



# Santa Cruz County

## Waste Manifest Profile Instructions



-PLEASE FILL ALL SECTIONS-

### SECTION 1 – WASTE GENERATOR (Refers to party responsible for waste)

- Treated Wood Waste (TWW) Generator Variance Number – Required by DTSC
- Company Name – Provide name of company or individual responsible for generating waste.
- Generator Site Address – Indicate address of waste origin.
- Generator Contact Name – Provide name of responsible party.
- DTSC ID Number – DTSC ID Number assigned from DTSC (applicable for Treated Wood Waste)
- Phone No. – Provide phone number of responsible party.
- E-mail Address – Provide email address of responsible party.

### SECTION 2 – TRANSPORTER

- Treated Wood Waste (TWW) Transporter/Handler Variance Number – Required by DTSC
- Company Name – Provide name of company used to transport material.
- Transporter Contact Name – Provide name of transporter responsible party.
- Address – Provide address of transport company.
- Phone No. – Provide phone number of transport company.

### SECTION 3 – WASTE DESCRIPTION/PROPERTIES

- Waste Description – Describe the waste with as much detail as possible. Including sample names detailed in analytics report (if available).
- Estimated Weight or Volume – Estimate the amount of waste generated with appropriate units.
- Transported By – Define the type of vehicle/container transporting the waste material.
- Waste Properties – Check the box(es) that best describe(s) the waste. Indicate color and percent solids.
- Laboratory Analysis – **Complete this section if laboratory analysis is performed and/or required.** Provide sampling information, indicate which analytic tests performed, and attach reports.

### SECTION 4 – GENERATOR CERTIFICATION

- Read each question carefully and check box for accurate answer. Where not applicable, write “N/A.”

### AUTHORIZATION

- Printed Name and Title of the Generator and of the Transporter/Hauler – Provide name and title of responsible party.
- Signature of Authorizing Agent – After reading the certification statement, provide the signature of the responsible party indicating an agreement of the statement.
- Date – Provide date of authorizing signature.

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701 Ocean Street Suite 410 | Santa Cruz, CA 95060 | 831.454.2160

[www.SantaCruzCountyRecycles.org](http://www.SantaCruzCountyRecycles.org)

**THE FACILITY DOES NOT ACCEPT WASTE THAT IS DEFINED AS HAZARDOUS**

**UNDER RCRA or CCR Title 22**



# Santa Cruz County Waste Manifest Profile



**Submit a Completed Waste Manifest Profile and Lab Data to [dpwweb@santacruzcounty.us](mailto:dpwweb@santacruzcounty.us) for Approval**  
**Treated Wood Waste(TWW) does not require pre-approval prior to disposal at the Buena Vista Landfill.**

