



GENERATOR'S WASTE PROFILE SHEET

702D Naylor Mill Road
Salisbury, Maryland 21801

Profile Number: _____ Renewal for Profile Number: _____ Waste Approval Exp. 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 & Zip: _____
- 4. Contact Name: _____
- 5. Contact Email: _____
- 6. Phone: _____ FAX: _____
- 7. Transporter Name: _____
- 8. Transport ID# (if appl.): _____
- 9. Transporter Address: _____
- 10. City, State & Zip: _____

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 N/A

g. Water Reactive? Yes No If yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ N/A (Solid)

i. pH Range: ≤ 2 2.1 – 12.4 ≥ 12.5 N/A (Solid) Actual: _____

j. Liquid Flash Point: <140°F ≥ 140°F N/A (Solid) Actual: _____

k. Flammable Solid: Yes No

l. Physical Constituents: List all constituents of waste stream – (e.g. Soil 0-80%, Wood 0-20%)

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 Ongoing (Check One)

b. Estimated Annual Quantity: _____ Tons Cubic Yards Drums Gallons Other: _____

c. Shipping Frequency: _____ Unit per Month Quarter Year One Time Other: _____

d. Is this a USDOT Hazardous Material? (If yes, explain) Yes No

e. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE): _____



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D. Regulatory Status (Please check appropriate responses)

- 1. Is this a USEPA (40 CFR Part 261) / State hazardous waste? Yes No
- 2. Is this waste included in one or more of the categories below (Check all that apply)? Yes No
(If yes please attach supporting documentation)
 - Delisted Hazardous Waste Excluded Wastes Under 40 CFR 261.4
 - Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste
- 3. Is this waste from a Federal (40 CFR 300, Appendix B) or state mandated clean up? Yes No
- 4. Does the waste represented by this profile sheet contain concentrations of regulated PCBs? Yes No
 - a. If yes, is disposal regulated under TSCA? Yes No
- 5. Does the waste contain asbestos? Yes No
- 6. 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 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 CES;
- 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;
- 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 CES prior to providing the Waste to CES.
- 5. Check all that apply:
 - Attached analytical pertains to the waste. Identify laboratory and sample ID number(s) with parameters tested: _____ # Pages: _____
 - Only the analyses identified on the attachment pertain to the waste. Identify laboratory and sample ID numbers with parameters tested: _____ Attachment #: _____
 - Additional information necessary to characterize the profiled waste has been attached.
 - I am 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 listed and is below all TCLP regulatory limits.

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

FOR CES USE ONLY

Management Method: Landfill Bioremediation Non-hazardous solidification Other: _____
 Approval Decision Approved Not Approved
 Waste Approval Expiration Date: _____

Special handling procedures or limitation on approval: _____
 Shall not contain free liquid Shipment must be scheduled into a disposal facility Approval No. must be with each shipment Waste manifest must accompany load

CES Authorization Name / Title: _____ **Date:** _____