

# The Waste Certification Statement™



Please check the designated Facility:

<u>    </u> <b>AWS of WI</b> 3801K W. McKinley Ave. Milwaukee, WI 53209 800-842-9792	<u>    </u> <b>AWS of IN</b> 5625 Old Porter Rd Portage, IN 46362 800-842-9792	<u>    </u> <b>AWS of IA</b> 640 63rd Avenue, SW Cedar Rapids, IA 52404 319-247-2403
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<u>    </u> <b>AWS of PA</b> 101 River Park Drive New Castle, PA 16101 724-657-8777	<u>    </u> <b>AWS-CES (PA)</b> 61 River Park Drive New Castle, PA 16101 724-657-8777	<u>    </u> <b>AWS of Fox Valley</b> 210 Tower Road Winneconne, WI 54971 920-582-7596	<u>    </u> <b>AWS of Fox Valley</b> 608 Memorial Drive Ripon, WI 54986 920-582-7596
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<b>Desired Management Technology</b>	<input type="checkbox"/> Waste Water Treatment	<input type="checkbox"/> Solidification	<input type="checkbox"/> Used Oil Management	<input type="checkbox"/> Waste to Energy	<input type="checkbox"/> Recycle
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**A) Generator Information**      NAICS Code # \_\_\_\_\_

Generator Name _____	(Correspondence will be sent to "Customer Name" address)
Street _____	Customer Name _____
City _____ State ____ Zip _____	Street _____
Contact Name _____	City _____ State ____ Zip _____
Phone _____ Fax _____	Contact Name _____
Email _____	Phone _____ Fax _____
State ID# _____	Email _____

**B) Waste Description (It is the legal responsibility of the Generator to accurately characterize its waste. 40 CFR 262.11. All information fields MUST be completed.)**

1) Common Name of Waste: \_\_\_\_\_ Is Waste  Wet or  Dry?

2) US DOT Proper Shipping Name: \_\_\_\_\_

3) Process Generating Waste: \_\_\_\_\_

4) Is this waste a characteristic or listed hazardous waste as defined in CFR 40 Part 261?  Yes\*  No  
\*If yes, this waste cannot be accepted at an AWS treatment facility.

5) Is this waste "Used Oil" or contain "Used Oil" as defined in 40 CFR 279 or generator state regulations?  Yes  No  
 If Yes, please complete Section F. Used Oil Warranty.

6) Method of Shipment:  Tanker  Rolloff  Drum - Type/Size \_\_\_\_\_ Other: \_\_\_\_\_

7) Frequency of Shipment:  One Time  Monthly  Annually  On Call  Other

8) Amount of Shipment: \_\_\_\_\_

9) Waste is:  Industrial Process Waste  Unused or Off-Spec Product NRC Radioactive?  Yes  No  
 Commercial Process Waste  UST or Spill Related Waste  
 Food Related Waste  Other, please specify: \_\_\_\_\_

12) MSDS attached?  Yes  No      9) Analysis Attached?  Yes  No\*  
\*If no, waste may be rejected on receipt based on AWS laboratory analysis.

**C) Physical Data**

1) Color: _____	4) Is Waste Pumpable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pourable? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong	5) Flash Point: _____	8) BOD: _____ ppm
3) # of Layers: _____ Liquid _____ %	6) pH: _____	9) COD: _____ ppm
Solids _____ %      Sludge _____ %	7) Specific Gravity: _____	10) Does waste contain Mercury? <input type="checkbox"/> No <input type="checkbox"/> Yes* _____ ppm
11) Does waste contain Ammonia? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ ppm	12) Does waste contain Cyanide? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ ppm	
13) Does waste contain Phenol? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ ppm	14) Does waste contain PCB's? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ ppm	

\*Wastes containing any concentration of Mercury cannot be wastewater treated by AWS. Please consult your RA for alternate disposal method.

