

Waste Information Profile Form



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 MED019051069

ENPRO Services of Vermont, Inc
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 VTR000517052

Profile #: _____ **Process Code:** _____ **Approval Code:** _____

1. Generator Information: Generator Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Site Address: _____ City: _____ State: _____ Zip: _____ Technical Contact: _____ Phone: _____ Site EPA ID: _____ NAICS Code: _____																			
2. Billing Information: Customer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Billing Contact: _____ Email: _____ Phone: _____ Fax: _____																			
3. Waste Description: Common Name of Waste: _____ Process Generating Waste: _____																			
4. Physical & Chemical Properties Color: _____ Odor <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Describe: _____																			
Flash <input type="checkbox"/> <100 Point (F°) <input type="checkbox"/> ≥100-140 <input type="checkbox"/> ≥140-200 <input type="checkbox"/> >200 <input type="checkbox"/> N/A	BTU/lb <input type="checkbox"/> <2000 <input type="checkbox"/> 2,000-6,000 <input type="checkbox"/> >6,000-10,000 <input type="checkbox"/> >10000 <input type="checkbox"/> N/A	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Semi-solid <input type="checkbox"/> Powder <input type="checkbox"/> Gas	Free Liquids? <input type="checkbox"/> Yes <input type="checkbox"/> No _____% Solids _____% Liquids Will waste dump out of drums? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the waste pumpable? <input type="checkbox"/> Yes <input type="checkbox"/> No Debris?(List type in Section 7) <input type="checkbox"/> Yes <input type="checkbox"/> No Is the waste dusty? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Specific Gravity <input type="checkbox"/> < 0.8 (Light oil) <input type="checkbox"/> 0.8-1.0 (Water based) <input type="checkbox"/> > 1.0 (Chlorinated Solvents) <input type="checkbox"/> N/A	Viscosity <input type="checkbox"/> Low (Water) <input type="checkbox"/> Med (Pump on) <input type="checkbox"/> High (Molasses) <input type="checkbox"/> N/A	pH <input type="checkbox"/> ≤ 2.0 <input type="checkbox"/> >2.0-5 <input type="checkbox"/> >5-9 <input type="checkbox"/> >9-12.49 <input type="checkbox"/> ≥ 12.5	Other Components Total cyanides (ppm) _____ Total sulfides (ppm) _____ PCBs (ppm) _____ Total Halogens /HOC (%) _____ Total VOC (ppm) _____																
5. Hazardous Properties: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Radioactive</td> <td><input type="checkbox"/> Pyrophoric</td> <td><input type="checkbox"/> Oxidizer</td> </tr> <tr> <td><input type="checkbox"/> Water Reactive</td> <td><input type="checkbox"/> Dioxins</td> <td><input type="checkbox"/> Explosive</td> <td><input type="checkbox"/> Medical Waste/Infectious</td> </tr> <tr> <td><input type="checkbox"/> Shock Sensitive</td> <td><input type="checkbox"/> Air Reactive</td> <td><input type="checkbox"/> Reactive Cyanide</td> <td><input type="checkbox"/> Reactive Sulfide</td> </tr> <tr> <td><input type="checkbox"/> Asbestos</td> <td><input type="checkbox"/> Benzene NESHP</td> <td><input type="checkbox"/> Pesticide/Herbicide</td> <td><input type="checkbox"/> Peroxide Forming Compound</td> </tr> </table>				<input type="checkbox"/> None	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Dioxins	<input type="checkbox"/> Explosive	<input type="checkbox"/> Medical Waste/Infectious	<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Air Reactive	<input type="checkbox"/> Reactive Cyanide	<input type="checkbox"/> Reactive Sulfide	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Benzene NESHP	<input type="checkbox"/> Pesticide/Herbicide	<input type="checkbox"/> Peroxide Forming Compound
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6. Regulatory Status (Check all that apply) Y N <input type="checkbox"/> <input type="checkbox"/> USEPA Hazardous Waste per 40 CFR 261 (If yes list codes) _____ <input type="checkbox"/> <input type="checkbox"/> Do any state waste codes apply? (If yes list codes) _____ <input type="checkbox"/> <input type="checkbox"/> Is this waste subject to land ban restrictions ? Is this a <input type="checkbox"/> wastewater <input type="checkbox"/> non wastewater <input type="checkbox"/> <input type="checkbox"/> If DOO1-D043, are any underlying hazardous constituents (UHC) present <input type="checkbox"/> <input type="checkbox"/> Does this waste contain VOC's ≥ 500 ppm (subpart CC) Form Code _____ Source Code _____																			

