



SPECIAL WASTE CHARACTERIZATION FORM

Smiths Creek Landfill
6779 Smiths Creek Road
Smiths Creek, MI 48074
Phone: (810) 985-2443 Fax: (810) 367-3062

Generator/Transporter Information

Generator Name: _____ Transporter Name: _____
 Address: _____ Address: _____
 Generator Contact: _____ Transporter Contact: _____
 Telephone: _____ Telephone: _____

Waste Stream Information

General Material Description: _____
 Process Generating Waste: _____
 Shipping Frequency: _____ Shipping Volume: _____
 Once Week Month Year Tons Yards Other: _____
 Shipping Container: Roll Off Drums Totes Other: _____

Physical Properties

Physical State at 70°F: Solid Semisolid Liquid
 Free Liquids yes no _____ % by Weight
 Color: _____ Texture: _____ Density: _____
 Odor: None Mild Strong
 Is this a Hazardous Waste? Yes No (MDEQ regulated – listed or characteristic)
 Is this a Liquid Industrial Waste? Yes No (MDEQ regulated – example: Used Oil)
 Does the Waste Contain (check all that apply):
 PCBs CFCs or HCFCs Medical Waste Universal Waste
 Friable Asbestos Raw Sewage Whole Tires Used Oil
 Beverage Containers Yard/Landscaping Waste Low Level Radioactive Waste Non-Friable Asbestos
 Lead Acid Batteries Organic Chemicals (solvents) Other: _____
 None of the Above
 Attached Information: Analytical Material Safety Data Sheet Other: _____
 Where in the waste generation process was the sample collected? _____

Non-Hazardous Certification

The generator of the waste described on this profile sheet, by signature below of a duly authorized representative, hereby certifies that all information provided is complete and accurate, that all known or suspected hazards have been disclosed, that the analytical data attached hereto is derived from the testing of a representative sample in accordance with 40 CFR 261.20 (c), the waste is not subject to treatment standards under 40 CFR 268.40 or 40 CFR 268.48, and that this material is considered non-hazardous according to US EPA and Michigan DEQ Rules and Regulations. The generator releases this waste to the St. Clair County for disposal as determined by the Smiths Creek Landfill.

Signature: _____ Title: _____ Date: _____
 Name: _____ Company: _____

SCL Office Use Only

Special Waste Review Completed By: _____ Acceptance Decision: Accept Reject
 Recertification Frequency: Bi Annual Annual Semi Annual Other: _____
 Conditions of Acceptance: _____
 Special Handling Procedures: _____
 County Officer: _____ Date: _____
 Facility Officer: _____ Date: _____

SPECIAL WASTE CHARACTERIZATION FORM INSTRUCTIONS

Smiths Creek Landfill
6779 Smiths Creek Road, Smiths Creek, MI 48074
Phone: (810) 985-2443 Fax: (810) 367-3062

General Instructions:

Send all Special Waste Characterization Forms to Smiths Creek Landfill by mail at 6779 Smiths Creek Road, Smiths Creek, MI 48074 or by fax to (810) 367-3062.

This form must be completed for all special wastes to be considered for disposal by St. Clair County. All questions must be answered and all answers must be typed or entered in ink. Responses of "None", "N/A" or "Not Applicable" may be made if appropriate.

Every Special Waste Characterization Form should be accompanied by enough information to describe the waste being presented for disposal. This would include: analytical data (Toxicity Characteristic Leaching Procedure (TCLP) constituents or concentrations contained in the waste stream), Material Safety Data Sheets, Generator/Process Knowledge of the waste stream, and/or published studies on similar wastes/processes.

A separate application must be submitted for each individual waste stream.

Generator/Transporter Information:

Enter the name and address of the waste generator and transporter. Enter the name and telephone number of the person(s) who have a working knowledge of the waste and are responsible for waste material management.

Waste Stream Information:

Enter a common name which best describes the waste (i.e. UST/soils, process wastes, etc.) and a general description of the waste. Describe the process generating the waste in detail. List the specific process/operation or source that generates the waste (e.g. incineration of municipal refuse, asbestos removal, wastewater treatment, building maintenance). Enter the frequency of shipment and the estimated quantity of waste in tons, yards, or other (e.g. drums, gallons) which will be received by the facility. This volume amount is not intended for use in complying with state and/or permit restrictions.

Physical Properties:

The physical character of the waste must be described according to the properties outlined. Each information section must be completed with a box being checked or waste descriptor completed. Analytical data can be used to describe chemical character of the waste. Other attached information would include a full description of the process generating the waste including flow diagrams, pictures, etc. and any additional information you believe may assist with the evaluation of the waste, including where in the generation process the sample was collected.

Non-Hazardous Certification:

An authorized, responsible representative of the Generating Company must review, sign and date the Special Waste Characterization Application Form. Consultants/Contractors should have **signed** documentation (i.e. fax, memo, etc.) authorizing them to sign on behalf of the generator.

SCL Office Use Only:

This section will be completed by an authorized representative of St. Clair County.