



Requested Facility: North Weld Landfill ☐ Unsure Profile Number: 116246CO  
☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☐ Renewal? Original Profile Number: \_\_\_\_\_

**A. GENERATOR INFORMATION (MATERIAL ORIGIN)**

1. Generator Name: Bayswater Exploration & Production, LLC  
2. Site Address: 73017th St, Ste 610  
(City, State, ZIP) Denver CO 80202  
3. County: Colorado  
4. Contact Name: Meagan Miller  
5. Email: mmiller@bayswater.us  
6. Phone: (303) 893-2503 7. Fax: (303) 893-2508  
8. Generator EPA ID: \_\_\_\_\_ ☒ N/A  
9. State ID: \_\_\_\_\_ ☒ N/A

**C. MATERIAL INFORMATION**

1. Common Name: E&P Exempt WBM Drill Cuttings  
Describe Process Generating Material: ☐ See Attached  

Water Based Mud Drill Cuttings from drilling site with no free liquid

  
2. Material Composition and Contaminants: ☐ See Attached  

1. WBM Drill Cuttings	100 percent
2.	
3.	
4.	

Total composition must be equal to or greater than 100% ≥100%

3. State Waste Codes: \_\_\_\_\_ ☒ N/A  
4. Color: various colors  
5. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: \_\_\_\_\_  
6. Free Liquid Range Percentage: \_\_\_\_\_ to \_\_\_\_\_ ☒ N/A  
7. pH: \_\_\_\_\_ to \_\_\_\_\_ ☒ N/A  
8. Strong Odor: ☐ Yes ☒ No Describe: \_\_\_\_\_  
9. Flash Point: ☐ <140°F ☐ 140°–199°F ☒ ≥200° ☒ N/A

**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

**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): Meagan Miller Date: 01/17/2014  
Title: Environmental Specialist  
Company: Bayswater Exploration and Production

**B. BILLING INFORMATION**☒ SAME AS GENERATOR

1. Billing Name: Bayswater Exploration & Production, LLC  
2. Billing Address: 73017th St, Ste 610  
(City, State, ZIP) Denver CO 80202  
3. Contact Name: Meagan Miller  
4. Email: mmiller@bayswater.us  
5. Phone: (303) 893-2503 6. Fax: (303) 893-2508  
7. WM Hauled? ☐ Yes ☐ No  
8. P.O. Number: \_\_\_\_\_  
9. Payment Method: ☒ Credit Account ☐ Cash ☐ Credit Card

**D. REGULATORY INFORMATION**

1. EPA Hazardous Waste? ☐ Yes\* ☒ No  
Code: \_\_\_\_\_  
2. State Hazardous Waste? ☐ Yes ☒ No  
Code: \_\_\_\_\_  
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☒ 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 ☒ No  
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☐ Friable

**F. SHIPPING AND DOT INFORMATION**

1. ☐ One-Time Event ☒ Repeat Event/Ongoing Business  
2. Estimated Quantity/Unit of Measure: 320  
☐ Tons ☒ Yards ☐ Drums ☐ Gallons ☐ Other: \_\_\_\_\_  
3. Container Type and Size: 16-32 yd dump truck  
4. USDOT Proper Shipping Name: \_\_\_\_\_ ☒ N/A

**Certification Signature**

65cd5744ec3...



**Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.**

Profile Number: 116246CO

## C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1):

If more space is needed, please attach additional pages.

Material Composition and Contaminants (Continued from page 1):

If more space is needed, please attach additional pages.

5.	
6.	
7.	
8.	
9.	
10.	
Total composition must be equal to or greater than 100%	
	≥100%

## D. REGULATORY INFORMATION

**Only questions with a "Yes" response in Section D on the EZ Profile™ form (page 1) need to be answered here.**

### 1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)?

☐ Yes ☐ No

c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4.

☐ Yes ☐ No

d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083)?

☐ Yes ☐ No

→ If Yes, please check **one** of the following:

☐ Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))

☐ Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

2. State Hazardous Waste → Please list all state waste codes:

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:

☐ Delisted Hazardous Waste

☒ Excluded Waste under 40 CFR 261.4 → Specify Exclusion: E&P Exclusion

☐ Treated Hazardous Waste Debris

☐ Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

5. Benzene NESHA → Please include percent water/moisture in chemical composition.

a. Are you a TSDF? → If yes, please complete Benzene NESHA questionnaire. If not, continue.

b. What is your facility's current total annual benzene quantity in Megagrams?

☐ <1 Mg ☐ 1–9.99 Mg ☐ ≥10 Mg

1. Flow weighted average benzene concentration is \_\_\_\_\_ ppmw.

c. Is this waste soil from remediation at a closed facility?

☐ Yes ☐ No

1. Benzene concentration in remediation waste is \_\_\_\_\_ ppmw.

d. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw?

☐ Yes ☐ No

e. Is material exempt from controls in accordance with 40 CFR 61.342?

☐ Yes ☐ No

→ If yes, specify exemption: \_\_\_\_\_

f. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF?

☐ Yes ☐ No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination?

☐ Yes ☐ No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: \_\_\_\_\_