Aqua-Terra
Recycling and Treatment

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PROFILE NO. _____

WASTE CHARACTERIZATION PROFILE SHEET

A. INVOICE INFORMATION

1. Company _____
2. Billing Address _____
3. City _____ 4. State _____
5. Zip _____ 6. Contact _____
7. Phone No. (___) _____

B. GENERATOR AND SHIPPING INFORMATION

1. Generator _____ 2. US EPA ID No. _____
3. Address _____
4. City _____ 5. State _____ 6. Zip _____
7. Manifest/Emergency Contact _____ 8. Phone No. (___) _____
9. DOT Shipping Name _____

C. GENERAL WASTE INFORMATION

1. Waste Name _____ 2. Quantity _____ Per ☐ Month ☐ Quarter ☐ Year ☐ Once
3. Process Generating Waste _____
4. Drums - Size/ Type _____ 5. Bulk - Size/Type _____ 6. Other _____

D. COMPOSITION OF WASTE

1. Chemical Name or Consultant	6. Typical Analysis (wt. %)	3. Expected Ranges(wt. %)
TOTAL	*100%*	

E. PROPERTIES OF WASTE

1. Liquid _____ %
   Solid _____ %
   Sludge/Semi solids _____ %

2. pH (attach analytical)
   ☐ > 2- 5 ☐ > 5 - 9 ☐ > 9 - 12.5
   ☐ ≤ 2 ☐ ≥ 12.5

3. Benzene _____ ppm
   Toluene _____ ppm
   Ethylbenzene _____ ppm
   Total Xylenes _____ ppm
   (attach analytical for each consultant)

F. CERTIFICATION

By certify and warrant to the best of my knowledge that the information supplied on this form and on any attachments or supplements represent a complete and accurate identification and description by the generator of this waste material(s), its constituents and its know or suspected hazards, **and this material(s) is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law.**

Signature _____ **Title** _____
Date _____