



A. GENERATOR INFORMATION (MATERIAL ORIGIN)

The information in this section applies strictly to the generator of the material being profiled on this form. Please complete as much information as possible.

C. MATERIAL INFORMATION

- Common Name:** Enter the generally descriptive name of the material.
Example: Paint sludge, Gasoline Impacted soil
Describe Process Generating Material: Describe the process and/or source of contamination generating this material. Identify the specific process/operation or source that generates the material.
Example: Soil from underground storage tank that contained gasoline
- Material Composition and Contaminants:** Total composition must be equal to or greater than 100%. List the general components of the material and any pertinent contaminants with the overall concentration in the material.
Example: Soil 90% – 100%, Debris 0% – 10%
- State Waste Codes:** If applicable, enter the appropriate state code assigned to this material. If there is no code, select N/A.
- Color:** Describe the color(s) of the material.
Example: Blue, brown, clear
- Physical State at 70 °F:** Select all that apply. You may select solid and liquid at the same time. If this material is neither, please choose other and describe in the space provided.
- Free Liquid Range Percentage:** If the material has free liquids in it, identify the approximate percentage. If the material contains no free liquids, select N/A.
- pH:** Indicate the pH range of the waste. Most areas do not require a pH on solid. However, it may be a requirement for your facility. If you are unsure, contact your Technical Service Center for clarification.
- Strong Odor:** Do not smell the waste. If the waste is known to have a strong odor please describe in the space provided.
Example: Gasoline, Pungent, Rotten Eggs
- Flash Point:** Indicate the flash point obtained using the appropriate test method. Solid material at most locations does not require a flash point. If this is true, select N/A.

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical:** If you attach laboratory analysis to help characterize your material. Please indicate it here and identify which samples or entire reports are representative of the material.
- Other Information:** If other information such as an MSDS or other product information will help characterize your material, indicate it here and attach the documentation.

G. GENERATOR CERTIFICATION

Before submitting your profile form, read the Generator Certification and completed the information on the left and sign on the right.

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B. BILLING INFORMATION

The information in this section applies to the person or company that will receive the invoice from Waste Management.

D. REGULATORY INFORMATION

- EPA Hazardous Waste:** Verify whether this material is a hazardous waste as defined by 40 CFR 261. If you select Yes, identify the applicable hazardous waste codes and answer corresponding Addendum questions (D.1.) on the second page.
- State Hazardous Waste Codes:** Verify whether this material is a hazardous waste as defined by the state. If you select Yes, identify the applicable hazardous waste codes. Additional space for codes is available on the Addendum form – question D.2.
- Is this material non-hazardous due to Treatment, Delisting, or an Exclusion?** If you select Yes, identify the applicable exclusion and answer corresponding Addendum questions (D.3.) on the second page.
- Contains Underlying Hazardous Constituents:** Verify whether this material contains UHCs in 40 CFR 268.
- Contains Benzene and Subject to Benzene NESHAP:** Verify whether material is from an industry subject to and material is regulated by Benzene NESHAP in 40 CFR 61. If Yes, answer corresponding Addendum questions (D.5.) on the second page.
- Facility Remediation Subject to 40 CFR 63 GGGGG:** Verify whether material is subject to 40 CFR 63 GGGGGG.
- CERCLA or State-mandated clean-up:** If Yes, please attach the Record of Decision or other documentation to assist others in the evaluation for proper disposal.
- NRC or State-regulated radioactive or NORM waste:** If you select Yes, answer the additional corresponding Addendum questions (D.8.) on the second page.
- Contains PCBs:** If yes, answer questions a, b, & c concerning PCBs. For more information consult 40 CFR 761.
- Regulated and/or untreated Medical/Infectious Waste?:** Indicate if the material contains anything that may qualify as Regulated and/or untreated medical/infectious waste.
- Contains Asbestos:** Indicate whether the waste contains asbestos. If yes, indicate the type of asbestos.

F. SHIPPING AND DOT INFORMATION

- One-Time Event or Repeat Event/Ongoing Business:** Identify if the material will be generated from a single event or if the material will be generated in an on-going process.
- Estimated Quantity / Unit of Measure:** Give the approximate quantity and unit of measure for your material. If this is an on-going process, identify the annual quantity.
- Container Type and Size:** Please identify the container type and size. If you are unsure, leave blank.
Example: 40 yard roll-off, 55-gallon drums
- USDOT Proper Shipping Name:** If applicable, enter the proper USDOT Shipping Name.



Requested Facility: _____ Unsure Profile Number: _____
 Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- 1. Generator Name: _____
- 2. Site Address: _____
(City, State, ZIP) _____
- 3. County: _____
- 4. Contact Name: _____
- 5. Email: _____
- 6. Phone: _____ 7. Fax: _____
- 8. Generator EPA ID: _____ N/A
- 9. State ID: _____ N/A

C. MATERIAL INFORMATION

- 1. Common Name: _____
Describe Process Generating Material: See Attached
- 2. Material Composition and Contaminants: See Attached

1.	
2.	
3.	
4.	

Total comp. must be equal to or greater than 100% ≥100%
- 3. State Waste Codes: _____ N/A
- 4. Color: _____
- 5. Physical State at 70°F: Solid Liquid Other: _____
- 6. Free Liquid Range Percentage: _____ to _____ N/A
- 7. pH: _____ to _____ N/A
- 8. Strong Odor: Yes No Describe: _____
- 9. Flash Point: <140°F 140°-199°F ≥200° N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- 1. Analytical attached Yes
Please identify applicable samples and/or lab reports:
- 2. Other information attached (such as MSDS)? Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

I am an Authorized Agent signing on behalf of the Generator, and I have confirmed with the Generator that information contained in this profile, as well as supporting documents provided, are accurate and complete.

