



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

Waste Profile #
Sales Rep #.

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

**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:

**Ia. Transporter Information**

Transporter Name:		Contact Name:	
Transporter Address:			
City:	County:	State:	Zip:
Phone Number:	Fax Number:	State Transportation Number:	

**Iib. Billing Information**

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

**III. Waste Stream Information**

Name of Waste:			
Process Generating Waste:			
Physical State: <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input checked="" type="checkbox"/> LIQUID			
Method of Shipment: <input type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:			
Estimated Annual Volume: _____			
Frequency: <input type="checkbox"/> ONE TIME <input type="checkbox"/> ANNUAL			
Disposal Consideration: <input type="checkbox"/> LANDFILL <input type="checkbox"/> SOLIDIFICATION			

**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?		<input type="checkbox"/> YES or <input type="checkbox"/> NO
Sample Date:	Type of Sample: <input type="checkbox"/> COMPOSITE SAMPLE <input type="checkbox"/> GRAB SAMPLE	
Sample ID Numbers:		
Samplers Name:		Samplers Signature:



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? <input type="checkbox"/> Yes or <input type="checkbox"/> 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 it 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 and/or 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 dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or 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 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 WCA Waste.

_____ Authorized Representative Name/Title	_____ Company Name
_____ Date	

**VII. Waste Approval Decision**

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Expiration: _____
Conditions:		
_____ Name, Title	_____ Signature	_____ Date