



898 Fern Hill Road, West Chester, PA 19380
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FOR ELDREDGE, INC. USE ONLY

Waste Profile# _____
Account Code _____
Sales Rep _____
Approval Date _____
Approved By _____

Waste Profile Form

A. GENERATOR INFORMATION

Generator Name: _____
Site Address: _____
City: _____ **State:** _____ **Zip Code:** _____
County: _____ **County Code:** _____ **Technical Contact:** _____
Phone: _____ **Fax:** _____ **Email:** _____
Mailing Address (if different): _____
City: _____ **State:** _____ **Zip Code:** _____
Bill To: Same as above
Bill-To Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____ **Email:** _____
Business Contact: _____

B. WASTE DESCRIPTION

Waste Name: _____
Process Generating Material: _____
 Shipping Name: Non-RCRA/Non-DOT Regulated Material
 DOT Shipping Name: _____ **Hazard Class:** _____ **UN/NA#:** _____ **PG:** _____
Shipping Method: Bulk Drum Other – Describe: _____ **Quantity:** _____ **Frequency:** _____
 Small Quantity Residual Waste Generator per 25 PA Code 287.51
 Large Quantity Residual Waste Generator per 25 PA Code 287.51
 Large Quantity Residual Waste Generator, Small Quantity Wastestream per 25 PA Code 287.51

Form U Waiver Yes No
If yes, refer to chemical composition requirements & residual waste codes for Form U Waiver.

C. PHYSICAL PROPERTIES (at 70° unless otherwise specified)

Physical State	Odor	Layers	pH	Flash Point (F°)	Specific Gravity
_____ % Liquid	<input type="checkbox"/> None	<input type="checkbox"/> Single	<input type="checkbox"/> 2.1 to 4	<input type="checkbox"/> 100 to 199	<input type="checkbox"/> <0.8
_____ % Solid	<input type="checkbox"/> Strong	<input type="checkbox"/> Bi-Layered	<input type="checkbox"/> 4.1 to 10	<input type="checkbox"/> 200 or >	<input type="checkbox"/> 0.8 to 1.0
_____ % Sludge	<input type="checkbox"/> Mild	<input type="checkbox"/> Multi	<input type="checkbox"/> 10.1 to 12.4		<input type="checkbox"/> 1.0 to 1.2
Color: _____	Describe: _____		<input type="checkbox"/> N/A		<input type="checkbox"/> >1.2

D. CHEMICAL COMPOSITION

Constituents	Low	High	<input type="checkbox"/> Testing (If testing, provide name and accreditation # of laboratory)	
_____	_____ %	_____ %	<input type="checkbox"/> Generator Knowledge Lab _____ # _____	
_____	_____ %	_____ %	Arsenic _____ ppm	Lead _____ ppm <input type="checkbox"/> Total Halogens <1000 ppm
_____	_____ %	_____ %	Barium _____ ppm	Mercury _____ ppm <input type="checkbox"/> Non-TSCA PCBs <2 ppm
_____	_____ %	_____ %	Cadmium _____ ppm	Selenium _____ ppm <input type="checkbox"/> Sampled per 25 PA Code 261
_____	_____ %	_____ %	Chromium _____ ppm	Silver _____ ppm <input type="checkbox"/> Analyses Attached
_____	_____ %	_____ %		<input type="checkbox"/> SDS Attached
_____	_____ %	_____ %	<input type="checkbox"/> TCLP	<input type="checkbox"/> TOTAL
_____	_____ ppm	_____ ppm		

E. RESIDUAL WASTE CODE: _____ (See Attachment for Eldredge Residual Waste Codes)

* Requirements for Form U Waiver: 1) Waste is not Hazardous 2) PCB Waste < 2 ppm 3) Total Organic Halides Concentration <1000ppm (Total Organic Halide Concentration between 1000-4000 ppm acceptable if waste can meet the criteria for rebuttable presumption). Form U Waiver waste shall fall under Residual Waste Codes: 317, 420, 422, 508, 509

F. GENERATOR CERTIFICATION

I hereby certify to the best of my knowledge and belief, the information contained herein is a true and accurate description of the material being offered for processing. Samples of this material submitted are representative of the material described in this profile. I further certify that by utilizing this profile, neither I nor any other employee of the company will deliver for processing or attempt to deliver for same any material that is classified as hazardous waste or any other material that this facility is prohibited from accepting by law.

Authorized Representative Name (Printed): _____ Company: _____

Authorized Representative Signature: _____ Title: _____ Date: _____