

CLASS 8 WASTE PROFILE



E.T. Technologies, Inc.
6030 West California Avenue
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Phone: 801/ 973-2065
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Dear Client:

Please provide the information requested here concerning your non-hazardous waste. Be as thorough as possible. Please attach Material Safety Data Sheets and a current laboratory analysis if applicable. This information will be a matter of public record. **NOTE: Generators are legally responsible for proper representation and disposal of their waste. Please provide complete and accurate information to assure appropriate handling of your waste.**

GENERATOR INFORMATION

1. Company Name: _____

Address: _____

City, State, Zip: _____

Physical Address: (If P.O. Box) _____

2. **GENERATOR CONTACT** Name: _____

Title: _____ Phone: _____

TRANSPORTER

Company Name: _____

Phone: _____

WASTE DESCRIPTION

3. Process Producing Waste: _____

4. Anticipated Volume: Gal Tons Yds. Drums Other _____

_____ Per Day Week Month Year One time Only

5. Please list ALL chemical products (i.e. cleansers, degreasers, solvents, etc.) that may be present in the waste. If no products are present please state such. Attach Material Safety Data Sheets for EACH item listed.

(SPECIFIC PRODUCT NAME PLEASE)

1. _____

7. _____

2. _____

8. _____

3. _____

9. _____

4. _____

10. _____

5. _____

11. _____

6. _____

12. _____

OVER

6. Waste Description (cont.)

Odor: None Slight Extreme

7. Description of Odor: _____

8. Color and Physical Appearance: _____

9. If you have more than one location, please list additional location addresses in space provided below.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

10. Additional Comments: _____

To the best of my knowledge and ability, the information given in this document is a complete and accurate description of the waste.

Authorized Generator's Signature

Printed Name

Title

Date

FOR OFFICE USE ONLY

Waste Type: _____ Waste Code: _____

Date Waste Approved: _____ Expiration Date: _____

First Technical Approval: _____ Final Technical Approval: _____

Direct Billing: Yes No _____ Billing Approved: Yes No _____

Credit Application on file: Yes No _____ Credit Application Required: Yes No _____

Billing Approved By: _____ Date: _____

Comments: _____
