

Oneida Herkimer Solid Waste Management Authority

Generators Waste Profile Sheet For the Oneida Herkimer Regional Landfill

Waste Profile On File? Yes No

Profile Number: OHSWA _____

Hazardous Non-Hazardous TSCA

Renewal Date: _____

A. Waste Generator Information

- | | |
|--|--|
| 1. Generator's Name: _____ | 2. SIC Code: _____ |
| 3. Generator's Street Address: _____ | 4. Phone: () - _____ |
| 5. Generator's City: _____ | 6. State: _____ |
| 7. Zip/Postal Code: _____ | 8. Generator USEPA/Federal ID#: _____ |
| 9. County: _____ | 10. State ID#: _____ |
| 11. Company Name (Billing): _____ | 12. Customer Phone: () - _____ |
| 13. Billing Contact: _____ | 14. Customer Fax: () - _____ |
| 15. Billing Address: _____ | Same as Above <input type="checkbox"/> |
| 16. Credit Application on file: <input type="checkbox"/> YES <input type="checkbox"/> NO | 17. Authority Account Number: _____ |

B. Description of Waste Stream

1. Description

- a. Name of Waste: _____
- b. Process Generating Waste: _____
- _____

c. Color	d. Strong odor (describe)	e. Physical State @ 70° F <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge <input type="checkbox"/> Other	f. Layers <input type="checkbox"/> Single Layer <input type="checkbox"/> Multi Layer	g. Free Liquid Range _____ to _____ % h. pH Range _____ to _____ %

i. Liquid Flash Point: <73°F 73-99°F 100-139°F 140-199°F >200°F Not Applicable

j. Chemical Composition (List all constituents (including halogenated organics, debris, and UHC'S) present in any concentration and submit representative analysis)

Constituents	Concentration Range	Constituents	Concentration Range

Total Composition Must Equal Or Exceed 100%

- k. Oxidizer Pyrophoric Explosive Radioactive
 Carcinogen Infectious Shock Sensitive Water Reactive
- l. Does the waste represented by this profile contain any carcinogens which require OSHA notification (List in Section B.1.j)..... Yes No
- m. Does the waste represented by this profile contain any dioxins? (List Section B.1.j)..... Yes No
- n. Does the waste represented by this profile contain any asbestos..... Yes No
 If yes Friable Non-Friable
- o. Does the waste represented by this profile contain benzene?..... Yes No
 If yes, concentration _____ ppm
 Is the waste subject to the benzene waste operations NESHAP?..... Yes No
- p. Is the waste subject to RCRA Subpart CC Controls?..... Yes No
- q. Does the waste contain any Class I or Class II ozone depleting chemicals?..... Yes No
- r. Does the waste contain debris?..... Yes No

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2. Quantity of Waste

Estimated Annual Volume _____ Yards Tons Drums Other _____
 (specify)

3. Shipping Information

- a. Packaging:
 Bulk Solid; Type/Size: _____ Bulk Liquid; Type/Size: _____
 Drum; Type; Size: _____ Other: _____
- b. Shipping Frequency: Units _____ Per: Month Quarter Year One Time
 Other: _____
- c. Is this a US Department of Transportation (USDOT) Hazardous Material? (if no skip d, e, and f) Yes No
- d. Reportable Quantity: (lbs,kgs): _____ e. Hazard Class/ID # _____
- f. USDOT Shipping Name: _____
- g. Personal Protective Equipment Requirement: _____
- h. Hauler / Transporters Name: _____
- i. DEC 364 Permit on file:..... Yes No

C. Generators Certification (Please check appropriate responses, sign, and date below.)

1. Is this a USEPA hazardous waste (40 CFR part 261)? If the answer is no skip to 2..... Yes No
 - a. If yes, identify ALL USEPA listed and characteristic waste codes (D, F, K, P, U)

 - b. If a characteristic hazardous waste, do underlying hazardous constituents (UHCs) apply?
 (If yes list in section (B.1.j))..... Yes No
 - c. Does this waste contain debris? (If yes list the size and type in chemical composition B.1) Yes No
2. Is this a state hazardous waste?..... Yes No
 Identify **ALL** state hazardous waste codes _____

