



Monterey Regional Waste Management District

Service, Stewardship and Sustainability Since 1951

WASTE MANIFEST PROFILE

SECTION 1 – WASTE GENERATOR (Waste Generator Must Complete)

Company Name _____
 Generator Site Address _____
 Generator Contact Name _____
 Phone No. _____ E-Mail Address _____

SECTION 2 – TRANSPORTER (Hauler or Waste Generator Must Complete)

Company Name _____ Address _____
 Transporter Contact Name _____ Phone No. _____

SECTION 3 – WASTE DESCRIPTION/PROPERTIES (Waste Generator Must Complete)

Waste Description _____

Estimated Waste Weight or Volume _____ Tons Cubic Yards Gallons

Transported By: Debris Box Dump Truck Vacuum Truck Drum (type/size) _____ Other _____

Waste Properties (Check all that apply)

Solid Semi-Solid Sludge C & D Debris (mixed) Color(s) _____
 Powder Liquid Soil other _____ Percent Solids _____

Laboratory Analysis (MRWMD reserves the right to require the Generator to perform additional analytical testing.)

Sampling Date _____ Laboratory _____

Analytical Report Attached (check-all that apply) CA Title 22 Metals Volatile Organics TPH Gas/Diesel
 BTEX PCB's Semi-volatile Organics Herbicides/Pesticides Other _____

SECTION 4 – GENERATOR CERTIFICATION (Waste Generator must complete)

	YES	NO
1. Is the waste represented by this waste profile sheet a "Hazardous Waste" as defined by USEPA?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the waste represented by this waste profile sheet contain regulated radioactive material or regulated concentrations of Polychlorinated Biphenyls (PCBs)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this waste profile sheet and all attachments contain true and accurate descriptions of the waste material?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules?	<input type="checkbox"/>	<input type="checkbox"/>

This is to certify that the waste material described herein is classified as Non-Hazardous and is not subject to Federal and California regulations for reporting proper disposal of hazardous waste. Our company hereby agrees to fully indemnify the MRWMD against any damages resulting from this certification being inaccurate or untrue.

Printed Name & Title of Authorized Agent _____

Date _____

Signature of Authorized Agent _____

FOR MRWMD USE ONLY (District Weighmaster to complete)

Landfill Liquid Waste Area

Weighmaster Signature: _____ Weigh Ticket No. _____ Date: _____



WASTE MANIFEST PROFILE INSTRUCTIONS

-PLEASE FILL ALL SECTIONS-

SECTION 1 – WASTE GENERATOR (*Refers to party responsible for waste*)

Company Name – *Provide name of company or individual responsible for generating waste.*

Generator Site Address – *Indicate address of waste origin.*

Generator Contact Name – *Provide name of responsible party.*

Phone No. – *Provide phone number of responsible party.*

E-mail Address – *Provide email address of responsible party.*

SECTION 2 – TRANSPORTER (*Complete only if different than waste generator*)

Company Name – *Provide name of company used to transport material.*

Transporter Contact Name – *Provide name of transporter responsible party.*

Address – *Provide address of transport company.*

Phone No. – *Provide phone number of transport company.*

SECTION 3 – WASTE DESCRIPTION/PROPERTIES

Waste Description – *Describe the waste with as much detail as possible. Including sample names detailed in analytics report (if available).*

Estimated Weight or Volume – *Estimate the amount of waste generated with appropriate units.*

Transported By – *Define the type of vehicle/container transporting the waste material.*

Waste Properties – *Check the box(es) that best describe(s) the waste. Indicate color and percent solids.*

Laboratory Analysis – *Complete this section if laboratory analysis performed/required. Provide sampling information, indicate which analytic tests performed, and attach reports.*

SECTION 4 – GENERATOR CERTIFICATION

Read each question carefully and check box for accurate answer. Where not applicable, write “N/A.”

AUTHORIZATION

Printed Name and Title of Authorizing Agent – *Provide name and title of responsible party.*

Signature of Authorizing Agent – *After reading the certification statement, provide the signature of the responsible party indicating an agreement of the statement.*

Date – *Provide date of authorizing signature.*