



Requested Facility: Trail Ridge Landfill Unsure Profile Number: _____
 Check if there are multiple generator locations. Attach locations. Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- 1. Generator Name: Board of County Commissioners
- 2. Site Address: 901 East Moody Boulevard
(City, State, ZIP) Bunnell, Florida 32210
- 3. County: Flagler
- 4. Contact Name: Faith Alkhatib
- 5. Email: falkhatib@flaglercounty.org
- 6. Phone: (386) 313-4045 7. Fax: (386) 313-4106
- 8. Generator EPA ID: _____ N/A
- 9. State ID: _____ N/A

B. BILLING INFORMATION

SAME AS GENERATOR

- 1. Billing Name: Darcco Environmental, Inc.
- 2. Billing Address: 6342 Arlington Expressway
(City, State, ZIP) Jacksonville, Florida 32211
- 3. Contact Name: Christina Harris
- 4. Email: admin@darcco.com
- 5. Phone: 904-398-6200 6. Fax: 904-398-6222
- 7. WM Hauled? Yes No
- 8. P.O. Number: 14300-AB

C. MATERIAL INFORMATION

- 1. Common Name: Friable Asbestos

Describe Process Generating Material: See Attached

Removal of regulated, friable asbestos containing materials from demolition/dismantling or remediation activities.

- 2. Material Composition and Contaminants: See Attached

1. Demolition debris, asbestos	100 %
2.	
3.	
4.	
≥100%	

- 3. State Waste Codes: _____ N/A
- 4. Color: Various
- 5. Physical State at 70°F: Solid Liquid Other: _____
- 6. Free Liquid Range Percentage: _____ to _____ N/A (Solid)
- 7. pH: _____ to _____ N/A (Solid)
- 8. Strong Odor: Yes No Describe: _____
- 9. Flash Point: <140°F 140°-199°F ≥200° N/A (Solid)

D. REGULATORY INFORMATION

- 1. EPA Hazardous Waste? Yes* No
Code: _____
 - 2. State Hazardous Waste? Yes No
Code: _____
 - 3. Excluded waste under 40 CFR 261.4 (a) or (b)? Yes* No
 - 4. Contains Underlying Hazardous Constituents? Yes* No
 - 5. Contains benzene **and** subject to Benzene NESHAP? Yes* No
 - 6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
 - 7. CERCLA or State-mandated clean-up? Yes* No
 - 8. NRC or State-regulated radioactive or NORM waste? Yes* No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- 9. Contains PCBs? → If Yes, answer a, b and c. Yes No
 - a. Regulated by 40 CFR 761? Yes No
 - b. Remediation under 40 CFR 761.61 (a)? Yes No
 - c. Were PCB imported into the US? Yes No
 - 10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
 - 11. Contains Asbestos? Yes: Friable Yes: Non-Friable No

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- 1. Analytical attached Yes

Please identify applicable samples and/or lab reports:

- 2. Other information attached (such as MSDS)? Yes

F. SHIPPING AND DOT INFORMATION

- 1. One-Time Event Repeat Event/Ongoing Business
- 2. Estimated Quantity/Unit of Measure: 5,200 SF
 Tons Yards Drums Gallons Other: _____
- 3. Container Type and Size: bags
- 4. USDOT Proper Shipping Name: _____ N/A
RQ, NA2212, Asbestos, 9, PGIII

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Faith Alkhatib Date: 12/17/14

Title: Public Works Director & County Engineer

Company: Flagler County

Certification Signature