



HIAWATHA SHORES LANDFILL

3098N 436 County Road
Gulliver, MI 49840
PH (906)341-2001
FX (906)341-2051

GENERATORS NONHAZARDOUS WASTE PROFILE SHEET

Renewal for Profile Number: _____

Profile Number: _____

(Assigned by HSL)

A. Waste Generator Facility/Site Information (must reflect location of waste generation/origin)

1. Generator Name: _____
2. Site Address: _____ 5. Contact Name/Title: _____
3. City/Zip _____ 6. Phone: _____ Fax: _____
4. State/County: _____ 7. Email: _____

B. Customer Information same as above

1. Customer Name: _____ 6. Email: _____
2. Billing Address: _____ 7. Transporter: _____
3. City/State/Zip _____ 8. Transporter ID#: _____
4. Contact Name: _____ 9. Transporter Address: _____
5. Phone: _____ Fax: _____ 10. City/State/Zip: _____

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: _____

b. Describe Process Generating Waste or Source of Contamination:

c. This is a Type II or Type III solid waste. Yes No

d. This waste exhibits or includes material that exhibits characteristics of toxicity. Yes No

e. This waste exhibits or includes material that exhibits characteristics of ignitability. Yes No

f. This waste exhibits or includes material that exhibits characteristics of reactivity. Yes No

g. This waste exhibits or includes material that exhibits characteristics of corrosiveness. Yes No

h. There are indications this waste might contain chlorinated material? Yes No

i. This material is capable of producing emissions that violate Part 55 of the Natural Resources and Environment Protection Act? Yes No

j. This waste has been representatively sampled and is characterized as: Hazardous Non-Hazardous

k. Does this waste contain concentrations of Polychlorinated Biphenyls (PCBs)? Yes No

l. Does this waste contain untreated, regulated, medical or infectious waste? Yes No

m. Does this waste contain asbestos? Yes No

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. One time Event Ongoing (Check One)

b. Estimated Annual Quantity: _____ Tons Cubic Yards Drums Other (specify): _____

c. Shipping Frequency: _____ Units per Month Quarter Year One Time Other (specify): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.):

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D. Generator Certification (Please read and certify by signature below)

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

- 1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
- 2. Relevant information within the possession of the generator regarding known or suspected hazards pertaining to this waste has been disclosed to Hiawatha Shores Landfill;
- 3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20© or equivalent rules; and
- 4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the generat and disclosed to Hiawatha Shores Landfill.

5. Check all that Apply:

- Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested:
_____ # of Pages: _____
- Additional information necessary to characterize the profiled waste has been attached (other than analytical).
Indicate the number of pages: _____
- I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.

Certification Signature: _____
 Name (Print): _____
 Company Name: _____

Title: _____
 Date: _____
 Phone: _____

FOR HIAWATHA SHORES USE ONLY

Approval for Disposal at HSL: Approved Not Approved

Waste Approval Expiration Date: _____

Special Handling Procedures or Limitation on Approval:

- Shipment must be scheduled into disposal facility
- Approval Number must accompany each shipment (profile #)
- Waste Manifest must accompany each shipment
- Other: _____

HSL Authorization Name / Title: _____ Date: _____

State Authorization (if required): _____ Date: _____