

# Twin Enviro Services

Profile # \_\_\_\_\_

**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

rev 08/08

Disposal Site Destination (check one) \_\_\_\_\_ Milner \_\_\_\_\_ Phantom \_\_\_\_\_ Other

## WASTE PROFILE FORM

In order for Twin 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 its waste from cradle to grave. All related analysis must be included with this form, and if future analysis differs from what was submitted, the analytical results must be sent to Twin immediately. All information on this form must be typed or printed in black ink.

### I. Generator Information (NOT Consultant, Contractor, Transporter, or Abatement Firm)

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

### II. 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: [ ] Solid [ ] Semi-Solid(sludge) [ ] Liquid [ ] Other \_\_\_\_\_
4. Percent Solids (if known): \_\_\_\_\_ %
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 Abatement Firm Information

1. Consultant/Abatement Firm: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### V. Laboratory Information

1. Laboratory Name: \_\_\_\_\_
2. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Attach results and chain of custody docs for all analyses performed on the subject waste within the previous 12 months.

**VI. Random Sampling**

Twin performs random sampling and analysis for hazardous waste characteristics and constituents of wastes provisionally accepted at the site. If your waste is selected for random sampling, a sample will be collected at the time of receipt of the waste. If the results of random sampling and analysis indicate that the waste was hazardous, the Generator shall pay for said analysis, and be financially and legally responsible for retrieval, transport, and disposal of the hazardous waste at no cost to Twin. By execution of this document, the Generator agrees to indemnify Twin from, and agrees to defend Twin against, all liabilities associated with the handling of Generator's hazardous waste. In addition the Generator shall be responsible for all cleanup costs associated with contamination of any Twin facility as a result of delivery of hazardous waste to the facility.

**VII. Certification**

WHO IS RESPONSIBLE FOR PAYMENT FOR SERVICES? \_\_\_\_\_

I hereby certify that I am the Generator, or I am authorized by the Generator to provide the information submitted in this form including any attached documents and to enter into this Agreement on the Generator's behalf. I have made a complete and thorough investigation of all matters relevant to completion of this form. This investigation included laboratory analysis, where applicable, performed in accordance with 6CCR 1007-3 Section 261.20(c) on a representative sample of the waste. All required information concerning the waste, including the results of all laboratory analyses has been provided in this form and the attached documents. I further hereby certify that such information is complete and accurate and that all known or suspected hazardous constituents/characteristics or safety hazards associated with the waste have been disclosed herein. I understand that the waste may be subject to random sampling and conditions described in Section VI of this form, that any waste that is non-conforming (along with the reagent with which Twin has mixed the waste) will be returned to me, and that Twin will not be responsible for expenses related to transportation, storage and handling of the non-conforming waste.

Name: \_\_\_\_\_  
(Print or type) (Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. Waste Acceptance**

The waste, as represented by information contained in this document, is provisionally accepted for disposal at \_\_\_\_\_ Landfill (see Sections VI and VII of this form).

\_\_\_\_\_  
Signature of Authorized Twin Representative Date: \_\_\_\_\_

Does Responsible Party have Approved Credit? \_\_\_\_\_ Account Number \_\_\_\_\_

**IX. Waste Rejection**

The waste, as represented by information contained in this document, is NOT accepted for disposal at the \_\_\_\_\_ Landfill for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Twin Representative Date: \_\_\_\_\_