

Profile # _____

WASTE MATERIAL PROFILE

Instructions:

Click on a field to input data and then use the tab key to toggle between fields or simply click on the next field you'd like to choose. For more instruction, please contact Customer Service or your Sales Rep.

Disposal Facility: Valicor - Dayton 300 Cherokee Drive, Dayton, OH. 45417 OHD004274031

A: GENERATOR INFORMATION

Generator	SIC/NAICS Code	EPA ID
Site Address	City	State ZIP
Mailing Address	City	State ZIP
Contact	Phone	Fax
Contact Email Address	Alternate Email Address	

B: BILLING INFORMATION

Billing Party	SIC/NAICS Code	EPA ID
Site Address	City	State ZIP
Mailing Address	City	State ZIP
Contact	Phone	Fax
Contact Email Address	Invoicing Email Address	

C: WASTE CHARACTERIZATION

i. **COMMON NAME OF THE WASTE:** _____
 a. If wastewater stream, report **ALL** applicable CWT categories included in stream per [40 CFR Part 437](#) (found on page 3- i.e. A1, B1, etc.) _____
 b. If non-wastewater stream, move to section C.ii.

ii. **GENERATING PROCESS DESCRIPTION:** _____

iii. IS THIS WASTE (Check all that apply):	Yes	No		Yes	No
Spent Material	<input type="checkbox"/>	<input type="checkbox"/>	Wastewater Treatment Sludge	<input type="checkbox"/>	<input type="checkbox"/>
Spill Material	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive	<input type="checkbox"/>	<input type="checkbox"/>
Virgin Material	<input type="checkbox"/>	<input type="checkbox"/>	Biohazard	<input type="checkbox"/>	<input type="checkbox"/>
Labpack Material	<input type="checkbox"/>	<input type="checkbox"/>	Polymerizable	<input type="checkbox"/>	<input type="checkbox"/>
Off-Spec Product	<input type="checkbox"/>	<input type="checkbox"/>			

iv. **IS THIS WASTE SUBJECT TO RCRA REGULATIONS:** Yes No
 a. Listed RCRA hazardous waste (F, K, P, U-coded), if applicable specify below
 b. Characteristic RCRA hazardous waste (D-coded), if applicable specify below

[RCRA WASTE CODES](#) _____

[RCRA SOURCE CODES](#) _____

[RCRA FORM CODES](#) _____

c. If D009, is the total mercury concentration above 260 ppm?
 d. If a 'D' code chosen above, does the waste contain any Underlying Hazardous Constituents (UHC) above Universal Treatment Standards (UTS)?
 e. If yes to d. above, is the Land Disposal Restriction (LDR) included with this profile?
 f. Does this waste contain dioxin or furan per 40 CFR 261.31?

v. **IS THIS WASTE SUBJECT TO ANY OF THE FOLLOWING AIR REGULATIONS:** Yes No
 a. 40 CFR Part 61, Subpart FF ([Benzene NESHAP](#))?
 b. 40 CFR Part 63, Subpart F ([SOCMI MACT](#))?
 c. Process wastewaters required to comply with 40 CFR Part [63.132 – 63.147](#)?
 If yes, specify the applicable Subpart(s): Choose an item. _____
 d. If yes to a., b. or c. above, is the generator's certification included with this profile?

vi. DOES THIS WASTE CONTAIN:

Asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Friable	<input type="checkbox"/> Non-friable
PFAS Compounds (if yes, please list type below in Sec D	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____
Polychlorinated Biphenyls (PCBs)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____
Hexavalent Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____
Halogenated Organic Compounds	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____
Volatile Organic Compounds >500 ppm	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____
Volatile Organic Hazardous Air Pollutants >500 ppmw (<u>VOHAP</u> as defined in 40 CFR Part 63, <u>Subpart DD</u>)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration, ppm	_____

D: COMPOSITION OF THE WASTE

List all constituents. (Total concentration must equal 100%).

Chemical/Compound	Conc.	Units	Chemical/Compound	Conc.	Units
_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> ppm or <input type="checkbox"/> %

E: PHYSICAL DATA

Water %	_____	Specific Gravity	_____
Non-aqueous Liquid %	_____	Number of Layers (Phases)	_____
Oil %	_____	Color	_____
Emulsion %	_____	Flash Point, °F	_____
Solid %	_____	Btu/lb	_____
Gaseous %	_____	pH	_____

***Provide a description and intensity of waste material odors _____

F: PACKAGING/QUANTITY

NON-BULK CONTAINERS: Specify (1) volume, (2) type, and (3) quantity and frequency of generation.

- 1) 1 gal 5 gal 15 gal 30 gal 55 gal Other _____
 2) Drum Cubic yard Box Bag Tote Other _____
 3) Quantity _____ Per: Month Quarter Year Once

BULK CONTAINERS: Specify (1) bulk vessel, (2) quantity units, and (3) quantity and frequency of generation.

- 1) Tanker Vac truck Roll-off Dump Trailer Closed-top Open-top
 2) Gallons Pounds Yards Tons
 3) Quantity _____ Per: Month Quarter Year Once

G: DOT SHIPPING INFORMATION: Enter the PROPER DOT shipping name from 49 CR 172.101 table.

Hazard Class _____ UN/NA Code _____ PG _____ RQ: Yes No RQ basis: _____

I: CERTIFICATION:

I hereby certify that all information submitted herein is truthful and representative of the waste to the best of my knowledge. I also am supplying the following items checked below to support that all known and suspected hazards associated with this waste stream have been disclosed with this profile.

- Waste Characterization MSDS Total/Ulimate Analysis TCLP Analysis Generator Knowledge

Printed Name _____ Signature** _____ Date _____

**Signatures other than the generator MUST submit an approved authorization letter from the generator in order to validate this profile.

Internal Use Only

Approval Signature: _____ Date: _____

Wastewater Subcategory Classification Guidance

(To be used to answer question C.1.a.)

A. Metals Subcategory

1. Spent electroplating baths and/or sludges
2. Metal finishing rinse water and sludges
3. Chromate wastes
4. Air pollution control blow down water and sludges
5. Spent anodizing solutions
6. Incineration wastewaters
7. Waste liquid mercury
8. Cyanide-containing wastes
9. Waste acids and bases with or without metals
10. Cleaning, rinsing, and surface preparation solutions from electroplating or phosphating operations
11. Vibratory deburring wastewater
12. Alkaline and acid solutions used to clean metal parts or equipment

B. Oils Subcategory

1. Used oils
2. Oil-water emulsions or mixtures
3. Lubricants
4. Coolants
5. Contaminated groundwater clean-up from petroleum sources
6. Used petroleum products
7. Oil spill clean-up
8. Bilge water
9. Rinse/wash waters from petroleum sources
10. Interceptor wastes
11. Off-specification fuels
12. Underground storage remediation waste
13. Tank clean-out from petroleum or oily sources
14. Non-contact used glycols
15. Aqueous and oil mixtures from parts cleaning operations
16. Wastewater from oil bearing paint washes

C. Organics Subcategory

1. Landfill leachate
2. Contaminated groundwater clean-up from non-petroleum sources
3. Solvent-bearing wastes
4. Off-specification organic product
5. Still bottoms
6. Byproduct waste glycol
7. Wastewater from paint washes
8. Wastewater from adhesives and/or epoxies formulation
9. Wastewater from organic chemical product operations
10. Tank clean-out from organic, non-petroleum sources