



GENERATOR QUESTIONNAIRE ROADWAY SPILL/CONTAMINATED SOIL

Site Location/Description _____

City _____ County _____ State _____

Contact Person _____

Generator Information

Generator Name _____

Generator Facility Address _____

City _____ County _____ State _____ Zip _____

Contact Person _____ Title _____

Federal ID Number _____ Phone Number _____

Transporter _____

Transporter Emergency Contact Person _____

Title _____ Phone Number _____

Waste Characterization

A. This waste was generated as the result of a release from a vehicle involved in an accident on a roadway. Please identify which of the following wastes were involved:

Diesel Fuel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transmission Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaded Gasoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crankcase Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unleaded Gasoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-freeze	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Is the waste material a hazardous waste as defined in either the federal or state regulations (Part 111 of Michigan 1994 PA 4510)? Yes No

C. Were any vehicles transporting hazardous waste? Yes No
Were any listed hazardous wastes released at the site? Yes No

D. Is the soil an ignitable waste (flash point > 140 degrees)? Yes No

Generator Certification

To the best of my knowledge, the information provided is representative of the waste material and this "special waste" is associated solely with a roadway accident/release and does not meet the criteria in state and/or federal regulations which would classify this as hazardous waste or a liquid waste.

Authorized Signature _____ Title _____

Name (please print) _____ Date _____