

# Twin Enviro Services

Profile Number \_\_\_\_\_

- 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

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## LIQUID WASTE PROFILE

In order for Twin Enviro Services 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 that waste from cradle to grave. All related analysis must be included with this form and if future analysis differs from what was submitted, it must be sent to Twin immediately. All information on this form must be typed or printed in ink. Rev 8-08

### I. Generator Information (NOT Consultant or Contractor)

1. Generator Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
4. Location of Waste Generation: \_\_\_\_\_

### I. Waste Information

1. Common Name of Waste: \_\_\_\_\_
2. Detailed Description of Process Generating Waste \_\_\_\_\_  
\_\_\_\_\_
3. Is This a Hazardous Waste as Defined by Federal, State or Local Laws or Regulations? [ ] Yes [ ] No

### III. Physical Characteristics of Waste

1. Color: \_\_\_\_\_
2. Odor: [ ] None [ ] Mild [ ] Strong Describe \_\_\_\_\_
3. Physical State: [ ] Semi-Solid(sludge) [ ] Liquid [ ] Other \_\_\_\_\_
4. Percent Solids (if known): \_\_\_\_\_% pH \_\_\_\_\_
5. Waste will be delivered to the site in: [ ] Bulk [ ] Drum [ ] Other \_\_\_\_\_
6. Anticipated Volume: \_\_\_\_\_ [ ] Tons [ ] Yards [ ] Drums [ ] Gallons [ ] Other
7. Frequency: [ ] One-time [ ] Weekly [ ] Monthly [ ] Other \_\_\_\_\_

### IV. Consultant or Contractor Information

1. Consultant/Contractor Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

