ABILENE ENVIRONMENTAL LANDFILL, INC.
Non- Hazardous Waste Profile
(MUST BE FILLED OUT COMPLETELY)

FOR MORE INFORMATION OR OTHER LANDFILL LOCATIONS, PLEASE CALL 325.437.3093

A. GENERATOR INFORMATION

1. Generator Name _____
2. Site Location _____
3. City _____
   State _____ Zip Code _____
4. Phone (_____) _____
5. Fax (_____) _____
6. State Facility ID# _____
7. State Waste Code _____

B. CUSTOMER INFORMATION

1. Customer Name _____
2. Address _____
3. City _____
   State _____ Zip Code _____
4. Phone (_____) _____
5. Fax (_____) _____
6. Contact _____
7. Title _____

C. WASTE STREAM INFORMATION

1. Common Name of Waste _____
2. Detailed Description of Process Generating Waste and Material Description _____
   _____
3. Industrial Generator   Yes   No   4.Municipal Generator   Yes   No . Other_____
5. Physical State at 70°   Solid   Semisolid   Liquid   Powder   Combination
6. Odor   Yes   No   Describe _____   7. Color _____ 8. pH Range _____
9. Flash Point _____   10. Reactive   Yes   No   With: _____
11. Free Liquid   Yes   No   12. Water content % by volume _____ 13 Viscosity _____
14. Is the analytical attached derived from testing a representative sample IAW 40 CFR 261.35?   Yes   No
15 Does the waste contain radioactive or U.S.D.O.T. hazardous materials?   Yes   No

D. SUPPLEMENTAL INFORMATION

   None   MSDS   Analytical Data   Process Knowledge   Number of pages attached _____

E. SHIPPING INFORMATION

1. Packaging   Bulk Liquid   Bulk Solid   Drum   Other _____ Shipping Frequency _____
2. Estimated Volume _____   Gallons   Yards   Drums   Other _____
3. Designated Disposal Facility _____

F. GENERATOR/CUSTOMER CERTIFICATION

I hereby certify that all information submitted and all attached documents contain true and accurate descriptions of this waste. No deliberate or willful omissions of composition or properties exist, and all known or suspected hazards have been disclosed. I further certify that the waste is not designated as Hazardous Waste as defined by the USEPA in 40 CFR 261, nor does it contain PCBs regulated under TSCA 40 CFR 761.

I, _____ am employed by _____, and am authorized to sign this request for:

_____, _____ _____
   (Company Name)   **(Signature)**   **(Date)**

LANDFILL USE ONLY (DO NOT WRITE IN THIS SPACE)		
Compliance Officer _____	State Fee Applicable Class1	☐ Yes ☐ No
Date _____ ☐ Approved ☐ Rejected	State Fee Applicable MSW	☐ Yes ☐ No
Additional Information _____	Currant WDA on file	☐ Yes ☐ No
_____	Price includes State Fee	( ) Yes ( ) No
Disposal Price:_____per: ton, yard, gal, load_____	Job # _____	