



Requested Facility: Dekalb County RDF Unsure Profile Number: 942204IL
 Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- 1. Generator Name: Anthem Excavation & Demolition Inc.
- 2. Generator Site Address: 630 Hammond
(City, State, ZIP) Aurora IL 60505
- 3. County: Kane
- 4. Contact Name: Dan Bos
- 5. Email: dan_bos@att.net
- 6. Phone: (630) 361-3094 7. Fax: _____
- 8. Generator EPA ID: _____ N/A
- 9. State ID: _____ N/A

C. MATERIAL INFORMATION

- 1. Common Name: Wood House
Describe Process(es) Generating Material: See Attached

This is C & D from the demolition of a frame wood house. Due to the condition of the house, it is unsafe to enter to test for interior suspect asbestos.
- 2. Material Composition and Contaminants: See Attached

1. <u>Wood frame house</u>	<u>100 %</u>
2.	
3.	
4.	
Total comp. must be equal to or greater than 100%	
	<u>≥100%</u>
- 3. State Waste Codes: _____ N/A
- 4. Color: Brown
- 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 Lab Report(s) and list specific representative Sample ID#s:
- 2. Other information attached (such as SDS)? Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this Waste Management ("WM") Profile, 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 WM prior to providing the material to WM. I am aware that there are significant penalties for knowingly submitting false information.

- I am authorized to sign on behalf of the Generator and I have confirmed with the Generator that information contained in this profile, as well as supporting documents provided, are accurate and complete.
- I am a duly authorized employee of Generator holding a position of technical responsibility with direct knowledge of the waste stream and the information contained in this profile, and I confirm that information contained in this profile, as well as supporting documents are accurate and complete.

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

B. BILLING INFORMATION SAME AS GENERATOR

- 1. Billing Name: Anthem Excavation & Demolition Inc.
- 2. Billing Address: PO Box 496
(City, State, ZIP) Itasca IL 60143
- 3. Contact Name: Dan Bos
- 4. Email: dan_bos@att.net
- 5. Phone: (630) 361-3094 6. Fax: (630) 250-0150
- 7. P.O. Number: _____
- 8. Payment Method: Credit Account Cash Credit Card at Gate

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. Does the material contain benzene? Yes* No
 - 6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
 - 7. CERCLA or State-mandated clean-up? Yes* No
 - 8. NRC, State-regulated, NORM or TENORM 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? Yes No
 - c. Were PCBs 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
 - 12. Contains Dioxins? (If Yes, please attach analysis) Yes No

F. SHIPPING AND DOT INFORMATION

- 1. One-Time Event Repeat Event/Ongoing Business
- 2. Estimated Annual Quantity/Unit of Measure: 120
 Tons Yards Drums Gallons Other _____
- 3. Container Type and Size: 50 cubic yard trailers
- 4. USDOT Proper Shipping Name _____ N/A
- 5. Estimated Start Date 06/02/2025
- 6. Transportation Needed? Yes* No

Name (Print): Dan Bos
Title: VP
Company: Anthem
Date: 05/19/2025

Certification Signature

Signed by:

BCB49879866C4A2...



Profile Addendum: State of Illinois GENERATOR'S NON-SPECIAL WASTE CERTIFICATION

F. Additional Waste Stream Information

Profile Number: 942204IL

Generators Name: Anthem Excavation & Demolition Inc.

Generators SITE Address: 630 Hammond Aurora IL 60505
(The location where the waste is generated)

Waste Name: Wood House

The Illinois Environmental Protection Act allows a Generator to certify that their pollution control waste or industrial process waste, is not an Illinois Special Waste (Section 3.45). By completing the following questionnaire, you may certify that the waste stream represented by the Waste Management Profile referenced above is not an Illinois Special Waste as defined in the Act.

Is the waste referenced above any of the following:

- | | | |
|--|------------------------------|--|
| 1. A Potentially Infectious Medical Waste (PIMW)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. A Hazardous Waste as defined in 40 CFR 261 or in 35 IAC 722.111? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. A Liquid Waste (fails the paint filter test as defined in 35 IAC 811.107)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. A regulated PCB waste as defined in 40 CFR 761? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. A NESHAP regulated asbestos waste other than waste from renovation or demolition? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. A waste resulting from the shredding recyclable metals (auto fluff)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. A delisted Hazardous Waste or Treated Characteristic Hazardous Waste, subject to LDR requirements under 35 IAC 728.107? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

In determining that this waste is not a liquid, I have used knowledge of the processes generating the waste and the attached supporting documentation: MSDS Analytical Other (explain below):
Wood frame house that contains no liquid

In determining that this waste is not RCRA hazardous, I have used knowledge of the processes generating the waste and the attached supporting documentation: MSDS Analytical Other (explain below):
Testing cannot be performed due to the condition of the house

8. Is the waste represented by this profile sheet exempt from Illinois Solid Waste Management Act fee? Yes No
Select option: Pollution Control Waste Other

By signing below, I certify my waste is NOT an Illinois Special Waste, and that I understand that a person who knowingly and falsely certifies that a waste is not special waste is subject to the penalties set forth in subdivision (6) of subsection (h) of section 44 of the Illinois Environmental Protection Act.

Name: (Print) Dan Bos Title: VP

Signed by: Dan Bos Date: 05/19/2025
Signature: BCB49879866C4A2...