

## Section 1: Customer & Generator Information

### Generator Information

Company Name: \_\_\_\_\_

U.S. EPA ID Number: \_\_\_\_\_ State Identification Number: \_\_\_\_\_

Generator Status:  N/A  VSQG  SQG  LQG NAICS Code: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address is the same as the Generator Site Address

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is the waste origin address the same as the Generator site address?  Yes  No, please provide the address below.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Customer Information

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Technical Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Section 2: General Waste Stream Information

2.1 Waste Common Name: \_\_\_\_\_

2.2 Is this a U.S. EPA Hazardous Waste as defined in 40 CFR Part 261?  No  Yes

2.2a Please provide the waste codes: \_\_\_\_\_

2.2b Please provide any applicable waste code subcategories: \_\_\_\_\_

2.3 Is this a State Regulated Hazardous Waste?  No  Yes\*

\*If yes, please provide the waste codes: \_\_\_\_\_

2.4 Does this material meet one of the exemptions outlined in 40 CFR?  No  Yes

RCRA Empty Containers (40 CFR 261.7)  Non-Terme Plated Used Oil Filters (40 CFR 261.4(b)(13))

UST Corrective Action (40 CFR 261.4(b)(10))  Oil & Gas Exploration & Production (40 CFR 261.4(b)(5))

Ethanol (40 CFR 261.6(a)(3)(i))  Household Hazardous Waste (40 CFR Part 261.4(b)(1))

Recoverable Petroleum Products (RPP) (40 CFR 261.4(a)(8))

Other (Please provide the regulatory citation): \_\_\_\_\_

2.5 Is this material a Used Oil regulated under 40 CFR Part 279?  No, please proceed to 2.6  Yes

2.5a Has the used oil been mixed with a hazardous waste?  No  Yes

2.5b Does this used oil contain greater than 1,000 ppm total halogens?  No  Yes\*

\*If yes, please identify the source of the halogens present in the oil. Please attach the SDS, analysis or other documentation that identified the source. \_\_\_\_\_

2.6 Is this a Universal Waste regulated under 40 CFR Part 273?  No  Yes

2.7 Is this a Universal Waste regulated under State Rule?  No  Yes

2.9 The profile information provided is based on: (check all that apply)

Analytical (Please attach a copy)

Safety Data Sheet (SDS) (Please attach a copy)

Generator Knowledge (Please explain in detail in question 2.10 Process Description)

2.10 Please provide a detailed description of the material and/or waste generation process. Please describe the materials used to generate the waste as well as any other chemical or physical constituents that may be present as a result of commingling or contamination. Provide a process flow diagram or additional pages if necessary.

2.11 Are there any additional known hazards or concerns regarding this material that Reworld should be aware of?

2.12 Form Code: \_\_\_\_\_

2.13 Source Code: \_\_\_\_\_

### Section 3: Shipping Information

- 3.1 Is this material in consumer packaging?  No  Yes
- 3.2 Are there smaller container inside larger containers WITHOUT absorbent (Loose Pack)?  No  Yes
- 3.3 Are there smaller containers inside larger containers WITH absorbent (Lab Pack)?  No  Yes\*
- \*Please attached the packing list.
- 3.4 Is this a U.S. DOT Regulated Hazardous Material?  No\*  Yes

\*If no, please provide the shipping name for your material and proceed to question 3.5.

\*If yes, please provide the Proper Shipping Name: \_\_\_\_\_

3.4g 24 Hour Emergency Response Phone Number: \_\_\_\_\_

3.5 Please select the shipping container and indicate the size of the container where noted.

- |                                                  |                                                 |                                                        |
|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Pounds                  | <input type="checkbox"/> Gallons                | <input type="checkbox"/> Tons                          |
| <input type="checkbox"/> Steel Drum, Size: _____ | <input type="checkbox"/> Poly Drum, Size: _____ | <input type="checkbox"/> Fiber Drum, Size: _____       |
| <input type="checkbox"/> Totes, Size: _____      | <input type="checkbox"/> Pails, Size: _____     | <input type="checkbox"/> Boxes, Dimensions: _____      |
| <input type="checkbox"/> Cubic Yard Box          | <input type="checkbox"/> Super Sack             | <input type="checkbox"/> Other, please describe: _____ |

3.6 Please select the type of Vehicle that will deliver the material.

- Box Truck     Van Trailer     Vac Truck     End Dump     Walking Floor Trailer
- Tanker Truck, Size: \_\_\_\_\_     Roll-Off, Size: \_\_\_\_\_     Other, Description: \_\_\_\_\_

