



Miller Environmental Group Inc.  
Syracuse Waste Facility

# WASTE PROFILE

## A. Billing Information

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
MEG Job Number \_\_\_\_\_

PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_  
EMAIL \_\_\_\_\_  
COUNTY \_\_\_\_\_  
UNIT COST \_\_\_\_\_

## B. Generator / Site Information

### Generator Information

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
CONTACT INFO \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
COUNTY \_\_\_\_\_

### Site Information

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
CONTACT INFO \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
COUNTY \_\_\_\_\_

## C. Waste Stream

Shipping Name \_\_\_\_\_  
State Waste Code(s) if applicable \_\_\_\_\_  
Process Generating waste \_\_\_\_\_

Estimate quantity of waste \_\_\_\_\_  Drums  Gallons  
Frequency \_\_\_\_\_  Recurring  One Time



### D. Waste Composition / Characteristics

% Solids \_\_\_\_\_ pH \_\_\_\_\_  
 Flashpoint \_\_\_\_\_ % Oil \_\_\_\_\_

Composition of Waste (must add up to 100%)

_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

Is this site a State or Federal Superfund Site \_\_\_\_\_

Is there a State Spill Case # \_\_\_\_\_

Is Laboratory Reporting being supplied with this profile \_\_\_\_\_

Is the waste classified as a radioactive material under USEPA 40 CFR 191.12? \_\_\_\_\_

Does the waste contain any levels of polychlorinated biphenyls (PCBs)? \_\_\_\_\_  
 If yes, list the level \_\_\_\_\_

Does the waste contain herbicides, pesticides, asbestos, insecticides, or residues there of at concentrations that would render it hazardous as defined by 40CFR 261 or subject to additional state or federal regulations? \_\_\_\_\_



**E. Generator Certification**

- A. I certify that the waste represented by the profile is not listed hazardous waste, nor does it contain a listed hazardous waste, nor does it exhibit any characteristics of a hazardous waste as defined by 40 CFR 261.  YES  NO
- B. I certify that this waste profile and all attachments contain true and accurate descriptions of the waste materials.  YES  NO
- C. I certify that all relevant information in possession of the Generator pertaining to known or suspect hazards with regard to the waste has been disclosed to MEG.  YES  NO
- D. I certify that all changes that occur in the characteristics of the waste will be identified by the Generator and disclosed to MEG prior to providing the waste to MEG.  YES  NO
- E. Laboratory Analytical Attached  YES  NO  
If yes, I certify that the analytical data attached hereto are derived from testing, representative sample(s) as referenced in 40 CFR 261.20 or equivalent state regulatory provision.  YES  NO
- F. The undersigned has determined the non-hazardous status of the said waste is in accordance with 40 CFR 262.11. Should, at any time after delivery, the material accepted by MEG is found to be nonconforming to the information certified in this profile and represented by documentation attached hereto, it becomes the responsibility of the Generator/Agent to remove the waste from the facility within five (5) days of notification. Notification is to be verbal followed by written notification, overnight receipted. It is the Generator's/Agent's responsibility to abide by all Federal, State and Local regulations associated with the removal of their waste. If the waste is not removed within the specified time period, said disposal shall be arranged by a MEG representative and billed to the Generator/Agent at cost plus basis. Furthermore, the Generator/Agent will be responsible for any and all costs for decontamination required by the facility that is related to the Generator's/Agent's material and all liability for such nonconforming waste shall revert to Generator/Agent.

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NAME

COMPANY

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SIGNATURE

DATE

**F. Facility Approval**

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APPROVAL SIGNATURE

DATE

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MANAGER NAME

APPROVAL #