



Requested Disposal Facility: _____	Waste Profile #
Saveable fill in form. Restricted printing until all required (yellow) fields are completed.	
I. Generator Information	
Sales Rep:	

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

Ila. Transporter Information			
Transporter Name:		Contact Name:	
Transporter Address:			
City:	County:	State:	Zip:
Phone Number:	Transporter ID:		

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

III. Waste Stream Information			
Name of Waste:			
Process Generating Waste: (Be Specific):			
Physical State: SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID			
Method of Shipment: <input type="checkbox"/> BULK DRUM TOTES BAGGED OTHER:			
Estimated Volume: _____			
Frequency: ONE TIME ANNUAL OTHER			
Disposal Consideration: LANDFILL SOLIDIFICATION BIOREMEDIATION DEEP WELL			

IV. Sample/Analysis Information	
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? <input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> NO SAMPLE TAKEN
Sample Date:	Type of Sample: COMPOSITE SAMPLE GRAB SAMPLE
Sample ID Numbers:	



Waste Profile #

V. Physical Characteristics of Waste

Characteristic Components	% by Volume (range)
1.	
2.	
3.	
4.	
5.	

Color	Odor (describe)	Does Waste Contain Free Liquids? <input type="checkbox"/> Yes or <input type="checkbox"/> No	% Solids	pH:	Flash Point °F
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Attach Laboratory Analytical Report (and/or 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	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	No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	Yes	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	No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	Yes	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	No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	Yes	No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	Yes	No
Is this waste a reactive or heat generating waste?	Yes	No
Does the waste contain sulfur or sulfur by-products?	Yes	No
Is this waste generated at a Federal Superfund Clean Up Site?	Yes	No
Is this waste from a TSD facility, TSD-like facility or waste consolidator?	Yes	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/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 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 GFL Environmental.

Generator Signature & Printed Name

Date

VII. Waste Approval Decision

Approved	Rejected	Expiration: _____
Conditions:		

3rd Party Review Signature

Disposal Facility Signature

Area Landfill Manager Signature