

City of Brownsville  
 Type I - Municipal Solid Waste Landfill  
 9000 FM 802  
 Brownsville, TX 78521

TEL: 956-831-6421  
 FAX: 956-831-3228



Landfill Use Only	
Wastestream #	_____
Approved:	_____
Date:	_____
Expiration:	_____

## WASTE PROFILE FORM

I. Generator Information	II. Generating Facility Information												
EPA Generator ID# _____ Generator Name: _____ Mailing Address: _____ City: _____ State/Zip: _____ Technical Contact Name: _____ Phone: (_____) _____ Fax: (_____) _____	Facility Name: _____ State Generator #: _____ Street Address: _____ City: _____ State/Zip: _____ Facility Contact Name: _____ Phone: (_____) _____ Fax: (_____) _____												
III. Wastestream Description	IV. Waste Composition												
Wastestream Name: _____ Texas Waste Code #: _____ Describe Process Generation of Waste: (Be Specific) _____ _____ Describe Appearance: _____ Describe Odor: _____ Color: _____ Density: _____ lbs./yd <sup>3</sup> Is the waste a solid as per the paint filter liquids test, method 9095. <input type="radio"/> Yes <input type="radio"/> No	<b>Total Metals Analysis (required)</b> Arsenic (As) _____ mg/kg Barium (Ba) _____ mg/kg Cadmium (Cd) _____ mg/kg Chromium (Cr) _____ mg/kg Lead (Pb) _____ mg/kg Mercury (Hg) _____ mg/kg Selenium (Se) _____ mg/kg Zinc (Zn) _____ mg/kg Silver (Ag) _____ mg/kg  TPH _____ mg/kg BTEX _____ mg/kg  PH Range _____ to _____ (solids, PH of equivalent weight mixed with ASTM Type II Laboratory distilled or deionized water.)  <b>Components</b> <i>(Account for 100%, attach lab analysis and/or MSDS, if available)</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Component</th> <th style="text-align: center;">Average%</th> <th style="text-align: center;">Range</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">to _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">to _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">to _____</td> </tr> </tbody> </table> I have completed a Haz. Waste, Class 1 & 2 determination for this waste. Attachments: <input type="radio"/> Yes <input type="radio"/> No	Component	Average%	Range	_____	_____	to _____	_____	_____	to _____	_____	_____	to _____
Component	Average%	Range											
_____	_____	to _____											
_____	_____	to _____											
_____	_____	to _____											
V. Shipping Data													
Shipping Method (drums, bulk, other): _____ Estimated Quantity (yd <sup>3</sup> or no. of containers): _____ One-time _____ Per qty. _____ Per year  Special Handling Instructions: _____ _____													

### VI. CERTIFICATION

I, certify and warrant that the above wastestream identification for the materials offered for disposal as appears on this form and contained on any attachments, or supplements, is true and correct. My certification is based on personal examination of the information submitted, or is based upon my inquiries of those individuals responsible for obtaining the information. I further certify and warrant that the identification is a result of analysis of a representative sample obtained and analyzed in accordance with testing procedures specified by the Texas Commission on Environmental Quality (TCEQ) or by applying knowledge of the process generating the specific waste being offered for disposal. I am an employee of the generator and am empowered to sign this form.

**Generator's Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_