



MIDWEST Environmental Services, Inc.

WASTE PROFILE FORM

Approval Number

PART A: GENERATOR IDENTIFICATION

Site Address		Billing Address	
Generator Name:		Customer Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Contact Name:		Contact Name:	
Phone:	Fax:	Phone:	Fax:
EPA ID:		Email Address:	
Email Address:		Forward Return Manifest Copy To:	

PART B: WASTE CHARACTERISTICS

Common Name of Waste:

Process Generating Waste:

PART C: PHYSICAL PROPERTIES

Color: _____	<input type="checkbox"/> Liquid Phases _____ <input type="checkbox"/> Solid <input type="checkbox"/> Single <input type="checkbox"/> Sludge <input type="checkbox"/> Double <input type="checkbox"/> Powder <input type="checkbox"/> Multi	pH _____ <input type="checkbox"/> < 2 <input type="checkbox"/> 9 - 12 <input type="checkbox"/> 2 - 5 <input type="checkbox"/> > 12.5 <input type="checkbox"/> 5 - 9	Flash Point _____ <input type="checkbox"/> < 140 F <input type="checkbox"/> 140 - 200 F <input type="checkbox"/> > 200	Phenols BSW Cn Other	% Acid % Alk Sulfide Other
Odor: _____ <input type="checkbox"/> Mild <input type="checkbox"/> Strong	Specific Gravity: _____ <input type="checkbox"/> < 0.8 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1.4 - 1.6 <input type="checkbox"/> 0.8 - 1 <input type="checkbox"/> 1.2 - 1.4 <input type="checkbox"/> > 1.6	Total Solids: _____ <input type="checkbox"/> < 0.5 <input type="checkbox"/> 2 - 5 <input type="checkbox"/> 10 - 20 <input type="checkbox"/> 0.5 - 2 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> > 20	BTU/# _____ <input type="checkbox"/> None <input type="checkbox"/> 5 - 10,000 <input type="checkbox"/> < 5,000 <input type="checkbox"/> > 10,000	% Halogen: _____ <input type="checkbox"/> < 0.1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 5-10 <input type="checkbox"/> 0.1-1 <input type="checkbox"/> 3 - 5 <input type="checkbox"/> > 10	

PART D: CHEMICAL COMPOSITION

PART E: TOXICITY CHARACTERISTIC

Component	Actual	Units	Range	Metals <input type="checkbox"/> Total <input type="checkbox"/> TCLP	
				Arsenic	ppm
				Barium	ppm
				Cadmium	ppm
				Chromium	ppm
				Lead	ppm
				Mercury	ppm
				<input type="checkbox"/> All levels below Toxic Limits 40 CFR 261.24	
				Selenium	ppm
				Silver	ppm
				Copper	ppm
				Nickel	ppm
				Thallium	ppm
				Zinc	ppm
				Other	ppm

PART F: HAZARDOUS CHARACTERISTICS

<input type="checkbox"/> EPA Hazardous Waste	<input type="checkbox"/> TSCA Regulated Waste	<input type="checkbox"/> Lab pack	<input type="checkbox"/> Commercial Chemical Product
<input type="checkbox"/> DOT Hazardous Material	<input type="checkbox"/> Does Waste Contain UHC's	<input type="checkbox"/> Universal Waste	<input type="checkbox"/> Household Hazardous Waste
<input type="checkbox"/> Land Band Restricted Waste	<input type="checkbox"/> Used Oil	<input type="checkbox"/> E-Waste	<input type="checkbox"/> EPA Form Code: _____
<input type="checkbox"/> Contains Spent Solvents (F001-F005)	<input type="checkbox"/> Contain HOC's > 1000 ppm	<input type="checkbox"/> Product for Use/Reuse	<input type="checkbox"/> EPA Source Code: _____

PART G: EPA HAZARDOUS WASTE NUMBER

Waste Code(s):

PART H: DOT SHIPPING DESCRIPTION

DOT Shipping Description:

Technical Name NOS:

PART I: SHIPPING INFORMATION

Anticipated Volume:	Container Size:	Frequency:	Attachments
Gallons:	Bulk: Totes:	One Time <input type="checkbox"/> Weekly <input type="checkbox"/>	Sample Submitted <input type="checkbox"/> Flow Chart <input type="checkbox"/>
Containers:	Non Bulk:	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>	Analysis Attached <input type="checkbox"/> SDS Attached <input type="checkbox"/>
Cubic Yards:	Boxes:	Other	Packing Slip(s) <input type="checkbox"/> Other Documents <input type="checkbox"/>

Generator Name:	Common Name:	Profile:
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PART J: USED OIL CERTIFICATION

Rebuttable Presumption Certification Does this apply? Yes No

This Used Oil Stream has not been mixed with hazardous waste listed in Subpart D of part 261. The Halogen content > 1000 ppm does not contain Significant Concentrations of Halogenated constituents listed in Appendix VIII of CFR Part 261 and Rule 3745-51-11 of the Administrative Code. *Safety Data Sheets, Analytical and/or Scientific Data are required to be submitted to certify rebuttable presumption.*

Signature of Authorized Representative	Name	Date
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PART K: LAND DISPOSAL RESTRICTION

Restriction Notification Check Box That Applies

The untreated waste identified above must be treated to the appropriate treatment standards specified in 40 CFR 268 Subpart D.

