

Waste Profile #:	
Date:	

I. Generator Information

Generator Name (include any DBA):		
Generator Site Address:		County:
City:	State:	Zip:
Generator Mailing Address (if different):		County:
City:	State:	Zip:
Generator State ID #:	Generator NAICS or SIC Code:	
Generator Contact:	Phone:	Fax:

II. Transporter Information

Transporter Name (include any DBA):		
Transporter Address:		County:
City:	State:	Zip:
Transporter Contact:	Phone:	Fax:
State Transportation #:		

III. Waste Stream Information

Name of Waste:		
Process Generating Waste:		
Type of Waste (check one):	<input type="checkbox"/> Industrial Process Waste	<input type="checkbox"/> Pollution Control Waste
Physical State:	<input type="checkbox"/> Solid	<input type="checkbox"/> Semi-Solid
	<input type="checkbox"/> Powder	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Other:	
Method of Shipment:	<input type="checkbox"/> Bulk/Truck	<input type="checkbox"/> Drum
	<input type="checkbox"/> Bagged	<input type="checkbox"/> Other:
Estimated Annual Volume:	<input type="checkbox"/> Gallons:	<input type="checkbox"/> Tons:
	<input type="checkbox"/> Other:	
Estimated Annual Volume:	<input type="checkbox"/> One Time	<input type="checkbox"/> Daily
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Other:	
Special Handling Instructions:		

V. Representative Sample Certification

		<input type="checkbox"/> No Sample
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 <input type="checkbox"/> NO
Sample Date:	Sample Type:	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Grab Sample
Sampler's Employer:		
Sampler's Name (printed):	Sampler's Signature:	

GENERATOR WASTE PROFILE (cont...)

VI. Physical Characteristics of Waste

Characteristic Components

% by Weight (range)

1. _____
2. _____
3. _____

Color:	Odor (describe):	Free Liquids: <input type="checkbox"/> YES <input type="checkbox"/> NO Content _____%	pH:	Flash Point: _____ °F	Phenol: _____ ppm
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Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrine, 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 <input type="checkbox"/> NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste contain regulated concentrations of Polychlorinated Byphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	<input type="checkbox"/> YES <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 CFR 261.31?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Toxic Material as defined by Federal and/or State Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Radioactive Waste as defined by Federal and/or State Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this waste generated at a Federal Superfund Clean Up Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of this 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. 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 VanGold Industries, LLC.

Authorized Representative Printed Name and Title

Company Name

Authorized Representative Signature

Date

VIII. VanGold Industries Reclamation Decision

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Expiration: _____
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Conditions:

Printed Name, Title

Signature

Date