



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Service Agreement on File? YES NO

Profile Number: _____
Renewal Date: _____
AAW Disposal Site: _____

A. Waste Generator Information

- 1. Generator Name: _____ 2. NAICS Code: _____
3. Facility Street Address: _____ 4. Phone: (____) _____
5. Facility City: _____ 6. State/Province: _____
7. Zip/Postal Code: _____ 8. Generator USEPA/Federal ID #: _____
9. County: _____ 10. State/Province ID #: _____
11. Customer Name: _____ 12. Customer Phone: (____) _____
13. Customer Contact: _____ 14. Customer Email: _____

B. Waste Stream Information

- 1. Name of Waste: _____ 2. Waste Code: _____
3. Process Generating Waste: _____
4. Anticipated Annual Volume: _____ Tons Yards Gallons Drums Other (specify) _____
5. Frequency: One-Time Day Week Month Year Other (specify) _____
6. Personal Protective Equipment Required / Special Handling Conditions: _____
7. Will this waste be transported by an AAW company? If no, specify who. YES NO Transporter: _____
8. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip 9, 10, & 11)..... YES NO
9. Reportable Quantity (lbs/kgs): _____ 10. Hazard Class/ID #: _____
11. DOT Shipping Name: _____
12. Is this waste a result of an industrial process which brings it in contact with hazardous constituents? YES NO
If the answer is yes, proceed to section C. If the answer is no, proceed to section D.
 Check if additional information is attached. Indicate the number of attached pages: _____

C. Waste Stream Characteristics

Table with 5 columns: a. Color, b. Odor, c. Physical state @ 70°F (Solid, Liquid, Gas, Sludge, Other), d. Layers (Single Layer, Multi-layer), e. Free liquids? (Yes, No)

- f. Liquid Flash Point: <73°F 73-99°F 100-139°F 140-199°F ≥ 200°F Not applicable
g. pH <2 2 - 4 4 - 7 7 - 10 10 - 12.5 > 12.5 Exact: _____

D. Waste Composition (List all contents of the waste stream)

Table with 4 columns: Components, Concentration Range, Components, Concentration Range

TOTAL COMPOSITION MUST EQUAL OR EXCEED 100%



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

E. Generator's Certification (Please check appropriate responses, sign, and date below.)

- 1. Is the waste represented by this waste profile sheet a "Hazardous Waste," as defined by USEPA, Canadian, Mexican and/or state/province regulation, in the location where generated or ultimately managed? YES NO
- 2. Does the waste represented by this profile contain asbestos?..... YES NO
- 3. Does the waste represented by this profile contain regulated radioactive material or regulated concentrations of Polychlorinated Biphenyls (PCBs)? YES NO
- 4. Does this profile and all attachments contain true and accurate descriptions of the waste material?..... YES NO
- 5. 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
- 6. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20 (c) or equivalent rules? YES NO N/A
- 7. Will any/all changes that occur in the characteristics of the waste be identified by the Generator and disclosed to the Contractor prior to releasing the waste to the Contractor? YES NO
- 8. Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater, create a sludge that is a RCRA listed waste (e.g., F006 sludges from the treatment of electroplating wastewaters, F019 sludges from aluminum chemical conversion coating wastewaters)? YES NO N/A

This application and its attachments contain true, correct and accurate descriptions of the waste. Laboratory data used to support the validity of the data shown on this application has been obtained from a volumetrically representative sample of exactly the same waste that I will deliver to American Allwaste for either hauling or disposal and analyzed according to 40 CFR part 261 and all other applicable statutes, regulations, ordinances, orders, or guidelines.

Authorized Signature: _____ Title: _____
 Name (Type or Print): _____ Company Name: _____ Date: _____

F. AAW Management's Decision FOR AAW USE ONLY

- 1. Management Method: Landfill Solidify Bioremediation Other (Specify) _____
 - 2. Proposed Ultimate Management Facility: _____ 3. Hours of acceptance: _____ N/A
 - 4. Supplemental Information: _____

 - 5. Precautions, Special Handling Procedures, or Limitations on Approval: _____

 - 6. Completed NMA Process? YES NO
- Special Waste Decision: Approved Rejected
- Regulator's Signature: _____ Date: _____

Instructions

Information on this form is used to determine if the waste may be transported, treated, stored or disposed in a legal, safe, and environmentally sound manner. This information will be maintained in strict confidence. Answers must be provided for section A, B, and C and must be printed in ink or typed. A response of "None" or "NA" (not applicable) can be made if appropriate. If additional space is needed, indicate on the form that additional information is attached, and attach the information to the Generator's Waste Profile Sheet. If you have questions concerning this form, please contact the Onsite sales representative.

