

**Waste Profile**

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| --- |
| **OHSWA Profile Number:** Click or tap here to enter text. |
| **Renewal Date:** Click or tap here to enter text.**Waste Type:** Click or tap here to enter text. |  |

**A. Waste Origination** *(Physical location*)

 Site Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City: Click or tap here to enter text. State:Click or tap here to enter text. Zip/Postal Code:

 County: Herkimer [ ]  Oneida: [ ]  Other: Click or tap here to enter text.

**B. Waste Generator**

 Company Name: Click or tap here to enter text.

 Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

 Email: Click or tap here to enter text.

 USEPA/Federal ID#: Click or tap here to enter text. State ID#: Click or tap here to enter text.

**C. Billing Information**

 Same as above: [ ]  Credit App on file: Yes [ ]  No[ ]  OHSWA Account Number: Click or tap here to enter text.

 Company Name: Click or tap here to enter text. Contact Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City: Click or tap here to enter text. State: Click or tap here to enter text.

 Zip/Postal Code: Click or tap here to enter text.

 Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**D. Transporter Information**

 Company Name: Click or tap here to enter text.

 Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City: Click or tap here to enter text. State: Click or tap here to enter text.

 Zip/Postal Code: Click or tap here to enter text.

DEC 364 Permit Number: Click or tap here to enter text.

 OHSWA Hauler Permit Number:Click or tap here to enter text.

 Are additional transporters planned? Yes[ ]  No[ ]  (If Yes, attach additional Transporter information)

**E. Description of Waste Stream**

 Industrial/Commercial[ ]  Municipal Solid Waste (MSW) [ ]  C&D [ ]  Select C&D [ ]  Asbestos [ ]  Sludge [ ]

 Contaminated Soil [ ]  ADC [ ]  (*Complete the corresponding section below*)

  **1. Industrial/ Commercial/MSW**

 Name of waste: Click or tap here to enter text.

 Process generating waste: Click or tap here to enter text.

 Has there been any changes to the process in the past 3 years? Yes [ ]  No [ ]

 Is the waste hazardous, as defined by federal/state regulations? Yes [ ]  No [ ]

 Is this regulated medical or infectious waste? Yes [ ]  No [ ]

 -If Yes, state the treatment process; Click or tap here to enter text.

 Is this waste heat generating or reactive? Yes [ ]  No [ ]

 Could the waste present operational/health issues while being handled? ( Based on physical and chemical

 properties) i.e. clogging of equipment radiators, respirator issues. Etc. ; Yes [ ]  No [ ]

 pH Range: Click or tap here to enter text. To Click or tap here to enter text.

 Is there a known contaminant(s)? Yes[ ]  No [ ]  If Yes, name contaminant(s);Click or tap here to enter text.

 Indicate which of the following apply to the Waste Stream:

 Oxidizer [ ]  Pyrophoric [ ]  Explosive [ ]  Shock Sensitive [ ]  Radioactive [ ]

 Odor: Strong [ ]  Mild [ ]  Slight [ ]  None [ ] Describe:Click or tap here to enter text.

 Does the waste contain any of the following?

 PCB’s: Yes [ ]  No [ ]  If Yes, state concentration (ppm):Click or tap here to enter text.

 Benzene: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Creosol: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Carcinogens: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Attached waste document; Lab Results [ ]  SDS[ ]  Process Description [ ]

(**Complete Section G**)

 **2. Construction & Demolition Debris (C&D)/ Asbestos Waste/ Select C&D:**

 Name of Site: Click or tap here to enter text.

 Process generating waste? Click or tap here to enter text.

 Is the waste hazardous, as defined by Federal/State regulations? Yes [ ]  No [ ]

 Is this waste heat generating or reactive? Yes [ ]  No [ ]

 Is there a known contaminant(s)? Yes[ ]  No [ ]  If Yes, name contaminant(s);Click or tap here to enter text.

 Indicate which of the following apply to the waste stream:

 Oxidizer [ ]  Pyrophoric [ ]  Explosive [ ]  Shock Sensitive [ ]  Radioactive [ ]

 Odor: Strong [ ]  Mild [ ]  Slight [ ]  None [ ] Describe:Click or tap here to enter text.

 Does the waste contain any of the following?

 PCB’s: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Benzene: Yes [ ]  No [ ]  If Yes, state the concentration (ppm):Click or tap here to enter text.

 Creosol: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Carcinogens: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Friable Asbestos: Yes [ ]  No [ ]

 Nonfriable Asbestos: Yes [ ]  No [ ]

***Note: All Asbestos deliveries must be scheduled 24 hours prior to arrival.***

 Attached waste document; Asbestos Survey [ ]  Lab Results [ ]  Variance [ ]

**(Complete Section G)**

 **3. Sludge:**

Sewage Treatment Plant [ ]  Industrial/Processed Sludge [ ]

 Name of waste:Click or tap here to enter text.

 Process generating sludge: Click or tap here to enter text.

 Method of stabilization used: Click or tap here to enter text.

 Is this waste heat generating or reactive? Yes [ ]  No [ ]

 Is there a known contaminant(s)? Yes[ ]  No [ ]  If Yes, name contaminant(s);Click or tap here to enter text.

 Is the waste hazardous, as defined by Federal/state regulations? Yes [ ]  No [ ]

 Indicate which of the following apply to the waste stream:

 Oxidizer [ ]  Pyrophoric [ ]  Explosive [ ]  Shock Sensitive [ ]  Radioactive [ ]  None [ ]

 Odor: Strong [ ]  Mild [ ]  Slight [ ]  None [ ] Describe:Click or tap here to enter text.

