FACILITY PROFILE FORM

Giant Resource Recovery

The Best Solution - Recycling & Resource Recovery

Giant Resource Recovery - Sumter, Inc. ◆ 755 Industrial Road ◆ PO Box 1755 ◆ Sumter, SC 29151
Phone: (803) 773-1400 ◆ Fax: (803) 775-4145 ◆ S C D 0 3 6 2 7 5 6 2 6

Facility Use Only:

PROFILE NUMBER _____

Date: _____ Account #: _____

Sales # / Broker # _____

Classification: ☐ New Customer ☐ New S/A

☐ New ☐ Amendment *TREATMENT METHOD _____

A. GENERATOR INFORMATION

GENERATOR STATUS: ☐ Conditionally Exempt ☐ Small Quantity ☐ Large Quantity

Generator Name: _____ EPA ID# _____

Primary Contact: _____ Phone #: _____ Fax#: _____

Location Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Billing Name: _____ Phone #: _____ Contact: _____

Billing Address: _____ City: _____ State: _____ Zip: _____ County: _____

E-mail Information: Generator Primary Contact: _____ Billing Contact: _____

B. WASTE DESCRIPTION

Waste Name: _____

Description of Process Generating Waste: _____

EPA Waste Code(s): _____

C. WASTE CHARACTERISTICS (@ 70°F)

Physical State: ☐ Solid ☐ Liquid ☐ Sludge **Thousands of BTU's/lb:** _____ **Halogens (Cl, F, Br):** _____ **%** or _____ **ppm**

Viscosity: ☐ Low(Thin) ☐ Medium ☐ High **Specific Gravity:** _____ **Flash Point:** ☐ None ☐ <140 ☐ >140

Layering: ☐ None ☐ Bilayer ☐ Multilayer **Total Solids:** _____ % **pH:** _____ to _____ If solid or no water present, pH of 50/50 aqueous slurry

D. CHEMICAL COMPOSITION

Chemical Constituents:

Water (if present)	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Toxins: Cyanides _____ ppm Pesticides _____ ppm PCB's _____ ppm _____ ppm Antimony _____ ppm

Nickel _____ ppm Thallium _____ ppm Zinc _____ ppm _____ ppm ☐ (None of the above)

E. SHIPPING INFORMATION

Volume (lbs/yr): _____ **Shipping Frequency:** ☐ One Time ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly

Container Spec: ☐ **Drums** (size: _____) ☐ **Roll-Off** (size: _____) ☐ **Tanker** ☐ **Other:** _____

Proper DOT Shipping Name: _____

Hazard Class: _____ **UN / NA #:** _____ **Packaging Group:** _____ **N.O.S. Information:** _____

PROCEED TO SECTION "I" ON PAGE 3 FOR NON-HAZARDOUS MATERIAL

F. TCLP CERTIFICATION*

Facility Use Only:

