



GENERATOR'S WASTE PROFILE FORM

Generator Information

Generator Name: _____

Facility Address: _____

Facility City: _____ State: _____ Zip Code: _____

Waste Pick-Up Address: _____

SIC Code: _____

Contact: _____

Contact Phone: _____

Name of Waste: _____

Analytical Data Attached? Yes No

MSDS Attached? Yes No

Available Sample Yes No

What is the main, overall purpose of the site or facility?

Waste Characteristics

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Municipal | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Gray Water | <input type="checkbox"/> Ground Water | <input type="checkbox"/> Rain Water |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Grease | <input type="checkbox"/> Septage (Domestic) | <input type="checkbox"/> Oily Waste Water |
| <input type="checkbox"/> Sludge (<input type="checkbox"/> Commercial <input type="checkbox"/> Municipal) | | <input type="checkbox"/> Other _____ | |

What is the process that generates the waste stream? Please include information such as products produced, raw materials added during production, and treatment technologies utilized.

Physical State

Color _____ Odor _____ % Solids _____ Total Dissolved Solids _____

Liquid Sludge Solid

How Many Layers? _____

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Quantity of Waste

Total Project Volume in Gallons: _____ Total Project Solids in Tons: _____

Other quantity information: _____

Shipping Information

Shipping Frequency: Units _____ Per: Month Quarter Year

One Time Other _____

Shipping History

1. Was this waste stream previously transported for disposal at an approved facility? Yes No

If yes, can you provide us with the facility's name and the proper shipping name under which the waste was classified?

Generator's Certification

1. Is this waste RCRA nonhazardous? Yes No If no, please provide details and description.

2. Is the waste subject to Federal Categorical regulation? Yes No

If yes, indicate the applicable 40 C.F.R. subcategory.

3. Does the waste represented by this waste profile contain concentrations of Polychlorinated Biphenyls (PCBs) regulated by 40 C.F.R. 761? Yes No

4. Does the waste represented by this waste profile contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor? Yes No

Any sample submitted is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method.

Name (Please Print):

Title:

Company Name:

Certification Signature: _____ Date: _____