

APPENDIX N

Site Inspection Investigation Derived Waste Documentation



NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number MD3 210 021 355	2. Page 1 of 1	3. Emergency Response Phone (800) 839-3975	4. Waste Tracking Number 102976
5. Generator's Name and Mailing Address US ARMY GARRISON APG 6504 RODMAN RD. BLDG. 4304, RM. 303 ABERDEEN, MD 21005 Generator's Phone: (410) 436-7313					
6. Transporter 1 Company Name EQ NORTHEAST, INC.				U.S. EPA ID Number MAD 084 814 136	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMEI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489				U.S. EPA ID Number MID 000 724 831	
9. Waste Shipping Name and Description		10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol
1. Non Hazardous Liquid Waste, Not Dot Not RCRA Regulated		002 DM		200	P
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information 1. F210043MDI / Non Haz Liquids [W:15.04.13068700]					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste. Generator's/Officer's Printed/Typed Name Rueck Loder Signature Rueck Loder Month Day Year 3 2 22					
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Transporter Signature (for exports only): Date leaving U.S.:					
16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Allison White Signature Allison White Month Day Year 3 2 22 Transporter 2 Printed/Typed Name Signature Month Day Year					
17. Discrepancy 17a. Discrepancy Indication Specie <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
Facility's Phone: 17c. Signature of Alternate Facility (or Generator) Month Day Year					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name Signature Month Day Year					

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number MD3 210 021 355	2. Page 1 of 1	3. Emergency Response Phone (800) 839-3975	4. Waste Tracking Number 102977
5. Generator's Name and Mailing Address US ARMY GARRISON APG 6504 RODMAN RD. BLDG. 4304, RM. 303 ABERDEEN, MD 21005					
Generator's Phone: (410) 436-7313					
6. Transporter 1 Company Name EQ NORTHEAST, INC.					U.S. EPA ID Number MAD 084 814 136
7. Transporter 2 Company Name					U.S. EPA ID Number
8. Designated Facility Name and Site Address WAYNE DISPOSAL INC. SITE #2 LANDFI 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111					U.S. EPA ID Number MID 048 090 633
Facility's Phone: (800) 592-5489					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit
		No.	Type		
1. Non Hazardous Solid Waste, Not DOT Not RCRA Regulated		002	DM	200	P
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information 1. P21004WDI / Non Haz Soil (W:15.04.13068700)					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Generator's/Owner's Printed/Typed Name Rurik A Loder		Signature <i>Rurik A Loder</i>		Month Day Year 03 02 22	
15. International Shipments <input type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:	
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Allison White		Signature <i>Allison White</i>		Month Day Year 03 02 22	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (or Generator)		Manifest Reference Number:		U.S. EPA ID Number	
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)					
Month Day Year					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a					
Printed/Typed Name Wayne Loder		Signature <i>Wayne Loder</i>		Month Day Year 03 18 20	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number MD3 210 021 355	2. Page 1 of 1	3. Emergency Response Phone (800) 839-3075	4. Waste Tracking Number 0261144	
5. Generator's Name and Mailing Address US ARMY GARRISON APG 6504 RODMAN RD. BLDG 4304, RM. 303 ABERDEEN, MD 21005						
Generator's Phone: (410) 436-7313						
6. Transporter 1 Company Name EQ NORTHEAST, INC.					U.S. EPA ID Number MAD 084 814 136	
7. Transporter 2 Company Name U.S. Ecology Transportation Solutions					U.S. EPA ID Number MIK193743838	
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMEI 49350 N. I-94 SERVICE DRIVE BELLEVILLE, MI 48111					U.S. EPA ID Number MID 000 724 831	
Facility's Phone: (800) 592-5489						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. Non-Hazardous Liquid Waste, Not Dot Not RCRA Regulated ^(M)		202 003	DM	30 45 (M)	G	
2. NON HAZARDOUS SOLID WASTE NOT DOT NOT RCRA REGULATED						
3.						
4.						
13. Special Handling Instructions and Additional Information 1. F210043M01 / Non Haz Liquids [T:15.04.84200.2] F210095 W.D.T.						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name Kenneth G. Menzies III				Signature Kenneth G. Menzies III		
Month 06				Day 29		
Year 21						
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name NICK STUCKLEN				Signature Nick Stucklen		
Month 06				Day 29		
Year 21						
Transporter 2 Printed/Typed Name Ethan Hulse				Signature Ethan Hulse		
Month 07				Day 13		
Year 21						
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator)					Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Antonio Cabs				Signature Antonio Cabs		
Month 7				Day 16		
Year 21						

WASTE/MATERIAL PROFILE FORM

Note: Standard templates may be available online for various common waste streams, Universal Waste, Recyclable Goods, and Lab Packs. To see a list of templates click [HERE](#).

