



- New
 Recertification

VALICOR INTERNAL USE
 ISOLATION Yes No

WASTE/MATERIAL PROFILE

NAME OF WASTE STREAM	PROFILE NUMBER

PRIMARY DISPOSAL FACILITY	SECONDARY DISPOSAL FACILITY
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A. GENERATOR INFORMATION

Generator:	<input type="checkbox"/> Billing Information is same. <input type="checkbox"/> P.O. Required		
Facility Address:	Customer:	Billing Company:	
Mailing Address:	Billing Address:		
City/State/Zip:	City/State/Zip:		
Technical Contact:	Billing Contact:		
EPA ID:	Phone:	Phone:	Fax:
Email:	Email:		

B. SHIPPING INFORMATION

DOT Shipping Name:			
Container Type:	<input type="checkbox"/> Bulk	<input type="checkbox"/> Tote	<input type="checkbox"/> Pallet
Frequency:	<input type="checkbox"/> Yearly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Shipment:	Size:	Anticipated Quantity:	
Transporter:	<input type="checkbox"/> Valicor	<input type="checkbox"/> Other (List):	

C. GENERAL MATERIAL & REGULATORY INFORMATION

RCRA Hazardous: Yes No Exempt (List Exemption):

Generating Process (please be specific):

CWT Classification (40 CFR Part 437) / Waste Classification

<input type="checkbox"/> Oil Subcategory (Used Oil, Coolant Oil, Oil/Water Mixture, Petroleum Contaminated Ground Water)	<input type="checkbox"/> Metal Subcategory (Waste Acid and Bases with or without Metals, Metal Finish Rinse Water, and surface preparation)
<input type="checkbox"/> Organic Subcategory (Landfill Leachate, Contaminated Ground Water from Non-Petroleum Source, Solvent Bearing Waste, Off-Spec Organic Waste, Wastewater from Paint Washes/Adhesives/Epoxies)	<input type="checkbox"/> Solid Waste (Solidification)
<input type="checkbox"/> Product Re-Use (Acids & Caustics - Subject to laboratory testing)	

Generating Process Questions

Does the material contain Polychlorinated Biphenyl's (PCB's)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this PCB waste regulated by TSCA? (PCB ≥50 ppm or derived from a ≥50 ppm source)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this waste derived from drilling or hydraulic fracking operations relating to the oil & gas industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this material considered to be associated with UOG (unconventional Oil & Gas) Extraction wastewater (i.e., Brine or Flowback Waters)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this waste subject to the National Emissions Standards for Benzene Waste Operations (40 CFR 61, FF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this waste a used oil or material containing used oil as defined in 40 CFR Part 279 Subpart B (Applicability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this material contain any medical, infectious, pathogenic waste from living systems or management/care of said systems or sewage, blackwater or municipal wastewaters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Michigan Disposal – Does this waste stream contain any known poly/perfluorinated compounds? (If yes, then complete PFAS certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the material contain any radioactive material, including NORM or TENORM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Texas Disposal – Is the Generator an Industrial Generator or Municipal Generator If an Industrial Generator, please provide Texas State Waste Code (If Exempt, List Exemption i.e., 40 CFR 279)

D. MATERIAL COMPOSITION

Chemical/Physical Constituents: List all detectable components by chemical name, including physical materials (i.e., sorbent, debris, etc)

Chemical Composition	Typical %	Low %	High %	Chemical Composition	Typical %	Low %	High %

