

EXPRESS PROFILE

Non-Friable Asbestos Containing Materials



Requested Disposal Facility _____ Profile Number _____

Renewal for Profile Number _____ Waste Approval Expiration Date _____

A. Waste Generator Facility Information (must reflect location of waste generation/origin)

1. Generator Name: _____ 7. Email Address: _____
2. Site Address: _____ 8. Phone: () _____
3. City/ZIP: _____ 9. FAX: () _____
4. State: _____ 10. NAICS Code: _____
5. County: _____ 11. Generator USEPA ID #: _____
6. Contact Name/Title: _____ 12. State ID# (if applicable): _____

B. Customer Information same as above

1. Customer Name: _____ 6. Phone: () _____ FAX: () _____
2. Billing Address: _____ 7. Transporter Name: _____
3. City, State and ZIP: _____ 8. Transporter ID # (if appl.): _____
4. Contact Name: _____ 9. Transporter Address: _____
5. Contact Email: _____ 10. City, State and ZIP: _____

C. Waste Stream Information

1. DESCRIPTION
- a. Common Waste Name: Non-Friable Asbestos containing materials State Waste Code(s): _____
- b. Describe Process Generating Waste or Source of Contamination: Demolition/ renovation- when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure. Including gaskets, resilient floor coverings and asphalt roofing products (specify below)
Does not include clean-up wastes, such as soils, that are contaminated with nonfriable asbestos.
- c. Typical Color(s): Any and all
- d. Strong Odor? Yes No Describe: _____
- e. Physical State at 70°F: Solid Liquid Powder Semi-Solid or Sludge Other: _____
- f. Layers? Single layer Multi-layer NA
- g. Water Reactive? Yes No If Yes, Describe: _____
- h. Free Liquid Range (%): _____ to _____ NA(solid)
- i. pH Range: ≤2 2.1-12.4 ≥12.5 NA(solid) Actual: _____
- j. Liquid Flash Point: < 140°F ≥ 140°F NA(solid) Actual: _____
- k. Flammable Solid: Yes No
- l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): (See Attached)

Constituents (Total Composition Must be ≥ 100%)	Concentration %	Constituents (Total Composition Must be ≥ 100%)	Concentration %
1. <u>Non-friable asbestos containing materials</u>	_____	4. _____	_____
2. <u>(Please specify e.g., shingles, floor tile,</u>	_____	5. _____	_____
3. <u>etc.)</u>	_____	6. _____	_____

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION
- a. Event Base/Ongoing (Check One)
- b. Estimated Annual Quantity: _____ Tons Cubic Yards Drums Gallons Other (specify): _____
- c. Shipping Frequency: _____ Units per Month Quarter Year One Time Other
- d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) Yes No
- e. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.): Normal lanfill safety requirements. Manage waste so that it does not become friable



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D. Regulatory Status (Please check appropriate responses)

1. Is this a USEPA (40 CFR Part 261)/State hazardous waste? If yes, contact your sales representative. Yes No
2. Is this waste included in one or more of categories below (Check all that apply)? If yes, attach supporting documentation. Yes No
 - Delisted Hazardous Waste Excluded Wastes Under 40 CFR 261.4
 - Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste
3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions. Yes No
4. Does the waste represented by this waste profile sheet contain radioactive material? Yes No
 - a. If yes, is disposal regulated by the Nuclear Regulatory Commission? Yes No
 - b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM? Yes No
5. Does the waste represented by this waste profile sheet contain concentrations of regulated Polychlorinated Biphenyls (PCBs)? Yes No
 - a. If yes, is disposal regulated under TSCA? Yes No
6. Does the waste contain untreated, regulated, medical or infectious waste? Yes No
7. Does the waste contain asbestos? Yes No If Yes, Friable Non Friable
- h. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)? Yes No

If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? Yes No

E. Generator Certification (Please read and certify by signature below)

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the Contractor if applicable).
5. Check all that apply:
 - Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: _____ # Pages: _____
 - Only the analyses identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested). Attachment #: _____
 - Additional information necessary to characterize the profiled waste has been attached (other than analytical). Indicate the number of attached pages: _____
 - I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.
 - By Generator process knowledge, the following waste is not a listed waste and is below all TCLP regulatory limits.

Certification Signature: _____ **Title:** _____

Company Name: _____ **Name (Print):** _____

Date: _____

FOR WM USE ONLY

- Management Method:** Landfill Bioremediation **Approval Decision:** Approved Not Approved
- Non-hazardous solidification Other: _____ **Waste Approval Expiration Date:** _____
- Management Facility Precautions, Special Handling Procedures or Limitation on approval:** _____
- Shall not contain free liquid
 - Shipment must be scheduled into disposal facility
 - Approval Number must accompany each shipment
 - Waste Manifest must accompany load

WM Authorization Name / Title: _____ **Date:** _____

State Authorization (if Required): _____ **Date:** _____