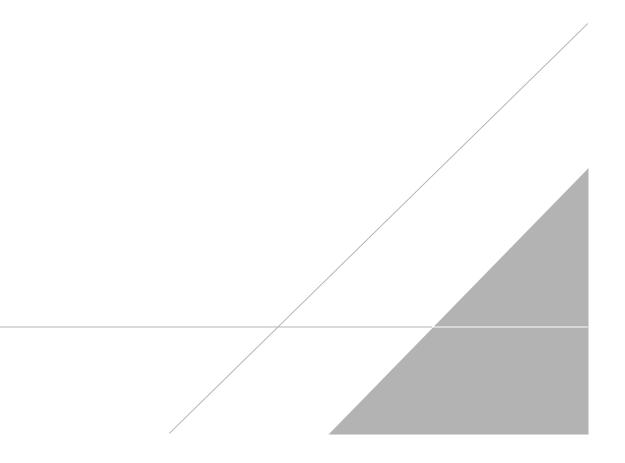
APPENDIX N

Site Inspection Investigation Derived Waste Documentation



1	NO	N-HAZARDOUS	1. Generator ID Numb			2. Page 1 of 3. E	mergancy Respo	inse Phone	4. Waste	Trecking N	umbe:	<u> </u>
	5 Gena	STE MANIFEST	ins Address 1 10 au	210 021 35	5	1	(800) 839 mator's Site Add	3975			1029	76
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	Genera	tor's Phone:	144 05	436-7313		1	•					
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	7. Trans	sporter 2 Company Na	me					······································	U.B. EPA II		81.4 136	5
		inated Facility Name a		ICHIGAN D	ISPOSAL	MASTE	TOEATA		U.S. EPA H	D Number	<u> </u>	
		350 N Í-94 - LLEVILLE,	SERVICE DF	RIVE		, who is	INCAN	3(_1	MI	000	724 831	
		Phone: (80	0) 592-5489		<u></u>				_[
A Yest). Waste Shipping Nam	e and Description				10, Co Nio,	ntainara Type	t1. Total Ouantity	12. Unit W1.Nol.		
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		7. Transporter 2 Company Name 3. Designated Facility Name and							3 <u>10 0,84</u> 10 Number	1814 13	6	
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	Facility's	Phone: (80	0) 592-	5489								ب ^و : 1 : 1		
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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 <u>HERE.</u>

Profile #:

Α.	GENERATOR/CUSTOMER INFORMATION (If foreign ge	enerator, complete Waste Import Supplement)
1.	Generator:	Invoicing information is the same as generator mailing address
2.	Site Address:	P.O. required for payment? If yes, include:
	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 (If yes, co	mplete Certification Supplement) Not Applicable
7.	EPA ID #: NAICS CODE:	State ID #: (If applicable)
В.	WASTE/MATERIAL STREAM (For assistance completing th	nis document, click HERE)
1.	Common Name:	
	(Diana manida a site bistom for Demodiation & DW sites lies	nditional form if a concern. I
2.	(Please provide a site history for Remediation & IDW sites. Use a Generating Process:	daational jorm ij necessary.)
2.	Cenerating Process.	
3.	Source Code:	Form Code:
С.	SHIPPING/PACKAGING INFORMATION	
1.	DOT Hazardous Materials? Yes No Proper Shipping Nar	ne:
2.	Additional Description: (49 CFR 172.203, e.g. "Lead" or "D008")	
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	5. DOT Inhalation Hazard? Yes No
7.	Container Type: Bulk Totes Pallet E	Boxes Drums Cylinder Container Size:
		73.12(b) Lab Pack Inventory lists required)
	Combination Containers (e.g., inner o	containers), Describe :
	Other, Describe :	
8.	Volume/Frequency: Volume:	Units:
	Frequency: Year Quarterly	Monthly 1 Time Other, Describe:
D.	PHYSICAL PROPERTIES (Use additional form if necessary)	
1.		nclude 100% of container content. If debris, provide dimensions & weight.)
	Description	Typical (%) Min (%) Max (%)
2.	Odor: None Slight Strong	Odor Type: Ammonia Amines Mercaptans Sulphur
		Organic Acid Other, Describe :
3. 4.	Physical State: (at 70°F) Solid Dust/Powder Debris Color:	Sludge/Slurry Liquid Gas/Aerosol Varies 5. Liquid phases: Single Double Layer Multi-layer N/A
4.		
6.	Is it solid using the paint filter test? (40 CFR Part 264.314(b))	Yes (Solid) No (Not Solid)
	Is there a possibility of incidental liquids from transportation?	Yes No
7.	pH: (If solid, provide estimated pH if mixed 50:50 with water)	≤ 2 2.1 - 4.9 5 - 10 10.1 - 12.4 \geq 12.5
8.	Flash Point: °F and/or < 90°F 90 - 139°	F 140 - 199°F >200°F Does Not Flash Flammable Solid
	BTU /lb. Value: and/or <5000 BTU <a>5000) BTU
9.	Are there any known handling/treatment issues involving this	material? Yes No If yes, Describe:

Ε.	CHARACTERIZATION	& CHEMICAL COMP	OSITIO	ON (Use d	ddition	al form if n	ecessary)					
1.	US Ecology Texas Custom	ers - Waste/Material Typ	pe:	Industrial	Nor	-Industrial	I N/A 1	TX State C	ode:			
	Pennsylvania Residual Wa	aste: Yes No PAS	State Co	ode(s):								
2.	State Waste Codes:	None										
3.	RCRA Waste Codes:	None										
		If None, is it exempt from					r "Hazardo	us Waste'	"? Yes	No		
4.	If F006-F009, F012, or F01						Total and A	menable	CN (9010/90)12) analy	sis req	uired)
5.	Knowledge is from:	Lab analysis (requires atto	achmen	t) SE	DS/MSD	6 (requires	attachme	nt) P	rocess/gene	rator kno	wledge	5
6.	Chemical Composition (in	clude all applicable UHC'	's TRI Se	ection 313	chemico	ıls, OSHA H	Hazardous	Materials,	, etc.)			
-	Consti	ituent		Units	TCLP	Totals	Typical	Min	Max	UHC		ceeds .DR
-											_	
											_	
										<u> </u>	_	
F.	ADDITIONAL PROPER	TIES None A	pply (7	Through Q	uestion	F23)						
1.	Explosive:		Yes	No	2. R	eactive Su	lfides:	ppn	n		Yes	No
3.	Shock Sensitive:		Yes	No	4. R	eactive Cy	anides:	ppn	n		Yes	No
5. (If y	Radioactive: es, complete Radioactive Wast	e Acceptance Supplement)	Yes	No		eactive Ot escribe:	her:				Yes	No
7.	Medical/Infectious/Bioha		Yes	No	8. P	olychlorina	ated Biphe):		Yes	No
9.	Dioxins and/or Furans:		Yes	No	.,	, , ,	ete PCB Sup _l /Powder/I	,			Yes	No
	Provenske ovjet			N -		cluding Alu	,					
11.	Pyrophoric:		Yes	No		•	e Controlle tation Only)				Yes	No
	Thermally Unstable:		Yes	No	14. Bi	odegrada	ble Sorben	ts:			Yes	No
15.	Compressed Gas: (If yes, complete Compressed	Gas Culinder Supplement)	Yes	No			er 40 CFR Pa ete Used Oil	,	1 +)		Yes	No
17.	Oxidizer: (List in Section E6)		Yes	No			must be qu				Yes	No
19.	Organic Peroxide:		Yes	No	20. B	eryllium:					Yes	No
21.	Asbestos: Yes No	If Yes: Non Friable	Friab	le (If friab	le, mater	ial must be	packaged p	er 40 CFR Po	art 61.150)			
22.	Ammonia/Ammonia Cor	mpounds:								,	Yes	No
23.	Hazardous Secondary Ma										Yes	No
	If yes, I certify that this Part 260.43 and/or I am co	s waste/material meets a omplying with the condit			-	-	-		-	erials und	er 40 (CFR
24.	Are pharmaceutical waste (If yes, complete Pharmaceuti	es profiled under this ap	proval	-	-		,			Yes	No	N/A

