

**CLIENT WASTE PROFILE** **PROFILE #\_\_\_\_\_\_\_\_\_**

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| **GENERATOR INFORMATION** | | | |
| Generator Name: | | Date: | |
| Generator Physical Address: | | | |
| Generator Mailing Address: | | | |
| Contact Name: | | Contact Phone: | |
| Contact Email: | |  | |
| EPA ID: | SWR: | | SIC/NAICS: |

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| **BILLING INFORMATION** | |
| Business Name: | |
| Address: | City: |
| State: | Zip: |
| A/P Contact Name: | A/P Phone: |
| A/P Email: | |

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| **TRANSPORTATION INFORMATION** | |
| Is this a DOT Hazardous Material? Yes No | |
| DOT UN/NA No.: | DOT Hazardous Class: |
| Reportable Quantity: | Packing Group: |
| Proper Shipping Name: | |

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| **GENERAL WASTE INFORMATION & REGULATORY INFORMATION** | | | | | |
| Common Name of waste: | | | | | |
| Description of Waste Generation Process: | | | | | |
| Will a change in generation process affect waste stream? Yes No  If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| How often change will occur (if applicable): | | | | | |
| State Waste Codes: |  | |  | |  |
| Odor: None Slight Strong | | | Describe Odor: | | |
| Physical State: Liquid Sludge/Semi-Solid Solid %\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Liquid Phases: Single Double Multi-Layered | | | | | |
| Color Description: | | | | | |
| Flashpoint: | | Specific Gravity: | | TOC: | |
| Viscosity: | | BTU/Kg: | | Actual pH: | |
| Above Knowledge is From: Lab Analysis MSDS Generator Knowledge | | | | | |
| Type of Waste: Process Waste Project Waste/One-time Shipment | | | | | |
| Anticipated Volume: | | | UOM: | | |
| Frequency: Annual Monthly Weekly Daily | | | | | |
| Does this waste contain total recoverable cyanides ≥ 20mg/L? Yes No | | | | | |
| Is the waste contaminated by a material which originally contained ≥ 50 parts per million (ppm) total polychlorinated biphenyls (PCBs)? Yes No | | | | | |
| **Does this material contain:** | | | | | |
| Herbicides, Pesticides, Insecticides Yes No %\_\_\_\_\_\_\_ | | | | | |
| Dioxins Yes No %\_\_\_\_\_\_\_\_\_ | | | Halogens Yes No %\_\_\_\_\_\_\_ | | |
| Radioactive Substances Yes No %\_\_\_\_\_\_\_\_\_ | | | | | |
| Sulfur Yes No %\_\_\_\_\_\_\_\_\_ | | | Cyanides Yes No %\_\_\_\_\_\_\_ | | |
| Sulfides Yes No %**\_\_\_\_\_\_\_\_\_** | | | Ammonia Yes No %\_\_\_\_\_\_\_ | | |
| Toxic Continuant Yes No %\_\_\_\_\_\_\_\_\_ | | | | | |
| Reactive Continuant Yes No %\_\_\_\_\_\_\_ | | | | | |
| Radioactive Substances Yes No %\_\_\_\_\_\_\_ | | | | | |
| Oxidation/Reducing Agents Yes No %\_\_\_\_\_\_\_ | | | | | |

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| **WASTE COMPOSITION** | |
| *CONSTITUENT* | *% BY VOLUME* |
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| **REPRESENTATIVE SAMPLE CERTIFICATION** | |
| No sample Taken | Lab Analysis Attached Yes No |
| Is the sample presented for profile completion a representative sample as described in 40 CFR §261.20(c)? Yes No | |
| Was the sample presented for lab analysis a representative sample as defined in 40 CFR §261.20(c)?  Yes No | |

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| **ADDITIONAL INFORMATION** |
| Required Personal Protective Equipment (PPE): |
| Special Comments: |

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| **CERTIFICATIONS** | |
| *Waste Stream Statements*  ***\_\_\_\_\_\_\_\_\_\_\_\_ Initials*** | I certify that the information presented in this profile accurately represents the material that will be offered for disposal; all known hazards and constitutes of concern have been disclosed. Samples presented for the completion of the profile process and lab analysis is/was a representative sample. If at any point the characteristics of this waste stream change or the process generating this waste stream is altered, a new waste profile will be executed and UPSYS will be notified of the change. I understand that this document is required of clients and intends to ensure that UPSYS is aware when any re-analysis and evaluation of client waste is necessary. |
| *Client Radioactive Material Certification*  ***\_\_\_\_\_\_\_\_\_\_\_\_ Initials*** | It is required that clients inform UPSYS whether radioactive materials exist at any portion of the clients generating facility, regardless of its presence in the waste stream, associated with the waste intended for UPSYS. This knowledge will be used for UPSYS to determine what, if any, pre-acceptance and/or receipt for testing for radioactive materials is necessary. |
| *Constituent Certification*  ***\_\_\_\_\_\_\_\_\_\_\_\_ Initials*** | For each waste stream, there is a requirement to state that the waste   * Is not hazardous waste, per 40 CFR 261, Subpart A thru D * Does not contain PCBs greater than 50 ppm * Is not flammable/ignitable waste, as determined by a Pensky-martens Closed Cup tester using ASTM standard method waste D-93-79 or D-93-80 * Is not an explosive waste, as defined by the Department of Transportation per 49 CFR 173 |
| **\***I understand that waste/material being brought into Union Processing Systems, LLC. that does not conform to specification described in the profile may be rejected by UPSYS. | |
| **I hereby have read and understand the terms and conditions stated above.**  Authorized Representative Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |