

**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.