

WASTE PROFILE FORM



Submit all waste profile forms and supplemental information to Maria Vidal at mvidal@ecwaste.com.
Please contact Maria Vidal at 787-836-3700 or Rene Rodriguez at 787-447-2717 for questions related to Waste Profile submission.

	Address	Phone
<input type="checkbox"/> El Coqui Landfill	Road #3, INT 923 KM 1.7 St. Co. Humacao, PR 00792	787-852-4444
<input type="checkbox"/> Penuelas Valley Landfill	Road 385 km 4.5 Penuelas, PR 00624	787-836-3700
<input type="checkbox"/> Three Corners Landfill	2205 County Road 6 Piedmont, AL 36272	256-447-1881

Profile Number: _____

Check if there are multiple generator locations. Attach locations. COD Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (ORIGIN)

- Generator Name: _____
- Site Address: _____
(City, State, ZIP) _____
- County: _____
- Contact Name: _____
- Email: _____
- Phone: _____ 7. Fax: _____
- Generator EPA ID: _____ N/A
- State ID: _____ N/A

C. WASTE STREAM INFORMATION

1. Name: _____

Description of Process Generating Waste:

2. Material Characteristics

a.	
b.	
c.	
d.	
	≥100%

3. Applicable Waste Codes: _____ N/A

4. Color: _____

5. Physical State: Solid Liquid Powder Semi-solid

6. Free Liquid Range Percentage: _____ to _____ N/A (Solid)

7. pH: _____ to _____ N/A (Solid)

8. Strong Odor: Yes No Describe: _____

9. Flash Point: <140°F 140°–199°F ≥200° N/A (Solid)

10. Heat Generating Waste Yes No

E. ANALYTICAL AND ADDITIONAL INFORMATION

1. Attach Analytical Report or MSDS Yes

Please list documents or MSDS attached:

2. Do you have sufficient process knowledge to characterize this waste?

Yes No

I certify that I have fully evaluated the waste stream in compliance with 40 CFR 262 and that through process knowledge the waste is not a listed waste nor it exhibits any of the hazardous waste characteristics and it is not otherwise prohibited from disposal at a non-hazardous solid waste landfill.

B. BILLING INFORMATION

- Billing Name: _____
- Billing Address: _____
(City, State, ZIP) _____
- Contact Name: _____
- Email: _____
- Phone: _____ 6. Fax: _____
- P.O. Number: _____

D. REGULATORY INFORMATION

*If answer is 'Yes' to any of the following questions, please see Section H for additional questions.

- EPA Hazardous Waste? Yes No
Code: _____
- State Hazardous Waste? Yes No
Code: _____
- Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes No
- Contains Underlying Hazardous Constituents? Yes No
- Contains benzene **and** subject to Benzene NESHAP? Yes No
- Facility remediation subject to 40 CFR 63 GGGGG? Yes No
- CERCLA or State-mandated clean-up? Yes No
- NRC or State-regulated radioactive or NORM waste? Yes No
- Contains PCBs? Yes No
- Regulated and/or Untreated Medical/Infectious Waste? Yes No
- Contains Asbestos? Yes No
→ If Yes: Non-Friable Non-Friable – Regulated Friable

I certify that the friable asbestos waste is properly wetted, double bagged and labeled in compliance with applicable regulations.

12. If this waste is subject to the corrective action regulations of 40 CFR Part 280 (underground storage tank program), supply the following:

UST Facility Identification # _____ UST Incident # UST _____

13. If this is petroleum-contaminated waste, what is the source of the contamination (e.g., gasoline, diesel, hydraulic, oil, etc.)? _____

14. Does this waste contain any of the following (give the concentration)?

PCBs _____ ppm Cyanides _____ ppm Sulfides _____ ppm

F. SHIPPING INFORMATION

- One-Time Shipment
- Estimated Quantity/Unit of Measure: _____
 Tons Yards Drums Gallons Other: _____
- Method of Shipment: Bulk Drum Bagged Other
Size: _____
- USDOT Proper Shipping Name: _____ N/A

Profile Number: _____

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to E.C. WASTE, INC prior to providing the material to the waste management facility.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): _____ Date: _____

Title: _____

Company: _____

Certification Signature

H. ADDITIONAL REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the form (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)? Yes No

c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4. Yes No

d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083 and 265.1084)? Yes No

→ If Yes, please select one of the following:

Waste has been determined to be LDR exempt [265.1083(c) (4) and 265.1084(c) (4)] based on the fact that it meets all applicable organic treatment standards (including UHCs for D-coded characteristic wastes) or a Specified Technology has been utilized.

Waste does not qualify for a LDR exemption, but the average VOC at the point of origination is <500 ppmw and this determination was based on analytical testing (upload copy of analysis) or generator knowledge.

2. State Hazardous Waste → Please list all state waste codes: _____

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:

Delisted Hazardous Waste Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____

Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

5. Benzene NESHAP → Please include percent water/moisture in chemical composition.

a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue.

b. What is your facility's current total annual benzene quantity in Megagrams? <1 Mg 1–9.99 Mg ≥10 Mg

1. Flow weighted average benzene concentration is _____ ppmw.

c. Is this waste soil from remediation at a closed facility? Yes No

1. Benzene concentration in remediation waste is _____ ppmw.

d. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? Yes No

e. Is material exempt from controls in accordance with 40 CFR 61.342? Yes No

→ If yes, specify exemption: _____

f. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF? Yes No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination? Yes No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation to assist others in the evaluation for proper disposal.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____