

Waste Material Profile Form



Heidelberg
Materials

GRR

TREATMENT METHOD _____

PROFILE NUMBER _____

A. GENERATOR INFORMATION

Generator Name: _____ EPA ID #: _____

Primary Contact: _____ Phone #: _____ SIC/NAICS CODE: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Name: _____ Phone #: _____ Contact: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

E-mail Information: Generator Primary Contact: _____ Billing Contact: _____

B. WASTE DESCRIPTION

Waste Name: _____

Process Generating Waste: _____

EPA Waste Code(s): _____

C. WASTE CHARACTERISTICS (@ 70°F)

Viscosity: ☐ Low(Thin) ☐ Medium ☐ High Thousands of BTU's/lb: _____ Halogens (Cl, I, Br, F): _____ % _____ ppm

Physical State: ☐ Liquid ☐ Sludge ☐ Solid ☐ Aerosol Flash Point (°F): <100 101-139 140-200 >200

Layering: ☐ None ☐ Bilayer Multilayer Total Solids: _____ % pH: _____ to _____ (If solid or no water present provide pH of 50/50 aqueous slurry)

Color: _____ Odor: None Mild Strong Describe odor: _____ Specific Gravity: _____

D. CHEMICAL COMPOSITION

Chemical Constituents:	Range		Range
Water (if present)	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

For Aerosols, Propellant Type: _____

Toxins:

Cyanides _____ ppm Pesticides _____ ppm PCB's _____ ppm Beryllium _____ ppm Antimony _____ ppm

Nickel _____ ppm Thallium _____ ppm Zinc _____ ppm Dioxins _____ ppm Sulfides _____ ppm

Other: Infectious ☐ Yes ☐ No Radioactive Yes ☐ No Reactive (Water, Air, Etc) ☐ Yes ☐ No Specify if yes _____

RMP and/or PSM Components present: ☐ Yes ☐ No Specify if yes _____

E. SHIPPING INFORMATION

Volume (lbs/yr): _____ Shipping Frequency: ☐ One Time ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly

Container Type: ☐ Drums (size: _____) ☐ Roll-Off (size: _____) ☐ Tanker ☐ Other: _____

Proper DOT Shipping Name: _____

Hazard Class _____ UN / NA # _____ Packaging Group _____ N.O.S. Information _____

RQ _____ Lbs Basis for RQ _____ (per 40 CFR 302.4(b)) 24-Hr Emergency Phone# _____

Please check the box next to each waste code to indicate if the code applies. A total concentration value (actual or range) must be listed for each constituent that is checked. Do not list total concentration as ">(regulatory level)". If waste contains benzene complete the Benzene NESHP Questionnaire.

