



American Environmental Services, Inc.

724-933-4100
724-933-4110 FAX

NAME OF WASTE STREAM

- New
- Amendment

A. GENERATOR INFORMATION

Generator Name _____

Facility Address _____

City/County _____

State _____ Zip Code _____

USEPA ID# _____

STATE ID# _____

Technical Contact _____

Telephone _____ Ext. _____

FAX _____

Billing Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Attention _____

Telephone _____ Ext. _____

B. DOT

Shipping Name _____

Hazard Class _____ UN/NA No. _____

Packing Group _____ RQ _____

C. RCRA

RCRA Non Hazardous/Exempt Yes No

Process Generating _____

State Waste Codes _____

EPA Waste Codes (Attach addl. sheet if necessary)

D. ANNUAL REPORT CODES

SIC Code _____

Source Code _____

Form Code _____

Origin Code _____

System Type _____

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70°F

- Infectious or Biological Waste? Yes No
- NRC Regulated Radioactive? Yes No
- Reactivity None Water Reactive
 - Pyrophoric Shock Sensitive
 - Cyanides DOT Explosive
 - Sulfides Other _____

- | | | |
|---|---------------------------------------|---------|
| <input type="checkbox"/> Gas (Cylinder) | <input type="checkbox"/> Solid | _____ % |
| <input type="checkbox"/> Aerosol | <input type="checkbox"/> Sludges | _____ % |
| <input type="checkbox"/> Lab Pack | <input type="checkbox"/> Free Liquids | _____ % |
| | <input type="checkbox"/> Dust | _____ % |

Layers

- Single Layered Bi-Layered Multi-Layered

Viscosity

- Low Medium High

Odor

- None Mild Strong

Describe:

Color/Appearance

Weight

Density _____ lbs./gal. (US, liq)

_____ lbs./cu. foot

- Dry Weight < 1.0% 5-20%
- 1-5% 20-100%

pH

- < 2 4.1-10 >=12.5
- 2.1-4 10.1-12.4 NA
- Exact _____



Flash Point (liquid only)

- < 73°F (23°C)
- 73° - 140°F (23°C - 60°C)
- 142° - 200°F (61°C - 93°C)
- > 200°F (93°C)
- N/A

Boiling Point

- < 95°F (35°C)
- > 95°F (35°C)
- N/A

BTU/Lb.

Dermal Toxicity LD₅₀ (Mg/Kg)

- <= 40 > 200, <= 1000
- > 40, <= 200 > 1000

4. Material poisonous by inhalation? Yes No

Oral Toxicity LD₅₀ (Mg/Kg)

- <= 5 > 5, <= 50

Solids: > 50, <= 200 > 200

Liquids: > 50, <= 500 > 500

G. METALS

NONE TCLP (MG/L) TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____

Others: _____

- 5. Is this waste stored in vented drums? Yes No
- 6. Is this waste pumpable? Yes No
- 7. Is this waste polymerizable? Yes No
- 8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? Yes No
- 9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? Yes No
- 10. Does this waste contain scrap metal pieces greater than 2 inches in size? Yes No
- 11. Does this waste contain > 100 ppm VOC's? Yes No

H. PHYSICAL/CHEMICAL CONSTITUENTS

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty	Container	Qty	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other _____
Per	<input type="checkbox"/> 1 Time	<input type="checkbox"/> Week	<input type="checkbox"/> Month
	<input type="checkbox"/> Year	<input type="checkbox"/> Other _____	

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? Yes No

Comments: _____

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist 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.

Generator's Authorized Signature: _____ Date: _____