



Miller Environmental Group Inc.
Long Island 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.

NAME

COMPANY

SIGNATURE

DATE

F. Facility Approval

APPROVAL SIGNATURE

DATE

MANAGER NAME

APPROVAL #