

EEI Customer # _____	ENVIRONMENTAL ENTERPRISES, INC	EEI Profile # _____
Customer Reference _____	CONFIDENTIAL WASTE PROFILE	Previous Profile _____
Sample Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		Sales Code: _____

PART (A)-GENERATOR & CUSTOMER INFORMATION

1. Generator Name	2. Customer Name
Site Address	Address
City, State Zip	City, State Zip
Contact Name	Contact Name
Phone _____ Fax _____	Phone _____ Fax _____
E-mail Address	E-mail Address
24-Hour Emergency Number	3. Return Manifest To
Generator Status <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQ	Address
US EPA ID Number	City, State Zip

PART(B)-GENERAL INFORMATION

4. Common Name	
5. Process Generating Waste	
6. Is this waste contained in small packages that are in a larger shipping container? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete Item 6a- 6c	
6a. Is this a lab pack? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" attach inventories	6b. Is waste a packaged consumer product? <input type="checkbox"/> Yes <input type="checkbox"/> No
6c. If 6a and 6b are "No" describe inner packages	
7. Anticipated Volume Units <input type="checkbox"/> Tons <input type="checkbox"/> Yards <input type="checkbox"/> Gallons <input type="checkbox"/> Drums <input type="checkbox"/> Pallets <input type="checkbox"/> Totes <input type="checkbox"/> Cylinders (Attach Addendum)	
8. Shipment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time Only (If a lab pack check "One Time Only")	
9. Packaging <input type="checkbox"/> Tanker <input type="checkbox"/> Roll-off/Dump <input type="checkbox"/> Yd Bag/Box <input type="checkbox"/> Totes <input type="checkbox"/> Boxes on Pallets <input type="checkbox"/> Drum (Size) _____ <input type="checkbox"/> Cylinder	
10. DOT Description	
10a Technical name(s)	10b. Poison Inhalation Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list Hazard Zone

PART(C)-REGULATORY INFORMATION

11. US EPA Form Code	12. US EPA Source Code	13. Is waste a US EPA Hazardous Waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
13a. If Item 13 is "Yes" list applicable codes		
14. Identify state waste codes if applicable		15. Is this a Universal Waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is this material RCRA Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe		
17. PCB <input type="checkbox"/> None <input type="checkbox"/> <50 ppm <input type="checkbox"/> 50-500 ppm <input type="checkbox"/> >500 ppm Actual		18. If <50 ppm is it a regulated PCB? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is this a virgin chemical product? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Is SDS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Is this a spill cleanup? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is this an F001-F005 solvent waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Is waste used in electroplating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Is waste an oxidizer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes does it contain organic material including debris? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Does waste contain debris? <input type="checkbox"/> Yes <input type="checkbox"/> No 26. Is waste a pharmaceutical product? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART(D)-CHEMICAL COMPOSITION, CHEMICAL PROPERTIES, & PHYSICAL PROPERTIES

27. Composition: List all constituents present in waste including debris. Total should be at least 100 %				33. Potential High Hazards		34. Color	
Check all that apply				Check all that apply		35. Odor	
Constituent				<input type="checkbox"/> None		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong	
Actual Range Units				<input type="checkbox"/> Air Reactive		Describe	
				<input type="checkbox"/> DEA Regulated		36. Flash Point F	
				<input type="checkbox"/> Dioxin (& dioxin precursors)		<input type="checkbox"/> <100 <input type="checkbox"/> >200	
				<input type="checkbox"/> Explosive		<input type="checkbox"/> 100-140 Actual	
				<input type="checkbox"/> Infectious		<input type="checkbox"/> 140-200	
				<input type="checkbox"/> Metal Powder		37. pH	
				<input type="checkbox"/> Organic Peroxide		<input type="checkbox"/> <2 <input type="checkbox"/> 8-10	
				<input type="checkbox"/> OSHA Carcinogen		<input type="checkbox"/> 2-4 <input type="checkbox"/> 10-12.5	
				<input type="checkbox"/> Peroxide Forming		<input type="checkbox"/> 4-6 <input type="checkbox"/> >12.5	
				<input type="checkbox"/> Polymerizable monomer		<input type="checkbox"/> 6-8 Actual	
28. Physical State		29. Layers		30. Settled Solids		38. BTU/lb.	
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid		<input type="checkbox"/> Single		<input type="checkbox"/> < 1 % <input type="checkbox"/> >50 %		<input type="checkbox"/> <2000 <input type="checkbox"/> < 1 %	
<input type="checkbox"/> Powder <input type="checkbox"/> Gel		<input type="checkbox"/> Bi-layered		<input type="checkbox"/> 1-10 %		<input type="checkbox"/> 2000-5000 <input type="checkbox"/> 1-25 %	
<input type="checkbox"/> Fused <input type="checkbox"/> Gas		<input type="checkbox"/> Multilayered		<input type="checkbox"/> 10-50 %		<input type="checkbox"/> 5000-10000 <input type="checkbox"/> >25 %	
<input type="checkbox"/> Sludge <input type="checkbox"/> Aerosol		31. % Water		<input type="checkbox"/> Temperature Controlled		<input type="checkbox"/> >10000 Actual	
32. Viscosity		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		<input type="checkbox"/> Water Reactive		40. Specific Gravity	

