



Waste Management Profile

Requested Facility: Hillsboro

☐ Check if there are multiple generator locations. Attach locations.

☐ Unsure Profile Number: _____

☐ Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- Generator Name: Milton Brown
- Site Address: 1610 North Pier 99 Street
(City, State, ZIP) Portland, Oregon 97217
- County: Multnomah
- Contact Name: John Foxwell
- Email: jfoxwell@apexcos.com
- Phone: 503 924-4704 ext 113 7. Fax: _____
- Generator EPA ID: Pending ☐ N/A
- State ID: _____ ☒ N/A

C. MATERIAL INFORMATION

- Common Name: Burned Debris

Describe Process Generating Material:

☐ See Attached

Burned debris found during site clean up. Burned materials include gaskets, filters, batteries, wood, and other materials

- Material Composition and Contaminants:

☐ See Attached

1. Lead, Barium, Chromium, and other metals	<1%
2. PCBs and organochlorine pesticides	<1%
3. Burned Material/Ash	~99%
4.	≥100%

- State Waste Codes: _____ ☒ N/A

- Color: Grey and brown

- Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____

- Free Liquid Range Percentage: _____ to _____ ☒ N/A (Solid)

- pH: _____ to _____ ☒ N/A (Solid)

- Strong Odor: ☐ Yes ☒ No Describe: _____

- Flash Point: ☐ <140°F ☐ 140°-199°F ☐ ≥200° ☒ N/A (Solid)

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical attached

☒ Yes

Please identify applicable samples and/or lab reports:

Total Metals, PCB, and TCLP Metals results of representative waste sample (Ash Stockpile) in Apex Labs Report No. A310420

- Other information attached (such as MSDS)?

☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this Waste Management Profile, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Milton O. Brown

Date: 11/1/2013

Title: Owner

Company: _____

B. BILLING INFORMATION

☐ SAME AS GENERATOR

- Billing Name: Terra Hydr
- Billing Address: PO Box 3616
(City, State, ZIP) Portland, Oregon 97208
- Contact Name: Hank Stukey
- Email: corporate@terrahydr.com
- Phone: 503 720-6590 6. Fax: _____
- WM Hauled? ☐ Yes ☒ No
- P.O. Number: TBD

D. REGULATORY INFORMATION

- EPA Hazardous Waste? ☒ Yes* ☐ No
Code: D008
 - State Hazardous Waste? ☐ Yes ☒ No
Code: _____
 - Excluded waste under 40 CFR 261.4 (a) or (b)? ☐ Yes* ☒ No
 - Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
 - Contains benzene and subject to Benzene NESHA? ☐ Yes* ☒ No
 - Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
 - CERCLA or State-mandated clean-up? ☒ Yes* ☐ No
 - NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☒ No
- *If Yes, see Addendum (page 2) for additional questions and space.
- Contains PCBs? → If Yes, answer a, b and c. ☒ Yes ☐ No
 - Regulated by 40 CFR 761? ☐ Yes ☒ No
 - Remediation under 40 CFR 761.61 (a)? ☐ Yes ☒ No
 - Were PCB imported into the US? ☐ Yes ☒ No
 - Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
 - Contains Asbestos? ☐ Yes; Friable ☐ Yes; Non-Friable ☒ No

F. SHIPPING AND DOT INFORMATION

- ☒ One-Time Event ☐ Repeat Event/Ongoing Business
- Estimated Quantity/Unit of Measure: 3
☐ Tons ☒ Yards ☐ Drums ☐ Gallons ☐ Other: _____
- Container Type and Size: Truck and Trailer
- USDOT Proper Shipping Name: _____ ☒ N/A

Certification Signature

THINK GREEN®

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

Last Revised March 20, 2012
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Waste Management Profile

Requested Facility: _____ ☐ Unsure Profile Number: _____
☐ Check if there are multiple generator locations. Attach locations. ☐ Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: _____
2. Site Address: _____
(City, State, ZIP) _____
3. County: _____
4. Contact Name: _____
5. Email: _____
6. Phone: _____ 7. Fax: _____
8. Generator EPA ID: _____ ☐ N/A
9. State ID: _____ ☐ N/A

C. MATERIAL INFORMATION

1. Common Name: _____
Describe Process Generating Material: ☐ See Attached
2. Material Composition and Contaminants: ☐ See Attached

