



WASTE MANAGEMENT

GENERATOR WASTE PROFILE

PLEASE PRINT OR TYPE

Service Agreement on File? YES NO

Profile Number: WMI _____

Renewal Date: _____ / _____ / _____

A. Waste Generator Information

- 1. Generator Name: _____
- 2. SIC 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: PRO-TECK,LLC
- 12. Customer Phone: (203)624-9461
- 13. Customer Contact: JENNIFER MANCINI
- 14. Customer Fax: 203-624-9463

B. Waste Stream Information

- 1. Name of Waste: _____
 - 2. State Waste Code _____
 - 3. Process Generating Waste: _____
 - 4. Estimated Annual Volume: _____ Tons Yards Other specify) _____
 - 5. Personal Protective Equipment Requirements _____
 - 6. Transporter/Transfer Station: _____
 - 7. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip 8, 9, & 10)..... YES NO
 - 8. Reportable Quantity (lbs.; kgs) _____
 - 9. Hazard Class/ID #: _____
 - 10. USDOT Shipping Name: _____
- Check if additional information is attached. Indicate the number of attached pages:

C. 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 waste profile sheet contain regulated radioactive material or regulated Concentrations of Polychlorinated Biphenyls (PCBs)?..... YES NO
- 3. Does this waste profile sheet and all attachments contain true and accurate descriptions of the waste material?..... YES NO
- 4. 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
- 5. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20 (c) or equivalent rules?..... NA YES NO
- 6. Will all changes that occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor?..... YES NO

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

D. WMI Management's Decision

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- 1. Management Method: Landfill Solidify Bioremediation Other (Specify) _____
 - 2. Proposed Ultimate Management Facility: _____
 - 3. Hours of acceptance: _____ NA
 - 4. Supplemental Information: _____
 - 5. Precautions, Special Handling Procedures, or Limitations on Approval: _____
- Special Waste Decision..... Approved Disapproved
- Salesperson's Signature: _____ Date: _____
- Division Approval Signature (Optional) _____ Date: _____
- Special Waste Approvals Person 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 Contractor's sales representative.

A. Waste Generator Information

1. **Generator Name** - Enter the name of the facility where the waste is generated.
2. **SIC Code** - Enter the four digit Standard Industrial Classification 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 the Contractor 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?
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. **Personal Protective Equipment Requirements** - All personal protective equipment that is necessary to safely manage the waste stream.
6. **Transporter/Transfer Station** - Transporter and/or transfer station name.
7. **Is this a U.S. Department of Transportation (USDOT) hazardous material?**-Choose the appropriate response: yes or no.
8. **Reportable Quantity (lbs.; kgs.)** - 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.
9. **Hazard Class/ID #** - If the answer to 7 is yes, indicate the proper USDOT hazard class and identification number.
10. **USDOT Shipping Name** - If the answer to 7 is yes, enter the proper USDOT shipping name for the waste.

C. Generator's Certification

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

D. WMI Management's Decision

To be completed by WMI

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