Name (Print): _____ Date: _____
Title: _____
Company: _____

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B. BILLING INFORMATION

SAME AS GENERATOR

- 1. Billing Name: _____
- 2. Billing Address: _____
(City, State, ZIP) _____
- 3. Contact Name: _____
- 4. Email: _____
- 5. Phone: _____ 6. Fax: _____
- 7. WM Hauled? Yes No
- 8. P.O. Number: _____
- 9. Payment Method: Credit Account Cash Credit Card

D. REGULATORY INFORMATION

- 1. EPA Hazardous Waste? Yes* No
Code: _____
- 2. State Hazardous Waste? Yes No
Code: _____
- 3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes* No
- 4. Contains Underlying Hazardous Constituents? Yes* No
- 5. From an industry regulated under Benzene NESHAP? Yes* No
- 6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
- 7. CERCLA or State-mandated clean-up? Yes* No
- 8. NRC or State-regulated radioactive or NORM waste? Yes* No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- 9. Contains PCBs? → If Yes, answer a, b and c. Yes No
 - a. Regulated by 40 CFR 761? Yes No
 - b. Remediation under 40 CFR 761.61 (a)? Yes No
 - c. Were PCB imported into the US? Yes No
- 10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
- 11. Contains Asbestos? Yes No
→ If Yes: Non-Friable Non-Friable - Regulated Friable

F. SHIPPING AND DOT INFORMATION

- 1. One-Time Event Repeat Event/Ongoing Business
- 2. Estimated Quantity/Unit of Measure: _____
 Tons Yards Drums Gallons Other: _____
- 3. Container Type and Size: _____
- 4. USDOT Proper Shipping Name: _____ N/A

Certification Signature



Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.

Profile Number: _____

C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1): _____ If more space is needed, please attach additional pages.

[Empty text box for describing process generating material]

Material Composition and Contaminants (Continued from page 1): _____ If more space is needed, please attach additional pages.

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Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the EZ Profile™ form (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

[Empty text box for listing waste code numbers]

- b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)? Yes No
- c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4. Yes No
- d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083)? Yes No
 - If Yes, please check **one** of the following:
 - Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))
 - Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

2. State Hazardous Waste → Please list all state waste codes: _____

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:
 Delisted Hazardous Waste Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____
 Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:
[Empty text box for listing hazardous constituents]

5. Industries regulated under Benzene NESHAP include petroleum refineries, chemical manufacturing plants, coke by-product recovery plants, and TSDFs.

- a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue. Yes No
- b. Does this material contain benzene? Yes No
 - 1. If yes, what is the flow weighted average concentration? _____ ppmw
- c. What is your facility's current total annual benzene quantity in Megagrams? <1 Mg 1–9.99 Mg ≥10 Mg
- d. Is this waste soil from a remediation? Yes No
 - 1. If yes, what is the benzene concentration in remediation waste? _____ ppmw
- e. Does the waste contain >10% water/moisture? Yes No
- f. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? Yes No
- g. Is material exempt from controls in accordance with 40 CFR 61.342? Yes No
 - If yes, specify exemption: _____
- h. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF? Yes No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination? Yes No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____



Additional Profile Information

Profile Number: _____

C. MATERIAL INFORMATION

Material Composition and Contaminants (Continued from page 2):

If more space is needed, please attach additional pages.

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39.	
40.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers (Continued from page 2):

2. Form Code:

3. Source Code:



Additional Profile Information

Profile Number: _____

F. SHIPPING AND DOT INFORMATION

4. USDOT Proper Shipping & Technical Name (Continued from page 1):

2.	<input type="checkbox"/> N/A
3.	<input type="checkbox"/> N/A
4.	<input type="checkbox"/> N/A
5.	<input type="checkbox"/> N/A
6.	<input type="checkbox"/> N/A
7.	<input type="checkbox"/> N/A
8.	<input type="checkbox"/> N/A
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10.	<input type="checkbox"/> N/A
11.	<input type="checkbox"/> N/A
12.	<input type="checkbox"/> N/A
13.	<input type="checkbox"/> N/A
14.	<input type="checkbox"/> N/A
15.	<input type="checkbox"/> N/A
16.	<input type="checkbox"/> N/A
17.	<input type="checkbox"/> N/A
18.	<input type="checkbox"/> N/A
19.	<input type="checkbox"/> N/A
20.	<input type="checkbox"/> N/A
21.	<input type="checkbox"/> N/A
22.	<input type="checkbox"/> N/A
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24.	<input type="checkbox"/> N/A
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26.	<input type="checkbox"/> N/A
27.	<input type="checkbox"/> N/A
28.	<input type="checkbox"/> N/A
29.	<input type="checkbox"/> N/A
30.	<input type="checkbox"/> N/A
31.	<input type="checkbox"/> N/A
32.	<input type="checkbox"/> N/A
33.	<input type="checkbox"/> N/A
34.	<input type="checkbox"/> N/A
35.	<input type="checkbox"/> N/A
36.	<input type="checkbox"/> N/A
37.	<input type="checkbox"/> N/A
38.	<input type="checkbox"/> N/A
39.	<input type="checkbox"/> N/A
40.	<input type="checkbox"/> N/A
41.	<input type="checkbox"/> N/A
42.	<input type="checkbox"/> N/A
43.	<input type="checkbox"/> N/A
44.	<input type="checkbox"/> N/A
45.	<input type="checkbox"/> N/A
46.	<input type="checkbox"/> N/A
47.	<input type="checkbox"/> N/A
48.	<input type="checkbox"/> N/A
49.	<input type="checkbox"/> N/A
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51.	<input type="checkbox"/> N/A



Additional Profile Information

Profile Number: _____

C. MATERIAL INFORMATION

3. State Waste Codes (Continued from page 1):

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