

## GENERATOR WASTE PROFILE SHEET

Waste Profile #:
Sales Rep:
Date:

### I. Generator Information

Generator Name:			
Site Address:			
City:	County:	State:	Zip:
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
Generator Contact Name:			
Phone:	Fax:		

### II. Transporter Information

Transporter Name:		Contact Name:	
Transporter Address:			
City:	County:	State:	Zip:
Phone:	Fax:		

### III. Billing Information

Bill to :		Contact Name:	
Billing Address:			
City:	County:	State:	Zip:

### IV. Waste Stream Information

Name of Waste:			
Process Generating Waste (Remediation and IDW sites - please provide a site history):			
Type of Waste: <input type="checkbox"/> Industrial Process Waste <input type="checkbox"/> Pollution Control Waste			
Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Other:			
Method of Shipment: <input type="checkbox"/> Bulk <input type="checkbox"/> Drum <input type="checkbox"/> Bagged <input type="checkbox"/> Other:			
Quantity Generated: <input type="checkbox"/> Tons <input type="checkbox"/> CY <input type="checkbox"/> Other:                      PER:			
Special Handling Instructions:			

### V. Representative Sample Certification

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?		<input type="checkbox"/> No sample taken  <input type="checkbox"/> YES    or <input type="checkbox"/> NO
Sample Date:	Type of Sample:	<input type="checkbox"/> Composite Sample
Laboratory:		<input type="checkbox"/> Grab Sample
Sample ID Numbers:		
Sampler's Employer:		
Sampler's Name (printed):	Signature:	

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### VI. Physical Characteristics of Waste

Waste Components (Attach sheet if necessary)					% by Weight (range)	
1.						
2.						
3.						
4.						
Color	Odor (describe)	Free Liquids Yes or No Content %:	%Solids	pH	Flash Point deg F:	Phenol ppm

*Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) with Required Parameters for the Profile*

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlorodane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is the site, or waste, subject to any NESHAP/MACT Standards?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this waste a characteristic hazardous waste as described in 40 CFR 261.21-24	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Does this waste contain asbestos? If yes, please complete asbestos profile.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of hydrogen sulfide or hydrogen cyanide as defined in 40 CFR 261.23?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this waste an F-, K-, P- or U-listed waste as identified in 40 CFR 261.31-33?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this waste regulated Toxic Material as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Is this waste generated as a Federal Superfund Cleanup Site?	<input type="checkbox"/> YES or <input type="checkbox"/> NO

### VII. Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete, and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to full indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet.

\_\_\_\_\_  
Authorized Representative Name & Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

### VIII. ACMS, Inc. Decision

<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	Expiration Date: _____
Conditions:  _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Name, Title</span> <span>Signature</span> <span>Date</span> </div>		