A. GENERATOR/CUSTOMER INFORMATION <i>(If foreign generator, complete Waste Import Supplement)</i>										
1. Generator:					Invoicing information is the same as generator mailing address					
2. Site Address:					P.O. required for payment? <i>If yes, include:</i>					
City:		Phone:			8. Invoicing Company:					
State:		Zip:		Country:						
3. Mailing Address:					9. Invoicing Address:					
City:					City:					
State:		Zip:		Country:		State:		Zip: Country:		
4. Technical Contact:					10. Customer Contact:					
5. Phone:		Email:			11. Phone:		Email:			
6. Generator Status: SQG LQG VSQG/CESQG <i>(If yes, complete Certification Supplement)</i>					Not Applicable					
7. EPA ID #:					NAICS CODE:			State ID #: <i>(If applicable)</i>		
B. WASTE/MATERIAL STREAM <i>(For assistance completing this document, click HERE)</i>										
1. Common Name:										
<i>(Please provide a site history for Remediation & IDW sites. Use additional form if necessary.)</i>										
2. Generating Process:										
3. Source Code:					Form Code:					
C. SHIPPING/PACKAGING INFORMATION										
1. DOT Hazardous Materials? Yes No Proper Shipping Name:										
2. Additional Description: <i>(49 CFR 172.203, e.g. "Lead" or "D008")</i>										
3. RQ: Yes No		RQ Reason:			RQ Threshold:		UN/NA #:			
Packing Group:		ERG #:		Hazard Class:						
4. DOT Special Permit? Yes No Permit #:										
5. 24-Hour Emergency Phone:					6. DOT Inhalation Hazard? Yes No					
7. Container Type:		Bulk		Totes		Pallet		Boxes		
		Drums		Cylinder		Container Size:				
Lab Pack <i>(If 40 CFR 264.316/49CFR 173.12(b) Lab Pack Inventory lists required)</i>										
Combination Containers (e.g., inner containers), Describe:										
Other, Describe:										
8. Volume/Frequency:		Volume:		Units:						
		Frequency:		Year		Quarterly		Monthly		
				1 Time		Other, Describe:				
D. PHYSICAL PROPERTIES <i>(Use additional form if necessary)</i>										
1. Physical Description <i>(e.g. soil, water, PPE, debris, sorbent, etc. Include 100% of container content. If debris, provide dimensions & weight.)</i>										
Description						Typical (%)		Min (%)		
2. Odor: None Slight Strong					Odor Type: Ammonia Amines Mercaptans Sulphur					
					Organic Acid Other, Describe:					
3. Physical State: <i>(at 70°F)</i> Solid Dust/Powder Debris					Sludge/Slurry Liquid Gas/Aerosol Varies					
4. Color:					5. Liquid phases: Single Double Layer Multi-layer N/A					
6. Is it solid using the paint filter test? <i>(40 CFR Part 264.314(b))</i>					Yes (Solid) No (Not Solid)					
Is there a possibility of incidental liquids from transportation?					Yes No					
7. pH: <i>(If solid, provide estimated pH if mixed 50:50 with water)</i>					≤ 2		2.1 - 4.9		5 - 10	
					10.1 - 12.4		≥ 12.5			
8. Flash Point:		°F		and/or		< 90°F		90 - 139°F		
						140 - 199°F		>200°F		
BTU /lb. Value:		and/or		<5000 BTU		≥5000 BTU				
9. Are there any known handling/treatment issues involving this material?					Yes No <i>If yes, Describe:</i>					

