



SHASTA COUNTY
WEST CENTRAL LANDFILL
WASTE PROFILE REPORT

Residential Fire Waste Only

WASTE GENERATOR FACILITY INFORMATION (ORIGIN OF THE WASTE)

Generator Name: NA

E-mail Address: NA

Site Address: _____

Phone: NA

Fire
Location

City/ZIP: _____

State: _____

County: _____

Contact Name / Title: NA

CONTRACTOR / HAULER INFORMATION

Name: _____

E-mail Address: _____

Billing Address: _____

Phone: _____

City/State: _____

ZIP: _____

Contractor

Contact Name / Title: _____

License No: _____

WASTE STREAM INFORMATION

Common Waste Name: Residential Fire Debris

State Waste Code: NA

Waste Description: Residential Fire Debris

Description of waste generating process: NA

Physical State at 70°F Solid

Color: NA

Odor? No If Yes, Describe: _____

Water Reactive? NA If Yes, Describe: _____

Free Liquid Range NA

pH Range NA

Flammable Solid? NA



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WASTE STREAM INFORMATION (cont.)

Physical Constituents: List all known constituents of waste stream:

For example:
lumber, sheet
rock, carpet,
furniture, etc.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUANTITY AND SHIPPING INFORMATION:

Estimated Quantity: _____

Shipping Frequency: _____

No. of loads,
schedule of
deliveries

REGULATORY STATUS

Does this waste meet the definition of a USEPA listed or characteristic hazardous waste as defined by CFR Part 261?

No

Does the waste meet the definition of a California listed or characteristic hazardous waste as defined CCR Title 22, Division 4.5?

No

Are you aware of any Polychlorinated Biphenyls (PCBs) within the waste?

Yes or No

Are you aware of any untreated, regulated medical or infectious materials within the waste?

Yes or No

Does the waste contain asbestos?

Yes or No If yes, friable or non-friable:

Are you aware of any hazardous or potentially hazardous materials within the waste?

Yes or No If yes, list materials:



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GENERATOR CERTIFICATION

Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;

Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to Shasta County;

Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to the Shasta County prior to providing the Waste to the County

Check all that apply:

Attached analysis that pertains to the waste. (Identify laboratory & sample ID #'s and parameters tested)

Only the analysis identified on the attachment pertains to the waste (identify by laboratory & sample ID #'s and parameters tested)

Additional information necessary to characterize the profiled waste has been attached (other than analytical, such as MSDS)

By signing this Waste Profile Report I am certifying that the information provided is correct to the best of my knowledge

Certification Signature: _____

Date: _____

Name (print): _____

Title: _____

Company Name: _____
