


 New

VALICOR INTERNAL USE ONLY
 Requalification

 ISOLATION Yes No

NAME OF WASTE STREAM
PROFILE/APPROVAL NUMBER

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Designated Facility:

Designated Facility:

 Solidification Reuse

GENERATOR INFORMATION	BILLING INFORMATION						
Generator Name	Billing Name						
Contact Person	Contact Person						
Address	Address						
City	City						
State	State						
Zip	Zip						
Phone	Phone						
Fax	Fax						
Email	Email						
EPA ID #	PO Required <input type="checkbox"/> No <input type="checkbox"/> Yes:						
TRANSPORTER <input type="checkbox"/> Valicor <input type="checkbox"/> Other:	RCRA HAZARDOUS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt Generating Process:						
DOT SHIPPING NAME							
PHYSICAL CHARACTERISTICS Infectious or Biological Waste: <input type="checkbox"/> Yes <input type="checkbox"/> No NRC Regulated Radioactivity: <input type="checkbox"/> Yes <input type="checkbox"/> No Reactivity: <input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Shock <input type="checkbox"/> Cyanides <input type="checkbox"/> Sulfides <input type="checkbox"/> DOT Explosive <input type="checkbox"/> Other	<input type="checkbox"/> Solids <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 20px;"></td><td style="width: 20px; text-align: center;">%</td></tr></table> <input type="checkbox"/> Sludges <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 20px;"></td><td style="width: 20px; text-align: center;">%</td></tr></table> <input type="checkbox"/> Free Liquids <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 20px;"></td><td style="width: 20px; text-align: center;">%</td></tr></table> LAYERS <input type="checkbox"/> Single-Layered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Multi-Layered		%		%		%
	%						
	%						
	%						
ODOR <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Describe:	VISCOCITY <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High						
COLOR/APPEARANCE	PH <input type="checkbox"/> N/A <input type="checkbox"/> 0-2.0 <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 4.1-10 <input type="checkbox"/> 10.1-12.0 <input type="checkbox"/> ≥12.5 Exact: _____						
VOLUME AND FREQUENCY <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually # Gallons: _____ VOLUME <input type="checkbox"/> Drum <input type="checkbox"/> Tote <input type="checkbox"/> Bulk # Totes/Drums: _____	FLASH POINT (liquid only) <input type="checkbox"/> <73°F <input type="checkbox"/> 73-140°F <input type="checkbox"/> 141-200°F <input type="checkbox"/> >200°F <input type="checkbox"/> Exact: _____						
ADDITIONAL CHARACTERISTICS Does material contain Polychlorinated Biphenyl's (PCB's)? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>If yes, is the material considered to be associated with UOG (unconventional Oil and Gas) Extraction wastewater ie, brine or flowback waters?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Is waste subject to the National Emissions standards for Benzene Waste Operations? (40 CFR 61 Subpart FF) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this regulated as a marine pollutant? <input type="checkbox"/> Yes <input type="checkbox"/> No	CWT CLASSIFICATION (40 CFR PART 437): <input type="checkbox"/> OIL SUBCATEGORY • Used Oil • Coolants Oil • Water Mixture Contaminate • Ground Water <input type="checkbox"/> METAL SUBCATEGORY • Waste acid and bases with or without metals • Metal finish rinse water • Cleaning, rinsing, and surface preparation for electroplating and phosphating <input type="checkbox"/> ORGANIC SUBCATEGORY • Landfil Leachate • Contaminated ground water from non-petroleum source • Solvent bearing waste • Off-spec organic product • Wastewater from paint washes, adhesives, and/or epoxies						
	PHYSICAL/CHEMICAL CONSTITUENTS Attached all SDS, sample analysis and other information <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table>						

GENERATOR'S 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 CFR279. 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).

Customer Signature _____ Title _____ Date _____

Valicor Approval Signature _____ Title _____ Date _____