**Customer must complete this form for acceptance of TWW.**

<b>SECTION 1—WASTE GENERATOR</b> ( <i>Waste Generator Must Complete</i> ) (TWW Generator Variance #) _____	
Company Name _____	
Generator Site Address _____	
Generator Contact Name _____	
DTSC ID Number _____	E-Mail Address _____
Phone No. _____	
<b>SECTION 2—TRANSPORTER</b> ( <i>Hauler/Waste Generator Must Complete</i> ) (TWW Transporter/Handler Variance #) _____	
Company Name _____ Address _____	
Transporter Contact Name _____ Phone No. _____	
Drivers License Number (for TWW only) _____ Vehicle License Plate Number (no trailers) _____	
<b>SECTION 3—WASTE DESCRIPTION/PROPERTIES</b> ( <i>Waste Generator Must Complete</i> )	
<b>Waste Description</b>	
Estimated Waste Weight or Volume _____	<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Gallons
Transported By: <input type="checkbox"/> Debris Box <input type="checkbox"/> Dump Truck <input type="checkbox"/> Vac. Truck <input type="checkbox"/> Drum (type/size) _____	<input type="checkbox"/> Other _____
<b>Waste Properties</b> ( <i>Check all that apply</i> )	
<input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Sludge <input type="checkbox"/> C & D Debris (mixed) Color(s) _____	
<input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Soil <input type="checkbox"/> Other _____	Percent Solids _____
<b>Laboratory Analysis</b> ( <i>The County of Santa Cruz reserves the right to require the Generator to perform additional analytical testing.</i> )	
<b>Laboratory data may or may not be required for disposal of Treated Wood Waste</b>	
Sampling Date _____	Laboratory _____
Analytical Report Attached (check-all that apply) <input type="checkbox"/>	<input type="checkbox"/> CA Title 22 Metals <input type="checkbox"/> Volatile Organics <input type="checkbox"/> TPH Gasoline/Diesel
<input type="checkbox"/> BTEX <input type="checkbox"/> PCB's <input type="checkbox"/> Semi-volatile Organics <input type="checkbox"/> Herbicides/Pesticides <input type="checkbox"/> Other _____	
<b>SECTION 4—GENERATOR CERTIFICATION</b> ( <i>Waste Generator must complete</i> )	
	<b>YES      NO</b>
1. Is the waste represented by this waste profile sheet a "Hazardous Waste" as defined by USEPA?	<input type="checkbox"/> <input type="checkbox"/>
2. Does the waste represented by this waste profile sheet contain regulated radioactive material or regulated concentrations of Polychlorinated Biphenyls (PCBs)?	<input type="checkbox"/> <input type="checkbox"/>
3. Does this waste profile sheet and all attachments contain true and accurate descriptions of the waste material?	<input type="checkbox"/> <input type="checkbox"/>
4. Has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed?	<input type="checkbox"/> <input type="checkbox"/>
5. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules?	<input type="checkbox"/> <input type="checkbox"/>
<i>This is to certify that the waste material described herein is classified as Non-Hazardous and is not subject to Federal and California regulations for reporting proper disposal of hazardous waste. Our company hereby agrees to fully indemnify the Santa Cruz County Public Works against any damages resulting from this certification being inaccurate or untrue.</i>	
Printed Name & Title of Generator _____	
Signature of Generator _____ Date _____	
<i>Generator signature above certifies that this approved Waste Manifest Profile Form accurately represents the accompanying load of debris</i>	
Printed Name & Title of Transporter/Hauler _____	
Signature of Transporter/Hauler _____ Date _____	
<b>FOR COUNTY OF SANTA CRUZ PUBLIC WORKS</b>	
(Scale House to complete)	
Manifest Approved by: _____	Job Number: _____
Cashier Signature: _____	Date: _____
_____	Weigh Ticket No. _____ Date _____

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## WASTE ACCEPTANCE CRITERIA FOR SPECIAL WASTES

The County of Santa Cruz Buena Department of Public Works owns and operates the Buena Vista Landfill (BVL), located at 1231 Buena Vista Dr., Watsonville, CA 95076. The County of Santa Cruz Department of Public Works Recycling and Solid Waste Section has developed and implemented a Waste Screening and Acceptance Program to assist in preventing hazardous and other prohibited wastes from entering the facility and to establish procedures and acceptance levels for special (nontraditional) solid wastes. The BVL accepts non-hazardous special wastes that have been properly sampled, analyzed, and found to be acceptable for disposal at the landfill or for use as cover at the landfill. The County of Santa Cruz does not accept waste that is defined as hazardous by RCRA and/or CCR Title 22.

### PRE-APPROVAL REQUIREMENTS

All special wastes must be pre-approved by The County of Santa Cruz prior to acceptance at the BVL. The County of Santa Cruz requires the completion of a Generator Waste Profile, along with any required analytical results before pre-approval will be granted. It is the responsibility of the generator to certify that the materials for management at BVL are non-hazardous per CCR Title 22 Section 66260. For materials that require laboratory analysis, the generator must provide representative analysis. The County of Santa Cruz site permits do not require any specific testing requirements or sampling frequency for individual waste streams. The California Department of Toxic Substances Control (DTSC) has developed an Information Advisory for clean fill sampling. This Information Advisory can be found at [www.DTSC.ca.gov](http://www.DTSC.ca.gov). Contact DTSC for assistance in developing an appropriate sampling plan for your special wastes.

### CONTAMINATED SOIL TESTING REQUIREMENTS

The County of Santa Cruz reserves the right to require the generator to perform additional analytical testing. The minimum required sampling frequency is as follows:

<b>Stockpiles</b>	Less than 100 cubic yards:	3 discrete samples.
	100 to 500 cubic yards:	5 discrete samples.
	More than 500 cubic yards:	5 discrete samples plus one additional sample per 250 cubic yards in excess of 500 cubic yards.

Hazardous waste, friable asbestos, radioactive waste, and untreated medical waste (biohazardous or infectious waste) are not allowed for disposal at the BVL

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Call 831.454.2160 For More Information**