

WASTE PROFILE SHEET

A. Generator Information		Customer/Hauler Information <input type="checkbox"/> same as Generator	
1. Generator _____	8. Customer Name _____	2. Site Address _____	9. Site Address _____
3. City, State, Zip _____	10. City, State, Zip _____	4. Contact Name _____	11. Contact Name _____
5. Telephone _____	12. Telephone _____	6. Fax _____	13. Fax _____
7. Email _____	14. Email _____		
B. Waste Stream Information			
1. Waste Name: _____			
2. Description of facility/site history: _____			
3. Describe the process and source of the generated waste: _____			
4. Typical Color(s): _____			
5. Strong Odor: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____			
6. Physical State at 70°F: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Semi-Solid or Sludge <input type="checkbox"/> Other: _____			
7. Waste Composition: <input type="checkbox"/> Homogeneous/Uniform <input type="checkbox"/> Non-Homogeneous or Layered			
8. Water Reactive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____			
9. pH Range: <input type="checkbox"/> ≤ 2 <input type="checkbox"/> 2.1-12.4 <input type="checkbox"/> ≥ 12.5 <input type="checkbox"/> N/A (solid) <input type="checkbox"/> Actual: _____			
10. Liquid Flash Point: <input type="checkbox"/> <140°F <input type="checkbox"/> ≥ 140°F <input type="checkbox"/> N/A (solid) <input type="checkbox"/> Actual: _____			
11. Flammable Solid: <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Waste Composition and Constituents (list all known, or attach)			Actual Range
			%
			ppm
Waste Stream Properties (answer ALL questions)			
13. Is this waste a stream that contains any D, F, K, U or P listed as hazardous waste; either in pure form, as a mixture or treatment residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does this waste stream contain PCB material? If yes, concentration: _____ ppm	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is this waste explosive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Does this waste contain radioactive material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is this waste sewer sludge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Does this waste contain absorbents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is this waste demolition & /or construction debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Does this waste stream contain fuming acids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is this putrescible waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Does this waste contain oxidizers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is this waste lethal (by Minn. Rules 7045.0131 Subp. 6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Does this waste contain asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does this waste contain untreated, regulated, medical or infectious waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Sample Information (check ALL that apply):			
<input type="checkbox"/> Sample submitted with profile	<input type="checkbox"/> Laboratory analysis submitted	<input type="checkbox"/> Material Safety Data Sheet Submitted	<input type="checkbox"/> Other
C. Waste Volume and Shipping Information			
1. <input type="checkbox"/> One Time Event <input type="checkbox"/> Ongoing Waste Generation (check one)			
2. Estimate Annual Quantity: <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Other			
3. Shipping Frequency: Units Per <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> One Time <input type="checkbox"/> Other			
4. Method of Shipment: <input type="checkbox"/> Roll-off <input type="checkbox"/> End Dump <input type="checkbox"/> Other			
5. Dot Hazardous Material? <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Certification of Non-Hazardous Waste & Approval Conditions			
I hereby certify that the information submitted in this profile and all attached documents contain true and accurate description of the waste material and that the waste is nonhazardous as defined in Title 42, United States Code Section 6903 and Minnesota Statute Section 116.06, Subdivision 11. Furthermore, I certify the following: that 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; that I am an agent signing on behalf of the Generator and have been delegated this authority by the generator; that any changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by myself or the Generator and disclosed to General Waste prior to shipment of the waste to General Waste. I understand that any changes in the character of the waste that are not reported to General Waste in writing prior to shipment of the waste will invalidate this approval. I, on behalf of the generator, hereby agree to fully indemnify General Waste for any damages and/or costs incurred as a result of any misrepresentations or falsifications made herein.			
Signature _____	Printed Name _____	Title _____	Date _____

For General Waste Use Only

Approval Decision: Approved Not Approved

Management Method: Landfill Recycling Processing Off-Site Transfer Other

Management Facility Precautions, Special Handling Procedures or Limitations:

Shall not contain free liquid

Approval Number must accompany each shipment

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General Waste Authorization Name/Title

Signature

Date