

City of Albemarle Landfill
40592-B Stony Gap Road * Albemarle, North Carolina * 28002
704-982-3302 * FAX 704-986-6127

WASTE PROFILE NO: _____

SOLID WASTE CHARACTERIZATION

IMPORTANT: This form must be completed by an Authorized Representative of the waste generator. Please print legibly or type, and the form must be SIGNED.

A. Generator Information

1. Generator Name: _____ 4. Facility Address: _____
2. Generating Facility Name: _____
3. Facility Telephone: _____ 5. Representative Name: _____
Title: _____

B. Waste Stream Information

1. Common Name of Waste: _____
2. Detailed Description of Process: _____
3. Physical State at 70°: Solid Semi-Solid
 Powder Liquid Other: _____
4. Water content _____ % Paint filter test: Pass Fail
5. Odor: None Mild Strong
Describe: _____
6. Reactive Yes No with: _____
7. pH Range: _____ to _____
8. Heat Generating Waste Yes No
9. Color: _____
10. Flash Point: _____°F _____°C
11. Free Liquid: Yes No
12. Does the waste contain radioactive or U.S.D.O.T. hazardous materials, PCB's or asbestos: Yes No
13. Does the waste contain any etiological agents or untreated medical waste: Yes No
14. Is the waste proposed for management a hazardous waste as defined by Federal or State regulations: Yes No

C. Supplemental Information

1. Attached Document(s): None MSDS Certified Analytical Report Memo/Report Process Knowledge
2. If analytical data is attached, is the date derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? Yes No

D. Generator's Certification Statement

I hereby certify that the above information and attached information is complete and accurate to the best of my ability, that no deliberate information was omitted, that all known and suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority, and does not contain PCB's regulated by TSCA or any other regulatory authority. If any of the above changes, I agree to notify the City of Albemarle Landfill.

Date _____ Print Name _____ Signature _____ Title _____