1.	
2.	
3.	
4.	
	≥100%
3. State Waste Codes: _____ ☐ N/A
4. Color: _____
5. Physical State at 70°F: ☐ Solid ☐ Liquid ☐ Other: _____
6. Free Liquid Range Percentage: _____ to _____ ☐ N/A (Solid)
7. pH: _____ to _____ ☐ N/A (Solid)
8. Strong Odor: ☐ Yes ☐ No Describe: _____
9. Flash Point: ☐ <140°F ☐ 140°–199°F ☐ ≥200° ☐ N/A (Solid)

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached ☐ Yes
Please identify applicable samples and/or lab reports:
2. Other information attached (such as MSDS)? ☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this Waste Management Profile, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): _____ Date: _____
Title: _____
Company: _____

B. BILLING INFORMATION

☐ SAME AS GENERATOR

1. Billing Name: _____
2. Billing Address: _____
(City, State, ZIP) _____
3. Contact Name: _____
4. Email: _____
5. Phone: _____ 6. Fax: _____
7. WM Hauled? ☐ Yes ☐ No
8. P.O. Number: _____

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? ☐ Yes* ☐ No
Code: _____
2. State Hazardous Waste? ☐ Yes ☐ No
Code: _____
3. Excluded waste under 40 CFR 261.4 (a) or (b)? ☐ Yes* ☐ No
4. Contains Underlying Hazardous Constituents? ☐ Yes* ☐ No
5. Contains benzene **and** subject to Benzene NESHAP? ☐ Yes* ☐ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☐ No
7. CERCLA or State-mandated clean-up? ☐ Yes* ☐ No
8. NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☐ No
***If Yes, see Addendum (page 2) for additional questions and space.**
9. Contains PCBs? → If Yes, answer a, b and c. ☐ Yes ☐ No
 - a. Regulated by 40 CFR 761? ☐ Yes ☐ No
 - b. Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
 - c. Were PCB imported into the US? ☐ Yes ☐ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☐ No
11. Contains Asbestos? ☐ Yes: Friable ☐ Yes: Non-Friable ☐ No

F. SHIPPING AND DOT INFORMATION

1. ☐ One-Time Event ☐ Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: _____
☐ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: _____
3. Container Type and Size: _____
4. USDOT Proper Shipping Name: _____ ☐ N/A

Certification Signature



Waste Management Profile Addendum



Only complete this Addendum if prompted by responses on Waste Management Profile (page 1) or to provide additional information. Sections and question numbers correspond to Waste Management Profile.

Profile Number: _____

SECTION C

Describe Process Generating Material (Continued from page 1):

If more space is needed, please attach additional pages.

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Material Composition and Contaminants (Continued from page 1):

If more space is needed, please attach additional pages.

5.	
6.	
7.	
8.	
9.	
10.	
	≥100%

SECTION D

Only questions with a "Yes" response on Waste Management Profile (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

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- b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)? ☐ Yes ☐ No
- c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4. ☐ Yes ☐ No
- d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083 and 265.1084)? ☐ Yes ☐ No

→ If Yes, please select one of the following:

- ☐ Waste has been determined to be LDR exempt [265.1083(c)(4) and 265.1084(c)(4)] based on the fact that it meets all applicable organic treatment standards (including UHCs for D-coded characteristic wastes) or a Specified Technology has been utilized.
- ☐ Waste does not qualify for a LDR exemption, but the average VOC at the point of origination is <500 ppmw and this determination was based on analytical testing (upload copy of analysis) or generator knowledge.

2. State Hazardous Waste → Please list all state waste codes: _____

3. Excluded Waste → Please select which of the following categories apply to your material:

- ☐ Delisted Hazardous Waste ☐ Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____
- ☐ Treated Hazardous Waste Debris ☐ Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

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5. Benzene NESHAP → Please include benzene concentration and percent water/moisture in chemical composition.

- a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue.
- b. What is your facility's current total annual benzene quantity in Megagrams? ☐ <1 Mg ☐ 1–9.99 Mg ☐ ≥10 Mg
- c. Is this waste soil from remediation at a closed facility? ☐ Yes ☐ No
- d. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? ☐ Yes ☐ No
- e. Is material exempt from controls in accordance with 40 CFR 61.342? ☐ Yes ☐ No
- If yes, specify exemption: _____
- f. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF? ☐ Yes ☐ No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppw VOHAPs at the point of determination? ☐ Yes ☐ No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation to assist others in the evaluation for proper disposal.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____