


 New

VALICOR INTERNAL USE ONLY
 Requalification

 ISOLATION Yes No

NAME OF WASTE STREAM
PROFILE/APPROVAL NUMBER

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Designated Facility:

Designated Facility:

 Solidification Reuse

GENERATOR INFORMATION
BILLING INFORMATION

Generator Name Contact Person Address City State Zip Phone Fax Email EPA ID # TRANSPORTER <input type="checkbox"/> Valicor <input type="checkbox"/> Other: DOT SHIPPING NAME PHYSICAL CHARACTERISTICS Infectious or Biological Waste: <input type="checkbox"/> Yes <input type="checkbox"/> No NRC Regulated Radioactivity: <input type="checkbox"/> Yes <input type="checkbox"/> No Reactivity: <input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Shock <input type="checkbox"/> Cyanides <input type="checkbox"/> Sulfides <input type="checkbox"/> DOT Explosive <input type="checkbox"/> Other ODOR <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Describe: COLOR/APPEARANCE VOLUME AND FREQUENCY <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually # Gallons: _____ VOLUME <input type="checkbox"/> Drum <input type="checkbox"/> Tote <input type="checkbox"/> Bulk # Totes/Drums: _____ ADDITIONAL CHARACTERISTICS Does material contain Polychlorinated Biphenyl's (PCB's)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this PCB waste regulated by TSCA? (PCB ≥ 50 ppm or derived from a ≥ 50 ppm source) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this waste derived from drilling or hydraulic fracking operations relating to the oil & gas industry? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is the material considered to be associated with UOG (unconventional Oil and Gas) Extraction wastewater ie, brine or flowback waters?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Is waste subject to the National Emissions standards for Benzene Waste Operations? (40 CFR 61 Subpart FF) <input type="checkbox"/> Yes <input type="checkbox"/> No Texas Waste Classification: <input type="checkbox"/> Industrial Generator <input type="checkbox"/> Municipal Generator <i>If Industrial Generator:</i> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 TX Waste Code: _____	Billing Name Contact Person Address City State Zip Phone Fax Email PO Required <input type="checkbox"/> No <input type="checkbox"/> Yes: RCRA HAZARDOUS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt Generating Process: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Solids</td> <td style="width: 50%; text-align: right;">%</td> </tr> <tr> <td><input type="checkbox"/> Sludges</td> <td style="text-align: right;">%</td> </tr> <tr> <td><input type="checkbox"/> Free Liquids</td> <td style="text-align: right;">%</td> </tr> </table> LAYERS <input type="checkbox"/> Single-Layered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Multi-Layered VISCOSITY <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High PH <input type="checkbox"/> N/A <input type="checkbox"/> 0-2.0 <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 4.1-10 <input type="checkbox"/> 10.1-12.0 <input type="checkbox"/> ≥12.5 Exact: _____ FLASH POINT (liquid only) <input type="checkbox"/> <73°F <input type="checkbox"/> 73-140°F <input type="checkbox"/> 141-200°F <input type="checkbox"/> >200°F <input type="checkbox"/> Exact: _____ CWT CLASSIFICATION (40 CFR PART 437): <input type="checkbox"/> OIL SUBCATEGORY • Used Oil • Coolants Oil • Water Mixture Contaminate • Ground Water <input type="checkbox"/> METAL SUBCATEGORY • Waste acid and bases with or without metals • Metal finish rinse water • Cleaning, rinsing, and surface preparation for electroplating and phosphating <input type="checkbox"/> ORGANIC SUBCATEGORY • Landfil Leachate • Contaminated ground water from non-petroleum source • Solvent bearing waste • Off-spec organic product • Wastewater from paint washes, adhesives, and/or epoxies PHYSICAL/CHEMICAL CONSTITUENTS Attached all SDS, sample analysis and other information <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table>	<input type="checkbox"/> Solids	%	<input type="checkbox"/> Sludges	%	<input type="checkbox"/> Free Liquids	%						
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GENERATOR'S CERTIFICATION: I hereby certify that the above attached description is complete and accurate for the best of my knowledge and ability to determine that no deliberate or willful omission of composition properties exists and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this profile. Also, I acknowledge that oil containing more than 1,000 ppm total halogens is presumed to be hazardous waste per 40 CFR279. However, that presumption can be rebutted by applying my knowledge of my halogen content of the used oil in light of the materials of processes used in my operations. To the best of my knowledge and belief, I certify to VALICOR that our used oils are generated from industrial usage and we do not mix hazardous waste with our oil. I understand that every time I and or another of our employees sign the non-hazardous manifest or bill of lading, we are re-certifying this rebuttal presumption. In addition, to the best of my knowledge and belief, all information on these forms is a complete and accurate representation of our waste stream(s). **I will notify VALICOR in ADVANCE of changes to the waste stream(s).**

I will comply with all local, state, and federal regulations with regards to your waste stream(s).

Customer Signature _____ Title _____ Date _____

Valicor Approval Signature _____ Title _____ Date _____