



Instructions: Submit completed packet to info@slvlandfill.com at least 24 hours prior to hauling material for disposal. Test results and demolition permit (if required) need to be included with packet submission. At least 24 hours prior to hauling is required for packet review and approval. Notification of material acceptance or rejection will be determined and the completed Attachment C (which may include additional notes) is returned to the submitter. A 24 hours' notice of hauling material (after approval) to the SLV Landfill is required for preparation of Special Wastes and Asbestos Debris. A copy of the packet form Special Waste Manifest is required for each incoming load of Special Wastes and Asbestos Debris.

GENERATOR'S WASTE PROFILE SHEET

This form is to be used to comply with the requirements of "The Special Waste Management Plan" of SLVRSWA.

Contractor Name: _____
Address: _____
Contact: _____ Phone: _____
Email: _____

A. Waste Generator Information

Company Transporting Waste: _____
Contact Phone: _____
Generator Name: _____
Phone: _____
Generator Address (site of waste generation): _____

Technical Contact: _____
Contact Phone: _____
Email Address: _____

B. Waste Stream Information

Name of Waste: _____
Annual Amounts/Units: _____
Process generating waste: _____
Free of Liquids: Yes No
If one time disposal, total amount: _____
Lab results enclosed Yes No

Generator Certification: By signing this profile sheet, the Generator certifies:

This waste is not a "Hazardous Waste" as defined by USEPA or other Federal regulation and /or the state regulations. This waste does not contain regulated radioactive materials or regulated concentrations of PCB's (Polychlorinated Biphenyls). This sheet and attachments contain true and accurate descriptions of the waste material. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed. The analytical data presented herein or attached hereto were derived from testing a representative sample taken in accordance with 40 CFR 261.20© or equivalent rules. If any changes occur in the character of the waste, the Generator shall notify the SLVRSWA prior to providing the waste to the landfill.

Signature: _____
Printed Name: _____
Title: _____ Date: _____

NAME OF LAB: _____ PHONE #: _____

CONTENT: _____

Attachments: Mark all that apply

- Lab report for (BTEX) – EPA method 8021 for diesel or gasoline
- Lab report for (TPH) for gasoline EPA method 8015 GRO
- Lab report for (TPH) for Diesel EPA method 8015 DRO
- Lab report for (VOC) volatile organic compounds EPA method 8260C
- Lab report for paint filter test EPA method 9095 B no free liquid
- Lab report for ignitability test

Guide lines for Benzene:

For total benzene in soil – (less than) 5.1 mg/kg – okay (greater than) 5.1 mg/kg – need TCLP to determine it is considered hazardous and a written approval from the CDPHE prior to acceptance.

For non-friable or deconstruction material and special waste

- Lab test or certification statement on the friability of asbestos material.
- Completed manifest (**copy to be processed for all loads**)

For other material as required by the landfill

- Specify: _____
- Specify: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME & NUMBER: _____

COMPANY TRANSPORTING WASTE: _____

GENERATOR NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

OFFICE USE ONLY - WASTE STREAM REFERRED TO IN PROFILE SHEET HAS BEEN:

ACCEPTED REJECTED DATE: _____

ACCEPTED WITH CONDITIONS LISTED BELOW DATE: _____

GPS-Lat: _____ Long: _____

THE FOLLOWING INFORMATION OR TESTS NEED TO BE PROVIDED TO THE FACILITY MANAGER BEFORE A DECISION CAN BE MADE.

INFORMATION REQUESTED: _____

ADDITIONAL TESTING REQUESTED:

CONDITIONS OF ACCEPTANCE:

- MUST CALL TO MAKE APPOINTMENT 24 HOURS PRIOR TO HAULING
- ALL TRAILER AND DUMP BED LOADS MUST CHECK IN 30 MINUTES BEFORE CLOSING
- COMPLETED SPECIAL WASTE MANIFEST FORM REQUIRED FOR EACH INCOMING LOAD
- FRIABLE ASBESTOS WILL NOT BE ACCEPTED WHEN WINDS ARE OVER 20 MPH
- FRIABLE ASBESTOS NEEDS TO BE CONTAINED IN TWO, 6 MIL PLASTIC
- DUE TO SMALL AREA CONSTRAINTS, REAR UNLOADING BED IS NECESSARY

REASONS FOR REJECTION: _____

THE FEE FOR ACCEPTANCE OF THE WASTE STREAM WILL BE:

\$ _____ PER TON CUBIC YARD CONTAINER OTHER: _____

\$ _____ COVER FEE PER LOAD

SLVRSWA FACILITY MANAGER – PRINT NAME: _____

SIGNATURE: _____ DATE: _____

*This completed form is required for each incoming load of Asbestos, Contaminated Soil and Special Wastes

Generator's Name		Generator's Address		Generator's Telephone No.	
				Email:	
Origin of Special Waste (Project or Spill Location)					
Contractor/Company Name		Address		Telephone No.	
				Email:	
Contact Person:		Cell #		Email:	
Waste Disposal Site /Site Address:				Telephone No. 719-852-3810	
San Luis Valley Regional Solid Waste Authority 1600 County RD.44 Monte Vista, CO 81144					
Type and Proper name of special waste	Containers: Number	Type	Total Quantity	Unit Wt./Vol	
Additional Descriptions for Special Waste Listed Below					
Special Handling Instructions					
CONTRACTOR OR GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described above by type and proper name of the special waste, and that such waste has been managed, packaged, containerized and labeled in accordance with the requirements of 20.9.8 NMAC (Special Waste Requirements) in addition to any other applicable federal, state, or local regulations.					
Printed/Typed Name		Signature			Date
<i>Transporter 1 Acknowledgement of Receipt of Special Waste</i>					
Printed/Typed Name		Signature			Date
<i>Transporter 2 Acknowledgement of Receipt of Special Waste</i>					
Printed/Typed Name		Signature			Date
Rejected Materials (if any)		Destination			
Discrepancy Indication Space					
SLVRSWA Representative: <i>I hereby acknowledge receipt of the special waste as indicated upon this manifest, except as noted above in the Discrepancy Indication Space.</i>					
Printed/Typed Name		Signature			Date

