



Designated Facility: Choose an item.

**NAME OF PRODUCT DESTRUCTION MATERIALS**

**PROFILE/APPROVAL NUMBER**

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**A. GENERATOR INFORMATION**

GENERATOR NAME: \_\_\_\_\_  
USEPA ID#: \_\_\_\_\_  
FACILITY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FACILITY CONTACT: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
FAX: ( ) \_\_\_\_\_

**B. BILLING INFORMATION (IF DIFFERENT)**

COMPANY NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
BILLING CONTACT: \_\_\_\_\_  
SALES CONTACT: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
FAX: ( ) \_\_\_\_\_

**C. MATERIAL INFORMATION**

Name of Waste Stream \_\_\_\_\_  
Shipping Name \_\_\_\_\_  
Process Generating \_\_\_\_\_  
Projected Volume \_\_\_\_\_ Frequency \_\_\_\_\_  
What is currently being done with stream?  
Recovery Method  Anaerobic Digestion  Animal Feed  Product Destruction  
Method of Shipment  Bulk Tanker Truck  Drum  Specific if other: \_\_\_\_\_  
Analysis supplied  Previous waste profile supplied  Sample supplied

**D. CHEMICAL AND PHYSICAL PROPERTIES**

Color \_\_\_\_\_ Odor \_\_\_\_\_  
Estimated water content \_\_\_\_\_% Estimated solid content \_\_\_\_\_%

**E. CHEMICAL COMPOSITION (List all organic components in the material. Account for 100%)**

Constituents	Percentage
_____	_____
_____	_____
_____	_____
_____	_____
Must equal or exceed 100%	

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Valicor Approval Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_