



Waste Profile Form

Yukon Facility ID Nos. PAD004835146 301071 Check: _____	Bulger Facility ID Nos. PAD059087072 301359 Check: _____
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BILLING INFORMATION

Customer Name: _____

Customer Location Address: _____

Contact Name: _____

E-mail Address: _____

Phone/Fax Numbers: _____

GENERATOR INFORMATION

Generator Name: _____

Generator Mailing Address: _____

Contact Name: _____

E-mail Address: _____

Phone/Fax Numbers: _____ Generator Employer Identification Number (EIN)*: _____
*Do not give SSN

SITE INFORMATION

Site Name: _____

Site Address (if different from mailing): _____

Volume: _____ Tons Gallons --- Annually Monthly One Time Event

Color: _____ Odor: _____

Physical Condition of Waste: _____ Percent Liquid/Solid: _____

Specific Gravity (water = 1.0) and Density: _____ (estimated or measured)

Waste Description & Generation Process (attached schematic if needed): _____

Source of Contamination: _____
(Attach schematic and description of process, including background documentation, if appropriate)

Check all that apply:

Yukon treatment/processing?

Yukon Landfill 6 disposal?

Bulger treatment/processing?

Bulger beneficial use?

Is this waste a RCRA hazardous waste? Yes No

If yes, describe and list the RCRA waste codes:

Generator hazardous waste ID# (EPA ID#): _____

USDOT proper shipping name, UN/NA number and hazard class (if applicable)

Shipping Information (bulk liquid, bulk solid, bulk sludge, drums/totes): _____

If this waste is a PA residual waste, describe and list the DEP residual waste codes:

Attach chemical analysis reports. See analytical summary requirement pages. (Laboratory data must be no older than one year from the date of this submittal. Chemical analysis must be performed by a PA registered or accredited laboratory. Other supplemental data may be requested). Attach safety data sheets as needed.

GENERATOR CERTIFICATION

I hereby certify that all information on this and all attached documents are true and that this information accurately describes the waste. I further certify that all samples and analyses submitted are representative of the subject waste in accordance with the procedures established in 40 CFR 261 Appendix I or by using an equivalent method allowed by the PA Department of Environmental Protection. I also certify that this waste does not contain >50ppm PCBs and does not contain >500ppm volatile organic compounds.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

MAX ENVIRONMENTAL CERTIFICATION

I hereby certify that the statements of fact contained therein are true and correct to the best of my knowledge, information and belief. This statement and verification are made subject to the penalties of 18 Pa. C. S. A. Section 4904, relating to un-sworn falsification to authorities.

Name of Responsible Official: _____ Title: _____

Signature: _____ Date: _____