Part(E)-"D" CODE CHARACTERISTIC CONSTITUENTS

41. Please check the box next to each waste code to indicate if the waste code applies to waste. A total concentration value (actual or range.) must be listed for each constituent that is checked. Do not list total concentration as "> (regulatory level)".

Waste Code	Characteristic (Check all characteristic that apply)				
<input type="checkbox"/> D001 (Ignitability)	<input type="checkbox"/> Ignitable liquids (flash point <140 ° F) <input type="checkbox"/> Oxidizers <input type="checkbox"/> Reactives <input type="checkbox"/> Compressed Gases				
<input type="checkbox"/> D002 (Corrosivity)	<input type="checkbox"/> Acid Liquids pH ≤2 <input type="checkbox"/> Alkaline Liquids pH ≥12.5 <input type="checkbox"/> Other Corrosives				
<input type="checkbox"/> D003 (Reactivity)	<input type="checkbox"/> Reactive Sulfides <input type="checkbox"/> Water Reactives <input type="checkbox"/> Reactive Cyanides <input type="checkbox"/> Explosives <input type="checkbox"/> Other Reactives				

Waste Code & Constituent	Regulatory Level (TCLP)	Total Concentration	Units	Waste Code & Constituent	Regulatory Level (TCLP)	Total Concentration	Units
<input type="checkbox"/> D004 Arsenic	5.0 mg/l			<input type="checkbox"/> D024 m-Cresol	200.0 mg/l		
<input type="checkbox"/> D005 Barium	100.0 mg/l			<input type="checkbox"/> D025 p-Cresol	200.0 mg/l		
<input type="checkbox"/> D006 Cadmium	1.0 mg/l			<input type="checkbox"/> D026 Cresol	200.0 mg/l		
<input type="checkbox"/> D007 Chromium (Total)	5.0 mg/l			<input type="checkbox"/> D027 1, 4-Dichlorobenzene	7.5 mg/l		
<input type="checkbox"/> D008 Lead	5.0 mg/l			<input type="checkbox"/> D028 1, 2-Dichloroethane	0.5 mg/l		
<input type="checkbox"/> D009 Mercury	0.2 mg/l			<input type="checkbox"/> D029 1, 1-Dichloroethylene	0.7 mg/l		
<input type="checkbox"/> D010 Selenium	1.0 mg/l			<input type="checkbox"/> D030 2, 4-Dinitrotoluene	0.13 mg/l		
<input type="checkbox"/> D011 Silver	5.0 mg/l			<input type="checkbox"/> D031 Heptachlor (and its epoxide)	0.008 mg/l		
<input type="checkbox"/> D012 Endrin	0.02 mg/l			<input type="checkbox"/> D032 Hexachlorobenzene	0.13 mg/l		
<input type="checkbox"/> D013 Lindane	0.4 mg/l			<input type="checkbox"/> D033 Hexachlorobutadiene	0.5 mg/l		
<input type="checkbox"/> D014 Methoxychlor	10.0 mg/l			<input type="checkbox"/> D034 Hexachlorethane	3.0 mg/l		
<input type="checkbox"/> D015 Toxaphene	0.5 mg/l			<input type="checkbox"/> D035 Methyl ethyl ketone	200.0 mg/l		
<input type="checkbox"/> D016 2, 4-D	10.0 mg/l			<input type="checkbox"/> D036 Nitrobenzene	2.0 mg/l		
<input type="checkbox"/> D017 2, 4, 5-TP (Silvex)	1.0 mg/l			<input type="checkbox"/> D037 Pentachlorophenol	100.0 mg/l		
<input type="checkbox"/> D018 Benzene	0.5 mg/l			<input type="checkbox"/> D038 Pyridine	5.0 mg/l		
<input type="checkbox"/> D019 Carbon Tetrachloride	0.5 mg/l			<input type="checkbox"/> D039 Tetachloroethylene	0.7 mg/l		
<input type="checkbox"/> D020 Chlordane	0.03 mg/l			<input type="checkbox"/> D040 Trichloroethylene	0.5 mg/l		
<input type="checkbox"/> D021 Chlorobenzene	100.0 mg/l			<input type="checkbox"/> D041 2, 4, 5-Trichlorophenol	400.0 mg/l		
<input type="checkbox"/> D022 Chloroform	6.0 mg/l			<input type="checkbox"/> D042 2, 4, 6-Trichlorophenol	2.0 mg/l		
<input type="checkbox"/> D023 o-Cresol	200.0 mg/l			<input type="checkbox"/> D043 Vinyl Chloride	0.2 mg/l		

