

b. Process Generating Waste:

c. Color: \_\_\_\_\_

d. Strong Odor (describe): \_\_\_\_\_

e. Physical State at 70°F:  Solid  Liquid  Gas  Sludge  Other: \_\_\_\_\_

f. Layers?  Single layer  Multi-layer

g. Free Liquid Range (%) \_\_\_\_\_ to \_\_\_\_\_ Specific Gravity: \_\_\_\_\_ Viscosity: \_\_\_\_\_ BTU/lb: \_\_\_\_\_

h. pH Range: \_\_\_\_\_ to \_\_\_\_\_

i. Liquid Flash Point:  < 73°F  73°-99°F  100°-139°F  140°-199°F  > 200°F  N/A

2. Is this a USEPA hazardous waste (40 CFR Part 261)? If the answer is no, skip to question f  Yes  No

a. If yes, identify ALL USEPA listed and characteristic waste code numbers (D,F,K,P,U)

b. If a characteristic hazardous waste, do underlying hazardous constituents(UHCs) apply-(40 CFR 268.48)?  Yes  No  
(if yes, list in Section C.2.j)

c. Is the waste subject to RCRA Subpart CC Controls-(40 CFR 264.1083 & 265.1084)?  Yes  No  ? Click for Add'l Info

If no, does the waste meet the organic LDR Exemption?  Yes  No

If no, does the waste contain <500 ppm volatile organic (VOC's)?  Yes  No

Volatile organic concentration \_\_\_\_\_ ppm

d. Is the waste predominately debris subject to the Alternate Debris Standards (40 CFR 268.45)?  Yes  No

e. Is the waste predominately soil subject to the Alternate Soil Treatment Standards-(40 CFR 268.49)?  Yes  No

If yes, will Underlying Hazardous Constituents apply? (list in C.2.j)  Yes  No

f. Does the waste represented by this profile contain asbestos?  Yes  No

If yes,  Friable  Non-Friable

g. Does the waste represented by this profile contain benzene?  Yes  No

Is this subject to Benzene Operations Waste NESHAP (40 CFR Part 61 Subpart FF)?  Yes  No

If yes, complete Benzene Waste Operations NESHAP (BWON) questionnaire.

**C. Waste Stream Information (continued)**

- h. 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  
 If yes, does the waste contain <500 ppm VOHAPs at the point of determination?  Yes  No
- i. Does the waste represented by this waste profile sheet contain concentrations of Polychlorinated Biphenyls (PCBs) regulated by 40 CFR 761? (if yes, list in Chemical Composition - C.2.j)  Yes  No  
 Were the PCBs imported into the U.S.?  Yes  No  
 Are PCBs regulated under the "Self-Implementing Remediation Section of (Mega) Rule?" 40CFR 761,61(a)  Yes  No
- j. Chemical Composition (List all constituents [including halogenated organics, debris, and UHC's] present in any concentration and submit representative analysis):  (See Attached - for entering additional constituents)

Constituents ( <i>Total Composition Must be &gt; 100%</i> )	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

- k. Check any that apply:  Pyrophoric  Water Reactive  OSHA Carcinogen  Shock Sensitive  Oxidizer  Infectious
- l. Is the waste subject to controls as a Group 1 wastewater or residual under the Hazardous Organic NESHAP?  Yes  No  
 If yes, is it a Table 8 \_\_\_\_\_ or Table 9 \_\_\_\_\_ compound?
- m. Does the waste represented by this waste profile sheet contain radioactive material?  Yes  No  
 Is disposal regulated by the Nuclear Regulatory Commission?  Yes  No  
 If NORM, identify isotopes and concentration, \_\_\_\_\_ pCi/g
- n. Is the waste from a CERCLA (40 CFR 300, Appendix B) or state mandated clean-up?  Yes  No  
 If yes, attach Record of Decision (ROD), 104/106 or 122 order or court order that governs site clean-up for activity.  
 For state mandated clean-up, provide relevant documentation.
- o. Is this a State Hazardous Waste?  Yes  No If yes, please list applicable codes \_\_\_\_\_  
 If NY waste codes B001-B007 apply, please complete question C.2.c on page 1.

**D. DOT Information and Shipping Volume**

1. Quantity of Waste  
 a.  One Time Event  Base  Repeat Event  
 b. Estimated Annual Quantity: \_\_\_\_\_  Tons  Yards  Drums  Other (specify) \_\_\_\_\_  
 c. Shipping Frequency: Units: \_\_\_\_\_ Per:  Month  Quarter  Year  One Time  Other \_\_\_\_\_
2. Shipping Information  
 a. Packaging:  
 Roll off/End dump: \_\_\_\_\_  Other: \_\_\_\_\_  
 Drum Type/Size: \_\_\_\_\_  Vacuum Box  
 Tanker  Super Sack  Tote Bin  Cubic Yard Boxes
- b. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip c, d and e)  Yes  No
- c. Reportable Quantity (lbs.; kgs.): \_\_\_\_\_ d. Primary/Subsidiary Hazard Class(es)/ID#: \_\_\_\_\_
- e. USDOT Shipping Name: \_\_\_\_\_ PG: \_\_\_\_\_

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

I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this wastestream. Any sample submitted is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. I authorize WMI to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in this Profile Sheet from information provided by the generator and additional information as it has determined to be reasonably necessary. If approved for management, Contractor has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile. All relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste will be disclosed to the contractor. All changes which occur in the character of the waste will be identified by the Generator and be disclosed to the Contractor prior to providing the waste to the Contractor.

Certification Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name (Type or Print): \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check if additional information is attached. Indicate the number of attached pages \_\_\_\_\_



# HAZARDOUS WASTE PROFILE ADDENDUM

Profile Number:

## F. Addendum to Waste Stream Information

1. If this is USEPA hazardous waste (40 CFR Part 261), identify ALL USEPA listed and characteristic waste code numbers (D, F, K, P, U):

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2. Chemical Composition (List all constituents [including halogenated organics, debris, and UHC's] present in any concentration and submit representative analysis):

Constituents <i>(Total Composition Must be &gt; 100%)</i>	Lower Range	Unit of Measure	Upper Range	Unit of Measure
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				
16. _____				
17. _____				
18. _____				
19. _____				
20. _____				

3. Is this a State Hazardous Waste?  Yes  No

If yes, please list applicable codes

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