

NON-SPECIAL WASTE PROFILE SHEET AND CERTIFICATION

A) Generator Information

Generator Name _____	(Correspondence will be sent to "Billing Name" address)
Street _____	Billing Name _____
City _____	Street _____
State _____ Zip _____	City _____
Contact Name _____	State _____ Zip _____
Phone _____	Contact Name _____
Fax _____	Phone _____
State ID# _____	Fax _____
NAICS (SIC) Code _____	

B) Waste Description

1) Waste Name: _____

2) Process Generating Waste: _____

3) Is this waste a characteristic or listed hazardous waste as defined in CFR 40 Part 261? Yes No

4) Method of Shipment: Rolloff Drum – Type/Size _____ Other: _____

5) Frequency of shipment: One Time Monthly Annually Other: _____

6) Waste is: Industrial Process Waste Unused or Off-Spec Product
 Pollution Control Waste Other, please specify: _____
 UST or Spill Related Waste

7) Analysis attached? Yes No Comment: _____

8) MSDS attached? Yes No Comment: _____

C) Physical Data

1) Color: _____ 4) Free Liquids? Yes No

2) Odor: None Mild Strong 5) Flash Point: <100°F 100-139°F 140-200°F >200°F

3) # of Layers: _____ Liquid _____% 6) pH: <2 2.1-3.9 4-10 10.1-12.5 > 12.5

Solids _____% Sludge _____% 7) Specific Gravity: <1 1-1 >1.6

D) Waste Composition

_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%
_____	_____	%	_____	_____	%

E) Sample Information

N/A Date Collected: _____

Sampled by: _____ Grab or Composite (circle)

Comments: _____

I hereby certify, to the best of my knowledge and belief, the sample collected and analyzed is representative of the waste to be managed. If a Material Safety Data Sheet (MSDS) is provided, I hereby certify, to the best of my knowledge and belief, that it is representative of the waste to be managed.

_____ Initial

F) Non-Special Waste Certification

- | | | |
|--|-----|----|
| 1. Is the waste a hazardous waste as determined in accordance with 35 IAC 722.111? | YES | NO |
| 2. Is the waste a liquid waste as determined by SW-846 Method 9095 (Paint Filter test)? | YES | NO |
| 3. Does the waste contain Potentially Infectious Medical Waste (PIMW) as defined in Section 3.84 of the Act? | YES | NO |
| 4. Does the waste contain regulated asbestos-containing material (ACM) as defined in 40 CFR 61.141? | YES | NO |
| 5. Does the waste contain polychlorinated biphenyls (PCBs) as defined in 40 CFR 761? | YES | NO |
| 6. Is the waste generated by shredding recyclable materials? | YES | NO |
| 7. Is the waste a hazardous waste that has been treated to render it non-hazardous? | YES | NO |

G) Non-Hazardous Waste Certification

I hereby certify that the waste identified in this profile does not contain or has not come into contact with any hazardous waste listed in 40 CFR 261.30 – 261.33 and 35 Ill. Adm. Code 721.130 – 721.133 and is non-hazardous according to 40 CFR 261.1 – 261.20 and 35 Ill. Adm. Code 721.101 – 721.133.

I hereby agree to hold Winnebago Landfill Company harmless from any cost, damages or other liability resulting from the breach of this warranty. Generator's Initials _____

H) RCRA Pesticide/Herbicide Certification

I hereby certify that none of the following RCRA pesticides or herbicides listed below were used in the generation processes involved in the production of the waste identified in this profile and, to the best of my knowledge and belief, the waste does not contain hazardous concentrations of these substances.

Chlordane, Endrin, Heptachlor and its epoxide, Lindane, Methoxychlor, Toxaphene, 2,4-D and 2,4,5-TP Silvex Generator's Initials _____

I) PCB/Waste Solvents Certification

I hereby certify that no polychlorinated biphenyls (PCBs) or RCRA F-Listed waste solvents were used in the generation processes involved in the production of the waste identified above and, to the best of my knowledge and belief, the waste does not contain hazardous concentrations of these substances.

I hereby agree to hold Winnebago Landfill Company harmless from any cost, damages or other liability resulting from the breach of this warranty. Generator's Initials _____

J) Cyanide/Sulfide Certification

For wastes containing greater than 10 ppm reactive cyanide or reactive sulfide, I hereby certify that none of the following has occurred:

- | | |
|--|----------------------------|
| 1. The waste has caused injury to a worker because of H ₂ S or HCN generation; | Generator's Initials _____ |
| 2. The OSHA work place air concentration limits for H ₂ S or HCN have been exceeded in areas where the waste is generated, stored or otherwise handled; and | |
| 3. Air concentrations of H ₂ S or HCN have been encountered above a few ppm in areas where the waste is generated, stored or otherwise handled. | |

GENERATOR CERTIFICATION

I, _____ hereby certify that the above and attached documentation is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed. I also certify that the waste stream is, to the best of my knowledge, non-hazardous and as such does not contain any constituent that would cause the waste to be a listed or characteristic waste under RCRA.

Signature _____ Title _____ Date _____

Office Use Only:

Profile #