E. CHARACTERIZATION & CHEMICAL COMPOSITION <i>(Use additional form if necessary)</i>								
1. US Ecology Texas Customers - Waste/Material Type: Industrial Non-Industrial N/A TX State Code: Pennsylvania Residual Waste: Yes No PA State Code(s):								
2. State Waste Codes:		None						
3. RCRA Waste Codes:		None						
		If None, is it exempt from the definition of "Solid Waste" or "Hazardous Waste"? Yes No If yes, list reference from 40 CFR Part 261.2, 3, or 4:						
4. If F006-F009, F012, or F019, are Cyanides used in the process? Yes No <i>(If yes, Total and Amenable CN (9010/9012) analysis required)</i>								
5. Knowledge is from: Lab analysis <i>(requires attachment)</i> SDS/MSDS <i>(requires attachment)</i> Process/generator knowledge								
6. Chemical Composition <i>(include all applicable UHC's TRI Section 313 chemicals, OSHA Hazardous Materials, etc.)</i>								
Constituent	Units	TCLP	Totals	Typical	Min	Max	UHC	Exceeds LDR
F. ADDITIONAL PROPERTIES None Apply <i>(Through Question F23)</i>								
1. Explosive:		Yes	No	2. Reactive Sulfides:		ppm	Yes	No
3. Shock Sensitive:		Yes	No	4. Reactive Cyanides:		ppm	Yes	No
5. Radioactive: <i>(If yes, complete Radioactive Waste Acceptance Supplement)</i>		Yes	No	6. Reactive Other: Describe:			Yes	No
7. Medical/Infectious/Biohazard Waste:		Yes	No	8. Polychlorinated Biphenyls (PCB): <i>(If yes, complete PCB Supplement)</i>			Yes	No
9. Dioxins and/or Furans:		Yes	No	10. Metal Fines/Powder/Paste: <i>(Including Aluminum)</i>			Yes	No
11. Pyrophoric:		Yes	No	12. Temperature Controlled: <i>(For Transportation Only)</i>			Yes	No
13. Thermally Unstable:		Yes	No	14. Biodegradable Sorbents:			Yes	No
15. Compressed Gas: <i>(If yes, complete Compressed Gas Cylinder Supplement)</i>		Yes	No	16. Used Oil: <i>(per 40 CFR Part 279)</i> <i>(If yes, complete Used Oil Supplement)</i>			Yes	No
17. Oxidizer: <i>(List in Section E6)</i>		Yes	No	18. Tires: <i>(If yes, must be quartered for landfill)</i>			Yes	No
19. Organic Peroxide:		Yes	No	20. Beryllium:			Yes	No
21. Asbestos: Yes No If Yes: Non Friable Friable <i>(If friable, material must be packaged per 40 CFR Part 61.150)</i>								
22. Ammonia/Ammonia Compounds:							Yes	No
23. Hazardous Secondary Material: <i>(Per 40 CFR Part 260.10)</i> <i>If yes, I certify that this waste/material meets all requirements of legitimate recycling of Hazardous Secondary Materials under 40 CFR Part 260.43 and/or I am complying with the conditions for generators using one verified recycler exclusion.</i>							Yes	No
24. Are pharmaceutical wastes profiled under this approval subject to a prescription? <i>(If yes, complete Pharmaceutical Certification Supplement)</i>							Yes	No N/A

G. REGULATORY INFORMATION				
1. Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084)		<500 ppmw	≥500 ppmw	
2. Has the material been treated after the initial point of generation?		Yes	No	If yes, Describe:
3. If RCRA Hazardous: Wastewater $WW \leq 1\% \text{ TSS \& TOC}$; 40 CFR Part 268.2 Non-wastewater $TSS/TOC > WW$ Alternative Treatment Standards for soil $> 50\% \text{ soil}$; 40 CFR Part 268.49 Alternative Treatment Standards for debris 40 CFR Part 268.2(g) & (h); $> 50\% \text{ of waste is } > 2.5 \text{ inch size}$ I confirm debris cannot reasonably be separated from non-debris by simple physical or mechanical means. I confirm debris has not been mixed/diluted with non-debris as prohibited in 40 CFR Part 268.3. Waste meets LDR Treatment Standards				
4. Treatment subcategory: (if applicable)				
5. Is the site or waste/material, subject to NESHAP/MACT standard(s)?		Yes	No	
If yes, Please choose the applicable Part:		61	62	63 Subpart
		of NESHAP/MACT standards		
6. Is the waste/material RCRA Hazardous containing Benzene and originating at a petroleum refinery (SIC 2911), chemical manufacturing plant (SIC 2800 thru 2899) or Coke by-product recovery plant (SIC 3312)?		N/A		
		Yes No (If yes, complete the Benzene Waste Operations Supplement and if applicable the Thermal Supplement.)		
H. GENERATOR'S CERTIFICATION				
1. Is a specific facility or treatment technology requested?		Yes	No	
2. Requested Technology:				
3. Thermal processing:		Yes	No	(If yes, complete Thermal Supplement)
4. Other specific restrictions requested:				
5. Requested US Ecology Facility:				
(If US Ecology Chicago, complete Illinois Disposal Supplement)				
<p>I certify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards pertaining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material Profile Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if substantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for purposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this Waste/Material Profile Form may be rejected by US Ecology. I certify that I am familiar with the waste/material described herein through analysis and/or process knowledge and that all information is true, accurate, representative and complete and that this Waste/Material Profile Form was completed in accordance with the instructions provided.</p>				
If I am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.				
Print Name:		Signature:		
Title:		Company:		
Date:				

