

CENTERVILLE TURNPIKE CDD LANDFILL
SPECIAL WASTE PROFILE FORM

Date: _____
Time: _____

| | |
|------------------|----------------|
| Waste Profile #: | |
| HRRC Sales Rep.: | |
| Date Received: | Time Received: |

I. WASTE GENERATOR INFORMATION

Generator Name: _____ Phone No.: _____
Generator Site Address: _____
City: _____ State: _____ Zip: _____
State ID/Reg. No: _____ (if applicable) NAICS# _____
Generator Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Generator Contact Name: _____ Fax: _____
Email: _____
Address : _____
City: _____ State: _____ Zip: _____
Preferred Communication: Phone Email Fax Mail

II. WASTE TRANSPORTER INFORMATION

Company: _____ Phone No. : _____
Contact: _____ Fax: _____
Email: _____
Address : _____
City: _____ State: _____ Zip: _____
Truck Number: _____ DOT # _____

III. WASTE STREAM INFORMATION

Name of Waste: _____
Process Generating the Waste: _____

Physical State: Solid Semi-Solid Powder Liquid
Method of Shipment: Bulk Drum Bagged Other _____
Estimated Annual Volume: _____ CY Tons Other _____
Frequency of Disposal: One Time Daily Weekly Monthly
 Other (Explain): _____

Special Handling Instructions: _____

IV. REPRESENTATIVE SAMPLE CERTIFICATION

No Sample Taken

Is this representative sample collected to prepare this profile and laboratory analysis,
collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalence rules?

Yes No

Sample Date: _____ Type of Sample: Composite Grab

Sample ID Numbers: _____

V. PHYSICAL DESCRIPTION OF WASTE

| Characteristics Components | | % By Weight (Range) |
|----------------------------|--|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

| | | | | | | |
|---|-----------------|---|----------|-----|-------------------------|---------------------|
| Color | Odor (describe) | Free Liquids <input type="checkbox"/> Yes or <input type="checkbox"/> No Content _____% | % Solids | pH: | Flash Point _____ °F | Phenol _____ ppm |
| <i>Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile</i> | | | | | | |

| | |
|--|---|
| 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? | <input type="checkbox"/> Yes or <input type="checkbox"/> 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)]? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761? | <input type="checkbox"/> Yes or <input type="checkbox"/> 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? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Does this waste exhibit a Hazardous Characteristic as defined by Federal/State regulations? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxine as defined by 40 CFR 261.31? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Is this a regulated Radioactive Waste as defined by Federal/State regulations? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Is this a regulated Medical or Infectious Waste as defined by Federal/State regulations? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Is this waste a reactive or heat generating waste? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Does the waste contain sulfur or sulfur by-products? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Is this waste generated at a Federal Superfund Clean Up Site? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Is this waste from a TSD facility, TSD-like facility or waste consolidator? | <input type="checkbox"/> Yes or <input type="checkbox"/> 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 I nor any other employee of the 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 Hampton Roads Recovery Center.

Authorized Representative Name/Title (Print)

Authorized Representative Signature

Company Name

Date