42. If this is a characteristic hazardous waste does it contain any Underlying Hazardous Constituents (UHC's)? The complete list of UHC's can be found in 40 CFR 268.48 Yes No If "Yes" please list

PART(F) – OTHER CONSTITUENTS

43. Please check the box next to each constituent that applies to waste and if checked list total concentrations (actual or range).

Metal Constituent	Concentration	Units	Other Constituent	Concentration	Units	Other Constituents	Concentration	Units
<input type="checkbox"/> Aluminum			<input type="checkbox"/> Thallium			<input type="checkbox"/> Cyanides (Total)		
<input type="checkbox"/> Antimony			<input type="checkbox"/> Zinc			<input type="checkbox"/> Cyanides (Amenable)		
<input type="checkbox"/> Beryllium			<input type="checkbox"/> Ammonia			<input type="checkbox"/> Sulfides (total)		
<input type="checkbox"/> Copper			<input type="checkbox"/> Bromine			<input type="checkbox"/> Nitrates		
<input type="checkbox"/> Hexavalent Chrome			<input type="checkbox"/> Chlorine			<input type="checkbox"/> Nitrites		
<input type="checkbox"/> Nickel			<input type="checkbox"/> Iodine			<input type="checkbox"/> Sulfur		

44. Land Disposal Restrictions Check One <input type="checkbox"/> Needs treatment to meet certain applicable standards <input type="checkbox"/> Treated to meet all applicable standards <input type="checkbox"/> Meets all applicable standards without treatment <input type="checkbox"/> No federally mandated treatment standards apply	45. Clean Air Act Information 45a. Does waste contain >500 ppmw VOC'S? <input type="checkbox"/> Yes <input type="checkbox"/> No 45b. Does waste come from facility subject to 40 CFR 61.340-358 (Benzene NESHAP)? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the benzene concentration in the waste? _____ What is the Benzene TAB for your facility? (MG/year) _____
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46. **Special Handling Requirements** Does this material require any special handling related to employee safety, storage conditions, spill clean-up, sampling, etc.? Yes No If Yes, explain

47. **Infectious Waste Determination** Does waste contain or has it contacted any of the following: Animal wastes, human blood, blood products, body fluids, microbiological waste, pathological waste, human or animal derived serums or proteins or any other potentially infectious material? Yes No If "yes" a non-infectious waste certification required

48. **Basis for Waste Determination** Knowledge of waste (Describe) _____ Test Data (attach)

49. **Attachments** Lab data SDS Packing List Cylinder Addendum Other (list)

50. **CERTIFICATION Sign and date.** I certify that I am employed by the generator or am an authorized agent acting on behalf of the generator. The above information and attachments are true and correct and is based on analysis of a representative sample of the waste in accordance with EPA Guidelines Document SW-846 or my thorough knowledge of the waste. I authorize EEI to obtain a sample from any waste shipment for purposes of confirmation and verification. I authorize EEI personnel to add supplemental information to the profile, to correct clerical errors and to amend the profile as necessary if discrepancies with the profiled information are discovered during the approval process.

Signature	Printed Name	Company	Date
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