



Requested Disposal Facility: \_\_\_\_\_

Waste Profile #
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Saveable fill-in form. Restricted printing until all required (yellow) fields are completed.

Sales Rep #:
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I. Generator Information

Generator Name:			
Generator Site Address:			
City:	County:	State:	Zip:
 State ID/Reg No:	State Approval/Waste Code: (if applicable)		NAICS # :
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
 Generator Contact Name:			Email:
Phone Number:	Ext:	Fax Number:	



II. Billing Information

 Bill To:	Contact Name:		
Billing Address:	Email:		
City:	State:	Zip:	Phone:

III. Waste Stream Information



 Name of Waste:			
 Process Generating Waste:			
Type of Waste:	INDUSTRIAL PROCESS WASTE	POLLUTION CONTROL WASTE	
Physical State:	SOLID	SEMI-SOLID	POWDER LIQUID
Method of Shipment:	BULK	DRUM	BAGGED OTHER:
Estimated Annual Volume:			
Frequency:	ONE TIME	ONGOING	
Disposal Consideration:	LANDFILL	SOLIDIFICATION	BIOREMEDIATION

IV. Representative Sample Certification NO SAMPLE TAKEN

 Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?	YES or NO
Type of Sample:	COMPOSITE SAMPLE GRAB SAMPLE
 Sample Date:	
Sample ID Numbers:	

Waste Profile #

V. Physical Characteristics of Waste

Characteristic Components					% by Weight (range)	
1.						
2.						
3.						
4.						
5.						
Color	Odor (describe)	Does Waste Contain Free Liquids?  YES or NO	% Solids	pH:	Flash Point  °F	

**Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile**


Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	Yes or No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm)[reference 40 CFR 261.23(a)(5)]?	Yes or No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	Yes or No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	Yes or No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	Yes or No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	Yes or No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	Yes or No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	Yes or No
Is this waste a reactive or heat generating waste?	Yes or No
Does the waste contain sulfur or sulfur by-products?	Yes or No
Is this waste generated at a Federal Superfund Clean Up Site?	Yes or No
Is this waste from a TSD facility, TSD like facility or consolidator?	Yes or No

VI. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

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