

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

Profile No.:

1.0 GENERATOR INFORMATION

Generator Name:			
Generator Site Address:			
City:	State:	Zip:	Parish:
Facility Solid Waste ID No.:			
Generator Mailing Address (If Different):			
City:	State:	Zip:	
Generator Contact Name:			
Phone No.:	Fax No.:	E-Mail:	

2.0 BILLING INFORMATION

Company:			
Contact:			
Address:	City:	State:	Zip:
Phone No.:	Fax No.:	E-mail:	

3.0 WASTE STREAM INFORMATION

Name of Waste:	Waste Code:
Process Generating Waste:	
Type of Waste: <input type="checkbox"/> Industrial <input type="checkbox"/> Special <input type="checkbox"/> Pollution Control Waste <input type="checkbox"/> Other (Describe)	
Method of Shipment	<input type="checkbox"/> Bulk <input type="checkbox"/> Drum <input type="checkbox"/> Other (Describe)
Estimated Volume:	<input type="checkbox"/> 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	

4.0 PHYSICAL PROPERTIES OF WASTE

Physical State:	<input type="checkbox"/> Liquid with no solids			
	<input type="checkbox"/> Liquid/Solid Mixture	% Free Liquid	% Settled Solids	% Total Suspended Solids
Reactivity:	<input type="checkbox"/> Hydrophoric	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Alkaline Reactive	<input type="checkbox"/> Acid Reactive
	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Explosive	<input type="checkbox"/> Thermally Sensitive	<input type="checkbox"/> Shock Sensitive
	<input type="checkbox"/> Autopolymerizable	<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
Flash Point °F	<input type="checkbox"/> ≤72	<input type="checkbox"/> 73 - 100	<input type="checkbox"/> 101 – 140	<input type="checkbox"/> ≥ 201 <input type="checkbox"/> Unknown
Odor				
Color				
Number of Layers:				
<input type="checkbox"/> 1	Approximate % By Volume	_____	Top	
<input type="checkbox"/> 2		_____	Middle	
<input type="checkbox"/> 3		_____	Bottom	

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5.0 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 a characteristically hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this waste a treatment residue of a waste which was previously characteristically hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the waste, applicable code(s) and the process generating the waste prior to treatment:	
List the waste codes of the Federal hazardous wastes handled at the site of origin	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the waste contain regulated concentrations of 2,3,7,8-Tetrachlorobenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a regulated Radioactive Material as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.0 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, hazardous or infectious, 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

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7.0 RIVER BIRCH DECISION

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Analytical Received:		
Comments:		
Signature	Name: Title:	Approval Date: Expiration Date:

2000 South Kenner Road
Avondale, LA 70094
504-436-1288 – phone *** 504-436-7247 – fax
Profile Form Revised Nov 2018
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