

P.O. Number	Customer Code	SKB Representative Steve Opstad	CL
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I. Generator Information

Generator Name:		Generator EPA ID Number		SIC Code
Generator Location:		County:	Generator Contact:	
		Phone:	Fax:	
Generator Mailing Address (if different):		Generator Email Address:		
Bill To Name & Address:		Bill To #:	Billing Contact:	
		Phone:	Fax:	
Invoice Contact:		Billing Email Address:		

II. Waste Generation Information

Waste Name:	Estimated rate of waste generation: _____ <input type="checkbox"/> Lbs. <input type="checkbox"/> tons <input type="checkbox"/> cy <input type="checkbox"/> drums	<input type="checkbox"/> one time <input type="checkbox"/> yearly
Generator Facility Operations and/or Site History:		
Describe the generating process or source of contaminated soil/debris and/or waste:		

III. Waste Composition and Constituents (list all known)

	Actual Range	
	%	ppm

IV. Waste Properties

Physical state: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas	Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No Content _____ %	pH Range: <input type="checkbox"/> <2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 8-12.4 <input type="checkbox"/> >12.5	Flash point: <input type="checkbox"/> ≤ 140°F <input type="checkbox"/> > 140°F to < 200°F <input type="checkbox"/> > 200°F	Color:	Odor (describe):
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V. Waste Classification

Waste stream properties (answer ALL questions)	Does this waste contain absorbents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste stream contain any D, F, K, U or P listed as hazardous waste, either in pure form, as a mixture, or treatment residue? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste lethal (by Minn. Rules 7045.0131 Subp. 6)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste stream contain PCB material <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, concentration: _____ppm	Is this waste recyclable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste stream contain fuming acids? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste explosive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste infectious? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain oxidizers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste putrescible waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain radioactive material? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste demolition debris? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this waste sewer sludge? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any available information or analytical test results that have previously been performed on this waste that substantiates these determinations. Include MSDS's and any information from other agencies (i.e., MPCA, USEPA)

VI. Shipping Information

Proper DOT Shipping Name (per CFR 172.101) where applicable			
Reportable Quantity	DOT Hazard Class	UN/NA Number	Packing Group
Method of packaging: <input type="checkbox"/> drums (size _____) <input type="checkbox"/> Bulk Solids <input type="checkbox"/> boxes (size _____)		Method of shipment <input type="checkbox"/> Roll-off <input type="checkbox"/> End dump <input type="checkbox"/> Rail <input type="checkbox"/> Other (Specify) _____	

VII. Certification of Non Hazardous Waste & Approval Conditions

I hereby certify and warrant, on behalf of the generator and myself that, to the best of my knowledge and belief, the information contained herein is accurate, and true and that the waste is nonhazardous as defined in Title 42, Unites States Code Section 6903, Minnesota Statute Section 116.06, Subdivision 13, and/or any rules adopted by the Minnesota Pollution Control Agency under Minnesota Statute Section 116.07.

I understand that any approval is no longer valid if there are any changes in the process generating the waste or there have been changes in the composition of the waste. Therefore, if the composition of the waste stream changes or potentially changes, I or someone representing the generator, will immediately notify Shamrock Landfill, Inc. I, on behalf of the generator, hereby agree to fully indemnify Shamrock Landfill, Inc. for any damages and/or costs incurred as a result of this certification being inaccurate or untrue.

Signature	Printed Name	Title	Date
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