



GENERATOR'S WASTE PROFILE SHEET – OIL AND GAS ADDENDUM
PLEASE PRINT IN INK OR TYPE

Service Agreement on File? Yes No

Approval Date: _____ / _____ / _____

Waste Stream Re-Approval? Yes No

Renewal Date: _____ / _____ / _____

Waste ID No. _____

Requested Disposal Site: _____

A. Waste Generator Information

- | | |
|-----------------------------------|--|
| 1. Generator Name: _____ | 2. SIC Code: _____ |
| 3. Facility Street Address: _____ | 4. Phone: _____ (_____) _____ |
| 5. Facility City: _____ | 6. State/Province: _____ |
| 7. Zip/Postal Code: _____ | 8. Generator USEPA/Federal ID#: _____ |
| 9. County: _____ | 10. State/Province ID#: _____ |
| 11. Customer Name: _____ | 12. Customer Phone: _____ (_____) _____ |
| 13. Customer Contact: _____ | 14. Customer E-mail: _____ (_____) _____ |

B. Supplemental Information

1. Name of Waste: _____

A. Is this waste consistent with the GWP that is being submitted or that is on record?..... Yes No

2. Drilling Method: _____ 3. State of Origin: _____

4. Drill Pad Location: (List name and county of drill pad location. A new Oil and Gas Addendum will be required for each new drill pad added to the approval. Note that approvals are for one waste stream only.)

A. _____

5. Please specify all components of the waste stream. Does this O&G waste contain:

A. Drill Cuttings (Air/Water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	I. Cement returns generated prior to fracking	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Drill Cuttings (Air/Water/Brine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	J. Liquids generated prior to fracking (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Drill Cuttings (OBM/SOBM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	K. Liquids generated during fracking process (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Recycled OBM/SOBM	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. Liquids generated after fracking process (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Used Frac Sands	<input type="checkbox"/> Yes <input type="checkbox"/> No	M. Liquids from Containment Area and from Rig Washdown (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Other solids generated during fracking process (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N. Other Liquids (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Tank Wash Out (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	O. Other materials not listed (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Spent Tank Bottoms (Describe Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***Please note that Recycled Frac/Flowback Water, Produced Water, and Brine are not acceptable at Apex Landfill at this time.**

6. Describe Material (including generation process): _____

7. Describe Liquids (including generation process): _____

8. If the waste material is categorized as waste type B and C in question 7, has OBM/SOBM and other unacceptable liquids been removed by mechanical separation to the extent practical (Example: Shaker Box/Centrifuge/Sand X)?
..... N/A Yes No

A. If not, have Ra-226 and Ra-228 test results and a description of the sampling methods been included in the approval?..... N/A Yes No

9. If the waste material is categorized as waste type D, E, or F in question 7 or are classified as TENORM, have Ra-226 and Ra-228 test results and a description of the sampling methods been included in the approval?
..... N/A Yes No

10. If the waste material is categorized as waste type E or F in question 7, have unacceptable liquids (flowback water, produced water, brine, etc.) been removed by mechanical separation to the extent practical?
..... N/A Yes No

11. Has the waste been solidified prior to transport to and disposal at Apex? Yes No

A. If yes, specify any solidification agents or additives that have been or will be mixed with the waste stream prior to shipment to the landfill: _____

B. Has an MSDS been provided for the solidification agent being used?..... N/A Yes No

12. Is the generator claiming that this is an exempt Oil and Gas waste?..... N/A Yes No

A. If yes, please provide a description of the exemption:

Laboratory data (if applicable) used to support the validity of the data shown on this application has been obtained from a representative sample of exactly the same waste that I will deliver to Apex Sanitary Landfill disposal.

By signing below, the generator certifies that his form and its attachments contain true, correct and accurate descriptions of the waste.

Certification Signature: _____ Title: _____

Name (Type or Print): _____ Company Name: _____ Date: _____

This section to be completed by Apex Landfill and its representatives.

1. Supplemental Information: _____

2. Precautions, Special Handling Procedures, or Limitations on Approval: _____

Special Waste Decision: Approved Disapproved

Salesperson's Signature: _____ Date: _____

Apex Landfill Approval Signature*: _____ Date: _____

Special Waste Approvals Person Signature: _____ Date: _____

Waste ID No. (as assigned by Special Waste Approver): _____

*Apex Landfill signature may be the signature of the District Manager, General Manager, or the Landfill Manager.