



THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY

1645 Ferry Avenue • Camden, NJ 08104

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www.ccmua.org

ATTACHMENT C

WASTE PROFILE FORM

CAMDEN COUNTY WATER RESOURCE RECOVERY FACILITY WASTE ACCEPTANCE PROGRAM

I. Generator Information

Generator Name: _____

Generation Site Address: _____

Generation Site County: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Generator EPA ID (if applicable): _____

Generator State ID (if applicable): _____

II. Material Information

Common Name for Material: _____

Process Generating Material Description: _____

Color: _____

Strong Odor?: ☐ YES ☐ NO

If "YES", describe: _____

Material Composition (list or attach data): _____

Physical State at 70°F: ☐ SOLID ☐ LIQUID

☐ OTHER: _____

Flash Point (if applicable): _____

pH (if applicable): _____ to _____

Estimated Total % Solids Range (if applicable): _____ to _____

State Waste Code (if applicable): _____

III. Regulatory Information

EPA Hazardous Waste? ☐ YES ☐ NO

If "YES", code: _____

State Hazardous Waste? ☐ YES ☐ NO

If "YES", code: _____

Contains underlying Hazardous Constituents? ☐ YES ☐ NO

Is the material non-hazardous due to treatment, delisting, or an exclusion?

☐ YES ☐ NO

Contains benzene and subject to Benzene NESHAP? ☐ YES ☐ NO

Facility remediation subject to 40 CFR 63 GGGG? ☐ YES ☐ NO

CERCLA or State-mandated clean-up? ☐ YES ☐ NO

NRC or State-regulated radioactive or NORM Waste? ☐ YES ☐ NO

Contains PCBs? (If "YES", see below) ☐ YES ☐ NO

Regulated by 40 CFR 761? ☐ YES ☐ NO

Remediation under 40 CFR 761.61(a)? ☐ YES ☐ NO

Were PCBs imported into the US? ☐ YES ☐ NO

Regulated Medical Waste? ☐ YES ☐ NO

Untreated Medical Waste? ☐ YES ☐ NO

Infectious Waste? ☐ YES ☐ NO

Contains Asbestos? (If "YES", see below) ☐ YES ☐ NO

Non-Friable? ☐ YES ☐ NO

Non-Friable- Regulated? ☐ YES ☐ NO

Friable? ☐ YES ☐ NO

IV. Analytical Information

Analytical Data Attached? ☐ YES ☐ NO

Identify applicable samples and/or lab reports: _____

Analyses performed by NJ Certified Laboratory? ☐ YES ☐ NO

Name of NJ Certified Laboratory Utilized: _____

NJ Laboratory Certification ID: _____

Analyses identified in CCMUA Form Attachment A included? ☐ YES ☐ NO

MSDS Attached? ☐ YES ☐ NO

Any other representative information attached? ☐ YES ☐ NO

List Additional Information Included: _____

V. Shipping Information

Frequency of Event: ☐ One- Time ☐ Repeat/ Ongoing

Estimated Quantity with Unit of Measurement: _____

Container Type and Size: _____

USDOT Shipping Name (if applicable): _____

VI. Billing Information

Same as Generator? ☐ YES ☐ NO

If different from Generator, please complete the information below:

Billing Name: _____

Billing Address: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

VII. Generator Certification

I have personally examined and am familiar with the information submitted in this document and attachments. I hereby certify, under penalty of law, that the information submitted in this form was prepared under my direction or supervision and all attached documents are true and accurate. I am aware that there are significant penalties for submitting false information, including the possibilities of fines, revocation of discharge privileges, and imprisonment. I agree to the following conditions, if approved by the CCMUA for acceptance:

1. The material will be analyzed for a minimum of once per year, unless otherwise directed by the CCMUA, to confirm consistency and conformance with the original characterization provided;
2. No cleaning compounds, sanitizing agents, disinfectants, or other chemicals will be introduced to the material which may adversely impact the recycling and/or anaerobic digestion of the material; and
3. The CCMUA will be notified IMMEDIATELY of any process changes or other changes which may directly or indirectly change the characterization of the material, as certified in this form.

As the Certifier of this form, I acknowledge that I will be held responsible for any damages that may occur from non-compliance with this certification.

Certifier Signature: _____

Certifier Name (Printed): _____

Certifier Title: _____

Company Name: _____

Date: _____