**D) Waste Composition**

<hr style="border-top: 1px solid black;"/>	%	<hr style="border-top: 1px solid black;"/>	%
<hr style="border-top: 1px solid black;"/>	%	<hr style="border-top: 1px solid black;"/>	%
<hr style="border-top: 1px solid black;"/>	%	<b>Water Content</b>	%
			TOTAL 100%

**SAMPLE INFORMATION**

Is sample provided?  Yes  No      Date Collected: \_\_\_\_\_      Time Collected: \_\_\_\_\_

If yes, then fill out the following:      Sampled by: \_\_\_\_\_      Sample location: \_\_\_\_\_

Composite       Grab

**INORGANIC CHARACTERISTICS**

(BRL = Below Regulatory Limits)

D004 Arsenic	<5.0	<input type="checkbox"/>	<input type="checkbox"/>	D010 Selenium	<1.0	<input type="checkbox"/>	<input type="checkbox"/>
D005 Barium	<100.0	<input type="checkbox"/>	<input type="checkbox"/>	D011 Silver	<5.0	<input type="checkbox"/>	<input type="checkbox"/>
D006 Cadmium	<1.0	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<100.0	<input type="checkbox"/>	<input type="checkbox"/>
D007 Chromium	<5.0	<input type="checkbox"/>	<input type="checkbox"/>	Zinc	<500.0	<input type="checkbox"/>	<input type="checkbox"/>
D008 Lead	<5.0	<input type="checkbox"/>	<input type="checkbox"/>	Nickel	<500.0	<input type="checkbox"/>	<input type="checkbox"/>
D009 Mercury*	None	<input type="checkbox"/>	<input type="checkbox"/>	*Waste streams for water treatment <u>may not</u> contain any Mercury.			

**ORGANIC CHARACTERISTICS** (check if characteristic is Below Regulatory Limits "BRL" or state actual value)

D018 Benzene	<0.5	<input type="checkbox"/>	<input type="checkbox"/>	D032 Hexachlorobenzene	<0.13	<input type="checkbox"/>	<input type="checkbox"/>
D019 Carbon Tetrachloride	<0.5	<input type="checkbox"/>	<input type="checkbox"/>	D033 Hexachlorobutadiene	<0.5	<input type="checkbox"/>	<input type="checkbox"/>
D021 Chlorobenzene	<100	<input type="checkbox"/>	<input type="checkbox"/>	D034 Hexachloroethane	<3.0	<input type="checkbox"/>	<input type="checkbox"/>
D022 Chloroform	<6.0	<input type="checkbox"/>	<input type="checkbox"/>	D035 Methyl Ethyl Ketone	<200.0	<input type="checkbox"/>	<input type="checkbox"/>
D023 o-Cresol	<200.0	<input type="checkbox"/>	<input type="checkbox"/>	D036 Nitrobenzene	<2.0	<input type="checkbox"/>	<input type="checkbox"/>
D024 m-Cresol	<200.0	<input type="checkbox"/>	<input type="checkbox"/>	D037 Pentachlorophenol	<100.0	<input type="checkbox"/>	<input type="checkbox"/>
D025 p-Cresol	<200.0	<input type="checkbox"/>	<input type="checkbox"/>	D038 Pyridine	<5.0	<input type="checkbox"/>	<input type="checkbox"/>
D026 Cresol	<200.0	<input type="checkbox"/>	<input type="checkbox"/>	D039 Tetrachloroethylene	<0.7	<input type="checkbox"/>	<input type="checkbox"/>
D027 1,4-Dichlorobenzene	<7.5	<input type="checkbox"/>	<input type="checkbox"/>	D040 Trichloroethylene	<0.5	<input type="checkbox"/>	<input type="checkbox"/>
D028 1,2-Dichloroethane	<0.5	<input type="checkbox"/>	<input type="checkbox"/>	D041 2,4,5-Trichlorophenol	<400.0	<input type="checkbox"/>	<input type="checkbox"/>
D029 1,1-Dichloroethylene	<0.7	<input type="checkbox"/>	<input type="checkbox"/>	D042 2,4,6-Trichlorophenol	<2.0	<input type="checkbox"/>	<input type="checkbox"/>
D030 2,4-Dinitrotoluene	<0.13	<input type="checkbox"/>	<input type="checkbox"/>	D043 Vinyl Chloride	<0.2	<input type="checkbox"/>	<input type="checkbox"/>

