

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Waste Management (BWM)
1000 SW Jackson St., Suite 320
(785) 296-0681

GENERATOR LIQUID WASTE PROFILE SHEET

I. GENERATOR INFORMATION			SIC NO:		
GENERATOR NAME:					
GENERATOR SITE ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
GENERATOR MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
GENERATOR CONTACT NAME:			E-MAIL:		
PHONE NUMBER:			FAX NUMBER:		

II. WASTE STREAM INFORMATION				
NAME OF WASTE:				
PROCESS(ES) GENERATING WASTE:				
INDUSTRIAL WASTE:	POTW WASTE:	OTHER WASTE SOURCES:		
PHYSICAL STATE:	LIQUID	SLURRY		
METHOD OF SHIPMENT:	TANKER	DRUM	OTHER:	
ESTIMATED ANNUAL VOLUME (Gallons/Liters):				
FREQUENCY:	ONE TIME ONLY	WEEKLY	MONTHLY	
SPECIAL HANDLING INSTRUCTIONS:				
HAS THIS WASTE STREAM PREVIOUSLY BEEN AUTHORIZED FOR SUBTITLE D LANDFILL DISPOSAL:				
YES NO				
IF YES, WHAT WAS THE AUTHORIZATION NUMBER?				

III. REPRESENTATIVE SAMPLE CERTIFICATION			
WAS A REPRESENTATIVE SAMPLE COLLECTED FOR A HAZARDOUS WASTE DETERMINATION AS PER K.A.R. 28-31-261		YES	NO
SAMPLE DATE:	CHECK ONE:	COMPOSITE SAMPLE	GRAB SAMPLE
SAMPLERS EMPLOYER:			
SAMPLERS NAME (PRINTED):		SIGNATURE:	

IV. RD&D LANDFILL INFORMATION					
LANDFILL NAME:					
LANDFILL ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
LANDFILL CONTACT NAME:					
PHONE NUMBER:		E-MAIL:			

V. HAZARDOUS WASTE DETERMINATION INFORMATION

1. pH – **Standard Methods**, Part 4500-H⁺ B. Electronic Method: pH Value _____
2. Flash Point – **EPA** Method 1010, Test Methods for Flash Point by Pensky-Martens Closed Cup Tester: See American Society for Testing Materials (ASTM) Standard D 93-79 or Standard D 93-80: _____°F or _____°C
3. Other process(es) related characteristics not cited above:

Attach laboratory analytical report(s) (and/or Material Safety Data Sheets for all materials in the process streams) including required parameters provided for this profile

Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCB's)	YES	NO
Is this a hazardous waste as defined by 40 CFR Part 261 or KAR 28-31-261	YES	NO
Is this radioactive waste as defined by federal or state regulations?	YES	NO
Is this a regulated medical or infectious waste as defined by federal or state regulations?	YES	NO
Is this waste generated at a Federal Superfund clean-up site?	YES	NO

VI. RD&D DETERMINATION INFORMATION

1. Color - Identify color using chart at:
<http://www.ecoprocode.com/v/vspfiles/assets/images/industrialcolorchart.jpg>
2. Odor – Describe e.g, as fishy, earthy, woody, bleach, rotten egg, soap, gasoline, oil, etc:
_____ Also, define as: strong mild faint
3. Temperature at generation site: _____°F or _____°C
4. Free Liquids – **EPA** Method 9095D: Paint Filter Liquids Test: Free Liquid Yes No
5. Settled Sludge Volume – **Standard Methods**, Part 2710 C. Settled Sludge Volume: _____% Sludge after 30 minutes.
6. Total Suspended Solids – **Standard Methods**, Part 2540 D and E. Total, Fixed and Volatile Solids: _____mg/L TSS, _____mg/L FSS, _____mg/L VSS
7. Total and Soluble Biochemical Oxygen Demand - **Standard Methods**, Part 5210 B. BOD₅: Total _____mg/L; Soluble _____mg/L
8. Total and Soluble Chemical Oxygen Demand – **Standard Methods**, Part 5220 D. Closed Reflux, Colorimetric Method: Total: _____mg/L; Soluble: _____mg/L

Standard Methods refers to **Standard Methods for the Examination of Water and Wastewater** (latest edition) and **SW-846** refers to **EPA's Test Methods for Evaluating Solid Waste, Physical/Chemical Methods** (latest edition).

VII. GENERATOR CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, no employee of this company will deliver for disposal, or attempt to deliver for disposal, any waste which is classified as toxic, hazardous waste, medical or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

AUTHORIZED REPRESENTATIVE NAME & TITLE (PRINTED)

COMPANY NAME

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

-----*TO BE COMPLETED BY KDHE*-----

SPECIAL WASTE DISPOSAL AUTHORIZATION NUMBER ASSIGNED: _____

AUTHORIZER'S NAME: _____ DATE: _____

RD&D WASTE ACCEPTANCE: _____ Yes _____ No

PERMIT MANAGER _____ DATE: _____

OTHER APPROVAL CONDITIONS: _____

Form No. SW650a Date: 4-26-2011