



Profile # _____

Milner Landfill (Twin Landfill Corporation) • P.O. Box 774362 • 1049 Crawford Avenue
Steamboat Springs, Colorado 80477 • voice 970/875-0355 • fax 815/377-2495 • office@twinenviro.com

Phantom Landfill (Twin Landfill Corporation of Fremont County) • 2500 Fremont County Road 67
Penrose, Colorado 81240 • voice 719/372-6671 • fax 815/377-2495 • phantom@twinenviro.com

Trinidad (Twin Landfill Corporation of Fremont County) P.O. Box 267, Trinidad, Colorado 81082
voice 719/846-4030 • fax 815/377-2495 • trinidad@twinenviro.com rev 04/11

Disposal Site Destination (check one) Milner Phantom Other

WASTE PROFILE FORM

In order for Twin to decide whether we can lawfully and safely accept your waste for delivery, we must obtain the following information about your waste. The form should be filled out completely by someone knowledgeable about the waste and hazardous waste rules. The Generator makes a hazardous waste determination and is responsible for its waste from cradle to grave. All related analysis must be included with this form, and if future analysis differs from what was submitted, the analytical results must be sent to Twin immediately. All information on this form must be typed or printed in black ink.

I. Generator Information (NOT Consultant, Contractor, Transporter, or Abatement Firm)

- Generator Name: _____
- Address: _____

- Contact: _____ Phone: _____
Fax: _____ Email: _____
- Location of Waste Generation: _____

II. Waste Information

- Common Name of Waste: _____
- Detailed Description of Process Generating Waste _____

- Is This a Hazardous Waste as Defined by Federal, State or Local Laws or Regulations? Yes No

III. Physical Characteristics of Waste

- Color: _____
- Odor: None Mild Strong Describe _____
- Physical State: Solid Semi-Solid(sludge) Liquid Other _____
- Percent Solids (if known): _____ %
- Waste will be delivered to the site in: Bulk Drum Other _____
- Anticipated Volume: _____ [Tons Yards Drums Gallons Other
- Frequency: One-time Weekly Monthly Other _____

IV. Consultant or Abatement Firm Information

- Consultant/Abatement Firm: _____
- Address: _____

- Contact: _____ Phone: _____ Fax: _____ Email: _____

V. Laboratory Information

1. Laboratory Name: _____

2. Contact: _____ Phone: _____ Fax: _____ Email: _____

Attach results and chain of custody docs for all analyses performed on the subject waste within the previous 12 months.

VI. Random Sampling

Twin performs random sampling and analysis for hazardous waste characteristics and constituents of wastes provisionally accepted at the site. If your waste is selected for random sampling, a sample will be collected at the time of receipt of the waste. If the results of random sampling and analysis indicate that the waste was hazardous, the Generator shall pay for said analysis, and be financially and legally responsible for retrieval, transport, and disposal of the hazardous waste at no cost to Twin. By execution of this document, the Generator agrees to indemnify Twin from, and agrees to defend Twin against, all liabilities associated with the handling of Generator's hazardous waste. In addition the Generator shall be responsible for all cleanup costs associated with contamination of any Twin facility as a result of delivery of hazardous waste to the facility.

VII. Certification

WHO IS RESPONSIBLE FOR PAYMENT FOR SERVICES? _____

I hereby certify that I am the Generator, or I am authorized by the Generator to provide the information submitted in this form including any attached documents and to enter into this Agreement on the Generator's behalf. I have made a complete and thorough investigation of all matters relevant to completion of this form. This investigation included laboratory analysis, where applicable, performed in accordance with 6CCR 1007-3 Section 261.20(c) on a representative sample of the waste. All required information concerning the waste, including the results of all laboratory analyses has been provided in this form and the attached documents. I further hereby certify that such information is complete and accurate and that all known or suspected hazardous constituents/characteristics or safety hazards associated with the waste have been disclosed herein. I understand that the waste may be subject to random sampling and conditions described in Section VI of this form, that any waste that is non-conforming (along with the reagent with which Twin has mixed the waste) will be returned to me, and that Twin will not be responsible for expenses related to transportation, storage and handling of the non-conforming waste.

Name: _____ (Print or type) _____ (Signature)

Title: _____ Date: _____

VIII. Waste Acceptance

The waste, as represented by information contained in this document, is provisionally accepted for disposal at _____ Landfill (see Sections VI and VII of this form).

Signature of Authorized Twin Representative Date: _____

Does Responsible Party have Approved Credit? _____ Account Number _____

IX. Waste Rejection

The waste, as represented by information contained in this document, is NOT accepted for disposal at the _____ Landfill for the following reasons: _____

Signature of Authorized Twin Representative