

Waste Profile

A. GENERATOR INFORMATION			B. CUSTOMER/BILLING INFORMATION		
1. Generator Name:			1. Billing Name:		
2. Address:			2. Address:		
City:	County:		City:	County:	
State:	Zip:		State:	Zip:	
3. Site Location (if different):			3. Contact Name:		
			4. Phone Number:		
			5. Fax Number:		
4. Contact Name:			6. Payment by cash check or credit card? YES NO, please bill my account. The responsible party to be billed must have established a credit account with Caglia Environmental. If payment is to be made by cash, check or credit card, please indicate.		
5. Phone Number:					
6. Fax Number:					
Email Address:					
C. TRANSPORTER INFORMATION			D. AGENT/CONSULTANT INFORMATION		
1. Name:			1. Name:		
2. Street Address			2. Street Address:		
City:	State:	Zip:	City:	State:	Zip:
3. Phone Number:			3. Phone Number:		
4. Fax Number:			4. Fax Number:		
5. Contact Name:			5. Contact Name:		
E. WASTE STREAM INFORMATION					
1. Common Name of Waste:					
2. Detailed Description of Process:					
3. Physical State at 70 ° F <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other					
4. Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Significant: (describe)					
5. Color:			6. Flash Point: ° F ° C		
7. Reactive: <input type="checkbox"/> NO <input type="checkbox"/> YES with			8. pH Range:		9. Heat Generating Waste <input type="checkbox"/> NO <input type="checkbox"/> YES
10. Free Liquid: <input type="checkbox"/> NO <input type="checkbox"/> YES			11. Water Content: % by water		
12. Does the waste contain U.S.D.O.T. hazardous materials, PCB's, or asbestos? <input type="checkbox"/> NO <input type="checkbox"/> YES					
13. Does the waste contain any etiological agents or untreated medical waste? <input type="checkbox"/> NO <input type="checkbox"/> YES					

14. Is the proposed waste a hazardous waste as defined by Federal or State regulations? <input type="checkbox"/> NO <input type="checkbox"/> YES	
F. SUPPLEMENTAL INFORMATION	
1. Attached Document(s): <input type="checkbox"/> None <input type="checkbox"/> MSDS <input type="checkbox"/> Certified Analytical Report <input type="checkbox"/> Memo/Letter <input type="checkbox"/> Process Knowledge	
2. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? <input type="checkbox"/> YES <input type="checkbox"/> NO	
G. SHIPPING INFORMATION	
1. Packaging: <input type="checkbox"/> Bulk Solids <input type="checkbox"/> Bulk Liquids <input type="checkbox"/> Drums <input type="checkbox"/> Roll-Off <input type="checkbox"/> Dump Truck <input type="checkbox"/> Tank Truck <input type="checkbox"/> Other:	
2. Estimated Volume: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Drums <input type="checkbox"/> Gallons/weight per gallon: _____ <input type="checkbox"/> Other:	
3. Shipping Frequency: _____ per <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
4. Disposal Method: <input type="checkbox"/> Landfill <input type="checkbox"/> <input type="checkbox"/> Other:	
H. GENERATOR'S CERTIFICATION STATEMENT:	
I hereby certify that the material named is not a hazardous waste as defined by 40CFR261 or any applicable state law, that all known or suspected hazards have been disclosed, and that all information submitted is complete and accurate. If any of the above information changes, I agree to notify Caglia prior to offering the waste for shipment or management.	
I,	(NAME, PLEASE PRINT)
COMPANY NAME:	PRINTED NAME:
DATE:	SIGNATURE:
I. LANDFILL AUTHORIZATION/NAME:	
Approvals Manager Signature:	Date:
Landfill Manager's Signature:	Date:
Comments:	
Transfer Managers Signature:	Date:
Comments:	

Revised 10-14

PLEASE COMPLETE AND RETURN THIS FORM TO:

Justin Raymond, Division Manager
 Caglia Environmental
 21739 Road 19
 Chowchilla, CA 93610

Email: justinr@cagliarecycling.com
 Fax: 559-665-7400
 Office: 559-665-7300
 Mobile: 559-994-4553