



Waste Profile

OHSWA Profile Number: _____
Renewal Date: _____
Waste Type: _____

A. Waste Origination *(Physical location)*

Site Name: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
County: Herkimer Oneida: Other: _____

B. Waste Generator

Company Name: _____
Contact Name: _____ Phone: _____
Email: _____
USEPA/Federal ID#: _____ State ID#: _____

C. Billing Information

Same as above: Credit App on file: Yes No OHSWA Account Number: _____
Company Name: _____ Contact Name: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: _____ Email: _____

D. Transporter Information

Company Name: _____
Contact Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
DEC 364 Permit Number: _____
OHSWA Hauler Permit Number: _____
Are additional transporters planned? Yes No (If Yes, attach additional Transporter information)

E. Description of Waste Stream

Industrial/Commercial Municipal Solid Waste (MSW) C&D Select C&D Asbestos Sludge
Contaminated Soil ADC (Complete the corresponding section below)

1. Industrial/ Commercial/MSW

Name of waste: _____

Process generating waste: _____

Has there been any changes to the process in the past 3 years? Yes No

Is the waste hazardous, as defined by federal/state regulations? Yes No

Is this regulated medical or infectious waste? Yes No

-If Yes, state the treatment process; _____

Is this waste heat generating or reactive? Yes No

Could the waste present operational/health issues while being handled? (Based on physical and chemical properties) i.e. clogging of equipment radiators, respirator issues. Etc. ; Yes No

pH Range: _____ To _____

Is there a known contaminant(s)? Yes No If Yes, name contaminant(s); _____

Indicate which of the following apply to the Waste Stream:

Oxidizer Pyrophoric Explosive Shock Sensitive Radioactive

Odor: Strong Mild Slight None Describe: _____

Does the waste contain any of the following?

PCB's: Yes No If Yes, state concentration (ppm): _____

Benzene: Yes No If Yes, state the concentration (ppm): _____

Creosol: Yes No If Yes, state the concentration (ppm): _____

Carcinogens: Yes No If Yes, state the concentration (ppm): _____

Attached waste document; Lab Results SDS Process Description

(Complete Section G)

2. Construction & Demolition Debris (C&D)/ Asbestos Waste/ Select C&D:

Name of Site: _____

Process generating waste? _____

Is the waste hazardous, as defined by Federal/State regulations? Yes No

Is this waste heat generating or reactive? Yes No

Is there a known contaminant(s)? Yes No If Yes, name contaminant(s); _____

Indicate which of the following apply to the waste stream:

Oxidizer Pyrophoric Explosive Shock Sensitive Radioactive

Odor: Strong Mild Slight None Describe: _____

Does the waste contain any of the following?

PCB's: Yes No If Yes, state the concentration (ppm): _____

Benzene: Yes No If Yes, state the concentration (ppm): _____

Creosol: Yes No If Yes, state the concentration (ppm): _____

Carcinogens: Yes No If Yes, state the concentration (ppm): _____

Friable Asbestos: Yes No

Nonfriable Asbestos: Yes No

Note: All Asbestos deliveries must be scheduled 24 hours prior to arrival.

Attached waste document; Asbestos Survey Lab Results Variance

(Complete Section G)

3. Sludge:

Sewage Treatment Plant Industrial/Processed Sludge

Name of waste: _____

Process generating sludge: _____

Method of stabilization used: _____

Is this waste heat generating or reactive? Yes No

Is there a known contaminant(s)? Yes No If Yes, name contaminant(s); _____

Is the waste hazardous, as defined by Federal/state regulations? Yes No

Indicate which of the following apply to the waste stream:

Oxidizer Pyrophoric Explosive Shock Sensitive Radioactive None

Odor: Strong Mild Slight None Describe: _____

Percent (%) solids: _____

pH Range: _____ To _____

Paint filter test result: _____

Is this medical or infectious waste? Yes No

- If Yes, state the treatment process; _____

Attached waste document; Lab Results SDS

(Complete Section G)

4. Contaminated Soil (CS):

Name of waste: _____

Process generating waste: _____

Was the site suspected of having hazardous materials? Yes No

-If Yes, state potential materials: _____

Is the waste hazardous, as defined by Federal/state regulations? Yes No

Is the waste from a CERCLA or State mandated clean up? Yes No If Yes, attach documentation.

