

River Birch, Inc.
Generator Waste Profile
Injection Well Disposal Facility

Profile No.:

1. Generator Information

Name:		
Site Address:		
City:	State:	Zip:
LDEQ Solid Waste Facility ID No.:		
Mailing Address (if different):		
City:	State:	Zip:
Contact Name:		
Phone Number:	Fax Number:	

2. Billing Information

Company:		
Contact:		
Address:		
City:	State:	Zip:
Phone No.:	Fax No.:	

3. Waste Stream Information

Name of Waste:		Industrial Waste Code:			
Process Generating Waste:					
Type of Waste:	Industrial Waste <input type="checkbox"/>	Special Waste <input type="checkbox"/>	Pollution Control Waste <input type="checkbox"/>	Other (Describe):	
Method of Shipment:	Bulk <input type="checkbox"/>	Drum <input type="checkbox"/>	Other (describe)		
Estimated Volume:	Gallons <input type="checkbox"/>	Other			
Frequency:	One Time <input type="checkbox"/>	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other (describe)
RBL Analytical Requirements:					
Disposal Rate:					

4. Physical Properties of Waste

Physical State	<input type="checkbox"/> Liquids with no solids <input type="checkbox"/> Liquid/Solid Mixture <input type="checkbox"/> Solids	% Free Liquid	% Settled Solids	% Total Suspended	
Reactivity	<input type="checkbox"/> Hydrophoric <input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Oxidizer <input type="checkbox"/> Thermally Sensitive	<input type="checkbox"/> Alkaline Reactive <input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Acid Reactive <input type="checkbox"/> Autopolymerizable	<input type="checkbox"/> Explosive <input type="checkbox"/> None of the Above
pH	<input type="checkbox"/> ≤ 2	<input type="checkbox"/> 2.1 - 5.0	<input type="checkbox"/> 5.1 - 9.0	<input type="checkbox"/> 9.1 - 12.4	<input type="checkbox"/> ≥ 12.5 <input type="checkbox"/> N/A or N/D
Flash Point °F	<input type="checkbox"/> ≤ 72	<input type="checkbox"/> 73 - 100	<input type="checkbox"/> 101 - 140	<input type="checkbox"/> ≥ 201	<input type="checkbox"/> N/A or N/D
Odor					
Color					
Number of Phases/Layers <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Approx. % By Volume	<u> </u> Top <u> </u> Middle <u> </u> Bottom			

River Birch, Inc.
Generator Waste Profile
Injection Well Disposal Facility

Profile No.:

5. Waste Composition

Based upon generator knowledge of the waste, please provide a breakdown of the waste stream.

	Components/Contaminants		Range (%)
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____
4.	_____	4.	_____
5.	_____	5.	_____
6.	_____	6.	_____

Recommended personal protective equipment and special handling precautions:

Is this waste a treatment residue of a waste which was previously characteristically hazardous waste? Yes No

If yes, describe the waste, applicable code(s) and the process generating the waste prior to treatment:

Do the waste profile sheets and all attachments contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor? Yes No

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP (Silvex) as defined in 40 CFR 261.33? Yes No

Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23? Yes No

Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761? Yes No

Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents? Yes No

Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31? Yes No

Is this a regulated Toxic Material as defined by Federal and/or State regulations? Yes No

Is this a regulated Radioactive Waste as defined by Federal and/or State regulations? Yes No

Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations? Yes No

6. Generator's Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither I nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any changes or conditions pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by River Birch Incorporated. The undersigned individual warrants that he/she is authorized to sign this document on behalf of the generator.

Authorized Representative Name and Title (printed)	Company Name
Authorized Representative Signature	Date

7. River Birch Decision

Analytical Received:		
Comments:		
Material Code (If waste is not an industrial waste):		
Signature	Name:	Approval Date:
	Title:	Expiration Date: