



## PART I. LIQUID GENERATOR INFORMATION

- a. Generator Name: \_\_\_\_\_
- b. Generator Address: \_\_\_\_\_ c. Zip Code \_\_\_\_\_
- d. Address of Liquid Generation: \_\_\_\_\_
- e. Address of Liquid Storage (if different from generator address): \_\_\_\_\_
- f. Type of Facility Liquid has been generated from: \_\_\_\_\_
- g. State DOH Facility ID#: \_\_\_\_\_
- h. Contact: \_\_\_\_\_ i. Phone No. \_\_\_\_\_

## PART II. LIQUID INFORMATION

- a. Describe the circumstances by which the liquid has been generated.  
 \_\_\_\_\_
- b. Describe the method used to determine the presence or absence of contaminants in the liquid.  
 \_\_\_\_\_
- c. Name of consultant performing sampling  
 \_\_\_\_\_
- d. Name of analytical laboratory  
 \_\_\_\_\_
- e. Was the sampling and analysis performed in accordance with the DOH Office of Hazard Evaluation and Emergency Response Technical Guidance Manual?  Yes  No (If no, explain)  
 \_\_\_\_\_
- f. Sampling source (e.g. drum, pit, pond, etc.):  
 \_\_\_\_\_
- g. Analytical results attached?  Yes  No (If No, explain)  
 \_\_\_\_\_
- h. Amount of Liquid (tons and/or gallons):  
 \_\_\_\_\_
- i. Amount of Solids (tons and/or cubic yards):  
 \_\_\_\_\_
- j. Type of Liquid:  
 \_\_\_\_\_
- k. Free Liquid Range \_\_\_\_\_ %
- l. Liquid Color (Munsell Color Chart Code if available):  
 \_\_\_\_\_
- m. Strong incidental odor?  Yes  No (If yes, describe)  
 \_\_\_\_\_
- n. pH  
 \_\_\_\_\_
- o. Is the liquid ignitable?  Yes  No
- p. Is this a federal or state hazardous waste?  Yes  No
- q. Does this waste contain heavy metals?  Yes  No
- r. Does the waste contain PCBs?  Yes  No Concentration: \_\_\_\_\_
- s. Does the waste represented by this profile contain dioxins?  Yes  No
- t. Is the waste from a CERCLA or HRS Chapter 128D clean up?  Yes  No
- u. Is the waste the result of a UST removal or response action?  Yes  No
- v. Does the waste contain debris?  Yes (If yes, list debris type)  
 No

# SOLIDIFICATION PROFILE

w. Does the waste represented by a "Waste Profile" contain radioactive material or disposal regulated by the NRC?  Yes  No

x. Personal Protective Equipment Requirements:

y. Does the waste profile and all attachments contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the contractor?  Yes  No

### PART III. TRANSPORTATION INFORMATION

a. Method of Shipment  Bulk Solid  Drum/Box  Other: \_\_\_\_\_

b. Name of Hauler: \_\_\_\_\_ c. Phone No. \_\_\_\_\_

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material?  Yes  No

### PART IV. ENVIRONMENTAL REPRESENTATIVE'S CERTIFICATION

a. Name: \_\_\_\_\_ b. Title: \_\_\_\_\_

c. Employer: \_\_\_\_\_

The environmental representative's signature certifies that sampling and analysis attached hereto was performed in accordance with the DOH HEER Technical Guidance Manual.

\_\_\_\_\_  
Environmental Representative's Signature

### PART V. GENERATOR'S CERTIFICATION

- a. This liquid is not a "Hazardous Waste" as defined by EPA or the State of Hawaii.
- b. This waste does not contain regulated concentrations of PCB's (Polychlorinated Biphenyls).
- c. The statements and attachments contain true and accurate descriptions of the liquid. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed.
- d. The sampling and analysis attached hereto was performed in accordance with the DOH HEER Technical Guidance Manual.
- e. If any changes occur in the character of the liquid, the Generator shall notify a Landfill representative immediately.

I have read, understand, and certify the liquid being disposed meet the guidelines above and will notify a PVT Landfill representative immediately if any changes occur:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Company

### WASTE DISPOSAL DECISION (For PVT Office use only)

Waste Disposal  Accepted  Rejected

Disposal Method  Solidification  Landfill *and*  Phase I *or*  Phase II Date: \_\_\_\_\_

Precautions, Special Handling Procedures, or Limitations on Approval: \_\_\_\_\_

Clearance No. \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to DOH \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_