



**KENT COUNTY
DEPARTMENT OF
PUBLIC WORKS**

SPECIAL WASTE CHARACTERIZATION FORM

Kent County Department of Public Works
South Kent Landfill
10300 South Kent Drive
Byron Center, MI 49315
Phone: 616-632-7920 Fax: 616-632-7925

APPROVAL NUMBER: _____

COUNTY: _____

Generator/Transport

Generator Name: _____
Address: _____

Generator Contact: _____
Telephone: _____

Transporter Name: _____
Address: _____

Transporter Contact: _____
Telephone: _____

Waste Stream Information

General Material Description: _____
Process Generating Waste: _____
Shipping Frequency: _____ Shipping Volume: _____
 Once Week Month Year Tons Yard Other: _____
Shipping Container: Roll Off Drums Totes Other:

Physical Properties

Physical State at 70°F: Solid Semisolid Liquid
Free Liquids Yes No
Color: _____ pH: _____
Texture: _____ Soil Type: _____
Density: _____ Sand Clay Soil/Dirt
Liquid Content: ____% Other _____
Flashpoint: _____
Is this a Hazardous Waste? Yes No
(MDEQ regulated – listed or characteristic)
Is this Liquid Industrial Waste? Yes No
(MDEQ regulated –example: Used Oil)
Does the Waste Contain (check all that apply):
 PCBs Friable Asbestos Non-Friable Asbestos Beverage Containers Lead Acid Batteries
 CFCs or HCFCs Raw Sewage Yard/Landscaping Waste Organic Chemicals (solvents)
 Medical Waste Whole Tires Low Level Radioactive Waste Other: _____
 Universal Waste Used Oil None of the above
Attached Information Laboratory Analytical MSDS or SDS Other
Where in the waste generation process was the sample collected: _____

Non-Hazardous Certification

The generator of the waste described on this profile sheet, by signature below of a duly authorized representative, hereby certifies that all information provided is complete and accurate, that all known or suspected hazards have been disclosed, that the analytical data attached hereto is derived from the testing of a representative sample in accordance with 40 CFR 261.20 (c), the waste is not subject to treatment standards under 40 CFR 268.40 or 40 CFR 268.48, and that this material is considered non-hazardous according to US EPA and Michigan DEQ Rules and Regulations. The generator releases this waste to the County of Kent for disposal as determined by the South Kent Landfill.

Signature: _____ Title: _____ Date: _____
Name: _____ Company: _____

KCDPW Office Use Only

Special Waste Review Completed By: _____ Acceptance Decision: Accept Reject
Recertification Frequency: Bi-Annual Annual Semi Annual Other: _____
Conditions of Acceptance: _____
Special Handling Procedures: _____
County Representative: _____ Date: _____
Facility Representative: _____ Date: _____



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Address: _____

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Telephone: _____

TCLP Constituents of Concern

The constituents below are based on Laboratory Analysis Generator knowledge of the process generating the waste Virgin Product

Indicate in the YES or NO column whether a TCLP analysis has been conducted (attach laboratory results)

Volatile Organic Compounds (8260 list)

- | | | |
|----------------------|------------------------------|-----------------------------|
| Benzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carbon Tetrachloride | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chlorobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chloroform | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,2-Dichloroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1-Dichloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Methyl Ethyl Ketone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tetrachloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trichloroethylene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vinyl Chloride | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Semi Volatile Organic Compounds (8270 list)

- | | | |
|-----------------------|------------------------------|-----------------------------|
| 1,4-Dichlorobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2,4-Dinitrotololuene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2,4,5-Trichlorophenol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2,4,6-Trichlorophenol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o-Cresol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m-Cresol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p-Cresol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cresol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heptachlor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hexachlorobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hexachlorobutadiene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hexachloroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrobenzene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pentachlorophenol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyridine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Michigan 10 Metals:

- | | | |
|----------|------------------------------|-----------------------------|
| Arsenic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Barium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cadmium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chromium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lead | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mercury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Selenium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Silver | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Zinc | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Pesticides

- | | | |
|--------------|------------------------------|-----------------------------|
| Chloradane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Endrin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lindane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Methoxychlor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toxaphene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Herbicides

- | | | |
|-------------------|------------------------------|-----------------------------|
| 2,4-D | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2,4,5-TP (Silvex) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COUNTY WASTE WAS GENERATED IN

- | | | | | | |
|---------|--------------------------|-----------|--------------------------|-------------------|--------------------------|
| Allegan | <input type="checkbox"/> | Gratiot | <input type="checkbox"/> | Montcalm | <input type="checkbox"/> |
| Barry | <input type="checkbox"/> | Ionia | <input type="checkbox"/> | Newaygo | <input type="checkbox"/> |
| Calhoun | <input type="checkbox"/> | Kalamazoo | <input type="checkbox"/> | Oceana | <input type="checkbox"/> |
| Clinton | <input type="checkbox"/> | Kent | <input type="checkbox"/> | Ottawa | <input type="checkbox"/> |
| Eaton | <input type="checkbox"/> | Mecosta | <input type="checkbox"/> | None of the above | <input type="checkbox"/> |

RETURN PAGES 1 AND 2 TO:
KENT COUNTY DEPARTMENT OF PUBLIC WORKS
1045 Wealthy St SW
Grand Rapids, MI 49504

EMAIL: adam.canute@kentcountymi.gov

SPECIAL WASTE CHARACTERIZATION FORM INSTRUCTIONS

Kent County Department of Public Works
South Kent Landfill
10300 South Kent Drive
Byron Center, MI 49315
Phone: 616-632-7920 Fax: 616-632-7925

General Instructions:

Send pages 1 and 2 Special Waste Characterization Forms to Kent County Department of Public Works by mail at 1045 Wealthy St SW, Grand Rapids MI 49504.

This form must be completed for all special wastes to be considered for disposal by South Kent Landfill. All questions must be answered and all answers must be typed or entered in ink.

Responses of "None", "N/A" or "Not Applicable" may be made if appropriate.

Every Special Waste Characterization Form should be accompanied by enough information to describe the waste being presented for disposal. This would include: analytical data (Toxicity Characteristic Leaching Procedure (TCLP) constituents or concentrations contained in the waste stream), Safety Data Sheets, Generator/Process Knowledge of the waste stream, and/or published studies on similar wastes/processes.

A separate application must be submitted for each individual waste stream.

Generator/Transporter Information:

Enter the name and address of the waste generator and transporter. Enter the name and telephone number of the person(s) who have a working knowledge of the waste and are responsible for waste material management.

Waste Stream Information:

Enter a common name which best describes the waste (i.e. UST/soils, process wastes, etc.) and a general description of the waste. Describe the process generating the waste in detail. List the specific process/operation or source that generates the waste (e.g. incineration of municipal refuse, asbestos removal, wastewater treatment, building maintenance). Enter the frequency of shipment and the estimated quantity of waste in tons, yards, or other (e.g. drums, gallons) which will be received by the facility. This volume amount is not intended for use in complying with state and/or permit restrictions.

Physical Properties:

The physical character of the waste must be described according to the properties outlined. Each information section must be completed with a box being checked or waste descriptor completed. Analytical data can be used to describe chemical character of the waste. Other attached information would include a full description of the process generating the waste including flow diagrams, pictures, etc. and any additional information you believe may assist with the evaluation of the waste, including where in the generation process the sample was collected.

Non-Hazardous Certification:

An authorized, responsible representative of the Generating Company must review, sign and date the Special Waste Characterization Application Form. Consultants/Contractors should have **signed** documentation (i.e. fax, memo, etc.) authorizing them to sign on behalf of the generator.

KCDPW Office Use Only:

This section will be completed by an authorized representative of Kent County Department of Public Works.