G.	REGULATORY INFORMATION
1.	Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084) <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=<1% TSS & TOC; 40 CFR Part 268.2
	Non-wastewater TSS/TOC>WW
	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
6	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.)
Н.	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)
l ce	ertify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards
	taining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material
	file Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if
	ostantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for
	rposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this
	iste/Material Profile Form may be rejected by US Ecology. I certify that I am familiar with the waste/material described herein through alysis and/or process knowledge and that all information is true, accurate, representative and complete and that this Waste/Material Profile
	mysis and/or process knowledge and that an information is true, accurate, representative and complete and that this waste/material Prome m was completed in accordance with the instructions provided.
	am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization
-	perwork on the generator's behalf and that I can produce such certification in writing upon request.
Pri	nt Name: Signature:
Titl	le: Company:
Dat	te:



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 <u>HERE.</u>

Profile #:

Α.	GENERATOR/CUSTOMER INFORMATION (If foreign ge	enerator, complete Waste Import Supplement)
1.	Generator:	Invoicing information is the same as generator mailing address
2.	Site Address:	P.O. required for payment? If yes, include:
	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 (If yes, co	mplete Certification Supplement) Not Applicable
7.	EPA ID #: NAICS CODE:	State ID #: (If applicable)
В.	WASTE/MATERIAL STREAM (For assistance completing th	nis document, click HERE)
1.	Common Name:	
	(Diana manida a site bistom for Demodiation & DW sites lies	nditional form if a concern. I
2.	(Please provide a site history for Remediation & IDW sites. Use a Generating Process:	daational jorm ij necessary.)
2.	Cenerating Process.	
3.	Source Code:	Form Code:
С.	SHIPPING/PACKAGING INFORMATION	
1.	DOT Hazardous Materials? Yes No Proper Shipping Nar	ne:
2.	Additional Description: (49 CFR 172.203, e.g. "Lead" or "D008")	
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	5. DOT Inhalation Hazard? Yes No
7.	Container Type: Bulk Totes Pallet E	Boxes Drums Cylinder Container Size:
		73.12(b) Lab Pack Inventory lists required)
	Combination Containers (e.g., inner o	containers), Describe :
	Other, Describe :	
8.	Volume/Frequency: Volume:	Units:
	Frequency: Year Quarterly	Monthly 1 Time Other, Describe:
D.	PHYSICAL PROPERTIES (Use additional form if necessary)	
1.		nclude 100% of container content. If debris, provide dimensions & weight.)
	Description	Typical (%) Min (%) Max (%)
2.	Odor: None Slight Strong	Odor Type: Ammonia Amines Mercaptans Sulphur
		Organic Acid Other, Describe :
3. 4.	Physical State: (at 70°F) Solid Dust/Powder Debris Color:	Sludge/Slurry Liquid Gas/Aerosol Varies 5. Liquid phases: Single Double Layer Multi-layer N/A
4.		
6.	Is it solid using the paint filter test? (40 CFR Part 264.314(b))	Yes (Solid) No (Not Solid)
	Is there a possibility of incidental liquids from transportation?	Yes No
7.	pH: (If solid, provide estimated pH if mixed 50:50 with water)	≤ 2 2.1 - 4.9 5 - 10 10.1 - 12.4 \geq 12.5
8.	Flash Point: °F and/or < 90°F 90 - 139°	F 140 - 199°F >200°F Does Not Flash Flammable Solid
	BTU /lb. Value: and/or <5000 BTU <a>5000) BTU
9.	Are there any known handling/treatment issues involving this	material? Yes No If yes, Describe:

