

Waste Generator Information

- |                                |                                 |
|--------------------------------|---------------------------------|
| 1. Generator Name: _____       | 8. County of Origin: _____      |
| 2. Contact Person: _____       | 9. Contractor's Name: _____     |
| 3. Generator's Address: _____  | 10. Contact Person: _____       |
| 4. City: _____                 | 11. Contractor's Address: _____ |
| 5. Zip: _____                  | 12. City: _____                 |
| 6. Generator's Phone: _____    | 13. Zip: _____                  |
| 7. Billing Account used: _____ | 14. Phone: _____                |

Waste Category

**I. Construction, Demolition, Remodeling:**

- |   |   |
|---|---|
| 1. Has a disposal permit been obtained?                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| 2. Does the waste contain Asbestos?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| If yes:   | Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> |
| a. Has test results been submitted to NRRRA (24hrs prior to transport)?   | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| b. Will the asbestos be abated and containerized prior to transportation? | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| 3. Does the waste contain Lead:   | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| If yes:   |   |
| a. Will it be abated prior to disposal?                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>              |
| b. Has a full TCLP W/ Metals been completed on representative sample(s)?  | Yes <input type="checkbox"/> No <input type="checkbox"/>              |

Note: 1 sample per 100 yds. of waste unless an alternate plan has been approved in writing by NRRRA.

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|---|--|
| 4. Does the waste contain concentrations of Polychlorinated Biphenyls (PCBs)(40 CFR 761)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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**II. Industrial Sludge:**

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|--|--|
| 1. Has a Full TCLP been submitted to the NRRRA within the last year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

Note: A Full TCLP is to be done annually or as requested by the NRRRA. To include Corrositivity Ignitability, & Reactivity

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|---|--|
| 2. Has a paint filter test been submitted (prior to each event) to NRRRA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Note: The NRRRA reserves the right to require material to exceed Paint filter tests if it becomes an operational problem.

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|--|--------|
| 3. What percent liquid is suspended in the Sludge? | _____% |
|--|--------|

**III. Municipal Sludge:**

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|--|--|
| 1. Does the waste meet land application standards? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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|---|--|
| 2. Has Full TCLP been submitted to the NRRRA prior to each event? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Note: A Full TCLP is to be done prior to each event or as requested by the NRRRA.

- |   |  |
|---|--|
| 3. Has a paint filter test been submitted (prior to each event) to NRRRA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Note: The NRRRA reserves the right to require material to exceed Paint filter tests if it becomes an operational problem.

- |  |        |
|--|--------|
| 4. What percent liquid is suspended in the Sludge? | _____% |
|--|--------|

**IV. Ash/casting sands:**

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|---|--|
| 1. Has Full TCLP (Annually or as requested by the authority) been submitted to the NRRRA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

- |   |  |
|---|--|
| 2. Has a paint filter test been submitted (prior to each event) to NRRRA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Note: The NRRRA reserves the right to require material to exceed Paint filter tests if it becomes an operational problem

- |  |  |
|--|--|
| 3. Does the material exceed 130° F prior to leaving the generators site? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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**New River Resource Authority (NRRA)  
Waste Profile**

**V. Other Special Waste:**

1. Description of waste: \_\_\_\_\_  
\_\_\_\_\_

2. Process Generating Waste: \_\_\_\_\_  
\_\_\_\_\_

3. Does the material contain hazardous waste? Unknown  Yes  No
4. Does the waste contain radioactive waste? Unknown  Yes  No
5. Does the waste contain Lead? Unknown  Yes  No
6. Does the waste contain contaminated soil? Unknown  Yes  No
7. Does the waste contain concentrations of Polychlorinated Biphenyls (PCBs)(40 CFR 761)? Unknown  Yes  No
8. Does the waste represented by this profile contain debris or asbestos?  
If yes, fill out section I above Yes  No
9. Has Full TCLP with metals been submitted to the NRRA? Yes  No

Note: number of samples is to be determined by the NRRA

10. Has a paint filter test been submitted (prior to each event) to NRRA? Yes  No

Note: The NRRA reserves the right to require material to exceed Paint filter tests if it becomes an operational problem.

11. What percent liquid is suspended (if any)? \_\_\_\_\_%

12. Does the waste contain any Class I or Class II ozone-depleting substances? Yes  No   
If yes, please provide written certification by industry professional that substance has been removed.

13. Does the waste include non-ozone-depleting substance containing White goods? Yes  No

14. Does the waste contain Lead Batteries? Yes  No

15. Does the waste contain tires? Yes  No

**VI. Quantity of Waste:**

Estimated Annual Volume: \_\_\_\_\_ tons \_\_\_\_\_ yards \_\_\_\_\_ other specify \_\_\_\_\_

Shipping frequency: Units \_\_\_\_\_ per month \_\_\_ quarter \_\_\_ year \_\_\_ one time \_\_\_ other \_\_\_

**VII. Waste Hauler:**

Hauler's name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Billing Account: Yes  No  Cash

**VIII. Generators Certification:**

The undersigned certifies that all information provided by the waste profile sheet and all attachments contain true and accurate descriptions of the Generator and all known or suspected hazards pertaining to the waste have been disclosed to the Contractor and the NRRA. The under signed also certifies that all changes which occur in the character of the waste be identified by the Generator and disclosed to the Contractor and the NRRA prior to providing the waste to the Contractor or the NRRA?

\_\_\_\_\_  
Generator / Contractor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date