



ALUMINUM PRODUCTION WASTE DISPOSAL REQUEST FORM Athens Hocking Reclamation Center

Post Office Box 946
Logan, Ohio 43138
Phone (740)385-3264 Fax (740)385-7254

Waste Profile #

Date: 1/28/2012

| GENERATOR INFORMATION | | | |
|---|---|--|--------------------------------|
| Generator Name: | | | |
| Generator Facility Address: | | | |
| City: | County: | State: | Zip: |
| Generator Mailing Address (If different) | | | |
| City: | County: | State: | Zip: |
| Technical Contact Name: | | Email: | |
| Phone #: | Title: | Phone: | |
| TRANSPORTATION | | | |
| Containment: | Bagged <input type="checkbox"/> | Type of Bag | |
| Transportation: | Tarpred Dump Trailer <input type="checkbox"/> | Tarpred Roll-off Box <input type="checkbox"/> | |
| If a waste cannot be bagged or transported in a tarpred dump trailer or roll-off box please provide reasoning below: | | | |
| | | | |
| PHYSICAL CHARACTERISTICS OF WASTE | | | |
| Name of Waste: | | | |
| Process Generating Waste (Attach additional sheet, if necessary): | | | |
| Type of Waste: | Industrial Process Waste <input type="checkbox"/> | Pollution CONTROL WASTE <input type="checkbox"/> | |
| Physical State: | SOLID <input type="checkbox"/> | POWDER <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| Estimate Annual Volume: | | | |
| Frequency: | ONE TIME <input type="checkbox"/> | ON GOING <input type="checkbox"/> | |
| Special Handling Instructions: | | | |
| WASTE CHARACTERIZATION | | | |
| The waste must be characterized per the testing protocol and frequency as described in attachment A. | | | |
| Is the representative sample collected to prepare this profile and laboratory analysis collected in accordance with U.S. CPR 261.20(c) or equivalent guidelines? NO <input type="checkbox"/> YES <input type="checkbox"/> | | | |
| Sample Date: enter date. | Is Sample: COMPOSITE? <input type="checkbox"/> | | GRAB? <input type="checkbox"/> |
| Laboratory: | | Sampler's Name: | |
| Sample ID Numbers: | | | |
| Sampler's Name (printed) | | | Signature: enter |



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CONTINUED....

Waste Profile

| PHYSICAL CHARACTERISTICS OF WASTE | | | | | | | | |
|---|-----------------|--|----------|----|-----------------------------------|--|--------------------------|--|
| CHARACTERISTIC COMPONENTS | | | | | | Min% | Max% | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| COLOR | ODOR (describe) | FREE LIQUIDS YES <input type="checkbox"/> NO <input type="checkbox"/> Contents % | % SOLIDS | pH | FLASH POINT oF | PHENOL ppm | | |
| Attached Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Required Parameters Provided for this Profile Based on Generated Knowledge. I certify that any hazardous parameter not tested for is not present in the waste. | | | | | | | <input type="checkbox"/> | |
| Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and it epoxides), Lindane, Methoxyehlor, Toxaphene 2, 4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including FCRA F-Limited Solvents? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCCD), or any other dioxin as defined in 40 CFR 261.31? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this a regulated Toxic Material as defined by Federal and/or State regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this regulated Radioactive Waste as defined by Federal and/or State regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is this waste included in one or more of the categories below (check all that apply)? If yes, attach supporting documentation. Delisted Hazardous Waste <input type="checkbox"/> Treated hazardous Waste Debris <input type="checkbox"/> Excluded Wastes Under 40CFR 261.4 <input type="checkbox"/> Treated Characteristics Hazardous <input type="checkbox"/> | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| GENERATOR CERTIFICATION | | | | | | | | |
| <p>I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither I nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by Athens-Hocking Reclamation Center.</p> | | | | | | | | |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Representative Name and Title (Printed)</p> | | | | | | <p style="text-align: center;">_____</p> <p style="text-align: center;">Company Name</p> | | |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Representative Signature</p> | | | | | | <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> | | |
| ATHENS-HOCKING RECLAMATION CENTER USE ONLY | | | | | | | | |
| APPROVED <input type="checkbox"/> | | APPROVED BY _____ | | | REJECTED <input type="checkbox"/> | | REJECTED BY _____ | |
| Technical Review Performed _____ | | | | | | | | |
| Profile No. _____ | | EXPIRES _____ | | | DATE APPROVED _____ | | | |