Ε.	CHARACTERIZATION	& CHEMICAL COMP	OSITIO	ON (Use d	ddition	al form if n	ecessary)					
1.	US Ecology Texas Custom	ers - Waste/Material Typ	pe:	Industrial	Nor	-Industrial	I N/A 1	TX State C	ode:			
	Pennsylvania Residual Wa	aste: Yes No PAS	State Co	ode(s):								
2.	State Waste Codes:	None										
3.	RCRA Waste Codes:	None										
		If None, is it exempt from					r "Hazardo	us Waste'	"? Yes	No		
4.	If F006-F009, F012, or F01						Total and A	menable	CN (9010/90)12) analy	sis req	uired)
5.	Knowledge is from:	Lab analysis (requires atto	achmen	t) SE	DS/MSD	6 (requires	attachme	nt) P	rocess/gene	rator kno	wledge	5
6.	Chemical Composition (in	clude all applicable UHC	's TRI Se	ection 313	chemico	ıls, OSHA H	Hazardous	Materials,	, etc.)			
-	Consti	ituent		Units	TCLP	Totals	Typical	Min	Max	UHC		ceeds .DR
-												
											_	
										<u> </u>	_	
F.	ADDITIONAL PROPER	TIES None A	pply (7	Through Q	uestion	F23)						
1.	Explosive:		Yes	No	2. R	eactive Su	lfides:	ppn	n		Yes	No
3.	Shock Sensitive:		Yes	No	4. R	eactive Cy	anides:	ppn	n		Yes	No
5. (If y	Radioactive: es, complete Radioactive Wast	e Acceptance Supplement)	Yes	No		eactive Ot escribe:	her:				Yes	No
7.	Medical/Infectious/Bioha		Yes	No	8. P	olychlorina	ated Biphe):		Yes	No
9.	Dioxins and/or Furans:		Yes	No	.,	, , ,	ete PCB Sup _l /Powder/I	,			Yes	No
	Provenske ovjet			N -		cluding Alu	,					
11.	Pyrophoric:		Yes	No		•	e Controlle tation Only)				Yes	No
	Thermally Unstable:		Yes	No	14. Bi	odegrada	ble Sorben	ts:			Yes	No
15.	Compressed Gas: (If yes, complete Compressed	Gas Culinder Supplement)	Yes	No			er 40 CFR Pa ete Used Oil	,	1 +)		Yes	No
17.	Oxidizer: (List in Section E6)		Yes	No			must be qu				Yes	No
19.	Organic Peroxide:		Yes	No	20. B	eryllium:					Yes	No
21.	Asbestos: Yes No	If Yes: Non Friable	Friab	le (If friab	le, mater	ial must be	packaged p	er 40 CFR Po	art 61.150)			
22.	Ammonia/Ammonia Cor	mpounds:								,	Yes	No
23.	Hazardous Secondary Ma										Yes	No
	If yes, I certify that this Part 260.43 and/or I am co	s waste/material meets a omplying with the condit			-	-	-		-	erials und	er 40 (CFR
24.	Are pharmaceutical waste (If yes, complete Pharmaceuti	es profiled under this ap	proval	-	-		,			Yes	No	N/A

G.	REGULATORY INFORMATION
1.	Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084) <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=<1% TSS & TOC; 40 CFR Part 268.2
	Non-wastewater TSS/TOC>WW
	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
6	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.)
Н.	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)
l ce	ertify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards
	taining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material
	file Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if
	ostantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for
	rposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this
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	mysis and/or process knowledge and that an information is true, accurate, representative and complete and that this waste/material Prome m was completed in accordance with the instructions provided.
	am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization
-	perwork on the generator's behalf and that I can produce such certification in writing upon request.
Pri	nt Name: Signature:
Titl	le: Company:
Dat	te:



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 <u>HERE.</u>

Profile #:

