

Special Waste Profile



Disposal Facility: Waste Profile #:
Sales Rep #:

I. Generator Information

Generator Name:
Generator Site Address:
City: County: State: Zip:
State ID/Reg No: State Approval/Waste Code: 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: Physical State: Method of Shipment:
Estimated Volume: Volume Type:
Frequency: Disposal Consideration:

IV. Representative Sample Certification

No Sample Taken

Sample Taken Type of Sample

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? **Yes** **No**

Sample Date: Sample ID Numbers or SDS:

Remember to attach Laboratory Analytical Report (and/or Material Safety Data Sheet) including Chain of Custody and required parameters provided for this profile.

V. Physical Characteristics of Waste

Characteristic Components (must equal 100%):

% By Weight (out of 100% - ranges acceptable):

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Color:	Odor (describe):	Does Waste Contain Free Liquids?	% Solids:	pH:	Flash Point:
<input type="text"/>	<input type="text"/>	Yes No	<input type="text"/>	<input type="text"/>	<input type="text"/> °F

Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) including Chain of Custody and required parameters provided for this profile.

RCRA Regulatory Questions

1. 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	No
2. 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	No
3. Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	Yes	No
4. 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	No
5. Has this waste been delisted under 40 CFR 260.20 and 260.22? If yes, attach the final decision to delist the waste as published in the Federal Register.	Yes	No
6. Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations? If Yes, identify the applicable waste code and specify if the waste is hazardous as defined by Federal, State or both?	Yes	No
<input type="text"/>		
7. 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	No
8. Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	Yes	No
9. Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	Yes	No
10. Is this a solid waste that is not a hazardous waste in accordance with 40 CFR 261.4(b)? If yes, please provide the corresponding regulatory citation.	Yes	No
<input type="text"/>		

Republic Services Waste Handling Questions

1. Does this waste generate heat or react when contacted with water/moisture?	Yes	No
2. Does the waste contain sulfur or sulfur by-products?	Yes	No
3. Is this waste generated at a State or Federal Superfund cleanup site subject to regulation under CERCLA?	Yes	No
4a. Is this waste from a TSD facility, TSD-like facility or consolidator (i.e. multiple wastes/multiple generators)?	Yes	No
4b. If yes to the above question, please provide clarification.		

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 understand that attaching an electronic signature, I am signing this document, consent to complete this transaction and receive all related communication electronically, and agree this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original.

If electronic signature is preferred, please submit completed (unsigned) form to your Special Waste Coordinator or Special Waste Sales Executive to initiate signature process.

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

Authorized Representative Name
(Printed)

Title
(Printed)

Company Name

Representative Signature

Date