WASTE/MATERIAL PROFILE FORM

Note: Standard templates may be available online for various common waste streams, Universal Waste, Recyclable Goods, and Lab Packs. To see a list of templates click [HERE](#).

A. GENERATOR/CUSTOMER INFORMATION <i>(If foreign generator, complete Waste Import Supplement)</i>										
1. Generator:					Invoicing information is the same as generator mailing address					
2. Site Address:					P.O. required for payment? <i>If yes, include:</i>					
City:		Phone:			8. Invoicing Company:					
State:		Zip:		Country:						
3. Mailing Address:					9. Invoicing Address:					
City:					City:					
State:		Zip:		Country:		State:		Zip: Country:		
4. Technical Contact:					10. Customer Contact:					
5. Phone:		Email:			11. Phone:		Email:			
6. Generator Status: SQG LQG VSQG/CESQG <i>(If yes, complete Certification Supplement)</i>					Not Applicable					
7. EPA ID #:					NAICS CODE:			State ID #: <i>(If applicable)</i>		
B. WASTE/MATERIAL STREAM <i>(For assistance completing this document, click HERE)</i>										
1. Common Name:										
<i>(Please provide a site history for Remediation & IDW sites. Use additional form if necessary.)</i>										
2. Generating Process:										
3. Source Code:					Form Code:					
C. SHIPPING/PACKAGING INFORMATION										
1. DOT Hazardous Materials? Yes No Proper Shipping Name:										
2. Additional Description: <i>(49 CFR 172.203, e.g. "Lead" or "D008")</i>										
3. RQ: Yes No		RQ Reason:			RQ Threshold:		UN/NA #:			
Packing Group:		ERG #:		Hazard Class:						
4. DOT Special Permit? Yes No Permit #:										
5. 24-Hour Emergency Phone:					6. DOT Inhalation Hazard? Yes No					
7. Container Type:		Bulk		Totes		Pallet		Boxes		
		Drums		Cylinder		Container Size:				
Lab Pack <i>(If 40 CFR 264.316/49CFR 173.12(b) Lab Pack Inventory lists required)</i>										
Combination Containers (e.g., inner containers), Describe:										
Other, Describe:										
8. Volume/Frequency:		Volume:		Units:						
		Frequency:		Year		Quarterly		Monthly		
				1 Time		Other, Describe:				
D. PHYSICAL PROPERTIES <i>(Use additional form if necessary)</i>										
1. Physical Description <i>(e.g. soil, water, PPE, debris, sorbent, etc. Include 100% of container content. If debris, provide dimensions & weight.)</i>										
Description						Typical (%)		Min (%)		
2. Odor: None Slight Strong					Odor Type: Ammonia Amines Mercaptans Sulphur					
					Organic Acid Other, Describe:					
3. Physical State: <i>(at 70°F)</i> Solid Dust/Powder Debris					Sludge/Slurry Liquid Gas/Aerosol Varies					
4. Color:					5. Liquid phases: Single Double Layer Multi-layer N/A					
6. Is it solid using the paint filter test? <i>(40 CFR Part 264.314(b))</i>					Yes (Solid) No (Not Solid)					
Is there a possibility of incidental liquids from transportation?					Yes No					
7. pH: <i>(If solid, provide estimated pH if mixed 50:50 with water)</i>					≤ 2		2.1 - 4.9		5 - 10	
					10.1 - 12.4		≥ 12.5			
8. Flash Point:		°F		and/or		< 90°F		90 - 139°F		
						140 - 199°F		>200°F		
BTU /lb. Value:		and/or		<5000 BTU		≥5000 BTU				
9. Are there any known handling/treatment issues involving this material?					Yes No <i>If yes, Describe:</i>					