3. Is the waste from a CERCLA (40 CFR 300, Appendix B) or state mandated clean up?..... Yes No
 If yes, attach Record of Decision (ROD), 104/106 or 122 order or court order that governs site clean-up activity. For state mandated clean-up, provide relevant documentation.
4. Does the waste represented by this waste profile sheet contain radioactive material, or is disposal regulated by the Nuclear Regulatory Commission?..... Yes No
5. Does the waste represented by this waste profile sheet contain concentrations of Polychlorinated Biphenyls (PCBs) regulated by 40 CFR 761?..... Yes No
 (If yes, list chemical composition B.1.j)
 a. If yes, were the PCBs imported into the U.S.?..... Yes No
6. Do the waste profile sheet and all attachments contain true and accurate descriptions of the Waste material, and has all relevant information within the possession of the Generator Regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor?..... Yes No
7. Will all changes which occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor?..... Yes No

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Check here if Certification of Destruction or Disposal is required.

Any Sample submitted is representative as defined in 40 CFR 261 – Appendix I or by using an equivalent method. I authorize OHSWA to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in this profile sheet from information provided by the generator and additional information as it has determined to be reasonably necessary. If approved for management, Contractor has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

Certification Signature: _____ Title: _____

Name (Type or Print): _____ Company Name: _____ Date: _____

Check if additional information is attached. Indicate the number of attached pages _____

D. OHSWA Management's Decision	
1. Precautions, Special Handling Procedures, or Limitation on Approval:	_____
2. Direct haul to Regional Landfill:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Comingle waste at Eastern or Western Transfer Stations:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Waste Form:	_____
5. Waste Class:	<input type="checkbox"/> DH SW <input type="checkbox"/> MSW <input type="checkbox"/> C&D <input type="checkbox"/> Sludge <input type="checkbox"/> CS <input type="checkbox"/> ADC <input type="checkbox"/> Select C&D <input type="checkbox"/> Asbestos
Special Waste Decision:.....	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Special Waste Approvals Signature:	_____ Date: _____

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Instructions

Information on this form is used to determine if the waste may be transported, treated, stored or disposed in a legal, safe, and environmentally sound manner. This information will be maintained in strict confidence. Answers must be provided for sections A, B, and C and must be printed in ink or typed. A response of "NONE" or "NA" (not applicable) can be made if appropriate. If additional space is needed, indicate on the form that additional information is attached, and attach the information to Generator's Waste Profile Sheet. If you have questions concerning this form, please contact the Oneida Herkimer Solid Waste Authority.

A. Waste Generator Information

1. Generator Name – Enter the name of the facility where the waste is generated.
2. SIC Code – Enter the four digit Standard Industrial Classification Code for the facility where the waste is generated.
3. Facility Street Address – Enter the street address (not P.O. Box) of the facility where the waste is generated.
4. Phone – Enter Generator's area code and phone number.
5. Facility City – Enter the city where the waste is generated.
6. State – Enter the state where the waste is generated.
7. Zip/Postal Code – Enter the generating facility's zip or postal code.
8. Generator USEPA/Federal ID# - Enter the identification number issued by the USEPA.
9. County – Enter the county where the waste is generated.
10. State ID # - Enter the identification number issued by the state of the facility generating the waste (if applicable).
11. Customer Name – Entity that responsible for billing. If the same as the Generator, mark "Same as Above".
12. Customer Phone – Enter technical contact's area code and telephone number.
13. Customer Contact – Enter the name of the person who can answer technical questions about the waste.
14. Customer Fax – Area code and facsimile number for the customer.
15. Billing Address – Address where bill for services should be sent.
16. Credit Application on File- Does the company to be billed have credit with the Authority.
17. Authority Account Number – If credit application is on file please provide the Authority account number.

B. Waste Stream Information

- 1.a. Name of Waste – Enter a name generally descriptive of this waste (e.g., paint sludge, fluorescent bulbs).
- 1.b. Process Generating Waste – Describe the process generating the waste in detail. List the specific process/operation or source that generates the waste (e.g., incineration of municipal refuse, asbestos removal, wastewater treatment, building maintenance).

At a minimum, the Generator should answer the following questions in determining the process generating the waste.

 - What chemicals are stored and/or used at the facility?
 - Is the waste generated from the production/manufacturing of any of the following industries: wood preservation; inorganic pigments; organic pigments; pesticides; explosives; petroleum refining; iron and steel, copper, lead or zinc production?
 - Is the waste a result from degreasing, solvent parts cleaning, recovery/reclaiming of solvents (bottoms), wastewater treatment (sludges), or electroplating?
- 1.c. Color – Describe the color of the waste (e.g., blue, transparent, varies).
- 1.d. Strong odor – **DO NOT SMELL THE WASTE!** If the waste has a known odor, then describe (e.g., acrid, pungent, solvent, sweet).
- 1.e. Physical state @ 70°F – If the four boxes provided do not apply, a descriptive phrase may be entered after "Other" (e.g., multi-phase).
- 1.f. Layers – Single Layer means the waste is homogenous. Multi-layer means the waste is comprised of two or more layers (e.g., oil/water/sludge).
- 1.g. Free liquid range – Range (in percent by volume) of free liquids in the waste.
- 1.h. pH Range – Indicate the pH range.
- 1.i. Liquid Flash Point – Indicate the flash point obtained using the appropriate test method.
- 1.j. Chemical Composition – List all organic and/or inorganic components that adequately describe the composition of the waste. For each component, estimate the range (in percent) in which the component is present.
- 1.k. Check all that apply.
 - 1.l. Identify any element, chemical compound, or mixture in concentration of 0.1 percent or greater that is considered a carcinogen or potential carcinogen pursuant to OSHA.
 - 1.m. Indicate if the waste contains any dioxins (list in Section B.1.j).
 - 1.n. Indicate if the waste contains asbestos. Indicate if the asbestos is friable.
 - 1.o. Indicate if the waste contains benzene, the level in ppm, and whether it is subject to the benzene NESHAP.
 - 1.p. Indicate if the waste is subject to RCRA Subpart CC control. In addition, indicate the volatile organic concentration, if known, in parts per million weight.
 - 1.q. Indicate if the waste contains any Class I or Class II ozone-depleting controlled substances.
 - 1.r. Indicate if the waste contains debris (list size and type in B.1.j).
2. Quantity of Waste – Approximate volume in tons, yards, or other (e.g., drums, gallons) that will be received by the ultimate management facility. This volume amount is not intended for use in complying with state and/or permit restrictions.
 - 3.a. Packaging – Choose the appropriate option or "other" along with a description.
 - 3.b. Shipping Frequency – Choose the appropriate option or "other" along with a description.
 - 3.c. Is this a U.S. Department of Transportation (USDOT) hazardous material? – Choose the appropriate response: yes or no.

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- 3.D. Reportable Quantity (lbs.; kgs.) – If the answer to 3.c. is yes, enter the Reportable Quantity (RQ) established by 40 CFR 302.4
- 3.e. Hazard Class/ID # - If the answer to 3.c. is yes, enter the proper USDOT hazard shipping name for the waste.
- 3.g. Personal Protective Equipment Requirements – All personal protective equipment necessary to safely manage the waste stream.
- 3.h. Transporter/Transfer Station – Transporter and/or transfer station name.
- 3.i. Does the transporter of the waste have a Part C hauling permit on file

C. Generator's Certification (Please check appropriate responses, sign, and date below).

Indicate the appropriate response to questions/statements 1,2,3,4,5,6, and 7. By signing this Generator's Waste Profile Sheet, the Generator certifies the responses are true and accurate with respect to the waste stream(s) listed.

Certification Signature – Signature of an authorized employee of the Generator or representative of the generator if authorized in writing by the generator.

Title – Enter Employee's title.

Name – Type or Print Employee's name.

Company Name – Company employing the person certifying the Generator's Waste Profile Sheet.

Date – Enter the date this Generator's Waste Profile Sheet is signed.

D. OHSWA Decision **FOR OHSWA USE ONLY**

To be completed by OHSWA.