

I. REQUESTED DISPOSAL FACILITY

II. GENERATOR INFORMATION

Generator Name _____
 Contact Name _____
 Title _____
 Email _____
 Phone _____ Fax _____

Generator Site Description _____
 Generator Site Address _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

III. CUSTOMER INFORMATION

same as above

Customer Name _____
 Billing Address: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 Contact Name _____
 Email _____
 Phone _____ Fax _____

IV. CONSULTANT/REPRESENTATIVE

Name _____
 Mailing Address: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 Contact Name _____
 Email _____
 Phone _____ Fax _____

V. WASTE INFORMATION

Common Waste Name/Description _____
 Description of waste generation process/source:

Physical consistency _____
 Odor? No Yes (specify) _____ Flammable: No Yes
 pH Range: _____ to _____ Moisture Content _____ N/A (solid)

Physical constituents (e.g. Soil, wood, ash):
 Constituent _____ Approximate % _____

Is the waste classified as a 'listed' or 'characteristic' hazardous waste as defined by the USEPA, State of origin, or State where disposed? No Yes (specify)

Describe all hazardous or nuisance properties associated with the waste:

Does the waste require any special handling or disposal procedures? No Yes (please explain)

VI. ESTIMATED WASTE QUANTITY & DELIVERY FREQUENCY

One Time Recurring
 Estimated Annual Amount: _____ tons cubic yards Approximate Density: _____ tons/cubic yard
 Delivery Frequency
 Daily Weekly Monthly Quarterly Annually Other (specify if known) _____
 Delivery Method
 Roll-off Packer truck Tractor Trailer Other (specify) _____

Hauler Name _____
 Permit No. _____
 Phone _____ Fax _____

Hauler's Address: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

Completed by Casella Staff. Generator must obtain and provide Casella with the analytical reports prescribed below.

VII. ANALYTICAL REQUIREMENTS

Generator must submit the following analytical reports:

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> TCLP Pesticides | <input type="checkbox"/> Dioxins & Furans |
| <input type="checkbox"/> Material Safety Data Sheets (MSDS) | <input type="checkbox"/> TCLP Herbicides | <input type="checkbox"/> Chloride |
| <input type="checkbox"/> TCLP Metals | <input type="checkbox"/> Total Organic Halogens (TOX) | <input type="checkbox"/> % Carbon |
| <input type="checkbox"/> TCLP Lead | <input type="checkbox"/> Total PCBs | <input type="checkbox"/> % Moisture |
| <input type="checkbox"/> TCLP Benzene | <input type="checkbox"/> Ignitability/Flashpoint | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> TCLP Vanadium | <input type="checkbox"/> Sulfide Reactivity | <input type="checkbox"/> pH/Corrosivity |
| <input type="checkbox"/> TCLP Volatile Organics | <input type="checkbox"/> Cyanide Reactivity | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> TCLP Semi-volatile Organics | | |

*Sample(s) must be analyzed in accordance with the most recently approved EPA method(s) for solid wastes and testing performed by a State-certified laboratory.

Quantity Approved for Disposal _____ tons

Waste Category (PC Scales): _____

VIII. GENERATOR CERTIFICATION

I hereby certify that:

- (1) All information submitted on this form and on supplemental materials is complete and accurate to the best of my knowledge and ability to determine;
- (2) The information provided herein, including any supplemental information, such as laboratory analytical results, MSDS, etc., accurately describes the waste stream to be delivered to the facility and that all known or suspected hazards have been disclosed.
- (3) I understand that, once the waste stream is approved by Casella based on this information, any deviation in the source, composition, constituents or characteristics of the waste stream from the information described herein, may render the waste stream unacceptable for disposal, at the sole discretion of Casella. I further understand that any deviation from the information contained herein will require immediate notification to the disposal facility and cessation of disposal.

Signature of Generator's Authorized Representative Printed Name Title Date

IX. APPROVAL STATUS

The above waste stream has been approved for disposal at the facility designated on this profile. The terms of acceptance at the designated facility are based upon the waste being representative of the laboratory results provided by the generator or their representative.

Approved by:

Printed Name Title Signature Date