



County of Maui Soil Profile Sheet

1. Soil Generator Information

- a. Generator Name: _____
- b. Generator Address: _____ c. Zip Code: _____
- d. Address of Soil Generation: _____
- e. Address of Soil Storage (if different from source address) _____
- f. Type of Facility Soil Has Been Generated From: _____
- g. State DOH Facility ID#: _____
- h. Contact: _____ i. Phone: (____) _____

2. Soil Information

- a. Name of Contaminant(s): _____
- b. Amount of Soil (tons and/or cubic yards) _____
- c. Type of Soil: _____
- d. Soil Moisture: Wet: _____ Damp: _____ Dry: _____
- e. Soil Color (Munsell Color Chart Code if available) _____
- f. Strong incidental odor? No _____ Yes _____ Describe: _____
- g. pH _____
- h. Is the soil ignitable? Yes _____ No _____
- i. Describe the circumstances by which the soil has been generated.

3. Transportation Information

- a. Method of Shipment: Bulk Solid _____ Drum/Box _____ Other _____
- b. Transportation Company: _____
- c. Is this a U. S. Department of Transportation (USDOT) Hazardous Material? Yes ___ No ___

4. Chemical Contaminants (Attach supplementary sheets if necessary)

	Range (Min-Max)	
a. _____	- _____	ppm.
b. _____	- _____	ppm.
c. _____	- _____	ppm.
d. _____	- _____	ppm.
e. _____	- _____	ppm.
f. _____	- _____	ppm.
g. _____	- _____	ppm.
h. _____	- _____	ppm.
i. _____	- _____	ppm.

Attach copies of analytical reports and chain of custody documentation.
Attach a description of the soil sampling procedures.
Attach a site plan showing where the soil originated, and where samples were collected.

Continued

j. Does the soil contain any of the following (provide concentration if known)

PCBs	Yes _____ No _____	_____ ppm
Cyanides	Yes _____ No _____	_____ ppm
Sulfides	Yes _____ No _____	_____ ppm
Asbestos	Yes _____ No _____	_____ %

k. Indicate method used to determine the presence or absence of items listed in section j.

l. Sampling Source(e.g., Drum, Pit, Pile, Insitu, etc.) _____

m. Does the waste represented by this profile contain any of the carcinogens that require OSHA notification? Yes ___ No ___

n. Does the waste represented by this profile contain dioxins? Yes ___ No ___ (List in Section 4)

o. Does the waste represented by this profile contain asbestos? Yes ___ No ___ If yes, friable _____ non-friable _____.

p. Does the waste represented by this profile contain benzene? Yes ___ No ___

q. Is the waste subject to RCRA Subpart CC Controls? Yes ___ No ___

r. Does the waste contain any Class I or Class II ozone-depleting substances? (Freons) Yes ___ No ___

s. Does the waste contain debris? Yes ___ No ___ (List, if yes) _____

t. Personal Protective Equipment Requirements: _____

u. Is this a state hazardous waste? Yes ___ No ___ (List, if yes) _____

v. Is the Waste from a CERCLA or state mandated clean-up? Yes ___ No ___ (if yes, provide relevant documentation.)

w. Does the waste represented by this waste profile contain concentrations of PCBs regulated by 40 CFR ? Yes ___ No ___

x. Does the waste represented by waste profile contain radioactive material or disposal regulated by the NRC? Yes ___ No ___

y. Does the waste profile and all attachments contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the contractor? Yes ___ No ___

5. Generator's or Representative's Certification

a. Print Sampler's Name: _____ b. Sample Date: _____

c. Sampler's Title: _____

d. Sampler's Employer (if other than Generator): _____

The sampler's signature certifies that any sample submitted is representative of the soil described above pursuant to the DOH Technical Guidance Manual for Underground Storage Tank Closure and Release Response (August 1992) and EPA SW-846.

e. Sampler's Signature: _____

Additional Information for Contaminated Soil Reviews

1. Is this a hazardous waste (RCRA C)? Yes No
2. Does this waste contain heavy metals? Yes No
If yes, explain & identify
3. Does the waste contain PCBs? Yes No
If yes, explain
4. Is the waste a TSCA waste? Yes No
If yes, explain & identify
5. Is the waste a CERCLA waste? Yes No
If yes, explain & identify
6. Regulatory agency & Contact _____

7. Generator _____

8. Type of Contamination _____
9. Consultant Name & Number _____
10. Review report attached _____

If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in this Sheet and additionally attached sheets from information provided by the generator and additional information as it has determined to be reasonably necessary.

Certification Signature: _____ Title: _____
Name (Type or Print): _____ Company: _____ Date: _____

Submittal Instructions

The following are the items that should be in any review report, in the order noted.

1. List of regulatory agencies and regulations applicable to the project. Include Names and contact information (phone numbers) for all agencies involved for follow up.
2. Contact information: generator, type of contamination, and site history in narrative form.
3. Consultant information (i.e. Names, phone numbers) include the consultant that did the original investigation and subsequent investigations.
4. Report format for technical information.
 - A. Background information for site and processes.
 - B. Summary of investigative action. Including sampling and testing information pertinent to disposal.
 - C. Summary of remedial actions and how material being disposed was generated.
 - D. Rational for the determination that material is solid waste this should be based on applicable regulations.
 - E. Site location maps and site drawings.
 - F. Summary table of test data.
 - G. Laboratory data.

Actions Taken

Date: _____
Accepted: _____ Rejected: _____
Reason for Rejection: _____