



Generator's Non-hazardous Waste Profile Sheet

Requested Disposal Facility: Prairie View RDF Profile Number:
Renewal for Profile Number: Waste Approval Expiration Date:
Check here if there are multiple generating locations for this waste. Attach additional locations.

A. Waste Generator Facility Information (must reflect location of waste generation/origin)

1. Generator Name: City of South Bend, Indiana - Board of Public Works
2. Site Address: 1100 Prairie Avenue
3. City/ZIP: South Bend
4. State: Indiana
5. County: St. Joseph
6. Contact Name/Title: Toy Villa
7. Email Address: Tvilla@southbend.in.gov
8. Phone: (574)235-5920
9. FAX: (574) 235-9171
10. NAICS Code:
11. Generator USEPA ID #:
12. State ID# (if applicable):

B. Customer Information same as above

1. Customer Name: Dore & Associates Contracting, Inc.
2. Billing Address: PO Box 146
3. City, State and ZIP: Bay City, MI 48707
4. Contact Name: Jeff Teagarden
5. Contact Email: JeffTea@aol.com
6. Phone: (813) 220-7044
7. Transporter Name:
8. Transporter ID # (if appl.):
9. Transporter Address:
10. City, State and ZIP:

C. Waste Stream Information

1. DESCRIPTION
a. Common Waste Name: City Construction Debris
State Waste Code(s):
b. Describe Process Generating Waste or Source of Contamination:
Building demolition, isolated area on NE ground floor. Low level non-regulated PCB.
c. Typical Color(s): various
d. Strong Odor? Yes No Describe:
e. Physical State at 70°F: Solid Liquid Powder Semi-Solid or Sludge Other:
f. Layers? Single layer Multi-layer NA
g. Water Reactive? Yes No If Yes, Describe:
h. Free Liquid Range (%): to NA(solid)
i. pH Range: to NA(solid)
j. Liquid Flash Point: < 140°F 140°-199°F ≥ 200°F NA(solid)
k. Flammable Solid: Yes No
l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): (See Attached)

Table with 5 columns: Constituents (Total Composition Must be ≥ 100%), Lower Range, Unit of Measure, Upper Range, Unit of Measure. Row 1: construction debris 100%

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION
a. One Time Event Base Repeat Event
b. Estimated Annual Quantity: Tons Cubic Yards Drums Gallons Other (specify): 4 loads
c. Shipping Frequency: Units per Month Quarter Year One Time Other
d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) Yes No
e. USDOT Shipping Description (if applicable):
3. SAFETY REQUIREMENTS (Handling, PPE, etc.):



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## D. Regulatory Status (Please check appropriate responses)

### 1. Waste Identification:

- a. Does the waste meet the definition of a USEPA listed or characteristic hazardous waste as defined by 40 CFR Part 261?  Yes  No  
1. If yes, please complete a hazardous waste profile.
- b. Does the waste meet the definition of a state hazardous waste other than identified in D.1.a?  Yes  No  
1. If yes, please complete a hazardous waste profile.
- 2. Is this waste included in one or more of categories below (Check all that apply)? If yes, attach supporting documentation.  Yes  No
  - Delisted Hazardous Waste
  - Excluded Wastes Under 40CFR 261.4
  - Treated Hazardous Waste Debris
  - Treated Characteristic Hazardous Waste
- 3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions.  Yes  No
- 4. Does the waste represented by this waste profile sheet contain radioactive material?  Yes  No
  - a. If yes, is disposal regulated by the Nuclear Regulatory Commission?  Yes  No
  - b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM?  Yes  No
- 5. Does the waste represented by this waste profile sheet contain Polychlorinated Biphenyls (PCBs)?  Yes  No  
(If yes, list in Chemical Composition - C.L.I.)
  - a. If yes, are the PCBs regulated by 40 CFR 761?  Yes  No
  - b. If yes, is it remediation waste from a project being performed under the Self-Implementing option provided in 40 CFR 761.61(a)?  Yes  No
  - c. If yes, were the PCBs imported into the US?  Yes  No
- 6. Does the waste contain untreated, regulated medical or infectious waste?  Yes  No
- 7. Does the waste contain asbestos?  Yes  No
  - a. If Yes,  Friable  Non Friable
- 8. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)?  Yes  No
  - a. If yes, does the waste contain <500 ppmw VOHAPs at the point of determination?  Yes  No

## E. Generator Certification (Please read and certify by signature below)

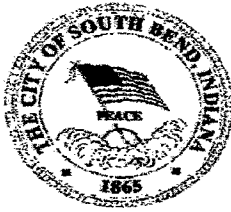
By signing this Generator's Waste Profile Sheet, I hereby certify that all:

- 1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
- 2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
- 3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
- 4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the contractor if applicable).
- 5. Check all that apply:
  - a. Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: \_\_\_\_\_ # Pages: \_\_\_\_\_
  - b. Only the analysis identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested). Attachment #: Lab:STAT Analysis Corporation; Lab Sample 11030634-002A; page 5
  - c. Additional information necessary to characterize the profiled waste has been attached (other than analytical, such as MSDS). Indicate the number of attached pages: \_\_\_\_\_
  - d. I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.

Certification Signature:  Title: Vice President - Special Projects

Company Name: Dore & Associates Contracting, Inc. Name (Print): Jeffrey C. Teagarden

Date: 8-16-11



**THIRD PARTY SIGNATURE AUTHORIZATION  
For Non-Hazardous Waste Disposal**

Date: January 27, 2011

To Whom It May Concern:


Please be advised that the company/person named below has been appointed as an agent for the City of South Bend, Indiana ("City") for the limited purpose of administering non-hazardous waste materials generated from the Studebaker Area A Demolition - Phase IV- Bid Package B (City Project No. 109-032):

Name of Authorized Limited Agent Jeffrey C. Teagarden	Name of Company Dore & Associates Contracting, Inc.
Title Vice President	Telephone Number (813) 220-7044

The above-named company/person is authorized to act as the City's limited agent to execute on behalf of the City and take the following actions in connection with the following documents:

- Complete and sign Generator Waste Profile Sheets
- Complete and sign Generator Waste Profile Sheet Recertifications
- Authorize amendments to Generator Waste Profile Sheets
- Sign contracts to dispose of and/or transport material
- Sign certifications necessary to comply with landfill requirements
- Sign manifests to initiate shipment to disposal facilities

This Third Party Signature Authorization shall terminate February 28, 2012.

Name of Generator City of South Bend, Indiana	Mailing Address c/o Department of Public Works 227 West Jefferson, 13 <sup>16</sup> County-City Bldg South Bend, Indiana 46601
Signature 	Telephone Number 574 235-9251
Printed Name and Title Ann E. Kolata Senior Redevelopment Specialist	