



Superior Environmental Solutions

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WASTE PROFILE FORM

Approval Code _____

A. GENERATOR IDENTIFICATION

FACILITY ADDRESS			BILLING ADDRESS		
Generator Name:			Generator Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Contact:	Title:		Contact:	Title:	
Phone #:	Fax #:		Phone #:	Fax #:	

B. WASTE CHARACTERIZATION

Common name of Waste: _____
 Process Generating Waste: _____

C. PHYSICAL PROPERTIES

Color: _____ Odor: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Strong	Physical State: <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Powder <input type="checkbox"/> Sludge	PH: <input type="checkbox"/> <2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> >12.5	Specific Gravity: <input type="checkbox"/> <.8 <input type="checkbox"/> .8-1 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.0-1.2 <input type="checkbox"/> >1.2
Total Solids: <input type="checkbox"/> <.5 <input type="checkbox"/> .5-2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> >20	BTU/LB: <input type="checkbox"/> <2,000 <input type="checkbox"/> 2-5,000 <input type="checkbox"/> 5-10,000 <input type="checkbox"/> >10,000	Flash Point, °F: <input type="checkbox"/> <100 <input type="checkbox"/> 100-140 <input type="checkbox"/> 140-200 <input type="checkbox"/> >200	Viscosity: <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high

D. COMPOSITION (must add up to 100% include inert materials and/or debris)

_____ - _____ %	_____ - _____ %
_____ - _____ %	_____ - _____ %
_____ - _____ %	_____ - _____ %
_____ - _____ %	_____ - _____ %
_____ - _____ %	_____ - _____ %

E. HAZARDOUS CONSTITUENTS – Attach any available analysis or MSDS, identify the following constituents

TCLP Metals (40 CFR 261.24) <input type="checkbox"/> YES <input type="checkbox"/> NO	TCLP Volatile Organics (40 CFR 261.24) <input type="checkbox"/> YES <input type="checkbox"/> NO
TCLP Semi-Vol. Organics (40 CFR 261.24) <input type="checkbox"/> YES <input type="checkbox"/> NO	TCLP Herb./Pest. (40 CFR 261.24) <input type="checkbox"/> YES <input type="checkbox"/> NO
RCRA INFORMATION: Is this waste an EPA RCRA Hazardous Waste as defined under 40 CFR 261 <input type="checkbox"/> YES <input type="checkbox"/> NO	

F. OTHER HAZARDS

Water Reactive <input type="checkbox"/> yes	Pesticide <input type="checkbox"/> yes	Herbicide <input type="checkbox"/> yes	Radioactive <input type="checkbox"/> yes	Dioxin <input type="checkbox"/> yes
Shock Sensitive <input type="checkbox"/> yes	Explosive <input type="checkbox"/> yes	Thermally Sensitive <input type="checkbox"/> yes	Oxidizer <input type="checkbox"/> yes	Reducing Agent <input type="checkbox"/> yes
DEA Regulated <input type="checkbox"/> yes	Asbestos <input type="checkbox"/> yes	PCB <input type="checkbox"/> yes	Cyanides <input type="checkbox"/> yes	Sulfides <input type="checkbox"/> yes
OSHA Regulated Carcinogens <input type="checkbox"/> yes	Spontaneously Ignites in Air <input type="checkbox"/> yes	Infectious or Pathogenic Agent <input type="checkbox"/> yes	Land Ban Restricted Wastes <input type="checkbox"/> yes	NONE OF THE ABOVE <input type="checkbox"/> yes

G. D.O.T. SHIPPING DESCRIPTION

D.O.T. Shipping Name:	N.O.S. Description:
D.O.T. Hazard Class:	UN/NA#: _____ Packing Group: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III

H. SHIPPING FREQUENCY

Waste will be shipped in: Drums _____ Drum Size Bulk _____ Gallons _____ Yards _____ Tons _____ Other _____
 Volume: _____ Drums _____ Gallons Frequency: Once Yearly Quarterly Monthly Weekly

I. GENERATOR CERTIFICATION

I certify that to the best of my knowledge all information submitted in this and attached documents is correct. I have personally examined the information submitted and all information contained herein is complete and accurate, and all known or suspected hazards have been identified. I further verify that there are no "Hazardous Wastes" present defined by the USEPA and/or State regulations.

AUTHORIZED SIGNATURE _____	NAME(PRINT) _____	TITLE _____	DATE _____
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