A. Waste Generator Information

1. **Generator Name** - Enter the name of the facility where the waste is generated.
2. **NAICS Code** - Enter the six digit North American Industry Classification System Code for the facility where the waste is generated.
3. **Facility Street Address** - Enter the street address (not P.O. Box) of the facility where the waste is generated.
4. **Phone** - Enter Generator's area code and phone number.
5. **Facility City** - Enter the city where the waste is generated.
6. **State/Province** - Enter the state or province where the waste is generated.
7. **Zip/Postal Code** - Enter the generating facility's zip or postal code.
8. **Generator USEPA/Federal ID #** - Enter the identification number issued by the USEPA, Canadian, or Mexican Federal Agency to the facility generating the waste (if applicable).
9. **County** - Enter the county where the waste is generated.
10. **State/Province ID #** - Enter the identification number issued by the state or province to the facility generating the waste (if applicable).
11. **Customer Name** - Entity that CIS is directly working with regarding the represented waste stream. If the same as the Generator, mark "Same as Above".
12. **Customer Phone** - Enter technical contact's area code and telephone number.
13. **Customer Contact** - Enter the name of the person who can answer technical questions about the waste.
14. **Customer Fax** - Area code and facsimile number for the customer.

B. Waste Stream Information

1. **Name of Waste** - Enter a name generally descriptive of this waste (e.g., paint sludge, fluorescent bulbs).
2. **State Waste Code** - If applicable, the code assigned to the specific waste stream by the state regulatory agency.
3. **Process Generating Waste** - Describe the process generating the waste in detail. List the specific process/operation or source that generates the waste (e.g., incineration of municipal refuse, asbestos removal, wastewater treatment, building maintenance).

At a minimum, the Generator should answer the following questions in determining the process generating the waste.

- What chemicals are stored and/or used at the facility?
 - Is the waste generated from the production/manufacturing of any of the following industries: wood preservation; inorganic pigments; organic pigments; pesticides; explosives; petroleum refining; iron and steel, copper, lead or zinc production?
 - Is the waste a result from degreasing, solvent parts cleaning, recovery/reclaiming of solvents (bottoms), wastewater treatment (sludges), or electroplating?
 - Does the waste contain or potentially produce a listed hazardous waste when treated?
4. **Estimated Annual Volume** - Approximate 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.
 5. **Frequency** - Enter the frequency that the waste will be received by the ultimate disposal facility.
 6. **Personal Protective Equipment Requirements** - All personal protective equipment that is necessary to safely manage the waste stream.
 7. **Transportation Company** - Company responsible for hauling the waste to the disposal site.
 8. **Is this a U.S. Department of Transportation (USDOT) hazardous material?**-Choose the appropriate response: yes or no.
 9. **Reportable Quantity (lbs.; kg.)** - If the answer to 7 is yes, enter the Reportable Quantity (RQ) established by 40 CFR 302.4 or equivalent Canadian or Mexican regulation for this waste. Indicate the appropriate units for the RQ.
 10. **Hazard Class/ID #** - If the answer to 7 is yes, indicate the proper USDOT hazard class and identification number.
 11. **USDOT Shipping Name** - If the answer to 7 is yes, enter the proper USDOT shipping name for the waste.
 12. **Is this waste a result of an industrial process?** - Choose the appropriate response: yes or no.

C. Waste Stream Characteristics

Indicate the appropriate response to questions 1, 2, 3, 4, 5, 6, and 7.

1. **Color** - The usual color of the waste.
2. **Odor** - Describe the odor of the waste.
3. **Physical State** - Describe the physical state of the waste.
4. **Layers** - If separation occurs, the number of layers expected.
5. **Free Liquids?** - Provide the appropriate response.
6. **Liquid Flash Point** - If waste is a liquid, provide the Flash Point.
7. **pH** - If waste is a liquid, provide the pH.



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

D. Waste Composition

Provide all components that make up the waste. Total composition must equal or exceed 100%.

E. Generator's Certification

Indicate the appropriate response to questions/statements 1, 2, 3, 4, 5, 6 and 7. **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.

Name - Print or Type Employee's name.

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

Date - Enter the date this Generator's Waste Profile Sheet is signed.

F. Management's Decision

FOR AAW USE ONLY

To be completed by American Allwaste management.