



DANE COUNTY DEPARTMENT OF WASTE & RENEWABLES
SPECIAL WASTE PROFILE FORM

PROFILE #:

Section A: Generator/Customer Information (must be completed for all submissions)

Generator Name: _____	Hauling Company: _____
Source Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Contact Name: _____	Contact Name: _____
Contact Phone #: _____ E-mail: _____	Contact Phone #: _____ E-mail: _____

Section B: Submission Type (must be completed for all submissions)

Original Submittal: <input type="checkbox"/> Recertification: <input type="checkbox"/>	Disposal Need: <input type="checkbox"/> One Time <input type="checkbox"/> On-going
If recertification, provide Profile #: _____	Define time period if on-going: _____

Section C: Description of Waste Material (must be completed for all submissions, refer to applicable acceptance criteria)

Common Name: Asbestos (complete Section E) Contaminated Soil (complete Section F) Animal Carcass
 Non-Free Liquid Sludge Medical Waste Other

If "Other" is selected, please describe: _____

Is this a DOT hazardous material? Yes No (If yes, proper DOT shipping name must be used)

Shipping Name: _____

Disposal Container: <input type="checkbox"/> Bags <input type="checkbox"/> Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Other	Estimated Volume (CY): _____ or Estimated Weight (ton): _____
If "Other" is selected, please describe: _____	If in CY, provide estimated density (#/CY): _____

Physical State (check one): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semi-solid <input type="checkbox"/> Other	pH: _____ Flash point (deg. F): _____ Color: _____
Other (specify): _____	Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong
Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify % free liquids: _____	

Waste Composition: <table border="1"> <thead> <tr> <th>Description:</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____ %</td></tr> <tr><td>_____</td><td>_____ %</td></tr> <tr><td>_____</td><td>_____ %</td></tr> <tr><td>_____</td><td>_____ %</td></tr> <tr><td>_____</td><td>_____ %</td></tr> <tr><td>_____</td><td>_____ %</td></tr> </tbody> </table>	Description:	Percentage (%)	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	Does Waste Contain Any of These Compounds? <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>PCBs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cyanide</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sulfide</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Chlorinated Solvents</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Aromatic Solvents</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PFAS</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	PCBs	<input type="checkbox"/>	<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	Sulfide	<input type="checkbox"/>	<input type="checkbox"/>	Chlorinated Solvents	<input type="checkbox"/>	<input type="checkbox"/>	Aromatic Solvents	<input type="checkbox"/>	<input type="checkbox"/>	PFAS	<input type="checkbox"/>	<input type="checkbox"/>
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Section D: Sample Analysis Information (if required)

Check all that apply: Sample submitted with profile Laboratory Analysis submitted Safety Data Sheet Submitted

Laboratory Name: _____ Sample Date: _____ Sample I.D.: _____

Section E: Asbestos (Refer to SW-101 for acceptance criteria)

Description of Waste: _____	Double Wrapped? <input type="checkbox"/> Yes / <input type="checkbox"/> No Mil thickness: _____
Describe Type of Asbestos Material: _____	Sealed? <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/> Friable Asbestos <input type="checkbox"/> Non-Friable Category I <input type="checkbox"/> Non-Friable	Source of Bags/Plastic Wrap: _____
Specify Wetting Agent: <input type="checkbox"/> Water <input type="checkbox"/> Other (describe): _____	Address: _____ Phone: _____

Section F: Contaminated Soil (Refer to SW-102 for acceptance criteria)

Description of Waste:	<input type="checkbox"/> PECFA	<input type="checkbox"/> Non-PECFA	<input type="checkbox"/> Landfill	<input type="checkbox"/> Bio Pile
Soil Contaminated With:	<input type="checkbox"/> Unleaded Gasoline	<input type="checkbox"/> Leaded Gasoline	<input type="checkbox"/> Diesel	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other
Source of Contamination:	<input type="checkbox"/> LUST	<input type="checkbox"/> AST	<input type="checkbox"/> Spill	<input type="checkbox"/> Other _____



**DANE COUNTY DEPARTMENT OF WASTE & RENEWABLES
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PROFILE #:

Section G: Generator Certification:

I certify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards pertaining to waste/material described herein. I authorize Dane County Waste & Renewables personnel to add supplemental information to the Special Waste Profile Form, provided I am contacted and grant permission to do so. Dane County Waste & Renewables may require re-submittal of the Special Waste Profile Form if substantial changes are determined necessary. I authorize Dane County Waste & Renewables personnel to obtain a sample from any waste/material shipment for purposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this Special Waste Profile Form may be rejected by Dane County. I certify to the best of my knowledge, all information submitted in this and all attached documents contain true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix 1 and was obtained by using this or an equivalent sampling method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I certify that:

- This waste is not a hazardous waste as defined Wisconsin Administrative Code NR661 or 40 CFR 261.
- This waste does not contain regulated quantities of PCBs under 40 CFR 761.77 and NR 157, Wisconsin Administrative Code.
- This waste does not contain regulated quantities of herbicides or pesticides under NR 673, Wisconsin Administrative Code.
- This waste does not contain infectious wastes as defined in Wisconsin Administrative Code NR 526.

If I am an contractor acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.

Print Name: _____ Signature: _____
Date: _____

Instructions for Generator (Waste & Renewable Staff will fill-out after reviewing materials): _____

Waste & Renewable Staff:

Date of Disposal: _____

Instructions: _____

Copy Given to Generator: Yes: No: Used for ADC: Yes: No:

Signature: _____ Printed Name: _____

Disposal Location (required for asbestos and animal carcasses):

Disposal Coordinates _____ E to _____ E, _____ N to _____ N

Elevation: Base _____ Top _____

VOC Concentration (required for contaminated soils):

VOC Concentration _____ mg/kg

LANDFILL SCALE HOUSE - 7102 US HWY 12, MADISON WI, 53718 - (608) 838-9555
BILLING - 1919 ALLIANT ENERGY CENTER WAY, MADISON WI, 53713