The waste identified above has been treated in compliance with applicable treatment standards specified in 40 CFR 268 Subpart D.

The waste identified above meets all applicable treatment standards without treatment.

No EPA mandated treatment standards apply to this waste stream.

At the point of generation, if you generate a characteristic hazardous waste, other than those exempted, you must determine if any Underlying Hazardous Constituents (UHC) are present, listed above the constituent level specified in the Universal Treatment Standard found in 40 CFR 268.48. If UHC's are present please list as attachment.

Basis for hazardous waste determination Knowledge of Waste Stream Lab Data

Explain:

Certification Signature and Date

Signature	Name	Title	Date
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I certify that I have personally examined the information submitted, including all attached documents, and that all information contained herein is complete and accurate to the best of my knowledge and that all known or suspected hazards have been identified. I understand that a unique approval number will be assigned which should be used to identify this stream.

For Midwest (Klor Kleen) Use Only

Facility Information: Klor Kleen Midwest – Kiesland MRRC Alt Facility – Alt Facility Code

Salesmen:	Disposal/Bill Code:	Special Handling:
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WASTE PROFILE FORM (WPF) INSTRUCTIONS

Part A	Site Address:	Generator Name; Address; City, State, Zip, Contact Name, Phone, Fax, EPA ID, Email Address	All blanks are required to be completed by the generator or Klor Kleen. If generator is Conditionally Exempt "CESQG", is placed in the EPA ID section. If generator only generates non-hazardous waste, section is left blank.
	Billing Address	Customer Name; Address, City, State, Zip, Contact Name, Phone, Fax, Email Address	Completion of all blanks is optional. The information contained is for accounting purposed only.
Part B	Waste Characterization	Common Name; Process generating waste	Completion of all blanks is required. A detailed process description may continue on additional sheets to be attached to the profile as necessary.
Part C	Physical Properties	Color; Order	Completion of all blanks is required. Color and order are used to indicate possible change in the waste generation process. If an odor is present then odor range box is required to be marked. All possible colors of waste typically generated are indicated.
	Phases	Distinctive form of matter	Required to be completed. If information is not known Klor Kleen will provide the appropriate analytical documentation.
	pH	Actual pH, or range box marked	An actual value or box is required to be completed. If the pH is noted to be greater than 2 and less than 12.5, the generator or Klor Kleen will provide the appropriate analytical documentation.
	Flash Point	Actual flash point or range box marked. In degrees Fahrenheit	Required to be completed. If information is not known Klor Kleen will provide the appropriate analytical documentation.
	Specific Gravity	Actual specific gravity, or range box marked	Required to be completed. If information is not known Klor Kleen will provide the appropriate analytical documentation.
	Total Solids	Actual percentage, or range box marked	Required to be completed to determine if material is to be recovered or sent for wastewater treatment. If information is not known Klor Kleen will provide the appropriate analytical documentation.
	BTU/#	Actual BTU value, or range box marked	Required to be completed if waste is fuel blend or incinerated in Subpart O unit. Generator or Klor Kleen will provide appropriated analytical documentation.
	% Halogens	Actual % halogen, or range box marked	Required to be completed by generator or Klor Kleen. Halogen content will be used to provide an indicator for recovery, fuels blending, used oil and land ban parameters.
	Other Components	Phenols, Cyanides, Sulfides, BSW, %Acid, %Alkalinity, Others	Required to be completed by the generator, Klor Kleen will accept generator knowledge, however, the Plant/Approval Manager may require supporting documentation.
Part D	Chemical Composition	Components % and/or range	Required to be completed by generator or Klor Kleen. Total must add up to 100% or higher.
Part E	Toxicity Characteristic	Total or TCLP box marked, actual level or range indicated in blank line. Generator may optionally check box for all level below limits	Required to be completed by generator or Klor Kleen. Appropriate analytical to be provided by generator if waste is indicated to be non- hazardous. Any volatile organic, semi-volatile organic, or herbicides/pesticides should be listed as ppm in other section. Copper, Nickel, Zinc and Thallium are optional. Information on remaining metals is to be completed by generator or Klor Kleen with analytical documentation to maintain compliance with hazardous waste laws in applicable states.
Part F	Hazardous Characteristics	General characterization of waste stream by type. Mark box which would be applicable	Required to be completed by generator or Klor Kleen if applicable.
Part G	EPA Hazardous Waste Number	Hazardous Waste Number	Required to be completed by generator or Klor Kleen to proper classification and land band restrictions. This section may also include any applicable state waste numbers.
Part H	DOT Shipping Description	Complete basic shipping description	Required to be completed by generator or Klor Kleen with proper DOT shipping information.
Part I	Shipping Information	Estimated quantity and container type to be shipped within specified period of time along with any supporting attachments	This information is required to be completed by the generator.
Part J	Used Oil Certification	Rebuttal presumption for halogen content greater than 1000 ppm	For used oil streams if generator or Klor Kleen is contesting hazardous waste determination due to halogens > 1000 ppm.
Part K	Land Disposal Restrictions	Land band waste information box mark	To be completed by generator or Klor Kleen to identify land disposal restriction.