

CLASS 7 WASTE PROFILE



E.T. Technologies, Inc.
6030 West California Avenue
Salt Lake City, Utah 84104
Phone: 801/ 973-2065
Fax: 801/ 973- 4245

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: _____
Site Address (if different): _____

2. **GENERATOR** Name: _____
CONTACT Title: _____ Phone: _____

TECHNICAL Name: _____ Title: _____
CONTACT Company: _____ Phone: _____

BILLING Company: _____
COMPANY Accounts Payable Contact: _____ Phone: _____

WASTE DESCRIPTION

3. Common Name for this waste: _____

4. Process generating this waste: _____

5. Anticipated Volume: Gal Tons Yds. Drums Other _____
_____ Per Day Week Month Year One time Only

6. Please list ALL chemical products (i.e. cleansers, degreasers, solvents, fuels or other constituents) 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. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

OVER

7. Does this waste contain any petroleum products? Yes No
8. Odor: None Slight Extreme
9. Description of Odor: _____
10. Color and Physical Appearance (**describe completely**): _____

11. Check applicable properties: Liquid Sludge Soil Powder Oil Other: _____
12. To the best of your knowledge, is this waste derived from, contain or constitute hazardous waste as defined by 40 CFR or Utah Hazardous Waste Management Rules? Yes No
13. 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

- Is a laboratory analysis attached? Yes No
- Which laboratory performed the analysis? _____
- What is the laboratory sample **I.D. NUMBER**: _____
- Did an employee of E.T. TECHNOLOGIES, INC. sample the waste at your facility? Yes No

If no, please sign below.
 I certify that the chemical results referenced above were derived from representative samples of the waste material. Procedures utilized for collecting the waste samples were in accordance with E.P.A. guidelines.

_____ Authorized Signature	_____ Printed Name
_____ Title	_____ Date

FOR OFFICE USE ONLY

Waste Type: _____ Waste Code: _____

Date 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: _____

