USEcology

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Profile #: _____

A. CUSTOMER INFORMATION

***Waste as shipped will be :** ☐ Industrial ☐ NON - Industrial ***(Texas customers only)**

Generator: _____

Facility Address : _____
(No PO Box) _____

Mailing Address _____

City/State/Zip: _____

Technical Contact: _____

Phone: _____ Fax: _____

☐ Check if Billing is Same

Billing Company: _____

Billing Address: _____

City/State/Zip: _____

Billing Contact: _____

Phone No.: _____ Fax No.: _____

Email: _____

NAICS# _____ ☐ CESQG ☐ SQG ☐ LQG EPA ID# _____ State ID# _____

B. SHIPPING INFORMATION

1. US DOT Shipping Name _____ 2. Hazard Class _____

3. UN/NA # _____ 4. Packaging Group _____ 5.RQ _____

6. Container Type: ☐ Bulk ☐ Totes ☐ Pallet Size _____ 7. Frequency: ☐ Year ☐ QTR ☐ Month

☐ Boxes ☐ Bags ☐ Drums ☐ Other _____ Quantity _____ ☐ 1 Time ☐ Other _____

C. GENERAL MATERIAL & REGULATORY INFORMATION

1. Common name for this waste _____

2. Process generating the material _____

3. Describe physical appearance of waste _____

4. Describe odor of waste: ☐ None ☐ Slight ☐ Strong Describe _____

5. Knowledge is from: ☐ Lab Analysis ☐ MSDS ☐ Process/Generator knowledge ☐ Yes ☐ No Is the waste restricted under EPA Land Disposal Restrictions (40 CFR 268) *If yes, please complete LDR form*

☐ Yes ☐ No Is the material <500 PPMW VOC as generated?

☐ Yes ☐ No Is the waste, or generating facility, subject to regulation under 40 CFR Part 61 Subpart FF (Benzene Rule) of NESHAPS? If yes, complete form "*attachment 4*" . (Note: Waste generated from chemical manufacturing, coke-by-product recovery plants, petroleum refineries or treaters of such waste are subject to these requirements.)

☐ Yes ☐ No State waste codes _____ ☐ Wastewater ☐ Non-wastewater ☐ Debris

☐ Yes ☐ No Alternative standards for Soil ?

☐ Yes ☐ No CERCLA Regulated (Superfund) Waste

☐ Yes ☐ No Contains UHCs/Constituents of Concern: List in section D

☐ Yes ☐ No **EPA Haz. Waste (list codes)**

☐ Yes ☐ No Has the waste been treated after the initial point of generation?

☐ Yes ☐ No Subpart XX (40 CFR 63.1080) *Controls Required?*

☐ Yes ☐ No Exempt Waste: If yes, list ref. 40 CFR _____

Source Code **G** _____ Form Code **W** _____ Mgt. Method **H** _____

D. MATERIAL COMPOSITION (Physical/Chemical)

(Range Total > or = 100%) Values are ☐ TCLP ☐ TOTALS

(include additional sheets as necessary)

	typical value	unit	range

E. Does the waste exhibit or contain the following:

☐ Yes ☐ No Oxidizer
☐ Yes ☐ No Explosive
☐ Yes ☐ No Organic Peroxide
☐ Yes ☐ No Shock Sensitive
☐ Yes ☐ No Tires
☐ Yes ☐ No Pyrophoric
☐ Yes ☐ No Radioactive**
☐ Yes ☐ No Exempt RAD**
☐ Yes ☐ No Halogenated Organic Compounds? (per 40 CFR 268, Appendix III)

☐ Yes ☐ No React. Sulfides _____ ppm
☐ Yes ☐ No React. Cyanides _____ ppm
☐ Yes ☐ No Water/Air (Pyrophoric) React.
☐ Yes ☐ No Thermally Unstable
☐ Yes ☐ No TSCA Regulated PCB Waste
☐ Yes ☐ No Regulated Medical/Infectious Waste
☐ Yes ☐ No Compressed Gasses

**Additional Radiological info is provided in USEI's WAC Addendum

F. PHYSICAL CHARACTERISTICS

pH Range _____ to _____

1.Flash Point: _____ °F (if <140°F) 2.Typical pH: _____ pH Range: ☐ ≤ 2 ☐ >2, <12.50 ☐ ≥ 12.5

☐ Yes ☐ No Possibility of incidental liquids from transportation?

☐ Yes ☐ No Does waste pass the EPA specified paint filter test? *(Pass is a solid)*

G. GENERATOR'S CERTIFICATION:

☐ Yes ☐ No **I certify this material may be disposed of without further treatment.**

Certification Statement: I certify under penalty of law that I am familiar with this waste stream through analysis and/or process knowledge, and that all information provided is true, accurate, representative and complete, and that all known or suspected hazards have been disclosed. Furthermore, I certify that this form was completed in accordance with the instructions provided.

Print Name: _____

Signature: _____ Title: _____ Date: _____

Facility use only

First review _____ Second review _____ Final review _____

Date approved: _____ Date Denied: _____

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