

**SOLID WASTE PROFILE SHEET**

(Please Print or Type - Black Ink Only)

Check one:  New Certification  Recertification  Modification to a current certification (attach an explanation of the changes)

**GENERAL INFORMATION**

**Generator**  
 Name: \_\_\_\_\_ USEPA ID Number: \_\_\_\_\_  
 Location: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 County: \_\_\_\_\_

**Contact**  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Submitted by (if different from above):  
**Company** Name: \_\_\_\_\_ **Contact** Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**WASTE INFORMATION**

Process Generating the Waste: \_\_\_\_\_  
 \_\_\_\_\_

Waste Name: \_\_\_\_\_  
 \_\_\_\_\_

If this waste is subject to the corrective action regulations of 40 CFR Part 280 (underground storage tank program), supply the following:

UST Facility Identification # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ UST Incident # UST \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is petroleum-contaminated waste, what is the source of the contamination (e.g., gasoline, diesel, hydraulic oil, etc.)? \_\_\_\_\_

Does this waste contain any of the following (give the concentration)?:  PCBs \_\_\_\_\_ppm  Cyanides \_\_\_\_\_ppm  Sulfides \_\_\_\_\_ppm

Annual Volume \_\_\_\_\_ Remediation Waste CERCLA Cleanup Process Waste

**WASTE PROPERTIES**

Physical State: Solid  If the waste is liquid or contains free liquid: \_\_\_\_\_  
 Bladeable Sludge  % Free Liquids: \_\_\_\_\_  
 Liquid  pH: \_\_\_\_\_  
 Solid/Liquid Combination  Flash Point: \_\_\_\_\_  
 Solidified prior to disposal? \_\_\_\_\_  
 If yes, please see the instruction page

**WASTE DISPOSITION**

If this is foundry waste, is it disposed (used as fill material) in accordance with ADEM Admin. Code R. 335-13-4-.26(3)? \_\_\_\_\_

Proposed Landfill(s): Name: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of law that this waste material does not contain regulated medical waste, regulated PCB waste, or hazardous waste which is not conditionally exempt from Division 14 Regulations. I further certify that, at the point of disposal, this waste material will not contain any free liquids. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
 Name (type or print)  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Date

Profile Number \_\_\_\_\_

## SOLID WASTE PROFILE SHEET INSTRUCTIONS

Indicate if the submittal is a new certification, recertification, or a modification to a current certification. A modification is a request for a change in the certification when information relative to the waste stream has changed or additional information is added.

### GENERAL INFORMATION

Enter the generating facility's name, 12-digit USEPA Identification Number (if a number has been assigned to this location), physical address where the waste is generated, including county name, and mailing address.

Enter the name of the facility's contact person along with their official title, telephone number and email address. This should be a person whom the Department can contact with questions regarding this certification or waste stream.

Enter the name of the company and person making this submission, if different from the generator information. Include the company's mailing address along with the contact person's telephone number and email address.

### WASTE INFORMATION

Enter a description of the process generating this waste stream along with the name of the waste. The description should be clear and include background or historical information that will enable the Department to determine whether the waste is a hazardous or non-hazardous waste. General processes (e.g., spill cleanup, plant cleanup, decontamination, accidental release, wastewater treatment sludge, contaminated debris) will require additional clarifications to ensure that the waste is properly classified. For example, *wastewater treatment sludge* is too generic since this sludge could be hazardous depending on how the wastewater was generated (e.g., sludge from the treatment of wastewaters from electroplating operations could be F006 hazardous waste).

If the waste is subject to the corrective action regulations of 40 CFR Part 280 (Underground Storage Tank Program), include the UST Facility Identification Number and the UST Incident Number (if applicable). If the waste is contaminated with a petroleum product, indicate the type of petroleum. Also, indicate if the waste contains PCBs, cyanides, or sulfides by checking the appropriate box and supply the concentration.

If necessary, attach Material Safety Data Sheets or other documents (e.g., laboratory analysis results) that describe the composition of the waste.

Please indicate the annual volume for disposal. Place an "X" in the box indicating if the waste is a remediation, CERCLA, or process waste.

### WASTE PROPERTIES

Place an "X" in the box indicating the correct physical state of the waste.

If the waste is a liquid or contains free liquid, include values for percent free liquids, pH, and flash point, plus indicate whether or not the waste will be solidified prior to disposal. If the waste is solidified, please identify where the solidification process will occur and the product used for solidification. Please attach a Material Safety Data Sheet for the product, if necessary.

### WASTE DISPOSITION

If the waste is foundry waste, indicate whether or not it is being used as fill material in accordance with the requirements of ADEM Admin. Code R. 335-13-4-.26(3).

Supply the name(s) and permit number(s) of the intended landfill(s).

### CERTIFICATION

The certification for submitted information must be signed and dated by an authorized representative of the company.

### PROFILE/CERTIFICATION NUMBER

If this is a recertification or a modification to an existing certification, enter the six-digit profile number and the certification number assigned to this wastestream by the Department.

**Mail completed form, pertinent analyses, and applicable fees (specified in Division 1, Chapter 6 (335-1-6) of the ADEM Administrative Code) to:**

Waste Disposal Approvals  
Land Division  
Alabama Department of Environmental Management  
P.O. Box 301463  
Montgomery, AL 36130-1463