Α.	GENERATOR/CUSTOMER INFORMATION (If foreign ge	enerator, complete Waste Import Supplement)
1.	Generator:	Invoicing information is the same as generator mailing address
2.	Site Address:	P.O. required for payment? If yes, include:
	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 (If yes, co	mplete Certification Supplement) Not Applicable
7.	EPA ID #: NAICS CODE:	State ID #: (If applicable)
В.	WASTE/MATERIAL STREAM (For assistance completing th	nis document, click HERE)
1.	Common Name:	
	(Diana manida a site bistom for Demodiation & DW sites lies	nditional form if a concern. I
2.	(Please provide a site history for Remediation & IDW sites. Use a Generating Process:	daational jorm ij necessary.)
2.	Cenerating Process.	
3.	Source Code:	Form Code:
С.	SHIPPING/PACKAGING INFORMATION	
1.	DOT Hazardous Materials? Yes No Proper Shipping Nar	ne:
2.	Additional Description: (49 CFR 172.203, e.g. "Lead" or "D008")	
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	5. DOT Inhalation Hazard? Yes No
7.	Container Type: Bulk Totes Pallet E	Boxes Drums Cylinder Container Size:
		73.12(b) Lab Pack Inventory lists required)
	Combination Containers (e.g., inner o	containers), Describe :
	Other, Describe :	
8.	Volume/Frequency: Volume:	Units:
	Frequency: Year Quarterly	Monthly 1 Time Other, Describe:
D.	PHYSICAL PROPERTIES (Use additional form if necessary)	
1.		nclude 100% of container content. If debris, provide dimensions & weight.)
	Description	Typical (%) Min (%) Max (%)
2.	Odor: None Slight Strong	Odor Type: Ammonia Amines Mercaptans Sulphur
		Organic Acid Other, Describe :
3. 4.	Physical State: (at 70°F) Solid Dust/Powder Debris Color:	Sludge/Slurry Liquid Gas/Aerosol Varies 5. Liquid phases: Single Double Layer Multi-layer N/A
4.		
6.	Is it solid using the paint filter test? (40 CFR Part 264.314(b))	Yes (Solid) No (Not Solid)
	Is there a possibility of incidental liquids from transportation?	Yes No
7.	pH: (If solid, provide estimated pH if mixed 50:50 with water)	≤ 2 2.1 - 4.9 5 - 10 10.1 - 12.4 \geq 12.5
8.	Flash Point: °F and/or < 90°F 90 - 139°	F 140 - 199°F >200°F Does Not Flash Flammable Solid
	BTU /lb. Value: and/or <5000 BTU <a>5000) BTU
9.	Are there any known handling/treatment issues involving this	material? Yes No If yes, Describe:

Ε.	CHARACTERIZATION	& CHEMICAL COMP	OSITIO	ON (Use d	ddition	al form if n	ecessary)					
1.	US Ecology Texas Custom	ers - Waste/Material Typ	pe:	Industrial	Nor	-Industrial	I N/A 1	TX State C	ode:			
	Pennsylvania Residual Wa	aste: Yes No PAS	State Co	ode(s):								
2.	State Waste Codes:	None										
3.	RCRA Waste Codes:	None										
		If None, is it exempt from					r "Hazardo	us Waste'	"? Yes	No		
4.	If F006-F009, F012, or F01						Total and A	menable	CN (9010/90)12) analy	sis req	uired)
5.	Knowledge is from:	Lab analysis (requires atto	achmen	t) SE	DS/MSD	6 (requires	attachme	nt) P	rocess/gene	rator kno	wledge	5
6.	Chemical Composition (in	clude all applicable UHC	's TRI Se	ection 313	chemico	ıls, OSHA H	Hazardous	Materials,	, etc.)			
-	Consti	ituent		Units	TCLP	Totals	Typical	Min	Max	UHC		ceeds .DR
-												
											_	
										<u> </u>	_	
F.	ADDITIONAL PROPER	TIES None A	pply (7	Through Q	uestion	F23)						
1.	Explosive:		Yes	No	2. R	eactive Su	lfides:	ppn	n		Yes	No
3.	Shock Sensitive:		Yes	No	4. R	eactive Cy	anides:	ppn	n		Yes	No
5. (If y	Radioactive: es, complete Radioactive Wast	e Acceptance Supplement)	Yes	No		eactive Ot escribe:	her:				Yes	No
7.	Medical/Infectious/Bioha		Yes	No	8. P	olychlorina	ated Biphe):		Yes	No
9.	Dioxins and/or Furans:		Yes	No	.,	, , ,	ete PCB Sup _l /Powder/I	,			Yes	No
	Provenske ovjet			N -		cluding Alu	,					
11.	Pyrophoric:		Yes	No		•	e Controlle tation Only)				Yes	No
	Thermally Unstable:		Yes	No	14. Bi	odegrada	ble Sorben	ts:			Yes	No
15.	Compressed Gas: (If yes, complete Compressed	Gas Culinder Supplement)	Yes	No			er 40 CFR Pa ete Used Oil	,	1 +)		Yes	No
17.	Oxidizer: (List in Section E6)		Yes	No			must be qu				Yes	No
19.	Organic Peroxide:		Yes	No	20. B	eryllium:					Yes	No
21.	Asbestos: Yes No	If Yes: Non Friable	Friab	le (If friab	le, mater	ial must be	packaged p	er 40 CFR Po	art 61.150)			
22.	Ammonia/Ammonia Cor	mpounds:								,	Yes	No
23.	Hazardous Secondary Ma										Yes	No
	If yes, I certify that this Part 260.43 and/or I am co	s waste/material meets a omplying with the condit			-	-	-		-	erials und	er 40 (CFR
24.	Are pharmaceutical waste (If yes, complete Pharmaceuti	es profiled under this ap	proval	-	-		,			Yes	No	N/A

