



# SPECIAL WASTE PROFILE KEKAHA MUNICIPAL SOLID WASTE (MSW) LANDFILL

Profile # \_\_\_\_\_

## A. GENERATOR INFORMATION

1. Generator Name:
2. Site Address (Street, City, Zip):
3. Contact Name:
4. Email:
5. Phone: \_\_\_\_\_ 7. Fax: \_\_\_\_\_
7. State ID: \_\_\_\_\_

## B. BILLING INFORMATION

1. Bill To:
2. Billing Address (Street, State, Zip):
3. Contact Name:
4. Email:
5. Phone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_

## C. WASTE INFORMATION

1. Waste Name: \_\_\_\_\_  
Process Generating Waste: \_\_\_\_\_
2. Waste Composition (Waste Type): \_\_\_\_\_ % of Total
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
 Total (Must add to 100%): \_\_\_\_\_
3. Color: \_\_\_\_\_
4. Liquid/Solid: \_\_\_\_\_
5. Percent Liquid: \_\_\_\_\_
6. pH: \_\_\_\_\_
7. Odor: \_\_\_\_\_
8. Flash Point: \_\_\_\_\_

## D. REGULATORY INFORMATION

1. EPA Hazardous Waste?  YES  NO
2. Is this Material non-hazardous due to treatment, delisting, or an exclusion?  YES  NO
3. CERCLA or State Regulated Cleanup?  YES  NO
4. Regulated Radioactive or NORM Waste?  YES  NO
5. Contains PCBs as defined in 40 CFR Part 761?  YES  NO
6. Regulated and/or Untreated Medical/Infectious Waste?  YES  NO
7. Contains Asbestos?
  - Friable?  YES  NO
  - Non-Friable?  YES  NO
  - Non-Friable Regulated?  YES  NO

## E. SHIPPING INFORMATION

1. One-Time Event?  YES  NO
2. Repeat Event?  YES  NO
3. Estimated Quantity: \_\_\_\_\_

## F. REPRESENTATIVE SAMPLE INFORMATION

1. Analytical Attached?  YES
2. Sample Date: \_\_\_\_\_
3. Sample ID Numbers: \_\_\_\_\_

## G. INDEMNIFICATION

I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the material to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from this certification being inaccurate or untrue.

I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original.

If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process.

I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_