3.7 Please indicate the average quantity of material that we will receive on a per shipment basis.

3.8 Please indicate the shipping frequency of this material.

- Once     Daily     Weekly     Monthly     Yearly     Other: \_\_\_\_\_

### Section 4: Physical Characteristics

4.1 **Physical Composition:** Please provide the physical composition of your material based on a visual inspection. The total range must add up to at least 100%. *If there is a need for a detailed Life Cycle Analysis or Green House Gas Net Benefit of your material, a detailed composition must be provided and validated. If you need assistance with validating the composition, please contact your Reworld Sales or Customer Service Representative.*

Component	Lower %	Upper %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	100%

4.2 Physical State:  Solid (non-powder/no free liquids)  Monolithic Solid  Waxy Solid  Liquid  
 Semi-Solid  Gas/Aerosol  Powder/Dust  Soil/Dirt  Varies

4.3 Phases / Layers:  N/A  One  Two  3 or More

4.4 Total Suspended Solids: Percentage: \_\_\_\_\_%  N/A

4.5 Settled Solids: Percentage: \_\_\_\_\_%  N/A

4.6 Color:  Amber  Black  Black/Brown  Blue  Brown  Clear  Green  Grey  Orange  
 Purple  Red  Yellow  White  Varies

4.7 pH: If known, please provide the actual \_\_\_\_\_ or select from the following ranges:

- <2     2.1 – 6     6 – 8     8 – 12.4     >12.5     N/A (Solid or Organic Matrix Only)

4.8 Odor:  None  Mild  Strong, please describe: \_\_\_\_\_

4.9 Flash Point: If known, please provide the actual \_\_\_\_\_ or select from the following ranges:

- <140 F     140.1 – 160 F     160.1 – 200 F     >200 F     N/A (Solid Only)

4.10 BTU/Lb.: If known, please provide the actual BTU/Lb. \_\_\_\_\_ or select from the following ranges.

- N/A     <2,000     2,001 – 5,000     5,001 – 7,500     7,500 – 10,000     10,001 – 12,500     >12,500

4.11 Specific Gravity: If known, please provide the actual \_\_\_\_\_ or select from the following ranges:  
 <0.8    0.8 – 1.0    1    1.0 – 1.2    >1.2    N/A

### Section 5: Chemical Composition

5.1 **Chemical Composition:** Please complete the table below. The total range must add up to at least 100%. Please include all Underlying Hazardous Constituents as identified in 40 CFR 268.48 and any Toxic Release Inventory chemicals identified in 40 CFR part 372. *If there is a need for a detailed Life Cycle Analysis or Green House Gas Net Benefit of your waste, a detailed composition must be provided and validated. If you need assistance with validating the composition, please contact your Reworld Sales or Customer Service Representative.*

CAS#	Constituent	Lower	Unit	Upper	Unit	UHC?
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Total: 100%

5.2 Does this waste meet the Land Disposal Restrictions outlined in 40 CFR Part 268.48?    No    Yes

5.3 Which Land Disposal Restriction Standards were used to make this determination?    NWW    WW

5.4 Please help us determine how your waste must be managed by selecting one of the following:

- Facility Determination:** This hazardous waste may or may not be subjected to the LDR treatment standards. The treatment facility must make the determination.
- This Waste does Not Meet Land Disposal Restrictions:** This waste does not meet land disposal restrictions and requires treatment prior to land disposal.
- This Waste Meets Land Disposal Restrictions (268.7 (a)(3)(i)):** I certify under penalty to law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.
- Contaminated Soil Subject to LDRs in 268.49(a):** This contaminated soil [does/does not] contain listed hazardous waste and [does/does not] exhibit a characteristic of hazardous waste and [is subject to/complies] with the soil treatment standards as provided by 268.49(c) or the universal treatment standards.
- Alternative Treatment Standards for Labpacks (268.7(a)(9)(i)):** I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes that have not been excluded under appendix IV to 40 CFR part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

5.5 Does this waste contain or exhibit any of the following:      None of the following       No       Yes

- |                       |                             |                               |                     |
|-----------------------|-----------------------------|-------------------------------|---------------------|
| Aromatic Amines       | <input type="checkbox"/> No | <input type="checkbox"/> Yes  |                     |
| Cyclic Nitrogen       | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Polycyclic Organics |
| Dioxins               | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Quinones            |
| Explosives            | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Reactive Cyanide    |
| Halogens              | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Reactive Sulfides   |
| Isocyanates           | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Sulfides            |
| Pyrophoric            | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Shock Sensitive     |
| Phenols               | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Water Reactive      |
| Phosphorous Compounds | <input type="checkbox"/> No | <input type="checkbox"/> Yes  | Thiourea            |
| Monomers              | <input type="checkbox"/> No | <input type="checkbox"/> Yes* | Urea                |

