



GENERATOR WASTE PROFILE

Waste Profile #:	
Date:	

I. Generator Information

Generator Name (include any DBA):		
Generator Site Address:		County:
City:	State:	Zip:
Generator Mailing Address (if different):		County:
City:	State:	Zip:
Generator State ID #:	Generator NAICS or SIC Code:	
Generator Contact:	Phone:	Fax:

II. Transporter Information

Transporter Name (include any DBA):		
Transporter Address:		County:
City:	State:	Zip:
Transporter Contact:	Phone:	Fax:
State Transportation #:		

III. Waste Stream Information

Name of Waste:		
Process Generating Waste:		
Type of Waste (check one):	<input type="checkbox"/> Industrial Process Waste	<input type="checkbox"/> Pollution Control Waste
Physical State:	<input type="checkbox"/> Solid	<input type="checkbox"/> Semi-Solid
	<input type="checkbox"/> Powder	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Other:	
Method of Shipment:	<input type="checkbox"/> Bulk	<input type="checkbox"/> Drum
	<input type="checkbox"/> Bagged	<input type="checkbox"/> Other:
Estimated Annual Volume:	<input type="checkbox"/> Cubic Yards:	<input type="checkbox"/> Tons:
	<input type="checkbox"/> Other:	
Estimated Annual Volume:	<input type="checkbox"/> One Time	<input type="checkbox"/> Daily
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Other:	
Special Handling Instructions:		

IV. Earthen Materials Exception

I certify that the material to be shipped to Tunnel Hill Reclamation is Earthen Material generated during the oil and gas drilling phase that involves air, water, clay, and other inert materials. The Earthen Materials have not had any contact with the refined oil-based muds or any other material considered solid waste according to Ohio Revised Code Chapter 3734.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Generator Signature:

V. Representative Sample Certification

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?		<input type="checkbox"/> No Sample
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Sample Date:	Sample Type:	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Grab Sample
Sampler's Employer:		
Sampler's Name (printed):	Sampler's Signature:	

GENERATOR WASTE PROFILE (cont...)

VI. Physical Characteristics of Waste

Characteristic Components

% by Weight (range)

1. _____
2. _____
3. _____

Color:	Odor (describe):	Free Liquids: <input type="checkbox"/> YES <input type="checkbox"/> NO Content _____%	pH:	Flash Point: _____ °F	Phenol: _____ ppm
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Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrine, Heptachlor (and it 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 this 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 Byphenyls (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 this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 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 Waste 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
Is this waste generated at a Federal Superfund Clean Up Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of this company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. 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 Tunnell Hill Reclamation LLC.

Authorized Representative Printed Name and Title

Company Name

Authorized Representative Signature

Date

VIII. Tunnell Hill Reclamation Decision

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Expiration: _____
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Conditions: _____

Printed Name, Title

Signature

Date



REPRESENTATIVE SAMPLE CERTIFICATION

The individual who collected the sample should complete this certification in its entirety. A complete lab report, QA/QC, and chain-of-custody should be submitted.

Generator Name (include any DBA):		
Generator <i>Site</i> Address:		County:
City:	State:	Zip:
Generator <i>Mailing</i> Address (if different):		County:
City:	State:	Zip:
Sampler's Name:		Phone:
Name of Waste:		
Date Sampled:		Sample Type: <input type="checkbox"/> Composite <input type="checkbox"/> Grab
Type of Waste: <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Liquid <input type="checkbox"/> Other:		
Name of Laboratory:		
Applicable Sample #'s:		

Comments (if any):

I hereby certify to the best of m knowledge and belief the sample described above is representative of the waste to be handled and has been collected in accordance with U.S. EPA 40 CFR 261.20e guidelines or equivalent rules. The information/lab report submitted for review is complete and accurate.

Authorized Representative Signature Date

Authorized Representative (printed name) Title

Company Name



THIRD PARTY SIGNATURE AUTHORIZATION

for Solid Waste Disposal

Date: _____

To Whom It May Concern:

Please be advised that the following company/individual has been appointed to work as our agent for purposes of managing waste materials that we generate.

Name of Authorized Agent:	Title:
Name of Company:	Telephone Number:

The above broker/individual is authorized to act as our authorized agent for the following purposes:	
<input type="checkbox"/>	Complete and sign Generator Waste Profile Sheets.
<input type="checkbox"/>	Complete and sign Generator Waste Profile Sheets-Recertifications.
<input type="checkbox"/>	Authorize amendments to Generator Waste Profile Sheets.
<input type="checkbox"/>	Sign contracts to dispose and/or transport material.
<input type="checkbox"/>	Sign certifications necessary to comply with landfill requirements.
<input type="checkbox"/>	Sign manifests to initiate shipment to disposal facilities.

Our authorized broker/agent will notify us prior to any action stated above, and will provide us with copies of any documents bearing our name.

Name of Generator (print):	Title:
Name of Company:	Mailing Address:
Signature:	Telephone Number: