



**OFFICE:** PO Box 429  
246 N Eddy  
Merrill, MI 48637

DEQ  
LICENSED  
&  
INSURED

**PLANT:** 1883 E Garfield Road  
Ashley, MI 48806

**PHONE:** (989) 838-EWRS  
(989) 838-3977

**WEB:** ewrsinc.com  
needavatruck.com

## GENERATOR'S WASTE PROFILE

*Follow instructions to complete this form. Forward with laboratory data, MSDS and other pertinent information to EWRS, Inc. Fax: 989-643-7465*

### A. GENERATOR INFORMATION

- 1) Generator Name: \_\_\_\_\_
- 2) Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3) USEPA/State ID# \_\_\_\_\_ 4) E-mail: \_\_\_\_\_
- 5) Contact: \_\_\_\_\_ 6) Phone: ( ) \_\_\_\_\_
- 7) Cel. Phone ( ) \_\_\_\_\_ 8) Fax ( ) \_\_\_\_\_

### B. TRANSPORTER INFORMATION

- 1) Transporter Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3) Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### C. WASTE STREAM INFORMATION

- 1) Common Name of Waste: \_\_\_\_\_
- 2) Please provide a detailed description of how this Waste is generated. (If this is a process waste please include a flow diagram.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Is there attached analytical derived from testing a representative sample of this waste?  
 Yes  No

4) Is this Waste an exempted waste or de-listed "Hazardous Waste"?  Yes  No

If yes, please supply the citation (attach any supporting documentation)

5) Is this a "Hazardous Waste" as defined by regulations of the U.S. EPA pursuant to 40 CFR 261 of the Resource Conservation and Recovery Act?  Yes  No

6) Is this a "Hazardous Waste" as defined by law or regulations of the State of Michigan?  
 Yes  No

7) If any other wastes regulated as "Hazardous Waste" are also produced at this facility. are sufficient procedures in place to prevent "Hazardous Waste" from being mixed or commingled with this waste?  Yes  No

**D. PHYSICAL CHARACTERISTICS OF WASTE:**

Color	Does this waste have A strong incidental odor? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes describe _____	Physical State @ 70F/21C <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other _____	Layers <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Single Phased	Specific Gravity Range _____	Free Liquids <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
PH <input type="checkbox"/> 2 <input type="checkbox"/> >2-4 <input type="checkbox"/> 4-7 <input type="checkbox"/> 7-10 <input type="checkbox"/> 10-< 12.5 <input type="checkbox"/> >12.5 <input type="checkbox"/> Range <input type="checkbox"/> N/A					
Flash Point <input type="checkbox"/> None <input type="checkbox"/> <140F/60C <input type="checkbox"/> 140-199F/60-93C <input type="checkbox"/> >200F/93C <input type="checkbox"/> Closed Cup <input type="checkbox"/> Open Cup					

**E. DOES THIS WASTE CONTAIN?:**

PCB's  No  Yes    Reactive Cyanides  No  Yes  
Reactive Sulfide  No  Yes    Herbicide or Pesticide  No  Yes  
Friable Asbestos  No  Yes    Non-Friable Asbestos  No  Yes

**F. SHIPPING INFORMATION:**

Frequency of shipment  
 One time only \_\_\_\_\_/day \_\_\_\_\_/week \_\_\_\_\_/month \_\_\_\_\_/year Other: \_\_\_\_\_  
Estimated Quantities:  
\_\_\_\_\_ Cubic Yards \_\_\_\_\_ Tons \_\_\_\_\_ Gallons Other \_\_\_\_\_

**G. EMERGENCY RESPONSE INFORMATION:**

Emergency Response Person \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Special handling instructions and clean up procedures:  
\_\_\_\_\_  
\_\_\_\_\_

**H. NON-HAZARDOUS CERTIFICATION:**

Generator certifies that all information submitted in this and all attached documents is complete and accurate, that all known or suspected hazards have been disclosed, and that this waste is classified as non-hazardous according to U.S. EPA and Michigan DEQ Statutes and regulations. Generator acknowledges Environmental Waste & Recovery Service Inc.'s reliance upon this certification.

\_\_\_\_\_  
Generator's Authorized Signature  
Title \_\_\_\_\_

\_\_\_\_\_  
Signatory's Employer  
Date \_\_\_\_\_

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**I. SUPPORTING DOCUMENTATION/NOTES**

**J. ATTACHMENTS/ ANALYTICAL DOCUMENTS/ MSDS SHEETS**