

## WASTE PROFILE SHEET

<b>INSTRUCTIONS:</b>	
Please complete the following form. This form must be completed as accurately as possible. Waste can not be accepted at our facility unless this Waste Profile Sheet has been signed and submitted for approval.	
<b>1. WASTE GENERATOR AND CONSULTANT INFORMATION</b>	
<b>A. Source Site Information</b>	
Company Name: _____	Contact Person: _____
Site Address: _____	Telephone: _____
City / Province: _____	Fax: _____
Postal Code: _____	Cell.: _____
	Email: _____
<b>B. Client / Broker / Consultant Information</b>	
Company Name: _____	Contact Person: _____
Address: _____	Telephone: _____
City / Province: _____	Fax: _____
Postal Code: _____	Cell.: _____
	Email: _____
<b>C. Invoice Information</b> <input type="checkbox"/> same as Section A <input type="checkbox"/> same as Section B    If neither, complete section C	
Company Name: _____	Contact Person: _____
Address: _____	Telephone: _____
City / Province: _____	Fax: _____
Postal Code: _____	<b>Purchase Order No.:</b> _____
<i>Check all that apply:</i>	
<input type="checkbox"/> Active Site	<input type="checkbox"/> Residential Site / Parkland/Institutional Site
<input type="checkbox"/> Non-Active Site	<input type="checkbox"/> Agricultural Site
	<input type="checkbox"/> Industrial / Commercial Site
	<input type="checkbox"/> <b>Emergency Spill</b>
	<input type="checkbox"/> <b>Analysis Pending</b>
<b>2. SITE HISTORY</b>	
Current Activities and Site Use: _____	
Past Activities and Site Use: _____	
Waste Origin: _____	
<b>3. WASTE PROFILE</b>	
<b>A. General</b>	
Project Name: _____	Est. Starting Date: _____
Est. Quantity of Soil: _____ <input type="checkbox"/> Tonnes <input type="checkbox"/> m <sup>3</sup>	Transporter: _____
	<b>MOE Carrier No.:</b> _____

**Please confirm any of the following:**

Contaminants:	<input type="checkbox"/> Furnace/Diesel	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Transformer Oil	<input type="checkbox"/> Oil	<input type="checkbox"/> PAH
	<input type="checkbox"/> Metals	<input type="checkbox"/> Salts	<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Radioactive Material		<input type="checkbox"/> YES <input type="checkbox"/> NO	Explosives	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Biohazard		<input type="checkbox"/> YES <input type="checkbox"/> NO	PCB	

**B. Physical Profile**

Description	%
Moisture Content	
Material Size (over 3.0" )	
Debris (wood)	
Debris (metal, concrete)	
Odour	<input type="checkbox"/> YES <input type="checkbox"/> NO

Partial Size Description	%
Clay	
Silt	
Sand	
Gravel	
Other	

**C. Sampling and Analysis Requirements**

Residential, Industrial and Commercial Properties:	1 Discrete Sample for Each site & source }	F1 - F4 and TCLP (Reg 558) – heavy metals **Bulk metal analysis required for metal impacted soils; ** Conductivity and SAR required for salt impacted soils;
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Acknowledgement: The customer and/or its brokers/contractors acknowledge that the information provided in this profile as well as all other supporting analytical results are a true and accurate representation of the waste to be shipped to the Treatment Facility. The customer understands and acknowledges that the failure to properly describe the waste material could result in the need for the Treatment Facility to incur expenses (administrative, professional, legal, regulatory penalties, fines or orders) in order to properly dispose of the waste and to comply with the applicable legislation. The Customer agrees to indemnify the Treatment Facility for all costs that may arise from the misrepresentation of the waste material.

The Customer hereby confirms that the waste material to be delivered to the Treatment Facility meets the Ontario Ministry of Environment Regulation 347 and Regulation 558 criteria as a solid, non-hazardous waste.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**FOR OFFICE USE ONLY**

Date of Receipt:		Contaminants $\geq$ O.Reg. 153:Table 3 None <input type="checkbox"/> F1-F4 <input type="checkbox"/> BTEX <input type="checkbox"/> PAH <input type="checkbox"/> Metal <input type="checkbox"/> SAR <input type="checkbox"/> Conductivity <input type="checkbox"/>
Analysis Included:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Treatment Path: AB <input type="checkbox"/> BC <input type="checkbox"/> C+ <input type="checkbox"/> EKM <input type="checkbox"/> EKS <input type="checkbox"/> T <input type="checkbox"/>
Additional Analysis Pending:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Verification Analysis TBP: (upon arrival at facility)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please specify analysis:
Special Handling Instructions:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please specify:
Approved By:	Approval Date:	Approval No.: