

Kandiyohi County

INDUSTRIAL SOLID WASTE EVALUATION FORM #2 Kandiyohi County Sanitary Landfill

A. GENERATOR INFORMATION

Generator Name: _____

Generator Address: _____

Company Contact: _____

Title: _____ Phone: _____

B. PHYSICAL CHARACTERISTICS OF WASTE

Description of Waste: Solid Liquid _____

Process Generating Waste: _____

Reason for Disposal:

by-product off-spec damaged spill
 contaminated other _____

Anticipated Volume: _____

cubic yards pounds gallons drums
 other _____

Per:

day week month one time only
 other _____

Physical State:

solid semi-solid liquid powder

Packaging:

bulk bags boxes
 drums, type/size _____

Color: _____ Odor: _____

Required Special Handling: _____

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C. CHEMICAL PROPERTIES OF WASTE

1. Is this waste a "hazardous waste" as defined by state regulations in the Minnesota Hazardous Waste Rules or by federal regulations defined by 40 CFR part 261 of the Resource /conservation and Recovery Act ?

2. Chemical Analyses: Attach all pertinent Material Safety Data Sheets and Laboratory Reports which document that the waste is not a hazardous waste and indicate what information is enclosed.

- Material Safety Data Sheet (s)
- Chemical Composition
- Toxicity Characteristic Leaching Procedure (TCLP) Test
- Water Leach Test
- Other _____

D. CERTIFICATION

I hereby certify that all information submitted in this and all attached documents is complete and accurate to the best of my knowledge, that all known or suspected hazards have been disclosed, and that all analyses have been performed on a representative sample of the waste.

Authorized Signature

Printed Name

Title

Date