AWT Environmental Services, Inc.

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Material Profile Sheet
Product Code:_____
Generator No:_____

A. GENERATOR INFORMATION

GENERATOR USEPA ID | | | | | | | | | | | | |

GENERATOR NAME _____
MAILING ADDRESS _____
_____
GENERATOR CONTACT _____
GENERATOR PHONE # _____
SITE ADDRESS _____
NAME OF WASTE _____
_____

AWT COORDINATOR _____
PROJECT # _____
WASTE ID # _____
PROCESS GENERATING WASTE _____
_____
_____
_____
_____

B. PHYSICAL CHARACTERISTICS OF WASTE

Color/Physical Description: _____

STRONG INCIDENTAL ODOR PRESENT
__ YES __ No

PHYSICAL STATE @ 70°F
__SOLID __SINGLE PHASE
__LIQUID __BI-LAYERED
__POWDER __MULTI-LAYERED
__SEMI SOLID __SLUDGE

____WASTEWATER
____NONWASTEWATER

SPECIFIC GRAVITY:____

FLASHPOINT
__ < 70° F
__ > 200° F
__ 70° F - 100° F
__ 101°F - 141°F
__ 142°F - 200°F
__ >200°F
__ NO FLASH
__ EXACT
Ignitable (if solid) __Yes __No
__Closed Cup __ Open Cup

LIQUID/SOLID/SLUDGE
% Sludge _____
% Suspended Solids____
% Solid/Debris_____
% Free Liquids _____

pH
__≤ 2.0
__2.01-5
__5.01-9
__9.01-12.4
__≥12.50
__EXACT

Dumpable? ____ Yes ____ No
Pumpable? ____ Yes ____ No
Pourable? ____ Yes ____ No

C. CHEMICAL COMPOSITION

Is MSDS Attached? _Yes_No
Is Analysis Attached? _Yes_No

	RANGE MINIMUM	RANGE MAXIMUM

D. REGULATORY INFORMATION

USEPA HAZARDOUS WASTE?: ☐ YES ☐ NO
USEPA CODE(S):_____
APPLICABLE SUBCATEGORIES:_____
STATE HAZARDOUS WASTE?: ☐ YES ☐ NO
STATE CODE(S):_____
D.O.T. HAZARDOUS WASTE?: ☐ YES ☐ NO
PROPER SHIPPING NAME:_____
CLASS: _____ I.D. NO: _____ P.G.:_____ R. Q.:_____

E. SHIPPING INFORMATION/SHIPMENT METHOD:

__ BULK LIQUID
__ BULK SOLID
__ DUMP TRAILER
__ ROLL-OFF
__ DRUM SIZE
__ PALLETS
__ CUBIC YARD BOX

ANTICIPATED VOLUME:_____
QUANTITY:_____
UNITS:_____
PRICE:_____
FREQUENCY:_____

F. SPECIAL HANDLING CONSIDERATIONS

CERCLA FACILITIES _____
NO LANDFILL_____
PROJECT CODE_____
INCINERATE ONLY _____
CCI SALES CODE_____
OTHER_____
_____
_____

G. TRANSPORTATION ARRANGEMENTS

LTL PICK-UP ☐ DEDICATED LOAD ☐

H. OTHER HAZARDOUS CHARACTERSTICS

INDICATE IF THE WASTE IS:
__ RCRA REACTIVE
__ WATER REACTIVE
__ RADIOACTIVE
__ SUBJECT TO SUBPART FF BENZENE REGULATIONS
__ ETIOLOGICAL
__ TSCA REGULATED
__ OXIDIZING MATERIAL
__ PYROPHORIC
__ EXPLOSIVE/SHOC SENSITIVE
__ NONE OF THE ABOVE

Indicate If This Waste Contains Any Of The Following:

	None	or Less Than	or Actual
PCB's	___	__ < 50PPM	____ PPM
Cyanides	___	__ < 250PPM	___ PPM
Phenolics	___	__ < 50 PPM	___ PPM
Sulfides	___	__ < 500 PPM	___ PPM
VOC's	___	__ < 500 PPM	___ PPM

Is this waste characteristically hazardous for metals or organics (EPA Waste Codes D004-D043)? __ Yes __ No. If yes, please list the constituents and concentrations in Section D.

Does this waste contain underlying hazardous constituents as defined in 40 CFR 268 (2)(I) at concentrations exceeding the UTS treatment standards? __ Yes __No. If yes, please list constituents and concentrations in Section D.

GENERATOR CERTIFICATION: I hereby certify that all information submitted in this and all attached documents is complete, contains true and accurate descriptions and is representative of the waste material, and that all relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.If The TSDF discovers, after having taken delivery of the waste, that any waste does not conform to the identification and description on this MPS then the TSD shall provide notice of such condition to the Generator and coordinate the return of the nonconforming waste to the point of origin as set forth on the manifest or to such other locations designated in writing by the Generator. Generator agrees to reimburse AWT for all handling, packaging, clean-up and transportation costs or charges, damage to equipment, and costs associated with lost time incurred by the TSD during the receipt, handling, temporary storage and return of such nonconforming waste to point of origin or to such other location designated by Generator. I hereby authorize the TSD to amend/or correct any information on the MPS with the full understanding that if any amendment or correction is performed, I will be contacted as such to issue any approval.

AUTHORIZED SIGNATURE _____ TITLE: _____ DATE _____

White = TSD Facility Yellow = Customer Pink = AWT Environmental Services, Inc.