

AUGUSTA
ENVIRONMENTAL SERVICES DEPARTMENT
GENERATOR'S NON-HAZARDOUS WASTE PROFILE

Profile #: _____

Approved _____

Submitted _____

A. Waste Generator Facility Information

Generator Name: _____
Site Address: _____
City, State, Zip: _____
State ID #: _____
Contact Name/Title: _____

Email Address: _____
Phone: _____
Fax Number: _____
Generator US EPA ID#: _____

B. Transporter Information

Transporter Name: _____
Street Address: _____
City, State, Zip: _____
Contact Name: _____

Email Address: _____
Phone: _____
Fax Number: _____

C. Waste Stream Information

1. Description:

Common waste name: _____

Describe the process generating waste or source of contamination: _____

Typical Color(s): _____

Odorous Yes No If "yes" describe: _____

Physical State at 70F: Solid Liquid Powder Semi-solid or sludge

Layers Homogenous Multi-Layer N/A

Free Liquids (%): _____ to _____ N/A (solid)

Liquid Flash Point: <140F >140F N/A (solid)

pH Range: < 2 2.1 - 12 > 12.1 N/A (solid)

Water Reactive: Yes No If "yes" describe: _____

Air Reactive: Yes No If "yes" describe: _____

Generates toxic fumes when mixed with acid, base, or water? Yes No

If "yes" describe: _____

Shock Sensitive? Yes No If "yes" describe: _____

Method(s) used to determine composition of waste:

MSDS TCLP Process Knowledge Other

Physical Constituents: List all constituents of waste stream and % by volume. _____

2. Estimated Quantity of Waste and Shipping Information:

One Time Event Repeat Event

DOT Hazardous Material? Yes No

If Yes, Hazard Class/ID#: _____ Reportable Quantity/Units (lb/kg): _____

US DOT Shipping Name/Description: _____

Type of Container: Roll-Off Dump Truck Other: _____

Estimated Annual Quantity: Tons _____ Cubic Yards _____ Other: _____

Shipping Frequency: # of Units _____ per Month Quarter Year

Safety Requirements (handling, PPE, etc): _____

D. Regulatory Status (Check the appropriate boxes)

Is this a US EPA (40 CFR Part 261) or a State Hazardous Waste? Yes No

Is this waste included in one or more categories below? Yes No

Delisted Hazardous Waste Excluded Waste under 40 CFR 261.4

Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste

Is the waste from a Federal (40 CFR 300, App B) or state mandated cleanup? Yes No

Does the waste represented by this Profile contain radioactive material? Yes No

Does the waste represented by this Profile contain concentrations of PCBs? Yes No

Does the waste contain untreated, regulated, medical or infectious waste? Yes No

Does the waste contain herbicides, pesticides, dioxins, or residues? Yes No

Does the waste contain asbestos? Yes No

Is the waste a: non-wastewater wastewater N/A

Is this remediation waste from a facility that is a major source of Hazardous Air Pollutants? Yes No

E. Hazardous Characteristics (Check all that apply)

Radioactive <input type="checkbox"/>	Infectious <input type="checkbox"/>	Toxic <input type="checkbox"/>	Pyrophoric <input type="checkbox"/>
Oxidizer <input type="checkbox"/>	Corrosive <input type="checkbox"/>	Explosive <input type="checkbox"/>	Flammable Solids <input type="checkbox"/>
Organic Peroxide <input type="checkbox"/>	Compressed Gas <input type="checkbox"/>	NONE <input type="checkbox"/>	

F. Health Hazard Characteristics (Check all that apply)

Corrosive <input type="checkbox"/>	Irritant <input type="checkbox"/>	Sensitizer <input type="checkbox"/>	Toxic <input type="checkbox"/>
Highly Toxic <input type="checkbox"/>	Carcinogen <input type="checkbox"/>	NONE <input type="checkbox"/>	

G. Toxicity Characteristics

<input type="checkbox"/> Arsenic	<input type="checkbox"/> Cresol	<input type="checkbox"/> Hexachloroethane	<input type="checkbox"/> Tetrachloroethylene
<input type="checkbox"/> Barium	<input type="checkbox"/> 2,4 D	<input type="checkbox"/> Lead	<input type="checkbox"/> Toxaphene
<input type="checkbox"/> Benzene	<input type="checkbox"/> 1,4 Dichlorobenzene	<input type="checkbox"/> Lindane	<input type="checkbox"/> Trichloroethylene
<input type="checkbox"/> Cadmium	<input type="checkbox"/> 1,2 Dichloroethane	<input type="checkbox"/> Mercury	<input type="checkbox"/> 2,4,5 Trichlorophenol
<input type="checkbox"/> Carbon Tetrachloride	<input type="checkbox"/> 1,1 Dichloroethylene	<input type="checkbox"/> Methoxychlor	<input type="checkbox"/> 2,4,6 Trichlorophenol
<input type="checkbox"/> Chlorobenzene	<input type="checkbox"/> 2,4 Dinitrotoluene	<input type="checkbox"/> Methyl Ethyl Ketone	<input type="checkbox"/> 2,4,5 TP (Silvex)
<input type="checkbox"/> Chloroform	<input type="checkbox"/> Endrin	<input type="checkbox"/> Nitrobenzene	<input type="checkbox"/> Vinyl Chloride
<input type="checkbox"/> Chromium	<input type="checkbox"/> Heptachlor (and its epoxide)	<input type="checkbox"/> Pentachlorophenol	<input type="checkbox"/> NONE
<input type="checkbox"/> o-Cresol	<input type="checkbox"/> Hexachlorobenzene	<input type="checkbox"/> Pyridine	
<input type="checkbox"/> m-Cresol	<input type="checkbox"/> Hexachlorobutadiene	<input type="checkbox"/> Selenium	
<input type="checkbox"/> p-Cresol		<input type="checkbox"/> Silver	

H. Certification

Certification Name/Title: _____

Company Name: _____

Each shipment must be accompanied by a Non-Hazardous Waste Manifest . Acknowledged

The Profile Number must be referenced on the Non-Hazardous Waste Manifest. Acknowledged

I attest to the certification statement contained in the profile sheet instructions. Acknowledged

I. Review and Approvals (to be completed by Augusta-Environmental Services)

Profile, as presented is: Approved Disapproved

Additional information is required: Yes No

If "yes" specify: _____

Limitations on Approval: _____

Approved by:

Name: _____ Title: _____

Date: _____ Profile Expiration Date: _____