



A. Generator's Information

Technical Contact

Phone # _____

Fax # _____

Billing Name

Billing Address

City _____ State _____ Zipcode _____

Invoice Contact

Phone # _____ Ext. _____

C. Waste Composition

Specific Gravity (1.0=H₂O)

☐ < 0.8 ☐ 0.8 - 1.0 ☐ 1.0 - 1.2 ☐ > 1.2

pH ☐ N/A ☐ 0-2 ☐ 2.1-4 ☐ 4.1-10

☐ 10.1 – 12.4 ☐ > 12.5 ☐ Exact

Flash Point (Liquid Only)

☐ < 73°F (23°C) ☐ 7200°F (93°C)☐ 73 - 140°F (23 - 60°C) ☐ N/A

☐ 142 - 200°F (80 - 93°C)

1. Does waste contain volatiles subject to RCRA subpart CC (40CFR 264, 265)? ☐ Yes ☐ No

2. Is waste stream subject to National Emission Standards for Benzene Waste? ☐ Yes ☐ No

3. Is this waste regulated as an ozone depleting substance? ☐ Yes ☐ No

4. Supplemental Information/Special Handling?
☐ Yes ☐ No # of Pages Attached

(Attach All MSDS, Sample Analysis and Additional 100% Info)

F. Anticipated Volume

QTY	Container
<input type="checkbox"/> _____	5 gal. pail
<input type="checkbox"/> _____	15 gal. carboy
<input type="checkbox"/> _____	30 gal. drum
<input type="checkbox"/> _____	55 gal. drum
<input type="checkbox"/> _____	85 gal. drum
<input type="checkbox"/> _____	Tanker
<input type="checkbox"/> _____	Other

G. Annual Report Codes

SIC Code	_____	_____	_____	_____
Source Code	_____	_____	_____	_____
Form Code	_____	_____	_____	_____
Origin Code	_____	_____	_____	_____
System Type	_____	_____	_____	_____

Shipping Name

Hazard Class	UN/NA#
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Packing Group	RQ
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G. Listed Hazardous Wastes

_____ F006	_____ F009	_____ F019	_____ K004	_____ Other
_____ F007	_____ F011	_____ K002	_____ K005	_____ K007
_____ F008	_____ F012	_____ K003	_____ K006	_____ K008
				_____ K062

This certification statement must be provided by the generator of non-commingled hazardous waste unless analysis is provided for each parameter identified below.

Generic Waste Name: _____ Process Which Generated Waste: _____

I certify that the following constituents (**checked no below**) are not present in my waste stream above the PQL identified in 35 IAC 725, Appendix I.

Characteristics of Hazardous Waste: indicate if this waste contains any of the following characteristics above the PQL.

		Regulatory Threshold Level, ppm	PQL (ppm)	Results of the Analysis			Regulatory Threshold Level, ppm	PQL (ppm)	Results of the Analysis
D004	Arsenic	5.0	_____	_____	D026	Cresol	200.00	_____	_____
D005	Barium	100.0	_____	_____	D027	1,4-	7.5	_____	_____
D006	Cadmium	1.0	_____	_____	D028	1,2-Dichloroethane	0.5	_____	_____
D007	Chromium	5.0	_____	_____	D029	1,1-Dichloroethylene	0.7	_____	_____
D008	Lead	5.0	_____	_____	D030	2,4-Dinitroloouene	0.13	_____	_____
D009	Mercury	0.2	_____	_____	D031	Heptachlor	0.008	_____	_____
D010	Selenium	1.0	_____	_____		(and its epoxide)			
D011	Silver	5.0	_____	_____	D032	Hexachlorobenzene	0.13	_____	_____
D012	Endrin	0.02	_____	_____	D033	Hexachlorobutadien	0.5	_____	_____
D013	Lindane	0.4	_____	_____	D034	Hexachloroethane	3.0	_____	_____
D014	Methoxychlor	10.0	_____	_____	D035	Methyl ethyl ketone	200.0	_____	_____
D015	Toxaphene	0.5	_____	_____	D036	Nitrobenzene	2.0	_____	_____
D016	2,4-D(2,4-Dichloro- phenoxyacetic acid)	10.0	_____	_____	D037	Pentachlorophenol	100.0	_____	_____
D017	2,4,5-TP Silvex	1.0	_____	_____	D038	Pyridine	5.0	_____	_____
D018	Benzene	0.5	_____	_____	D039	Tetrachloroethylene	0.7	_____	_____
D019	Carbon	0.5	_____	_____	D040	Trichloroethylene	0.5	_____	_____
D020	Chlordane	0.03	_____	_____	D041	2,4,5-	400.0	_____	_____
D021	Chlorobenzene	100.0	_____	_____	D042	2,4,6-	2.0	_____	_____
D022	Chloroform	6.0	_____	_____	D043	Vinyl Chloride	0.2	_____	_____
D023	o-Cresol	200.0	_____	_____		PCB's			
D024	m-Cresol	200.0	_____	_____		Asbestos			
D025	p-Cresol	200.0	_____	_____		Radioactives			
						Phenol (total)			

Sampling Information

Please submit sample promptly. Organic analyses must be completed within 14 days of sample collection; otherwise, resampling will be necessary.

Date of Sampling _____ Time of Sampling _____ AM/PM

Samplers Name (*print*) _____ Samplers Signature _____

Title and Affiliation of Sampler _____

Authorization/Certification

This form must be signed by a person authorized to represent the generator. If the individual signing the Waste Profile is a broker or other agent not employed by the generator of the waste, the generator must provide written notification (on generator letterhead) of authority granted that individual if requested by Environmental Wastepro. It is understood that persons identified as Primary, Technical, or Emergency Contact have been granted such authority by the generator.

I authorize Environmental Wastepro to make corrections to this waste profile. I understand that I will be given written confirmation of any change. ☐ Yes ☐ No

I hereby avow that any pertinent information that is known by the generator concerning possible hazards has been disclosed. I certify that, to the best of my knowledge, all statements and attachments are correct and accurate representations of this waste material. I authorize Environmental Wastepro to obtain a sample from any waste shipment for the purposes of recertification.

Signature _____ Title _____

Name _____ Date _____