

**SPECIAL WASTE PROFILE FORM (WPF)
CITY OF LAREDO SANITARY LANDFILL (MSW-1693A)**

This form must be reviewed and approved by the City of Laredo before any special waste is transported to the landfill for disposal. Please complete and return to: Special Waste Coordinator, City of Laredo, Solid Waste Department, P.O.Box 1965, Laredo TX 78044-1964 or fax to (956) 795-2024. If you have any questions, call (956) 795-2555

1. GENERATOR INFORMATION		
Generators Name:		
Generator Mailing Address:		
Generating Site Location:		
Generator Contact:	Phone:	Fax:
Contact Mailing Address:	Phone:	Fax:
2. DESCRIPTION OF WASTE CHARACTERISTICS REQUIRING SPECIAL WASTE HANDLING:		
3. DESCRIPTION OF PROCESS WHICH PRODUCES THE WASTE:		
4. PHYSICAL AND CHEMICAL PROPERTIES		
Volume of Waste (cy,lb,kg, or tons)	Type of Delivery Container or Vehicle	Frequency of Delivery to Landfill
Waste/Chemical Composition:	% of Waste (total must add to 100%)	Physical Characteristic of Waste (color, texture, appearance):
_____	_____	<input type="checkbox"/> Solid <input type="checkbox"/> Semi-solid
_____	_____	Free Liquids <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Liquid <input type="checkbox"/> Powder
_____	_____	Flash Point: C° F° ph:
List attached chemical analysis results (include sample documentation, quality control data for each analysis, and chain of custody) Material Safety Data Sheet, and/or process knowledge used to characterize the waste:		
Texas Registration No.	Texas Waste Code No.	
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(only for industrial generator)	(only for industrial generator)	

GENERATOR/REPRESENTATIVE

I certify that the above information is correct and complete to the best of my knowledge, and the waste is not hazardous as per 40 CFR 261 or a Class I non-hazardous waste as per 30TAC 335.505. The responsibility for proper disposal of waste always remains with the waste generator. I,

_____ am employed by _____ and am authorized to sign this request for:

(NAME) Please Print (COMPANY NAME)

_____ _____ _____

(SIGNATURE) (PHONE NUMBER) (DATE)

CITY OF LAREDO SANITARY LANDFILL (OFFICE USE ONLY)

_____	_____	_____
(NAME)	(SIGNATURE)	(DATE)
_____	APPROVED or DENIED	\$
(TITLE)		(Fee/per ton)