E. CHARACTERIZATION & CHEMICAL COMPOSITION <i>(Use additional form if necessary)</i>								
1. US Ecology Texas Customers - Waste/Material Type: Industrial Non-Industrial N/A TX State Code: Pennsylvania Residual Waste: Yes No PA State Code(s):								
2. State Waste Codes:	None							
3. RCRA Waste Codes:	None							
If None, is it exempt from the definition of "Solid Waste" or "Hazardous Waste"? Yes No If yes, list reference from 40 CFR Part 261.2, 3, or 4:								
4. If F006-F009, F012, or F019, are Cyanides used in the process? Yes No <i>(If yes, Total and Amenable CN (9010/9012) analysis required)</i>								
5. Knowledge is from: Lab analysis <i>(requires attachment)</i> SDS/MSDS <i>(requires attachment)</i> Process/generator knowledge								
6. Chemical Composition <i>(include all applicable UHC's TRI Section 313 chemicals, OSHA Hazardous Materials, etc.)</i>								
Constituent	Units	TCLP	Totals	Typical	Min	Max	UHC	Exceeds LDR
F. ADDITIONAL PROPERTIES None Apply <i>(Through Question F23)</i>								
1. Explosive:	Yes	No	2. Reactive Sulfides:	ppm	Yes	No		
3. Shock Sensitive:	Yes	No	4. Reactive Cyanides:	ppm	Yes	No		
5. Radioactive: <i>(If yes, complete Radioactive Waste Acceptance Supplement)</i>	Yes	No	6. Reactive Other: Describe:		Yes	No		
7. Medical/Infectious/Biohazard Waste:	Yes	No	8. Polychlorinated Biphenyls (PCB): <i>(If yes, complete PCB Supplement)</i>		Yes	No		
9. Dioxins and/or Furans:	Yes	No	10. Metal Fines/Powder/Paste: <i>(Including Aluminum)</i>		Yes	No		
11. Pyrophoric:	Yes	No	12. Temperature Controlled: <i>(For Transportation Only)</i>		Yes	No		
13. Thermally Unstable:	Yes	No	14. Biodegradable Sorbents:		Yes	No		
15. Compressed Gas: <i>(If yes, complete Compressed Gas Cylinder Supplement)</i>	Yes	No	16. Used Oil: <i>(per 40 CFR Part 279)</i> <i>(If yes, complete Used Oil Supplement)</i>		Yes	No		
17. Oxidizer: <i>(List in Section E6)</i>	Yes	No	18. Tires: <i>(If yes, must be quartered for landfill)</i>		Yes	No		
19. Organic Peroxide:	Yes	No	20. Beryllium:		Yes	No		
21. Asbestos:	Yes	No	If Yes:	Non Friable	Friable	<i>(If friable, material must be packaged per 40 CFR Part 61.150)</i>		
22. Ammonia/Ammonia Compounds:					Yes	No		
23. Hazardous Secondary Material: <i>(Per 40 CFR Part 260.10)</i> <i>If yes, I certify that this waste/material meets all requirements of legitimate recycling of Hazardous Secondary Materials under 40 CFR Part 260.43 and/or I am complying with the conditions for generators using one verified recycler exclusion.</i>					Yes	No		
24. Are pharmaceutical wastes profiled under this approval subject to a prescription? <i>(If yes, complete Pharmaceutical Certification Supplement)</i>					Yes	No	N/A	