Indicate which of the following apply to the waste stream:

Oxidizer Pyrophoric Explosive Shock Sensitive Radioactive

Odor: Strong Mild Slight None Describe: _____

Does the waste contain any of the following?

PCB's: Yes No If Yes, state the concentration (ppm): _____

Benzene: Yes No If Yes, state the concentration (ppm): _____

Creosol: Yes No If Yes, state the concentration (ppm): _____

Carcinogens: Yes No If Yes, state the concentration (ppm): _____

Is this regulated medical or infectious waste? Yes No

- If Yes, state the treatment process; _____

Known contaminant(s): Gasoline Diesel Fuel Oil Waste Oil Other: [Click or tap here to enter text.](#)

Is this waste heat generating or reactive? Yes No

Percent (%) solids: _____

Paint filter test result: _____

Attached waste document; Lab Results NYS DEC Virgin Spill Letter

(Complete Section G)

5. Alternative Daily Cover (ADC)

Type: Auto Fluff Incinerator Ash Processed C&D Alum Other: _____

Name of waste: _____

Process generating waste: _____

Is the waste hazardous, as defined by federal/State regulations? Yes No

Is there a known contaminant(s)? Yes No If Yes, name contaminant(s); _____

Is this medical or infectious waste? Yes No

- If Yes, state the treatment process; _____

Indicate which of the following apply to the waste stream:

Oxidizer Pyrophoric Explosive Shock Sensitive Radioactive

Odor: Strong Mild Slight None Describe: _____

Does the Waste contain any of the following?

PCB's: Yes No If Yes, state concentration (ppm): _____

Benzene: Yes No If Yes, state concentration (ppm): _____

Creosol: Yes No If Yes, state the concentration (ppm): _____

Carcinogens: Yes No If Yes, state the concentration (ppm): _____

Is the waste heat generating or reactive? Yes No

Attached waste document; Lab Report

(Complete Section G)

F. Quantity and Shipping Information

Estimated Volume: _____ Yards Tons

Hauling Frequency: _____ Times Per: Week Month Year 1 Time

Container/Truck Type: Dump Trailer Roll-off Dump Truck Walking Floor

G. Generators Certification (Please select appropriate responses, sign, and date below)

Do the waste profile sheet 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 Authority? Yes No

Will all changes which occur in the character of the waste be identified by the Generator and disclosed to the Authority prior to providing waste to the Authority? Yes No

Certification of Disposal is required: Yes No

Any sample submitted is representative as defined in 40 CFR 261- Appendix I or by using an equivalent method. I authorize Oneida Herkimer Solid Waste Authority (OHSWA) to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker or agent of the Generator, the undersigned signs as an authorized agent of the generator and has personally confirmed the information contained in this profile sheet is correct and accurate. If approved, the undersigned has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

Certification Signature: _____ Title: _____

Name (Print/Type): _____ Company Name: _____

Date: _____

Additional documents attached: Yes No Number of pages: _____

****The Authority may revoke any prior approvals or adjust volumes if operational conditions warrant. Advanced notice will be provided by the Authority.***

H. OHSWA Management’s Decision (OHSWA USE ONLY)

Industrial/Commercial C&D Select C&D Asbestos Sludge Contaminated Soil ADC

Direct Haul to Regional Landfill: Yes No

Commingle waste at Transfer Station: Yes No

Precautions/Special Requests/Limitations on Approval: _____

Special Waste Decision: APPROVED DENIED

Waste Profile Approval Signature: _____ Date: _____

Manager Name: _____