



Requested Facility: _____ Unsure Profile Number: _____
 Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- 1. Generator Name: _____
- 2. Site Address: _____
(City, State, ZIP) _____
- 3. County: _____
- 4. Contact Name: _____
- 5. Email: _____
- 6. Phone: _____ 7. Fax: _____
- 8. Generator EPA ID: _____ N/A
- 9. State ID: _____ N/A

C. MATERIAL INFORMATION

- 1. Common Name: _____
Describe Process Generating Material: See Attached
- 2. Material Composition and Contaminants: See Attached

1.	
2.	
3.	
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Total comp. must be equal to or greater than 100% ≥100%
- 3. State Waste Codes: _____ N/A
- 4. Color: _____
- 5. Physical State at 70°F: Solid Liquid Other: _____
- 6. Free Liquid Range Percentage: _____ to _____ N/A
- 7. pH: _____ to _____ N/A
- 8. Strong Odor: Yes No Describe: _____
- 9. Flash Point: <140°F 140°-199°F ≥200° N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- 1. Analytical attached Yes
Please identify applicable samples and/or lab reports:
- 2. Other information attached (such as MSDS)? Yes

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

By signing this EZ Profile™ 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 Waste Management prior to providing the material to Waste Management.

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: _____

B. BILLING INFORMATION

SAME AS GENERATOR

- 1. Billing Name: _____
- 2. Billing Address: _____
(City, State, ZIP) _____
- 3. Contact Name: _____
- 4. Email: _____
- 5. Phone: _____ 6. Fax: _____
- 7. WM Hauled? Yes No
- 8. P.O. Number: _____
- 9. Payment Method: Credit Account Cash Credit Card

D. REGULATORY INFORMATION

- 1. EPA Hazardous Waste? Yes* No
Code: _____
- 2. State Hazardous Waste? Yes No
Code: _____
- 3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes* No
- 4. Contains Underlying Hazardous Constituents? Yes* No
- 5. From an industry regulated under Benzene NESHAP? Yes* No
- 6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
- 7. CERCLA or State-mandated clean-up? Yes* No
- 8. NRC or State-regulated radioactive or NORM waste? Yes* No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- 9. Contains PCBs? → If Yes, answer a, b and c. Yes No
 - a. Regulated by 40 CFR 761? Yes No
 - b. Remediation under 40 CFR 761.61 (a)? Yes No
 - c. Were PCB imported into the US? Yes No
- 10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
- 11. Contains Asbestos? Yes No
→ If Yes: Non-Friable Non-Friable - Regulated Friable

F. SHIPPING AND DOT INFORMATION

- 1. One-Time Event Repeat Event/Ongoing Business
- 2. Estimated Quantity/Unit of Measure: _____
 Tons Yards Drums Gallons Other: _____
- 3. Container Type and Size: _____
- 4. USDOT Proper Shipping Name: _____ N/A

Certification Signature



Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.

Profile Number: _____

C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1): _____ If more space is needed, please attach additional pages.

Material Composition and Contaminants (Continued from page 1): _____ If more space is needed, please attach additional pages.

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Total composition must be equal to or greater than 100%	≥100%

D. REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the EZ Profile™ 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)? Yes No
 → If Yes, please check **one** of the following:
 - Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))
 - Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

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. Industries regulated under Benzene NESHAP include petroleum refineries, chemical manufacturing plants, coke by-product recovery plants, and TSDFs.

- a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue. Yes No
- b. Does this material contain benzene? Yes No
 1. If yes, what is the flow weighted average concentration? _____ ppmw
- c. What is your facility's current total annual benzene quantity in Megagrams? <1 Mg 1–9.99 Mg ≥10 Mg
- d. Is this waste soil from a remediation? Yes No
 1. If yes, what is the benzene concentration in remediation waste? _____ ppmw
- e. Does the waste contain >10% water/moisture? Yes No
- f. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? Yes No
- g. Is material exempt from controls in accordance with 40 CFR 61.342? Yes No
 → If yes, specify exemption: _____
- h. 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 with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

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



Additional Profile Information

Profile Number: _____

C. MATERIAL INFORMATION

Material Composition and Contaminants (Continued from page 2):

If more space is needed, please attach additional pages.

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40.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers (Continued from page 2):