G.	REGULATORY INFORMATION
1.	Volatile Organic Concentration: (Per 40 CFR Part 264.1083 & 265.1084) <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=<1% TSS & TOC; 40 CFR Part 268.2
	Non-wastewater TSS/TOC>WW
	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
6	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.)
Н.	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)
l ce	ertify that all information (including attachments) is complete, factual and is an accurate representation of the known and suspected hazards
	taining to waste/material described herein. I authorize US Ecology's personnel to add supplemental information to the Waste/Material
	file Form, provided I am contacted and grant permission to do so. US Ecology may require re-submittal of the Waste/Material Profile Form if
	ostantial changes are determined necessary. I authorize US Ecology's personnel to obtain a sample from any waste/material shipment for
	rposes of verification and confirmation and understand that waste/material that does not conform to specifications described in this
	iste/Material Profile Form may be rejected by US Ecology. I certify that I am familiar with the waste/material described herein through alysis and/or process knowledge and that all information is true, accurate, representative and complete and that this Waste/Material Profile
	mysis and/or process knowledge and that an information is true, accurate, representative and complete and that this waste/material Prome m was completed in accordance with the instructions provided.
	am an agent acting on behalf of the generator, I also certify that I have permission to sign any and all waste/material characterization
-	perwork on the generator's behalf and that I can produce such certification in writing upon request.
Pri	nt Name: Signature:
Titl	le: Company:
Dat	te:



CUSTOMER PICKUP REQUEST

										USE Service	Center:	
			Cl	JSTOM	ER/ORIGINATO	R/ORIGINATOR OF REQUEST				SITE ADDRESS (I	PICKUP ADDRESS/LOC	ATION)
Requested By:						Date of Request:			Generator	r Name:		
Customer Name:						Account Number:			Site EPA ID Number:			
Customer Contact:						Phone Number:			Street:			
Email:										, Zip Code:		
Reque	sted Pick Up Da	te:							Contact Meeting Driver:		Phone:	
PO Number (if required):									Site Hours:			
Shipping Documents and Site Information												
Qty	Container	UN,	/NA	Haz	Weight (est.)	Waste Common Name		USE Approval Waste		Waste Cod	les/Container IDs/POs	TSDF
	Size & Type Nur		nber	Class				Number				
			_									
Туре	e of Services:] LTL		Full Load)ther:					
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												
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: Quote #: Billing Project: Customer Service: TRIP/WO #: Quote #: Billing Project:												
-	ner service:				TRIP/WO #:		Quote #:			В	illing Project:	
Sales:					Other:							