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K UghY `8]gdcgU `5dd`]W]h]cb`**

Date Submitted: _____ Recology Hay Road Recology Ostrom Road
A. Party to be Billed: _____ Email Address: _____

Address: _____
 Contact: _____ Phone: _____ Fax: _____

B. Generator Information: _____
 Address: _____
 Site Address (if different): _____
 County of Origin: _____ Site within city limits? Yes No

Contact: _____ Phone: _____ Fax: _____
C. Submitting Consultant: _____

Address: _____
 Contact: _____ Phone: _____ Fax: _____

D. Transporter: _____
 Address: _____
 Contact: _____ Phone: _____ Fax: _____

E. Waste Description/Source: _____
 Contaminant: Gas: _____ Diesel: _____ Waste Oil: _____ Metals: _____ Other: _____

Project/Job Name: _____ Project/Job Number: _____
 Process Generating Waste/Source: Physical State: Solid: _____ Semi-Solid: _____ Powder: _____ Other: _____

Free Liquids: Yes: _____ No: _____ Water Content: _____ % Quantity: _____ Tons: _____ Yards: _____
 Vehicle Type: _____ Vehicle Capacity: _____ Shipping Frequency: _____ per (wk/mo/yr)

F. Supplemental Information: Certified Analytical Reports: _____ Chain of Custody: _____ QA/QC: _____ Facility Map: _____

- G. Generator Certification:**
1. Does this waste profile sheet and attachments contain true and accurate descriptions of the waste/material? Yes No
 2. Has all relevant information within the possession of the generator regarding known or suspected hazards pertaining to the waste been disclosed to the facility managing the waste? Yes No
 3. Is the analytical attached derived from testing a representative sample in accordance with 40 CFR 261? Yes No
 4. Will all changes that occur in the character or classification of the waste be identified by the Generator and disclosed to the facility managing the waste prior to providing the material/waste to the management facility? Yes No

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor other employees of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, decommissioned radioactive waste or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

(Signature) (Date)

**Recology reserves the right to request additional information prior to acceptance.
 To be considered for disposal, please complete this application in full.
 Please fax analyses to (707) 678-5148 for review.**

Administrative Offices • 235 North First Street • Dixon, CA 95620 • Phone: (707) 678-5692 • Fax: (707) 678-5148
 Recology Hay Road • 6426 Hay Road • Vacaville, CA 95687 • Phone: (707) 678-4718 • Fax: (707) 678-5695
 Recology Ostrom Road • 5900 Ostrom Road • Wheatland, CA 95692 • Phone: (530) 743-6321 • Fax: (530) 743-8649