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www.aercrecycling.com
 EPA ID# PAD987367216



Approval #: <p style="text-align: center; color: red;">(AERC Use Only)</p>

AERC Waste Information Profile

Date Received:

(Please type or print in ink)

Waste Name/Description:	
Process Generating Waste (Be Specific):	
Physical Description of Waste:	
Generator:	EPA ID #:
Shipping Address (Street, City, State, Zip):	
Generator Contact:	E-Mail Address:
Phone:	Fax:
Billing Information (Company, Street, City, State, Zip):	
Billing Contact:	E-Mail Address:
Phone:	Fax:

DOT/EPA Information

<u>DOT Hazardous Material Basic Description:</u> Specify the Identification Number , the Proper Shipping Name , the Hazard Class and the Packing Group ISHP		
RQ:	ERG#:	RCRA and/or State Waste Codes: <input type="checkbox"/> N/A (List All Codes that Apply)

Waste Material Characterization Chemical Composition Constituents (Must Account for 100%)	Total %		Concentration [mg/L or mg/kg]	Add'tl Information Potential UHCs (Known Suspected Estimated – ppm or mg/L)	
	Low (%)	High (%)		Constituent	Concentration & UOM
				Antimony	
				Arsenic	
				Barium	
				Beryllium	
				Cadmium	
				Chromium	
				Copper	
				Cyanide	
				Lead	
				Mercury	
				Nickel	
				Nitrates	
				Organics	
				Selenium	
				Silver	
				Sulfates	
				Sulfide	
				Thallium	
				Vanadium	

Halogens <input type="checkbox"/> « 2% <input type="checkbox"/> Cl <input type="checkbox"/> 2-5% <input type="checkbox"/> F <input type="checkbox"/> 5-10% <input type="checkbox"/> Br <input type="checkbox"/> 10-30% <input type="checkbox"/> I <input type="checkbox"/> » 30% <input type="checkbox"/> Measured: _____	Layers <input type="checkbox"/> Multilayered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Single Phase Color: _____	Solids <input type="checkbox"/> Suspended _____ % <input type="checkbox"/> Settleable _____ % <input type="checkbox"/> Dissolved _____ % Color: _____	Odor <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Describe: _____	Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Flowable Powder <input type="checkbox"/> Semisolid <input type="checkbox"/> Pumpable <input type="checkbox"/> Liquid Viscosity <input type="checkbox"/> High (Syrup) <input type="checkbox"/> Medium (Oil) <input type="checkbox"/> Low Water <input type="checkbox"/> Gas
pH <input type="checkbox"/> « 2 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 9-12.5 <input type="checkbox"/> » 12.5 <input type="checkbox"/> Exact _____ <input type="checkbox"/> N/A <input type="checkbox"/> Not Specified/Determined	Specific Gravity <input type="checkbox"/> < 0.8 <input type="checkbox"/> 0.8-1.0 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.0-1.2 <input type="checkbox"/> > 1.2 <input type="checkbox"/> Measured: _____ <input type="checkbox"/> Not Specified/Determined	Flash Point (°F) <input type="checkbox"/> < 80 <input type="checkbox"/> 80-100 <input type="checkbox"/> 101-140 <input type="checkbox"/> 141-200 <input type="checkbox"/> > 200 <input type="checkbox"/> No Flash <input type="checkbox"/> Measured: _____ <input type="checkbox"/> Not Specified/Determined	BTU/LB _____ % ASH _____ Water Solubility _____	Hazardous Characteristics (Potential or Known) <input type="checkbox"/> Reactive Material – Specify: _____ <input type="checkbox"/> Radioactive <input type="checkbox"/> Explosive <input type="checkbox"/> Biohazard [Certificate of Sterilization/Disinfection REQUIRED]

Container Information:

Packaging:

Present Container: _____

Shipping Container: _____

Shipping Frequency: Units: _____

UOM: _____
 [e.g., Drums, Boxes, Totes, etc.]

Size

[Check One] | One Time __ | Per Day __ |
 Per Wk __ | Per Mth __ | Per Qtr __ | Per Yr __

Other Description: _____

Additional Information:

Is this waste subject to subpart CC regulations (i.e. contains >500 ppm volatile organic compounds)? Yes No

Are there underlying hazardous constituents, other than mercury listed in 40CFR268.48? Yes No

Does the waste contain >500 ppm of any 40CFR Part 261 Appendix VIII Constituents? Yes No

If any of the above items were answered yes, explain below:

Add'l Comments: _____

Generator Certification:

I hereby certify that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

 Signature

 Date

 Print Name/Title

TSDF Notification to the Generator: *If approved for management, AERC.com, Inc., dba AERC Recycling Solutions, has all the appropriate permit(s) for, and will accept, the waste that has been characterized and identified by the Generator within this profile document.*

Qtrly | Annual Reporting Information:

NAICS SIC Code(s):	Source Code:	Form Code:	Mgmt Method Code:	Module #:
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