



Profile Number _____

- Milner Landfill** (Twin Landfill Corporation) • P.O. Box 774362 • 20650 County Road 205
Steamboat Springs, Colorado 80477 • voice 970/879-6985 • fax 815/377-2495 • milner@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) 3602 Freedom Road, Trinidad, Colorado 81082
voice 719/846-4030 • fax 815/377-2495 • trinidad@twinenviro.com

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 04/11

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: _____

VI. Laboratory Information

- 1. Laboratory Name: _____
- 2. Contact: _____ Phone: _____ Fax: _____ Email: _____
- 3. Attach results and chain of custody documentation for all analyses performed on the subject waste within the previous 12 months. Minimum parameters to be reported shall include (see attached):

VII. Random Sampling

1
 Twin Enviro Services 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, the waste will be solidified with a solidification reagent, and the solidified waste will be temporarily stored at the site. If the results of random sampling and analysis indicate that the liquid was hazardous, the Generator shall be financially and legally responsible for retrieval, transport, and disposal of the liquid waste/solidification reagent mixture at no cost to Twin Enviro Services. By execution of this document, the Generator agrees to indemnify Twin Enviro Services from, and agrees to defend Twin Enviro Services 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 Twin Enviro Services' solidification facility as a result of delivery of hazardous waste to the facility.

VIII. 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 and 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 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 VII of this form, that any waste that is non-conforming will be returned to me, and that Twin Enviro Services will not be responsible for expenses related to transportation, storage and handling of the non-conforming waste.

Name: _____
 (Title) _____ (Signature & Date)

IX. Waste Acceptance

The waste, as represented by information contained in this document, is provisionally accepted for disposal at _____ Landfill per Section VII. Twin Waste Identification Code: _____

Signature of Authorized Twin Representative _____ date _____

Responsible Party Approved Credit Application? _____ Account Number? _____

X. Waste Rejection

The waste, as represented by information contained in this document, is not accepted for disposal at Phantom Landfill for the following reasons: _____

Signature of Authorized Twin Representative _____