

Please complete all sections of the form, sign where indicated and return completed form to:

Soil Safe, Inc.
6700 Alexander Bell Dr., Suite 300, Columbia MD 21046
Phone: 410 872-3990 Fax: 410 872-9082

Project Information

Site Name: _____

Address: _____

City, State Zip: _____

County: _____

Contact: _____

Phone: _____

Fax: _____

Approximate
Quantity: _____

Unit of Measure: (Check One)
 Drums Tons Yards

Type of Contamination:
 Gasoline Diesel Fuel Oil Hydraulic Oil Heating Oil
 Kerosene Jet Fuel Motor Oil Used Oil

Other (explain): _____

Are PCB's suspected or a known contaminant? Yes No

Are PAH's suspected or a known contaminant? Yes No

Contamination Source: UST AST Spill Historic

Other (explain): _____

Past Use of Site: Industrial Commercial Residential

Describe Past Use of Site: _____

Certifications

I, the undersigned, understand that any soil delivered to Soil Safe's facility that is found to be non-conforming will not be accepted for processing. I further understand that the Client shall be solely responsible for its removal. In the event that the Client does not remove the soils in a timely manner, Soil Safe, acting as agent for the Client, may arrange to have the soil removed and disposed of at a properly permitted facility at the Client's sole expense.

I, the undersigned, Certify that, to the best of my knowledge, the soil submitted for acceptance to Soil Safe does not contain Polychlorinated Byphenyls (PCB's), as defined by 40 CFR261, at levels greater than 2 ppm. I further certify that, to the best of my knowledge, the soil does not contain herbicides, pesticides, or any other constituents at levels which would cause the soil to be characterized as toxic or hazardous as defined by 40 CFR 261. I further certify that all documentation, including all soil analysis, that has been performed on the subject site has been provided to Soil Safe and that the soils have not been or are not presently the focus of a remediation for contaminants other than those that are being disclosed to Soil Safe, Inc.

I, the undersigned, am the generator or a properly authorized agent for the generator. By signing below I certify that I have been granted the authority to execute this document.

Print Name: _____

Company: _____

Title: _____

Signature: _____

Sampling and Analysis Requirements for Residential or Commercial Sites

[No PCB's or PAH's are suspected or known]

Analysis	Method	Frequency
TPH	8015	One composite every 100 cubic yards
VOC	8260	One grab every 800 cubic yards
Total Metals <i>Arsenic, Antimony, Barium, Beryllium, Cadmium, Copper, Lead, Nickel, Thallium, Zinc</i>	6010	One composite every 800 cubic yards
TCLP Metals <i>Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, Silver</i>	1311/6010	One per Site
Paint Filter	9095	One per Site

Sampling and Analysis Requirements for Industrial Sites, and Non-Qualifying Residential/ Commercial Sites (in addition to the above)

PCB's	8082	One composite every 800 cubic yards
PAH's	8270	One composite every 800 cubic yards

Additional Analysis

We understand that project volumes are estimates and many times volume increases will require additional testing to meet Soil Safe's Permit frequency requirements. Additional testing is the responsibility of each client. Arrangements can be made with Soil Safe to aid in additional testing. Please contact your Sales Representative to discuss any additional testing needs.

Load Inspection

Every vehicle delivering soil will be inspected for commingled waste. Such wastes include concrete, asphalt, brick, block, non-recyclable trash, steel, and other recyclable materials. Any load found to contain greater than permitted levels will be considered non-conforming. (See below).

Sample and Analysis Certification

I certify that soils were sampled as noted above and the results are representative of the stated volume to be shipped to Soil Safe, Inc.

Signature: _____

Site Diagram (please sketch or attach drawing showing source of soil on project site)

Chain of Payment

The information below must be provided for billing purposes and is required for project approval.

Instructions

In order, starting with the generator and ending with Billing Company please provide the chain of payment for the project that you wish to have approved for acceptance by Soil Safe. Please contact Soil Safe with any questions you may have.

Generator Information

Generator _____	Contact _____
Address _____	City, State Zip _____
Phone _____	Fax _____

Company _____	Contact _____
Address _____	City, State Zip _____
Phone _____	Fax _____

Company _____	Contact _____
Address _____	City, State Zip _____
Phone _____	Fax _____

*If additional space is needed, please attach a separate sheet providing the information requested.

Billing Information

Company _____	Contact _____
Address _____	City, State Zip _____
Phone _____	Fax _____

Chain of Payment Certification

I, the undersigned verify that the information provided above is true and accurate. The information is complete and follows the Chain of Payment, as it will occur upon invoice for the project. Any changes to this Chain will be reported to Soil Safe as soon as possible.

Print Name: _____

Company: _____

Title: _____

Signature: _____