Waste Code & Constituent	Regulatory TC Level	Total Concentration	Waste Code & Constituent	Regulatory TC Level	Total Concentration
<input type="checkbox"/> D004 Arsenic	5.0 ppm	ppm	<input type="checkbox"/> D024 m-Cresol	200.0 ppm	ppm
<input type="checkbox"/> D005 Barium	100.0 ppm	ppm	<input type="checkbox"/> D025 p-Cresol	200.0 ppm	ppm
<input type="checkbox"/> D006 Cadmium	1.0 ppm	ppm	<input type="checkbox"/> D026 Cresol	200.0 ppm	ppm
<input type="checkbox"/> D007 Chromium	5.0 ppm	ppm	<input type="checkbox"/> D027 1,4-Dichlorobenzene	7.5 ppm	ppm
<input type="checkbox"/> D008 Lead	5.0 ppm	ppm	<input type="checkbox"/> D028 1,2-Dichloroethane	0.5 ppm	ppm
<input type="checkbox"/> D009 Mercury	0.2 ppm	ppm	<input type="checkbox"/> D029 1,1-Dichloroethylene	0.7 ppm	ppm
<input type="checkbox"/> D010 Selenium	1.0 ppm	ppm	<input type="checkbox"/> D030 2,4-Dinitrotoluene	0.1 ppm	ppm
<input type="checkbox"/> D011 Silver	5.0 ppm	ppm	<input type="checkbox"/> D031 Heptachlor	0.008 ppm	ppm
<input type="checkbox"/> D012 Endrin	0.02 ppm	ppm	<input type="checkbox"/> D032 Hexachlorobenzene	0.1 ppm	ppm
<input type="checkbox"/> D013 Lindane	0.4 ppm	ppm	<input type="checkbox"/> D033 Hexachlorobutadiene	0.5 ppm	ppm
<input type="checkbox"/> D014 Methoxychlor	10.0 ppm	ppm	<input type="checkbox"/> D034 Hexachloroethane	3.0 ppm	ppm
<input type="checkbox"/> D015 Toxaphene	0.5 ppm	ppm	<input type="checkbox"/> D035 Methyl Ethyl Ketone	200.0 ppm	ppm
<input type="checkbox"/> D016 2,4-D	10.0 ppm	ppm	<input type="checkbox"/> D036 Nitrobenzene	2.0 ppm	ppm
<input type="checkbox"/> D017 2,4,5-TP (Silvex)	1.0 ppm	ppm	<input type="checkbox"/> D037 Pentachlorophenol	100.0 ppm	ppm
<input type="checkbox"/> D018 Benzene	0.5 ppm	ppm	<input type="checkbox"/> D038 Pyridine	5.0 ppm	ppm
<input type="checkbox"/> D019 Carbon Tetrachloride	0.5 ppm	ppm	<input type="checkbox"/> D039 Tetrachloroethylene	0.7 ppm	ppm
<input type="checkbox"/> D020 Chlordane	0.03 ppm	ppm	<input type="checkbox"/> D040 Trichloroethylene	0.5 ppm	ppm
<input type="checkbox"/> D021 Chlorobenzene	100.0 ppm	ppm	<input type="checkbox"/> D041 2,4,5-Trichlorophenol	400.0 ppm	ppm
<input type="checkbox"/> D022 Chloroform	6.0 ppm	ppm	<input type="checkbox"/> D042 2,4,6-Trichlorophenol	2.0 ppm	ppm
<input type="checkbox"/> D023 o-Cresol	200.0 ppm	ppm	<input type="checkbox"/> D043 Vinyl Chloride	0.2 ppm	ppm

*The above TC is based on: ☐ Actual Testing ☐ Generator Knowledge ☐ Both (Attach all applicable analysis)

G. FOR NONHAZARDOUS / NON-RCRA WASTE* / UNIVERSAL WASTE AND/OR RCRA EXEMPT WASTE

*May include D.O.T. and/or TSCA regulated hazardous materials

Please check the appropriate box below and provide Grr with the necessary documentation supporting the statement.

☐ The waste is an un-used or off-specification non-hazardous product where ingredients are known to the generator. (Please provide safety data sheets or product specification sheets supporting this finding as an attachment.)

☐ The generator has current (preferably no more than 2 years old) analytical data that confirms the classification of the subject stream as non-hazardous. (Please attach a copy of your current analytical data (TCLP, EPA Method 8260, EPA Method 8270 or equivalent.)

☐ The generator has a documented history of the waste to confirm the classification as non-hazardous. Please provide a detailed written description of the non-hazardous materials that make up the subject waste stream and also provide information regarding how long the waste stream has been managed by your facility:

H. AUTHORIZED SIGNATURE

GENERATOR CERTIFICATION:

I certify under penalty of law this document, and all attachments, were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person(s) who manages the systems, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

Signature:

Date:

Print Name:

Title:

DESIGNATED FACILITY CERTIFICATION: (for Giant Resource Recovery use only)

In compliance with 40 CFR 264.12(b), I certify that, based on the information presented in this document, the facility at which this material will be processed is permitted to accept the waste stream described hereon, and do hereby inform the generator listed hereon of acceptance of the waste for treatment, storage and/or disposal in the manner designated, and in compliance with the TSDF's standard terms and conditions.

Signature:

Date:

Print Name:

Title: