

APPENDIX H - HAULED WASTE PROFILE FORM

REVISED
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HAULED WASTE PROFILE FORM
PHONE 856-423-3500 FAX 856-423-5563

APPENDIX H
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NOTE: THIS FORM MUST BE COMPLETED BY THE GENERATOR'S REPRESENTATIVE

INFORMATION ABOUT THE COMPANY GENERATING THE WASTE

NAME OF GENERATOR:.....

ADDRESS OF GENERATOR

CITY _____ STATE _____ ZIP CODE _____

CONTACT INFORMATION.....PHONE _____ FAX _____

PROCESS GENERATING WASTEWATER:.....

IS YOUR FACILITY CLASSIFIED AS A CATEGORICAL INDUSTRY UNDER 40 CFR 403?.....YES _____ NO _____

IS THIS PROFILED WASTE STREAM FROM YOUR FACILITY CLASSIFIED AS HAZARDOUS WASTE?YES _____ NO _____

ANALYTICAL DATA

IS ANY ANALYTICAL DATA ATTACHED?.....YES _____ NO _____

DELIVERY INFORMATION

ESTIMATE VOLUME OF EACH TRUCK DELIVERY GALLONS

APPROXIMATE FREQUENCY OF DELIVERIES.....

SAMPLE INFORMATION

SAMPLE LOCATION

DATE SAMPLE COLLECTED..... TIME SAMPLE COLLECTED _____

SAMPLED BY

SAMPLE TYPE.....GRAB _____ COMPOSITE _____

SIGNATURE OF GENERATOR'S REPRESENTATIVE (CAN NOT BE SIGNED BY HAULER OR CONSULTANT FOR THE GENERATOR)

NAME OF PERSON SIGNING (PRINT): _____

TELEPHONE NUMBER: _____

SIGNATURE: _____ DATE SIGNED: _____

INFORMATION ABOUT THE COMPANY SUBMITTING THIS FORM

NAME OF COMPANY SUBMITTING FORM:.....

ADDRESS OF COMPANY SUBMITTING FORM:

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON AT COMPANY:.....

CONTACT INFORMATION.....PHONE _____ FAX _____

E-MAIL _____