G. REGULATORY INFORMATION				
1. Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084)	<500 ppmw	≥500 ppmw		
2. Has the material been treated after the initial point of generation?	Yes	No	If yes, Describe:	
3. If RCRA Hazardous: Wastewater <i>WW</i> =<1% TSS & TOC; 40 CFR Part 268.2 Non-wastewater <i>TSS/TOC</i> > <i>WW</i> Alternative Treatment Standards for soil > 50% soil; 40 CFR Part 268.49 Alternative Treatment Standards for debris 40 CFR Part 268.2(g) & (h); >50% of waste is >2.5 inch size I confirm debris cannot reasonably be separated from non-debris by simple physical or mechanical means. I confirm debris has not been mixed/diluted with non-debris as prohibited in 40 CFR Part 268.3. Waste meets LDR Treatment Standards				
4. Treatment subcategory: (if applicable)				
5. Is the site or waste/material, subject to NESHAP/MACT standard(s)? Yes No If yes, Please choose the applicable Part: 61 62 63 Subpart of NESHAP/MACT standards N/A				
6. Is the waste/material RCRA Hazardous containing Benzene and originating at a petroleum refinery (SIC 2911), chemical manufacturing plant (SIC 2800 thru 2899) or Coke by-product recovery plant (SIC 3312)? Yes No (If yes, complete the Benzene Waste Operations Supplement and if applicable the Thermal Supplement.)				
H. GENERATOR'S CERTIFICATION				
1. Is a specific facility or treatment technology requested? Yes No				
2. Requested Technology:				
3. Thermal processing: Yes No (If yes, complete Thermal Supplement)				
4. Other specific restrictions requested:				
5. Requested US Ecology Facility:				
(If US Ecology Chicago, complete Illinois Disposal Supplement)				
<p>I certify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards pertaining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material Profile Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if substantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for purposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this Waste/Material Profile Form may be rejected by US Ecology. I certify that I am familiar with the waste/material described herein through analysis and/or process knowledge and that all information is true, accurate, representative and complete and that this Waste/Material Profile Form was completed in accordance with the instructions provided.</p>				
If I am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.				
Print Name:		Signature:		
Title:		Company:		
Date:				

WASTE/MATERIAL PROFILE FORM

Note: Standard templates may be available online for various common waste streams, Universal Waste, Recyclable Goods, and Lab Packs. To see a list of templates click [HERE](#).

A. GENERATOR/CUSTOMER INFORMATION <i>(If foreign generator, complete Waste Import Supplement)</i>										
1. Generator:					Invoicing information is the same as generator mailing address					
2. Site Address:					P.O. required for payment? <i>If yes, include:</i>					
City:		Phone:		8. Invoicing Company:						
State:		Zip:		Country:						
3. Mailing Address:					9. Invoicing Address:					
City:				City:						
State:		Zip:		Country:		State:		Zip: Country:		
4. Technical Contact:					10. Customer Contact:					
5. Phone:		Email:			11. Phone:		Email:			
6. Generator Status: SQG LQG VSQG/CESQG <i>(If yes, complete Certification Supplement)</i> Not Applicable										
7. EPA ID #:					NAICS CODE:			State ID #: <i>(If applicable)</i>		
B. WASTE/MATERIAL STREAM <i>(For assistance completing this document, click HERE)</i>										
1. Common Name:										
<i>(Please provide a site history for Remediation & IDW sites. Use additional form if necessary.)</i>										
2. Generating Process:										
3. Source Code:					Form Code:					
C. SHIPPING/PACKAGING INFORMATION										
1. DOT Hazardous Materials? Yes No Proper Shipping Name:										
2. Additional Description: <i>(49 CFR 172.203, e.g. "Lead" or "D008")</i>										
3. RQ: Yes No		RQ Reason:			RQ Threshold:		UN/NA #:			
Packing Group:		ERG #:		Hazard Class:						
4. DOT Special Permit? Yes No Permit #:										
5. 24-Hour Emergency Phone:					6. DOT Inhalation Hazard? Yes No					
7. Container Type:		Bulk		Totes		Pallet		Boxes		
		Drums		Cylinder		Container Size:				
Lab Pack <i>(If 40 CFR 264.316/49CFR 173.12(b) Lab Pack Inventory lists required)</i>										
Combination Containers (e.g., inner containers), Describe:										
Other, Describe:										
8. Volume/Frequency:		Volume:		Units:						
		Frequency:		Year		Quarterly		Monthly		
				1 Time		Other, Describe:				
D. PHYSICAL PROPERTIES <i>(Use additional form if necessary)</i>										
1. Physical Description <i>(e.g. soil, water, PPE, debris, sorbent, etc. Include 100% of container content. If debris, provide dimensions & weight.)</i>										
Description						Typical (%)		Min (%)		
2. Odor: None Slight Strong					Odor Type: Ammonia Amines Mercaptans Sulphur					
					Organic Acid Other, Describe:					
3. Physical State: <i>(at 70°F)</i> Solid Dust/Powder Debris					Sludge/Slurry Liquid Gas/Aerosol Varies					
4. Color:					5. Liquid phases: Single Double Layer Multi-layer N/A					
6. Is it solid using the paint filter test? <i>(40 CFR Part 264.314(b))</i>					Yes (Solid) No (Not Solid)					
Is there a possibility of incidental liquids from transportation?					Yes No					
7. pH: <i>(If solid, provide estimated pH if mixed 50:50 with water)</i>					≤ 2		2.1 - 4.9		5 - 10	
					10.1 - 12.4		≥ 12.5			
8. Flash Point:		°F		and/or		< 90°F		90 - 139°F		
						140 - 199°F		>200°F		
BTU /lb. Value:		and/or		<5000 BTU		≥5000 BTU				
9. Are there any known handling/treatment issues involving this material? Yes No <i>If yes, Describe:</i>										

