

SPECIAL WASTE PROFILE KEKAHA MUNICIPAL SOLID WASTE (MSW) LANDFILL

Profile #

2. Site Address (Street, City, Zip): 2. Silling Address (Street, State, Zip): 3. Contact Name: 4. Email: 5. Phone: 7. Fax: 5. Phone: 7. State ID: 6. Fax: 7. State ID: 7. Waste INFORMATION 7. Waste Name: 8. Le Palazardous Waste? 9. Le State Regulated Cleanup? 9. Le Palazardous Waste? 9. Le State Composition (Waste Type): 9. Le Contains PCEs as defined in 40 CFR Part 7617 VES NO 1. Waste Composition (Waste Type): 9. Wo of Total 1 Regulated Addressive or NORM Woste? VES NO 1. Waste Composition (Waste Type): 9. Wo of Total 2 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 3 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 4 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 4 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 5 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 5 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 6 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Wo of Total 1 Regulated Addressive or NORM Woste? VES NO 1. Waste (Composition (Waste Type): 9. Non-Friable Regulated 7 VES NO 1. Waste (Waste Add to 100%): 1. Non-Friable Regulated 7 VES NO 1. Waste (Waste Add to 100%): 1. Regulated Addressive or NORM Woste? VES NO 1. Waste (Waste Add to 100%): 1. Analytical Addressive or Norm Regulated Addres		GENERATOR INFORMATION Generator Name:			BILLING INFORMATION Bill To:					
4. Email: 5. Phone: 7. Fax: 7. State ID: C. WASTE INFORMATION 1. Waste Name: Process Generating Waste: 1. EPA Hazardous Waste? 1. List is Materian fron hazardous due to treatment, delisting, or an exclusion? 1. Contains Abdalous the or North Waste? 1. List is Materian fron hazardous due to treatment, delisting, or an exclusion? 1. Contains RCBs as defined in 40 CPR Part 751? 2. Waste Composition (Waste Type): 2. Waste Composition (Waste Type): 3. Cellor: 3. Colorians RCBs as defined in 40 CPR Part 751? 9. ES NO North Part 10 Contains Abdalous the or North Waste? 9. Explain and the defined of the CPP Part 751? 9. Explain and the CPP Part 751? 9. Explain and CPP Part 751? 9										
C. WASTE INFORMATION 1. Waste Name:	4. 5.	Email: Phone: 7. Fax:	4	4.	Email:					
1. EPA Hazardous Waste? VES NO Process Generating Waste: 2. Is this Material non-hazardous due to treatment, deletting, or an exclusion? VES NO NO A Regulated Radioactive or NORM Waste? VES NO NO A Regulated Radioactive or NORM Waste? VES NO NO A Regulated Radioactive or NORM Waste? VES NO NO NORM Waste? VES NORM W										
Process Generating Waste: Process Generating Waste: 2. Is this Material non-hazardous due to treatment, delicting, or an exclusion? YES NO							VEC	П	NO	
treatment, delisting, or an exclusion?							113		110	
4. Regulated Radioactive or NORM Waste? YES NO NO S. Contains PCBs as defined in 40 CFR Part 761? YES NO		Trocess deficiating waste.	2				YES		NO	
5. Contains PCBs as defined in 40 CFR Part 761? YES NO 2. Waste Composition (Waste Type): % of Total 6. Regulated and/or 'Untreated Medical/Infectious 3. Waste? YES NO 4. Contains Asbestos? YES NO 4. Non-Friable? YES NO 5. Color: Non-Friable? YES NO 6. Polt: Non-Friable? YES NO 7. Color: Non-Friable? YES NO 7. Color: Non-Friable? YES NO 8. Color: Non-Friable Regulated? YES NO 8. Color: Non-Friable Regulated? YES NO 9. Color: Non-Friable Regulated? YES NO 9. Color: Non-Friable Regulated? YES NO 9. Poly YES			3	3.	CERCLA or State Regulated Cleanup?					
2. Waste Composition (Waste Type): % of Total 6. Regulated and/or Untreated Medical/Infectious 1. Waste?			4	4.	Regulated Radioactive or NORM Waste?		YES		NO	
1. Waste?			5	5.	Contains PCBs as defined in 40 CFR Part 761?		YES		NO	
2.	2.	Waste Composition (Waste Type):	% of Total 6	ŝ.	Regulated and/or Untreated Medical/Infectious					
3.		1.			Waste?		YES		NO	
4. Non-Friable? Non-Friable? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated Regulated? YES NO Total (Must add to 100%): Non-Friable Regulated Regulate		2.	7	7.	Contains Asbestos?		YES		NO	
Total (Must add to 100%): Non-Friable Regulated? Percent Liquid: Percent Liquid: Non-Triable Regulated? E. SHIPPING INFORMATION Percent Liquid: Non-Triable Regulated? Percent? Percent Liquid: Non-Triable Regulated? Percent										
3. Color: 4. Liquid/Solid: 5. Percent Liquid: 6. pH: 7. Odor: 8. Flash Point: F. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached? 9. Sample Date: 9. Sample ID Numbers: G. INDEMNIFICATION 1. Hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herei is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterise the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safeth Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent o										
4. Liquid/Solid: Percent Liquid: 1. One-Time Event? 2. Repeat Event? 3. Estimated Quantity: F. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached? 2. Sample Date: 3. Sample ID Numbers: G. INDEMNIFICATION I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herei is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that n	3.				Non-Friable Regulated?	П	YES.	Ш	NO	
5. Percent Liquid: 6. ph: 7. Odor: 8. Flash Point: F. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached? 2. Sample Date: 8. Sample ID Numbers: G. INDEMNIFICATION 1. Thereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herei is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered	4.	Liquid/Solid:	E	Ε.	SHIPPING INFORMATION					
6. pH: 2. Repeat Event? 97. Odor: 3. Estimated Quantity: F. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached? 97. YES 2. Sample Date: 3. Sample ID Numbers: G. INDEMNIFICATION 1 hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained here is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company h						П	YES	П	NO	
7. Odor: 8. Flash Point: 7. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached?	_									
F. REPRESENTATIVE SAMPLE INFORMATION 1. Analytical Attached?	7.	Odor:								
1. Analytical Attached?	8.	Flash Point:								
 2. Sample Date: 3. Sample ID Numbers: G. INDEMNIFICATION I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herei is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by	F.	REPRESENTATIVE SAMPLE INFORM	MATION							
3. Sample ID Numbers: G. INDEMNIFICATION I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained herei is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:		•	☐ YES							
G. INDEMNIFICATION I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained here is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:										
I hereby certify that I am an authorized employee or agent of the company and that I have confirmed with the company that the information contained here is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the material to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:	3.	Sample ID Numbers:								
is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materiato the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:	G.	INDEMNIFICATION								
disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the certification being inaccurate or untrue. I understand that by attaching an electronic signature I am executing this document and consent to complete this transaction and receive all related communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:		is a true, complete and accurate description of the waste material being offered for disposal and that all relevant information necessary to properly characterize the materials and to identify known and suspected hazards has been provided. Additionally, I certify that all Analytical Results or Material Safet Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee or agent of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste that was not provided herein prior to delivering the materia to the facility. I certify that the company hereby agrees to fully indemnify this disposal facility and the County of Kaua'i against any damages resulting from the control of the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damages resulting from the county of Kaua'i against any damag								
communication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original. If a wet signature is preferred or required by your company, please submit the completed (unsigned) form(s) to your Special Waste Coordinator or Special Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:										
Waste Sales Executive to initiate the signature process. I further certify that no employee or agent of the company has altered the form or content of this profile sheet as provided by the County of Kaua'i. NAME:		communication electronically, and agree that this	munication electronically, and agree that this document will be binding as though I had physically signed it. A printout of this document may be accepted							
NAME:				mit	the completed (unsigned) form(s) to your Special Wast	e Co	ordinator	or Sp	pecial	
SIGNATURE: DATF:			company has altered t	the	form or content of this profile sheet as provided by the	Cou	nty of Kau	aʻi.		
		SIGNATURE:			DATE:					