PROFILE NUMBER _____

Complete each section

Regulatory Level Above	Regulatory Level Below			Regulatory Level, ppm	Actual Range
☐	☐	**D004**	Arsenic	5.0	
☐	☐	**D005**	Barium	100.0	
☐	☐	**D006**	Cadmium	1.0	
☐	☐	**D007**	Chromium	5.0	
☐	☐	**D008**	Lead	5.0	
☐	☐	**D009**	Mercury	0.2	
☐	☐	**D010**	Selenium	1.0	
☐	☐	**D011**	Silver	5.0	
☐	☐	**D012**	Endrin	0.02	
☐	☐	**D013**	Lindane	0.4	
☐	☐	**D014**	Methoxychlor	10.0	
☐	☐	**D015**	Toxaphene	0.5	
☐	☐	**D016**	2,4-D	10.0	
☐	☐	**D017**	2,4,5-TP (Silvex)	1.0	
☐	☐	**D018**	Benzene	0.5	
☐	☐	**D019**	Carbon Tetrachlori	0.5	
☐	☐	**D020**	Chlordane	0.03	
☐	☐	**D021**	Chlorobenzene	100.0	
☐	☐	**D022**	Chloroform	6.0	
☐	☐	**D023**	o-Cresol	200.0	
☐	☐	**D024**	m-Cresol	200.0	
☐	☐	**D025**	p-Cresol	200.0	
☐	☐	**D026**	Cresol	200.0	
☐	☐	**D027**	1,4-Dichlorobenzene	7.5	
☐	☐	**D028**	1,2-Dichloroethane	0.5	
☐	☐	**D029**	1,1-Dichloroethylene	0.7	
☐	☐	**D030**	2,4-Dinitrotoluene	0.13	
☐	☐	**D031**	Heptachlor	0.008	
☐	☐	**D032**	Hexachlorobenzene	0.13	
☐	☐	**D033**	Hexachlorobutadiene	0.5	
☐	☐	**D034**	Hexachloroethane	3.0	
☐	☐	**D035**	Methyl Ethyl Ketone	200.0	
☐	☐	**D036**	Nitrobenzene	2.0	
☐	☐	**D037**	Pentachlorophenol	100.0	
☐	☐	**D038**	Pyridine	5.0	
☐	☐	**D039**	Tetrachloroethylene	0.7	
☐	☐	**D040**	Trichloroethylene	0.5	
☐	☐	**D041**	2,4,5-Trichlorophenol	400.0	
☐	☐	**D042**	2,4,6-Trichlorophenol	2.0	
☐	☐	**D043**	Vinyl Chloride	0.2	

*The above TCLP is based on: ☐ Actual Testing ☐ Generator Knowledge ☐ Both (Attach all applicable analysis)

G. BENZENE NESHAP QUESTIONNAIRE (Note: If the 1st question is marked "NO," then skip remaining questions in this section)

Does the waste contain benzene?	☐ Yes	☐ No
Is the waste generated by Petroleum Refineries (SIC 2911), Chemical Manufacturing Plants (SIC 2800-2899), Coke By-Product Recovery Plants (SIC 3312), or TSDF (SIC 4953, 4959, 9511, 4214)?	☐ Yes, SIC#: _____	☐ No
What is the benzene concentration in the waste? Min value: _____ Max value: _____	☐ ppm or	☐ %
If the concentration of benzene is based on knowledge provide a description:	_____	
If benzne concentration is based on testing, provide date test data was obtained:	___ / ___ / ___	
Has the process generating the waste changed since date of concentration determination?	☐ Yes	☐ No
Will any shipments of this waste contain greater than 10% water?	☐ Yes	☐ No
What is your facility's Total Annual Benzene (TAB) in mega-grams (10^6 grams) per year?	_____ Mg/yr.	
Is this waste subject to the Benzene Waste Operations NESHAP controls requirements (per 40 CFR Part 61.342(b))?	☐ Yes	☐ No

H. CERTIFICATION FOR HAZARDOUS WASTE

GENERATOR CERTIFICATION:

I certify under penalty of law, that this document, and all attachments, were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages the systems, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Print Name: _____ Title: _____

DESIGNATED FACILITY CERTIFICATION: (for Giant Resource Recovery use, only)

In compliance with 40 CFR 264.12(b), I certify that, based on the information presented in this document, this facility is permitted to accept the waste stream described hereon, and do hereby inform the generator listed hereon of acceptance of the waste for treatment, storage and/or disposal in the manner designated, and in compliance with the TSDF's standard terms and conditions.