**F) Used Oil Warranty (complete if waste is a "Used Oil" or contains "Used Oil")** Not Applicable

1) Has this Used Oil\* been mixed with Hazardous Waste \_\_\_ Yes\*\* \_\_\_ No **\*\*If yes, this waste cannot be accepted at an AWS facility.**  
 \*Used oil is oil that has been refined from crude or synthetic oil and used as a lubricant.

2) Does this Used Oil contain Total Halogens greater than 1,000 ppm? \_\_\_ Yes *If yes, must complete F(3) below.*  
 \_\_\_ No\* *(Confirmed by Chlor D Test or equivalent -- US EPA Method 9075)*  
 \* If no, the Used Oil is non-hazardous and the Used Oil Warranty is complete. Please initial Section F & continue to Section G.

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3) If yes to F(2) above, can you rebut the presumption that the Used Oil is a Hazardous Waste? \_\_\_ Yes \_\_\_ **\*No**  
 \* **If no to F(3), this waste cannot be accepted at an AWS treatment facility.**  
*(Pursuant to EPA 40 CFR 279, WI DNR NR 679, 35 IL Adm. Code Part 739, 25 PA Chapter 298, IN 329 IAC 13 and IA Code 455B.)*

If yes to F(2) above, Generator must Rebut the Presumption by:

a) Demonstrating the total halogen content is due to the presence of a Halogenated Constituent of the oil formulation; for example, Chlorinated Paraffins. This Used Oil has not been mixed with a chlorinated solvent or other hazardous waste.  
**Material Safety Data Sheet MUST be attached.**

b) Providing a certified laboratory analysis affirming the used oil does not contain a concentration in excess of 100 ppm for any F001/F002 constituent.

Generator's Initials

**G) Warranty Statement**

**I hereby certify the following:** The waste identified in Section B of this waste profile form, when measured in each container or vessel, does not contain any material at a concentration which would render it hazardous as defined in 40 CFR 261 to include regulated Pesticides/Herbicides, nor does it contain PCB's at a concentration of >1 ppm, or contaminated with PCB's from a source  $\geq 50$  ppm nor, if the waste is to be water treated, does it contain any Mercury. I further hereby agree to indemnify and hold Advanced Waste Services, Inc. harmless from all costs, damages, liability or other expenses (including but not limited to attorneys and expert witness fees) resulting from any inaccurate or incomplete information provided herein by Generator or Client.

Generator's Initials



**GENERATOR NON-HAZARDOUS WASTE CERTIFICATION**

I, \_\_\_\_\_ certify that I have sufficient "Acceptable Knowledge"\* to complete the information submitted above and that all attached documents contain true and accurate descriptions of the waste material. I also certify that the waste is not a Hazardous waste, a PCB TSCA waste, or NRC Regulated Radioactive waste. The waste sample, if provided, is representative of the waste material described above. I hereby agree to indemnify and hold Advanced Waste Services, Inc. harmless from all costs, damages, liability or other expenses (including but not limited to attorneys and expert witness fees) resulting from any inaccurate or incomplete information provided herein.

\* Please reference USEPA Hazardous Waste Generator Improvement rule at <https://www.epa.gov/hwgenerators/final-rule-hazardous-waste-generator-improvements>.

Signature \_\_\_\_\_ \* Title \_\_\_\_\_ Date \_\_\_\_\_  
 \* **Cannot be signed by an AWS employee.**

**FOR APPROVAL USE ONLY:** OK for Acceptance: \_\_\_ Yes \_\_\_ No Approval No. \_\_\_\_\_ Authorization Initials \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_ Treatability Code: \_\_\_\_\_ Subcategory: \_\_\_ Oil \_\_\_ Metal \_\_\_ Organic \_\_\_ Solid