

SPECIAL WASTE PROFILE KEKAHA MUNICIPAL SOLID WASTE LANDFILL



Profile #: _____

A. GENERATOR INFORMATION

Generator Name : _____
Site Address (Street, City, Zip): _____
Contact Name: _____
Email: _____ State ID: _____
Phone: _____ Fax: _____

B. BILLING INFORMATION

Bill To: _____
Billing Address (Street, City, Zip): _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

C. WASTE INFORMATION

Waste Name: _____
Process Generating the Waste: _____
Waste Composition (Waste Type):

	Percent Total:	Color: _____
1. _____	_____	pH: _____
2. _____	_____	Odor: _____
3. _____	_____	Liquid/Solid: _____
4. _____	_____	Percent Liquid: _____
Total Composition (Must add to 100%): _____		Flash Point: _____

D. REGULATORY INFORMATION

Is this Material EPA Hazardous Waste?	YES	NO	*If yes to containing
Is this Material nonhazardous due to treatment, delisting, or an exclusion?	YES	NO	Asbestos, what type?
Is this Material part of a CERCLA or state-regulated cleanup?	YES	NO	Friable
Is this Material Regulated Radioactive or NORM Waste?	YES	NO	Nonfriable
Does this Material contain PCBs, as defined in 40 CFR Part 761?	YES	NO	Nonfriable
Is this Material Regulated and/or Untreated Medical/Infectious Waste?	YES	NO	Nonfriable Regulated
Does this Material contain Asbestos?*	YES	NO	Nonfriable Regulated

E. SHIPPING INFORMATION

One-Time Event? YES NO Estimated Quantity:
Repeat Event? YES NO

F. REPRESENTATIVE SAMPLE INFORMATION

Analytical Attached? YES Sample Date: _____
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. In addition, 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 that 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 delivery of the material to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kauai 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 project sheet, as provided by the County of Kauai.

NAME: _____

SIGNATURE: _____

DATE: _____

Email completed form to CPembrook@Geosyntec.com. Call (808) 337-1416 with questions.