Signature: _____ Date: _____

Print Name: _____ Title: _____

I. TC CERTIFICATION*

Facility Use Only:
PROFILE NUMBER _____

Complete each section

Regulatory Level Above	Regulatory Level Below			Regulatory Level, ppm	Actual Range
	X	D004	Arsenic	5.0	
	X	D005	Barium	100.0	
	X	D006	Cadmium	1.0	
	X	D007	Chromium	5.0	
	X	D008	Lead	5.0	
	X	D009	Mercury	0.2	
	X	D010	Selenium	1.0	
	X	D011	Silver	5.0	
	X	D012	Endrin	0.02	
	X	D013	Lindane	0.4	
	X	D014	Methoxychlor	10.0	
	X	D015	Toxaphene	0.5	
	X	D016	2,4-D	10.0	
	X	D017	2,4,5-TP (Silvex)	1.0	
	X	D018	Benzene	0.5	
	X	D019	Carbon Tetrachlori	0.5	
	X	D020	Chlordane	0.03	
	X	D021	Chlorobenzene	100.0	
	X	D022	Chloroform	6.0	
	X	D023	o-Cresol	200.0	

Regulatory Level Above	Regulatory Level Below			Regulatory Level, ppm	Actual Range
	X	D024	m-Cresol	200.0	
	X	D025	p-Cresol	200.0	
	X	D026	Cresol	200.0	
	X	D027	1,4-Dichlorobenzene	7.5	
	X	D028	1,2-Dichloroethane	0.5	
	X	D029	1,1-Dichloroethylene	0.7	
	X	D030	2,4-Dinitrotoluene	0.13	
	X	D031	Heptachlor	0.008	
	X	D032	Hexachlorobenzene	0.13	
	X	D033	Hexachlorobutadiene	0.5	
	X	D034	Hexachloroethane	3.0	
	X	D035	Methyl Ethyl Ketone	200.0	
	X	D036	Nitrobenzene	2.0	
	X	D037	Pentachlorophenol	100.0	
	X	D038	Pyridine	5.0	
	X	D039	Tetrachloroethylene	0.7	
	X	D040	Trichloroethylene	0.5	
	X	D041	2,4,5-Trichlorophenol	400.0	
	X	D042	2,4,6-Trichlorophenol	2.0	
	X	D043	Vinyl Chloride	0.2	

*The above TC is based on: ☐ Actual Testing ☐ Generator Knowledge ☐ Both (Attach all applicable analysis)

J. WASTE DETERMINATION (FOR NON-RCRA WASTE* ONLY)

***May include D.O.T. and/or TSCA regulated hazardous materials**

Please check the appropriate box below and provide GRR Sumter with the necessary documentation supporting the statement.

☐ The waste is an un-used or off-specification non-hazardous product where ingredients are known to the generator. (Please provide material safety data sheets or product specification sheets supporting this finding as an attachment)

☐ The generator has a documented history of the waste to confirm the classification as non-hazardous. (Please provide a detailed written description of the non-hazardous materials that make up the subject waste stream and also provide information regarding how long the waste stream has been managed by your facility)

☐ The generator has current (preferably no more than 2 years old) analytical data that confirms the classification of the subject waste stream as non-hazardous. (Please attach a copy of your current analytical data (TCLP, EPA Method 8260, EPA Method 8270 or equivalent)

K. CERTIFICATION FOR NON-HAZARDOUS WASTE

GENERATOR CERTIFICATION:

I hereby certify that all information submitted in association with this document is true, accurate and complete to the best of my knowledge and belief. In addition, I also certify that I am authorized to provide such certification on behalf of my company and that the provided information is representative of every shipment of this waste stream identified with the indicated profile number that will be sent to GRR from this date forward.

Signature: _____ Title: _____

Print Name _____ Date: _____

DESIGNATED FACILITY CERTIFICATION: (for Giant Resource Recovery use, only)

I hereby certify that I have reviewed the information provided on this profile form, including all of the information submitted in association with this profile form, and have determined that the subject material meets applicable acceptance criteria for the Giant Resource Recovery Sumter facility to receive and subsequently manage this material as a nonhazardous waste in accordance with applicable facility permits and regulations.

Signature: _____ Title: _____

Print Name _____ Date: _____