E. CHARACTERIZATION & CHEMICAL COMPOSITION <i>(Use additional form if necessary)</i>								
1. US Ecology Texas Customers - Waste/Material Type: Industrial Non-Industrial N/A TX State Code: Pennsylvania Residual Waste: Yes No PA State Code(s):								
2. State Waste Codes:	None							
3. RCRA Waste Codes:	None							
	If None, is it exempt from the definition of "Solid Waste" or "Hazardous Waste"? Yes No <i>If yes, list reference from 40 CFR Part 261.2, 3, or 4:</i>							
4. If F006-F009, F012, or F019, are Cyanides used in the process? Yes No <i>(If yes, Total and Amenable CN (9010/9012) analysis required)</i>								
5. Knowledge is from: Lab analysis <i>(requires attachment)</i> SDS/MSDS <i>(requires attachment)</i> Process/generator knowledge								
6. Chemical Composition <i>(include all applicable UHC's TRI Section 313 chemicals, OSHA Hazardous Materials, etc.)</i>								
Constituent	Units	TCLP	Totals	Typical	Min	Max	UHC	Exceeds LDR
F. ADDITIONAL PROPERTIES None Apply <i>(Through Question F23)</i>								
1. Explosive:	Yes	No	2. Reactive Sulfides:		ppm	Yes		No
3. Shock Sensitive:	Yes	No	4. Reactive Cyanides:		ppm	Yes		No
5. Radioactive: <i>(If yes, complete Radioactive Waste Acceptance Supplement)</i>	Yes	No	6. Reactive Other:			Yes		No
7. Medical/Infectious/Biohazard Waste:	Yes	No	8. Polychlorinated Biphenyls (PCB): <i>(If yes, complete PCB Supplement)</i>			Yes		No
9. Dioxins and/or Furans:	Yes	No	10. Metal Fines/Powder/Paste: <i>(Including Aluminum)</i>			Yes		No
11. Pyrophoric:	Yes	No	12. Temperature Controlled: <i>(For Transportation Only)</i>			Yes		No
13. Thermally Unstable:	Yes	No	14. Biodegradable Sorbents:			Yes		No
15. Compressed Gas: <i>(If yes, complete Compressed Gas Cylinder Supplement)</i>	Yes	No	16. Used Oil: <i>(per 40 CFR Part 279)</i> <i>(If yes, complete Used Oil Supplement)</i>			Yes		No
17. Oxidizer: <i>(List in Section E6)</i>	Yes	No	18. Tires: <i>(If yes, must be quartered for landfill)</i>			Yes		No
19. Organic Peroxide:	Yes	No	20. Beryllium:			Yes		No
21. Asbestos: Yes No If Yes: Non Friable Friable <i>(If friable, material must be packaged per 40 CFR Part 61.150)</i>								
22. Ammonia/Ammonia Compounds:							Yes	No
23. Hazardous Secondary Material: <i>(Per 40 CFR Part 260.10)</i> <i>If yes, I certify that this waste/material meets all requirements of legitimate recycling of Hazardous Secondary Materials under 40 CFR Part 260.43 and/or I am complying with the conditions for generators using one verified recycler exclusion.</i>							Yes	No
24. Are pharmaceutical wastes profiled under this approval subject to a prescription? <i>(If yes, complete Pharmaceutical Certification Supplement)</i>							Yes	No N/A

G. REGULATORY INFORMATION				
1. Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084)		<500 ppmw	≥500 ppmw	
2. Has the material been treated after the initial point of generation?		Yes	No	If yes, Describe:
3. If RCRA Hazardous: Wastewater $WW \leq 1\% \text{ TSS \& TOC}$; 40 CFR Part 268.2 Non-wastewater $TSS/TOC > WW$ Alternative Treatment Standards for soil $> 50\% \text{ soil}$; 40 CFR Part 268.49 Alternative Treatment Standards for debris 40 CFR Part 268.2(g) & (h); $> 50\% \text{ of waste is } > 2.5 \text{ inch size}$ I confirm debris cannot reasonably be separated from non-debris by simple physical or mechanical means. I confirm debris has not been mixed/diluted with non-debris as prohibited in 40 CFR Part 268.3. Waste meets LDR Treatment Standards				
4. Treatment subcategory: (if applicable)				
5. Is the site or waste/material, subject to NESHAP/MACT standard(s)?		Yes	No	
If yes, Please choose the applicable Part:		61	62	63 Subpart
		of NESHAP/MACT standards		
6. Is the waste/material RCRA Hazardous containing Benzene and originating at a petroleum refinery (SIC 2911), chemical manufacturing plant (SIC 2800 thru 2899) or Coke by-product recovery plant (SIC 3312)?		N/A		
		Yes No (If yes, complete the Benzene Waste Operations Supplement and if applicable the Thermal Supplement.)		
H. GENERATOR'S CERTIFICATION				
1. Is a specific facility or treatment technology requested?		Yes	No	
2. Requested Technology:				
3. Thermal processing:		Yes	No	(If yes, complete Thermal Supplement)
4. Other specific restrictions requested:				
5. Requested US Ecology Facility:				
(If US Ecology Chicago, complete Illinois Disposal Supplement)				
<p>I certify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards pertaining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material Profile Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if substantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for purposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this Waste/Material Profile Form may be rejected by US Ecology. I certify that I am familiar with the waste/material described herein through analysis and/or process knowledge and that all information is true, accurate, representative and complete and that this Waste/Material Profile Form was completed in accordance with the instructions provided.</p>				
If I am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization paperwork on the generator's behalf and that I can produce such certification in writing upon request.				
Print Name:		Signature:		
Title:		Company:		
Date:				



CUSTOMER PICKUP REQUEST

USE Service Center:

CUSTOMER/ORIGINATOR OF REQUEST**SITE ADDRESS (PICKUP ADDRESS/LOCATION)**

Requested By:		Date of Request:		Generator Name:	
Customer Name:		Account Number:		Site EPA ID Number:	
Customer Contact:		Phone Number:		Street:	
Email:				City, State, Zip Code:	
Requested Pick Up Date:				Contact Meeting Driver:	Phone:
PO Number (if required):				Site Hours:	

Shipping Documents and Site Information

Qty	Container Size & Type	UN/NA Number	Haz Class	Weight (est.)	Waste Common Name	USE Approval Number	Waste Codes/Container IDs/POs	TSDF

Type of Services: ☐ LTL ☐ Full Load ☐ Drop Off ☐ Other:**Shipping Documents and Site Information**

- How are the containers stored at the pick-up location? (palletized, on the ground, all in one location, etc.)
- What are the pickup location conditions? (paved ground, dock, field, etc.)
- What type of equipment will be provided to load the containers? (drum dolly, pallet jack, Hi-Lo) Is a lift gate required? ☐ Yes ☐ No
- Is the site manned? ☐ Yes ☐ No If yes, will we have assistance with loading? ☐ Yes ☐ No Explain:
- Is the site and location of the containers tractor trailer accessible? ☐ Yes ☐ No Explain if Needed:
- Container weights: (check if applicable) ☐ Drums greater than 500 lbs each ☐ CYBs or totes greater than 1500 lbs each
- Is the material packed in proper UN rated containers? ☐ Yes ☐ No
- Are cyanides present in the waste? ☐ Yes ☐ No
- Provide manifest and labels? ☐ Yes ☐ No If yes: ☐ Send with Driver ☐ Mail ahead of time (provide mailing instructions) ☐ Additional shipping paperwork (i.e. LDR/Placards)
- Please provide pictures of site and containers being shipped if available.

Special Instructions or Supplies Needed:

FOR INTERNAL USE ONLY:

Customer Service:		TRIP/WO #:		Quote #:		Billing Project:	
Sales:		Other:					