



Waste Commission of Scott County

WASTE PROFILE FORM

Profile No.:

1. Return this completed form to specialwaste@wastecom.com for approval.
2. Call the scale office at (563) 381-1300 to schedule your delivery.
3. Please note: we cannot accept special waste until this form has been approved and signed.

Please check one: <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL	This request is for: <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> ONGOING
--	---

GENERATOR INFORMATION

Company Name	Mailing Address	City, State, Zip
Contact Name	Email	Phone

CONTRACTOR/HAULER INFORMATION check here if same as above

Company Name	Mailing Address	City, State, Zip
Contact Name	Email	Phone

Hauler (if different from Contractor)

BILL TO - <input type="checkbox"/> Generator <input type="checkbox"/> Hauler <input type="checkbox"/> Other:
Payment Method - <input type="checkbox"/> Pre Approved Account <input type="checkbox"/> Other form of payment (Cash, check, card)
All pricing is reflective of current Fiscal Year ending on June 30th, unless otherwise noted.

WASTE STREAM INFORMATION

Profile number (must match your manifest):

Name and detailed description of waste composition and how waste was generated (description must match manifest):

Where was the waste generated?

Physical Address	City	State	Zip
------------------	------	-------	-----

Estimated Total Quantity for Disposal: _____ Tons Cubic yards Gallons

Container Type: 55-gallon drum super sack Other: _____ Number of containers: _____

Vehicle Type: Tanker Vacuum Truck Dump Truck Other: _____ Number of loads: _____

Contaminated Soil: will there be any material greater than four inches in diameter? Yes No N/A

Color:	Odor (describe):	Contain free liquids?	Percentage solids:	pH:	Flash point: ° F
--------	------------------	-----------------------	--------------------	-----	------------------

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 or <input type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm), as referenced in 40 CFR 261.23(a)(5)—or is this a reactive or heat-generating waste?	<input type="checkbox"/> Yes or <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 or <input type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31-33, including RCRA F-listed solvents?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste exhibit a hazardous characteristic as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> 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?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated radioactive waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated medical or infectious waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain sulfur or sulfur byproducts?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste generated at a federal Superfund cleanup site?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated asbestos-containing waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Please provide all laboratory analyses and/or Safety Data Sheet, including chain of custody and required parameters provided for this profile.

WASTE GENERATOR CERTIFICATION

I hereby CERTIFY that (1) the material named is not a hazardous waste as defined by 40CFR261 or any applicable state law; (2) all known or suspected hazards have been disclosed; (3) all analytical results submitted are accurate and representative of the waste; and (4) all information submitted on this form is complete and accurate. I further CERTIFY that I have studied all known resources available to me and have found no other economical or environmentally safe way to manage this material. If any of the above information changes, I agree to notify Waste Commission of Scott County prior to offering the waste for shipment or management.

Signature Date

Print Name Title

Check here if the contractor has received permission from the generator to sign on his/her behalf.

FOR COMMISSION USE ONLY

APPROVAL: Request is approved Request is denied
Payment: Account Verified Other form of payment
Supporting Documents: Analytical SDS Process Knowledge

Signature of Approval Date

Special Handling Instructions: **Record container type, waste code, material, location if using multiple codes**

Disposition -	Waste Codes -			
<input type="checkbox"/> Solidification Pit:	<input type="checkbox"/> 4SA	<input type="checkbox"/> 7JJ	<input type="checkbox"/> 7JX (drum)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Landfarm/Aeration:	<input type="checkbox"/> 4T	<input type="checkbox"/> 4TM	<input type="checkbox"/> 4TX (drum)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Landfill/Working Face:	<input type="checkbox"/> 4TL	<input type="checkbox"/> 4LBPB (sack)	<input type="checkbox"/> 4TXL (drum)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> 7IL		<input type="checkbox"/> 7ILX (drum)	

Date Entered Date Received (one time) Expiration Date (ongoing)