



Waste Information Profile Form

Select Location:

EMI

EVI

106 Main Street

54 Avenue D

S. Portland, ME 04106

Williston, VT 05495

Phone: 207-799-0850 Fax: 207-799-5565

Phone: 802-923-1950 Fax: 802-860-7202

MED019051069

VTR000517052

Profile #: _____ Process Code: _____ Approval Code: _____

1. Generator Information:

Generator Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Site Address: _____
 City: _____ State: _____ Zip: _____
 Technical Contact: _____ Phone: _____
 Site EPA ID: _____ NAICS Code: _____

2. Billing Information:

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Billing Contact: _____ Email: _____
 Phone: _____ Fax: _____

3. Waste Description:

Common Name of Waste: _____
 Process Generating Waste _____

4. Physical & Chemical Properties

Color: _____ Odor: None Mild Strong Describe: _____

Flash <100	BTU/lb	Solid	Free Liquids? Yes No
Point (F°) ≥100-140	<2000	Liquid	_____ % Solids _____ % Liquids
≥140-200	2,000-6,000	Sludge	Will waste dump out of drums? Yes No
>200	>6,000-10,000	Semi-solid	Is the waste pumpable? Yes No
N/A	>10000	Powder	Debris?(List type in Section 7) Yes No
	N/A	Gas	Is the waste dusty? Yes No
Specific Gravity	Viscosity	pH	Other Components
< 0.8 (Light oil)	Low (Water)	≤ 2.0	Total cyanides (ppm) _____
0.8-1.0 (Water based)	Med (Pump on)	>2.0-5	Total sulfides (ppm) _____
> 1.0 (Chlorinated Solvents)	High (Molasses)	>5-9	PCBs (ppm) _____
N/A	N/A	>9-12.49	Total Halogens /HOC (%) _____
		≥ 12.5	Total VOC (ppm) _____

5. Hazardous Properties: (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Dioxins	<input type="checkbox"/> Explosive	<input type="checkbox"/> Medical Waste/Infectious
<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Air Reactive	<input type="checkbox"/> Reactive Cyanide	<input type="checkbox"/> Reactive Sulfide
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Benzene NESHP	<input type="checkbox"/> Pesticide/Herbicide	<input type="checkbox"/> Peroxide Forming Compound

6. Regulatory Status (Check all that apply)

Y N

USEPA Hazardous Waste per 40 CFR 261 (If yes list codes) _____

Do any state waste codes apply? (If yes list codes) _____

Is this waste subject to land ban restrictions ? _____

Is this a wastewater non wastewater _____

If DOO1-D043, are any underlying hazardous constituents (UHC) present _____

Does this waste contain VOC's ≥ 500 ppm (subpart CC) _____

Form Code _____ Source Code _____

