

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): _____

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 Biphenyl's (PCB's), as defined by 40 CFR761, at levels greater than 5 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: _____

The Brandywine Facility requires the following analysis for approval of material into the facility.

Analysis	Method	Acceptance Criteria
TPH – As appropriate for the type of contamination	8015 / 9071B	Less than 25,000 ppm
BTEX	By an EPA Approved Method	Less than 500 ppm
PCB's	8082	Less than 5 ppm
TCLP Metals <i>Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, Silver</i>	1311/6010	Less than RCRA


Note: Other tests may be required depending on type of contamination. Soil not specifically exempted under 40CFR261.4 (b) (10) will require a Full TCLP List instead of TCLP Metals.

- Analytical requirements can be reduced if both of the following conditions are met:
 - A. Soils are impacted with only virgin oil(s).
 - B. One of the following Reduced Analytical Documents is provided:
(check the applicable document provided)
 - MDE UST document completed by MDE Representative
 - Another Maryland document or form completed by a Department Representative
 - An MDE equivalent document from another State
 - Spill response document completed by or for a Government Agency
 - A UST document completed by a Soil Safe Employee
 - Single family home affidavit
 - Commercial transportation spill affidavit

- Reduced analytical are:
 - A. BTEX
 - B. TPH – As appropriate for the type of oil that was discharged.

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

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: _____

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: _____
Title: _____

Company: _____
Signature: _____