



A. GENERATOR INFORMATION (MATERIAL ORIGIN)

The information in this section applies strictly to the generator of the material being profiled on this form. Please complete as much information as possible. If you are unsure about a question, call your technical service center at 800-963-4776.

C. MATERIAL INFORMATION

- Common Name:** Enter the generally descriptive name of the material.
Example: Paint sludge, Gasoline Impacted soil
Describe Process Generating Material: Describe the process and/or source of contamination generating this material. Identify the specific process/operation or source that generates the material.
Example: Soil from underground storage tank that contained gasoline
- Material Composition and Contaminants:** Total composition must be equal to or greater than 100%. List the general components of the material and any pertinent contaminants with the overall concentration in the material.
Example: Soil 90% – 100%, Debris 0% – 10%
- State Waste Codes:** If applicable, enter the appropriate state code assigned to this material. If there is no code, select N/A.
- Color:** Describe the color(s) of the material.
Example: Blue, brown, clear
- Physical State at 70 °F:** Select all that apply. You may select solid and liquid at the same time. If this material is neither, please choose other and describe in the space provided.
- Free Liquid Range Percentage:** If the material has free liquids in it, identify the approximate percentage. If the material contains no free liquids, select N/A.
- pH:** Indicate the pH range of the waste. Most areas do not require a pH on solid. However, it may be a requirement for your facility. If you are unsure, contact your Technical Service Center for clarification.
- Strong Odor:** Do not smell the waste. If the waste is known to have a strong odor please describe in the space provided.
Example: Gasoline, Pungent, Rotten Eggs
- Flash Point:** Indicate the flash point obtained using the appropriate test method. Solid material at most locations does not require a flash point. If this is true, select N/A.

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical:** If you attach laboratory analysis to help characterize your material. Please indicate it here and identify which samples or entire reports are representative of the material.
- Other Information:** If other information such as an MSDS or other product information will help characterize your material, indicate it here and attach the documentation.

G. GENERATOR CERTIFICATION

Before submitting your profile form, read the Generator Certification and completed the information on the left and sign on the right.

B. BILLING INFORMATION

The information in this section applies to the person or company that will receive the invoice from Waste Management. If you are unsure about a question, call your technical service center at 800-963-4776.

D. REGULATORY INFORMATION

- EPA Hazardous Waste:** Verify whether this material is a hazardous waste as defined by 40 CFR 261. If you select Yes, identify the applicable hazardous waste codes and answer corresponding Addendum questions (D.1.) on the second page.
- State Hazardous Waste Codes:** Verify whether this material is a hazardous waste as defined by the state. If you select Yes, identify the applicable hazardous waste codes. Additional space for codes is available on the Addendum form – question D.2.
- Is this material non-hazardous due to Treatment, Delisting, or an Exclusion?** If you select Yes, identify the applicable exclusion and answer corresponding Addendum questions (D.3.) on the second page.
- Contains Underlying Hazardous Constituents:** Verify whether this material contains UHCs in 40 CFR 268.
- Contains Benzene and Subject to Benzene NESHAP:** Verify whether material is from an industry subject to and material is regulated by Benzene NESHAP in 40 CFR 61. If Yes, answer corresponding Addendum questions (D.5.) on the second page.
- Facility Remediation Subject to 40 CFR 63 GGGGG:** Verify whether material is subject to 40 CFR 63 GGGGGG.
- CERCLA or State-mandated clean-up:** If Yes, please attach the Record of Decision or other documentation to assist others in the evaluation for proper disposal.
- NRC or State-regulated radioactive or NORM waste:** If you select Yes, answer the additional corresponding Addendum questions (D.8.) on the second page.
- Contains PCBs:** If yes, answer questions a, b, & c concerning PCBs. For more information consult 40 CFR 761.
- Regulated and/or untreated Medical/Infectious Waste?:** Indicate if the material contains anything that may qualify as Regulated and/or untreated medical/infectious waste.
- Contains Asbestos:** Indicate whether the waste contains asbestos. If yes, indicate the type of asbestos.

F. SHIPPING AND DOT INFORMATION

- One-Time Event or Repeat Event/Ongoing Business:** Identify if the material will be generated from a single event or if the material will be generated in an on-going process.
- Estimated Quantity / Unit of Measure:** Give the approximate quantity and unit of measure for your material. If this is an on-going process, identify the annual quantity.
- Container Type and Size:** Please identify the container type and size. If you are unsure, leave blank.
Example: 40 yard roll-off, 55-gallon drums
- USDOT Proper Shipping Name:** If applicable, enter the proper USDOT Shipping Name.