



11 Nafta Circle
 New Braunfels TX 78132
 (830) 626-7575

Waste Profile Form

Facility Site Name: _____

Approval Code: _____

Profile #: _____

1. Generator Information: Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Site Address: _____ City: _____ State: _____ Zip: _____ Site Phone: _____ State ID #: _____ Site EPA ID: _____ NAICS Code: _____	2. Billing Information: Customer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Billing Contact: _____ Phone: _____ Fax: _____ Email: _____
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3. Waste Description:
 Common Name of Waste: _____
 Process Generating Waste: _____
 Color: _____ Layers: _____ Odor & Strength: _____ - _____ State @ 70° _____
 Free Liquid: Yes No Liquids _____ - _____ Solids _____ - _____ Sludge _____ - _____ Solubility _____ - _____ Total Halogens _____ - _____

DOT Shipping Name: (include PG, UN/NA, and Haz. Class) _____ _____ Quantity: _____ Frequency: _____ Shipment Method: <input type="checkbox"/> BULK LIQUID <input type="checkbox"/> BULK SOLID <input type="checkbox"/> DRUMS Poison Inhalation Hazard <input type="radio"/> Y <input type="radio"/> N If yes, indicate Hazard Zone _____ EPA Codes: _____ State Codes: _____ <input type="checkbox"/> Wastewater <input type="checkbox"/> Non-Wastewater <input type="checkbox"/> Debris	Regulatory Status (Check all that apply) <input type="checkbox"/> Hazardous Waste per 40 CFR 261 <input type="checkbox"/> CESQG per 40 CFR 261.5 <input type="checkbox"/> Universal Waste per 40 CFR 273 <input type="checkbox"/> Used Oil per 40 CFR 279 <input type="checkbox"/> CERCLA Regulated Waste <input type="checkbox"/> State Regulated Waste <input type="checkbox"/> HHW per 40 CFR 261.4(b)(1) <input type="checkbox"/> NESHAP generator/waste per 40 CFR 61 Sub FF <input type="checkbox"/> Subpart XX (40 CFR 63.1080) Controls Required <input type="checkbox"/> Alternative Standards for Soil <input type="checkbox"/> Waste has been treated after initial point of generation <input type="checkbox"/> Contains UHCs/Constituents of Concern <input type="checkbox"/> Non Hazardous Waste <input type="checkbox"/> Other Exempt Waste per 40 CFR 261 Describe: _____ Form Code _____ Source Code _____
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Physical Characteristics:
 Specific Gravity: _____ - _____ Viscosity _____ - _____
 Flash Point (°F): _____ - _____ pH: _____ - _____
 BTUs: _____ - _____ PCBs (ppm): _____ - _____
 Total Cyanides (ppm): _____ - _____ Total Sulfides (ppm) _____ - _____
 Debris: _____ - _____ Powder: _____ - _____
 Pumpable Y N
 Is this waste subject to subpart CC (40 CFR 265)? Y N
 Is no, does the waste meet the organic LDR exemption for UHCs (40 CFR 268.48, 268.7)? Y N
 If no, does the waste contain <500 ppm volatile organic (VO) (40 CFR 265 Subpart CC)? Y N
 Does the waste contain any Class 1 or Class 2 ozone-depleting substances? Y N
 Representative Sample Submitted Y N MSDS Attached Y N
 Lab Pack Y N Other data attached Y N
 TSCA Waste Y N
 Identify all UHCs in this waste stream _____

Waste Composition: (List all haz. And non-haz. Constituents)

_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Knowledge is from Lab Analysis MSDS Process/Generator Knowledge

Hazardous and Chemical Properties:

<input type="checkbox"/> None	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Ignitable
<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Medical/Infect. Wst
<input type="checkbox"/> Air Reactive	<input type="checkbox"/> Dioxins
<input type="checkbox"/> Explosive	<input type="checkbox"/> Pesticide/Herbicide
<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Polymerizable
<input type="checkbox"/> Reactive Cyanides	<input type="checkbox"/> Radioactive
<input type="checkbox"/> Reactive Sulfides	<input type="checkbox"/> Exempt Rad
<input type="checkbox"/> Phenols	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Organic Peroxide	<input type="checkbox"/> Thermally Unstable
<input type="checkbox"/> Halogenated Organic Compounds (per 40CFR 268)	

Special Conditions/Instructions:

Generator Certification: I hereby certify that I have personally examined and am familiar with the above and attached description. To the best of my knowledge it is complete and accurate. No deliberate or willful omission of composition or properties exists and all known or suspected hazards have been disclosed.

Name: _____ Title: _____
 Signature: _____ Date: _____