E. MATERIAL PHYSICAL CHARACTERISTICS @ 70°F							
# of Layers	Color/Appearance						
Liquid %	Odor	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Strong	Describe:		
Sludge %	Flashpoint	<input type="checkbox"/> <73°F	<input type="checkbox"/> 74-140°F	<input type="checkbox"/> 141-200°F	<input type="checkbox"/> >200°F	Actual:	
Solid %	pH	<input type="checkbox"/> N/A	<input type="checkbox"/> 0-2.0	<input type="checkbox"/> 2.1-4.0	<input type="checkbox"/> 4.1-10	<input type="checkbox"/> 10.1-12.4	<input type="checkbox"/> >12.5 Actual:
F. ADDITIONAL CONSTITUENT INFORMATION							
Elemental Constituents (in PPM) <input type="checkbox"/> Check if this waste contains no detectable elements/metals, unless listed below							
Check either: <input type="checkbox"/> Total Analysis <input type="checkbox"/> TCLP Analysis <input type="checkbox"/> Generator Knowledge <input type="checkbox"/> Safety Data Sheets							
Constituent	Range			Constituent	Range		
Metal Constituents							
Arsenic	<input type="checkbox"/> <5	<input type="checkbox"/> 5-100	<input type="checkbox"/> >100	Barium	<input type="checkbox"/> <100	<input type="checkbox"/> 100-500	<input type="checkbox"/> >500
Cadmium	<input type="checkbox"/> <0.5	<input type="checkbox"/> 0.5-10	<input type="checkbox"/> >10	Chromium	<input type="checkbox"/> <5	<input type="checkbox"/> 5-100	<input type="checkbox"/> >100
Cobalt	<input type="checkbox"/> <10	<input type="checkbox"/> 10-100	<input type="checkbox"/> >100	Copper	<input type="checkbox"/> <2	<input type="checkbox"/> 2-20	<input type="checkbox"/> >20
Lead	<input type="checkbox"/> <5	<input type="checkbox"/> 5-100	<input type="checkbox"/> >100	Mercury	<input type="checkbox"/> <0.2	<input type="checkbox"/> 0.2-2	<input type="checkbox"/> >2
Molybdenum	<input type="checkbox"/> <2	<input type="checkbox"/> 2-20	<input type="checkbox"/> >20	Nickel	<input type="checkbox"/> <5	<input type="checkbox"/> 5-50	<input type="checkbox"/> >50
Selenium	<input type="checkbox"/> <1	<input type="checkbox"/> 1-20	<input type="checkbox"/> >20	Silver	<input type="checkbox"/> <5	<input type="checkbox"/> 5-100	<input type="checkbox"/> >100
Tin	<input type="checkbox"/> <2	<input type="checkbox"/> 2-10	<input type="checkbox"/> >10	Zinc	<input type="checkbox"/> <5	<input type="checkbox"/> 5-75	<input type="checkbox"/> >75
SVOC/VOC Constituents							
Benzene	<input type="checkbox"/> <0.5	<input type="checkbox"/> 0.5-10	<input type="checkbox"/> >10	Ethyl Benzene	<input type="checkbox"/> <0.5	<input type="checkbox"/> 0.5-10	<input type="checkbox"/> >10
Xylene	<input type="checkbox"/> <0.5	<input type="checkbox"/> 0.5-10	<input type="checkbox"/> >10	Toluene	<input type="checkbox"/> <0.5	<input type="checkbox"/> 0.5-10	<input type="checkbox"/> >10
Bis (2-ethylhexyl) phthalate	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10	Carbazole	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10
o-cresol	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10	m,p-cresol	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10
n-decane	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10	n-octadecane	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10
Fluoranthene	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10	2,4,6-Trichlorophenol	<input type="checkbox"/> <1	<input type="checkbox"/> 1-10	<input type="checkbox"/> >10
Additional Constituents							
BOD	<input type="checkbox"/> <1000	<input type="checkbox"/> 1000-10000	<input type="checkbox"/> >10,000	Ammonia	<input type="checkbox"/> <50	<input type="checkbox"/> 50-150	<input type="checkbox"/> 150
COD	<input type="checkbox"/> <1000	<input type="checkbox"/> 1000-10000	<input type="checkbox"/> >10,000	TKN	<input type="checkbox"/> >50	<input type="checkbox"/> 50-150	<input type="checkbox"/> >150
Phenolics	<input type="checkbox"/> <10	<input type="checkbox"/> 10-49	<input type="checkbox"/> >50	Total Cyanide	<input type="checkbox"/> <1	<input type="checkbox"/> 1-50	<input type="checkbox"/> >50
Oil & Grease (mg/L)	<input type="checkbox"/> <100	<input type="checkbox"/> 100-1,000	<input type="checkbox"/> >1,000				
G. REACTIVE CHARACTERISTICS <input type="checkbox"/> Check if this waste contains no reactive characteristics							
Peroxides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oxidizer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polymerizable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isocyanates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water Reactive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Metal Fines/Dust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reactive Sulfides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reactive Cyanides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other incompatibles or storage requirements:							
H. GENERATOR CERTIFICATION							
I hereby certify that the above attached description is complete and accurate for the best of my knowledge and ability to determine that no deliberate or willful omission of composition properties exists and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this profile. Also, I acknowledge that oil containing more than 1,000 ppm total halogens is presumed to be hazardous waste per 40 CFR 279. However, that presumption can be rebutted by applying my knowledge of my halogen content of the used oil in light of the materials of processes used in my operations. To the best of my knowledge and belief, I certify to VALICOR that our used oils are generated from industrial usage, and we do not mix hazardous waste with our oil. I understand that every time I and or another of our employees sign the non-hazardous manifest or bill of lading, we are re-certifying this rebuttal presumption. In addition, to the best of my knowledge and belief, all information on these forms is a complete and accurate representation of our waste stream(s). I will notify VALICOR in ADVANCE of changes to the waste stream(s). I will comply with all local, state, and federal regulations with regards to your waste stream(s).							
Generator's Authorized Signature			Name & Title (Printed or Typed)			Date	
I. PROFILE APPROVAL							
Approval Conditions:							
Valicor Approval Signature			Name & Title (Printed or Typed)			Date	
Valicor use only:				Notes:			
Valicor Process Code:							
Sales Rep Name:		Phone #:		Email:			