\*If yes, please answer the following:

Is the waste stabilized/inhibited?    No    Yes

Name of Inhibitor: \_\_\_\_\_

Concentration of Inhibitor: \_\_\_\_\_ Date Inhibited: \_\_\_\_\_

Waste the waste inhibited by the manufacturer?    No    Yes

Provide the age of the waste from the date it was originally purchased or manufactured: \_\_\_\_\_

Please describe the storage conditions that the waste has been subject to (e.g., indoors, temperature, controlled environment, etc.) since purchase.

Please provide a narrative description of the method of stabilization:

Please provide the date the waste was stabilized: \_\_\_\_\_

Please check here to agree to the following statement:  I agree

*I am thoroughly familiar with the above listed waste(s) and certify that the waste(s) have been properly stabilized and inhibited in accordance with industry best management practices and procedures. I further certify that the material(s) is/are stable for handling and transportation under normal conditions.*

### Section 6: Additional Regulatory Information

- 6.1 Is this material subject to regulation under 10 CFR as a licensed or regulated radioactive waste?  No  Yes
- 6.2 Does this material contain radioactivity in the form of NORM or TENORM?  No  Yes
- 6.3 Does this material contain Regulated and/or Untreated Medical/Infectious Waste?  No  Yes
- 6.4 Is this material a controlled substance as defined by the U.S. DEA under 21 CFR?  No  Yes
- 6.5 Does this material contain Asbestos?  No  Yes, please select:  Friable  Non-Friable
- 6.6 Does this waste contain Polychlorinated Biphenyls (PCB's)?  No, please proceed to 6.7  Yes
- 6.6a What is the concentration of PCBs in the material? (Please attach analysis or other documentation used to determine the concentration.)  <2  2.1 – 10 ppm  10.1 – 49 ppm  50 – 499 ppm  ≥500 ppm
- 6.6b Is the PCB contamination from a source that is greater than 50 ppm? This would include any leaks or spills from a source that contains greater than 50 ppm PCBs.  No  Yes
- 6.6c Is this waste in the form of a Capacitor or Transformer?  No  Yes\*
- \*If yes, please choose from the following:  
 Small Capacitor (Ex: Fluorescent Light Ballast)  Large Capacitor (High or Low Voltage and ≥ than 500 ppm)
- 6.6d Has this waste been solidified or processed into a non-liquid form?  No  Yes
- 6.6e Is this a PCB Bulk Product Waste as defined by 40 CFR 761.3?  No  Yes
- 6.7 Is there documentation of this waste containing PFAS?  No  Yes\*
- \*Please attach a copy of the documentation.  
 Unused Product (Please attach a copy of the SDS)  Process Waste (Please attach a copy of the analytical)
- 6.8 Does this waste contain greater than 500 ppm Total VOC's regulated under 40 CFR Subpart CC? Please make sure all Subpart CC VOC's are identified in the Chemical Composition Table in question 5.1.  No  Yes
- 6.9 Does this waste contain Benzene?  No  Yes
- 6.9a Is this waste generated by a facility with one of the following SIC Codes?  No  Yes  
 2812, 2813, 2816, 2819, 2821, 2822, 2823, 2824, 2833, 2834, 2835, 2836, 2841, 2842, 2843, 2844, 2851, 2861, 2865, 2869, 2873, 2874, 2879, 2891, 2892, 2893, 2895, 2899, 2911, 3312, 4953, 4895, 9511
- 6.9b Does the facility have TAB (Total Annual Benzene) >10 Mg/yr?  No  Yes\*
- \*Reworld may contact you if further information is needed.

### Section 7: Generator Certification

*I hereby certify that the information contained in this document and all attachments was prepared under my direction and supervision in a manner designed to assure that properly qualified and skilled personnel gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate and complete and no available information has been omitted or falsified and that all known or suspected hazards have been disclosed; and any sample collected for analysis is representative of the waste subject to this certification. Once the waste is approved for disposal, any deviation of the waste from the information described shall be updated. and I understand that any deviation may render the waste stream unacceptable for disposal, at the sole discretion of Reworld Waste, LLC.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_