 Percent (%) solids: Click or tap here to enter text.

 pH Range: Click or tap here to enter text. To Click or tap here to enter text.

 Paint filter test result: Click or tap here to enter text.

 Is this medical or infectious waste? Yes [ ]  No [ ]

 - If Yes, state the treatment process; Click or tap here to enter text.

 Attached waste document; Lab Results [ ]  SDS [ ]

**(Complete Section G)**

  **4. Contaminated Soil (CS):**

 Name of waste: Click or tap here to enter text.

 Process generating waste: Click or tap here to enter text.

 Was the site suspected of having hazardous materials? Yes [ ]  No [ ]

-If Yes, state potential materials:Click or tap here to enter text.

 Is the waste hazardous, as defined by Federal/state regulations? Yes [ ]  No [ ]

 Is the waste from a CERCLA or State mandated clean up? Yes[ ]  No[ ]  If Yes, attach documentation.

 Indicate which of the following apply to the waste stream:

 Oxidizer [ ]  Pyrophoric [ ]  Explosive [ ]  Shock Sensitive [ ]  Radioactive [ ]

 Odor: Strong [ ]  Mild [ ]  Slight [ ]  None [ ] Describe:Click or tap here to enter text.

 Does the waste contain any of the following?

 PCB’s: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Benzene: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Creosol: Yes [ ]  No [ ]  If Yes, state the concentration (ppm):Click or tap here to enter text.

 Carcinogens: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Is this regulated medical or infectious waste? Yes [ ]  No [ ]

 - If Yes, state the treatment process; Click or tap here to enter text.

 Known contaminant(s): Gasoline [ ]  Diesel [ ]  Fuel Oil [ ]  Waste Oil [ ]  Other: Click or tap here to enter text.

 Is this waste heat generating or reactive? Yes [ ]  No [ ]

 Percent (%) solids: Click or tap here to enter text.

 Paint filter test result: Click or tap here to enter text.

 Attached waste document; Lab Results [ ]  NYS DEC Virgin Spill Letter [ ]

**(Complete Section G)**

 **5. Alternative Daily Cover (ADC)**

Type:Auto Fluff [ ]  Incinerator Ash [ ]  Processed C&D [ ]  Alum [ ]  Other: Click or tap here to enter text.

 Name of waste: Click or tap here to enter text.

 Process generating waste: Click or tap here to enter text.

 Is the waste hazardous, as defined by federal/State regulations? Yes [ ]  No [ ]

 Is there a known contaminant(s)? Yes[ ]  No [ ]  If Yes, name contaminant(s);Click or tap here to enter text.

 Is this medical or infectious waste? Yes [ ]  No [ ]

 - If Yes, state the treatment process; Click or tap here to enter text.

 Indicate which of the following apply to the waste stream:

 Oxidizer [ ]  Pyrophoric [ ]  Explosive [ ]  Shock Sensitive [ ]  Radioactive [ ]

 Odor: Strong [ ]  Mild [ ]  Slight [ ]  None [ ] Describe:Click or tap here to enter text.

 Does the Waste contain any of the following?

 PCB’s: Yes [ ]  No [ ]  If Yes, state concentration (ppm): Click or tap here to enter text.

 Benzene: Yes [ ]  No [ ]  If Yes, state concentration (ppm): Click or tap here to enter text.

 Creosol: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Carcinogens: Yes [ ]  No [ ]  If Yes, state the concentration (ppm): Click or tap here to enter text.

 Is the waste heat generating or reactive? Yes [ ]  No [ ]

 Attached waste document; Lab Report [ ]

**(Complete Section G)**

**F. Quantity and Shipping Information**

Estimated Volume: Click or tap here to enter text.Yards [ ]  Tons [ ]

 Hauling Frequency: Click or tap here to enter text. Per: Week [ ]  Month [ ]  Year [ ]  1 Time [ ]

 Container/Truck Type: Dump Trailer [ ]  Roll-off [ ]  Dump Truck [ ]  Walking Floor [ ]

**G. Generators Certification** (*Please select appropriate responses, sign, and date below*)

 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 Authority? Yes [ ]  No [ ]

 Will all changes which occur in the character of the waste be identified by the Generator and disclosed to

 the Authority prior to providing waste to the Authority? Yes [ ]  No [ ]

 Certification of Disposal is required*:* Yes [ ]  No [ ]

Any sample submitted is representative as defined in 40 CFR 261- Appendix I or by using an equivalent method. I authorize Oneida Herkimer Solid Waste Authority (OHSWA) to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker or agent of the Generator, the undersigned signs as an authorized agent of the generator and has personally confirmed the information contained in this profile sheet is correct and accurate. If approved, the undersigned has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

**Certification Signature**:Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Name (Print/Type):** Click or tap here to enter text. **Company Name:** Click or tap here to enter text.

**Date:**Click or tap here to enter text.

Additional documents attached: Yes [ ]  No [ ]  Number of pages: Click or tap here to enter text.

***\*The Authority may revoke any prior approvals or adjust volumes if operational conditions warrant.***

***Advanced notice will be provided by the Authority.***

**H. OHSWA Management’s Decision** *(OHSWA USE ONLY)*

Industrial/Commercial[ ]  C&D [ ]  Select C&D [ ]  Asbestos [ ]  Sludge [ ]  Contaminated Soil [ ]  ADC [ ]

 Direct Haul to Regional Landfill: Yes [ ]  No [ ]

 Commingle waste at Transfer Station: Yes [ ]  No [ ]

 Precautions/Special Requests/Limitations on Approval:Click or tap here to enter text.

Special Waste Decision: APPROVED [ ]  DENIED [ ]

Waste Profile Approval Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Manager Name: Click or tap here to enter text.