



WATER WORKS

A DIVISION OF MILLER ENVIRONMENTAL GROUP, INC.

WASTE PROFILE

A. BILLING INFORMATION

Name: _____ Phone: _____
 Address: _____ Contact: _____
 City: _____ eMail: _____
 State / Zip: _____ County: _____
 MEG Job Number: _____ Unit Cost: _____ Min Load _____

B. GENERATOR / SITE INFORMATION

Generator Information	Site Information (if Different)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State / Zip: _____	State / Zip: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
eMail: _____	eMail: _____
County: _____	County: _____

C. WASTE STREAM

Shipping Name: _____
 State Waste Code(s) if applicable: _____
 Process Generating Waste: _____

Est. Quantity of Waste: _____ Drums Gallons
 Frequency: _____ Recurring One time

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C. 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 Report 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 thereof at concentrations that would render it hazardous as defined by 40CFR 261 or subject to additional state or federal regulations? _____

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D. GENERATOR CERTIFICATION

- A. I certify that the waste represented by this profile is not a 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 material. Yes No
- C. I certify that all relevant information in possession of the Generator pertaining to known or suspected 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

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 non-conforming 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.

Name

Company

Signature

Date

F. FACILITY APPROVAL

Approval Signature

Date

Manager Name

Approval #