



INDUSTRIAL SOLID WASTE EVALUATION FORM

WASTE APPROVAL

OLMSTED COUNTY TO COMPLETE THIS AREA.

Date: _____

WASTE REJECTED

Reason: _____

WASTE ACCEPTABLE Tracking Form Required: YES NO

Testing Required: _____

Resignature: _____ Retest: _____

Delivery Restrictions: _____

Quantity Approved: _____

Facility: _____

Waste Code & Name: _____

Approved By: _____

WASTE CHARACTERIZATION DATA

IMPORTANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE WASTE GENERATOR. PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. THIS FORM IS TO BE USED ONLY ONE TIME, AND MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK, AND SIGNED.

1. GENERATOR INFORMATION

a) Generator's Name _____

b) Generating Facility's Address: _____

City: _____ State: _____ Zip: _____

c) Generator's Representative: _____

Title: _____ Telephone: _____

d) SIC Code: _____

2. GENERAL WASTE STREAM INFORMATION

a) Name/Description of The Waste: _____

b) Process Generating Waste: _____

c) Reason for disposal: Byproduct Contaminated Off-spec Damaged Spill Other _____

d) Is this a treatment residue of a waste that was previously a hazardous waste? YES NO

If YES, describe the waste and the process generating the waste prior to treatment: _____

e) Is this a "Hazardous Waste" as defined by Federal or State Regulations? YES NO

If YES, enter the Waste Identification Number: _____

f) Recommended personal protection equipment and special handling procedures: _____

g) Anticipated Amount: _____ Cubic Yards Tons Gallons Pounds Other _____

h) Frequency of Disposal: _____ Per: Year Month Week Day One Time Other _____

i) To be transported in: Bulk Drums (type/size) _____ Other _____

3. WASTE PROPERTIES AT 72° F

a) Physical State:

- Solid Semi-solid
- Powder Liquid
- Combination Other _____

b) Color(s): (Describe) _____

c) Odor: _____

Describe: _____

- None Mild Strong

d) Density Range: _____ to _____

- N/D lbs./gal. g./cc.
- lbs./yd³ Kg/m³ Other

e) Flash Point, °F:

- ≤ 72 73 - 100 101 - 140 141 - 200
- ≥ 201 N/A N/D

f) pH:

- ≤ 2 2.1 - 5.0 5.1 - 9.0 9.1 - 12.4
- ≥ 12.5 N/A N/D

4. REACTIVITY	5. WASTE CONTENTS	6. SPECIAL WASTE COMPOSITION																																						
<p>Note if the waste exhibits one or more of the following properties:</p> <p><input type="checkbox"/> Water Reactive <input type="checkbox"/> Acid Reactive <input type="checkbox"/> Alkaline Reactive <input type="checkbox"/> Oxidizer <input type="checkbox"/> Autopolymerizable <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Explosive <input type="checkbox"/> Thermally Sensitive <input type="checkbox"/> Shock Sensitive <input type="checkbox"/> None of the Above</p>	<p>Note if the waste contains one or more of the following: If any are checked "YES", provide specific information including the concentration in Section 6.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input type="checkbox"/> Free Liquids</td> <td style="width:50%; border:none;"><input type="checkbox"/> OSHA Substances</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Free Cyanide</td> <td style="border:none;"><input type="checkbox"/> Etiological Agents</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Free Sulfide</td> <td style="border:none;"><input type="checkbox"/> Pathogens</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Free Ammonia</td> <td style="border:none;"><input type="checkbox"/> Biological Materials</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Dioxin/Furan/PCP</td> <td style="border:none;"><input type="checkbox"/> Radioactive Materials</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Organic Solvents</td> <td style="border:none;"><input type="checkbox"/> PCBs not regulated by TSCA 40 CFR 761</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Virgin Oils</td> <td style="border:none;"><input type="checkbox"/> None of the Above</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Used Oils</td> <td></td> </tr> </table>	<input type="checkbox"/> Free Liquids	<input type="checkbox"/> OSHA Substances	<input type="checkbox"/> Free Cyanide	<input type="checkbox"/> Etiological Agents	<input type="checkbox"/> Free Sulfide	<input type="checkbox"/> Pathogens	<input type="checkbox"/> Free Ammonia	<input type="checkbox"/> Biological Materials	<input type="checkbox"/> Dioxin/Furan/PCP	<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Organic Solvents	<input type="checkbox"/> PCBs not regulated by TSCA 40 CFR 761	<input type="checkbox"/> Virgin Oils	<input type="checkbox"/> None of the Above	<input type="checkbox"/> Used Oils		<p>Concentration ranges are suggested and units must be identified in percentages (%) and/or parts per million (ppm). Attach additional pages if necessary.</p> <table style="width:100%; border:none;"> <thead> <tr> <th style="width:70%; text-align:center;">Components</th> <th style="width:30%; text-align:center;">Range Min./Max.</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Attach confirmatory laboratory reports, if available.</p>	Components	Range Min./Max.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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7. HAZARDOUS MATERIAL CERTIFICATION

Is the waste described above hazardous as defined by federal law (40 CFR part 261 or the Resource Conservation and Recovery Act) or state statute (Minnesota Solid Waste Rules, chapters 7045 and 7046). YES NO

8. SUPPLEMENTAL INFORMATION

None MSDS Sheets Analytical Data Chain of Custody Memo/Letter Waste Composition
 Other-Describe: _____ No. of Pages _____

9. GENERATOR'S CERTIFICATION

I hereby certify that the above and attached waste description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exist, that all known or suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste.

GENERATOR'S AUTHORIZED SIGNATORY as defined in Section 1(c):

DATE	PRINT NAME	SIGNATURE	TITLE
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10. REPRESENTATIVE SAMPLE CERTIFICATION

This Section is to be completed by the person obtaining the sample of the above described waste.

I certify that the sample for which analytical data was provided on the waste described above is representative of that waste and was collected and preserved in a manner consistent with accepted technical standards.

Collector's Name: _____

Title: _____

Date Collected: _____

Signature: _____

Company Affiliation: _____

Work Phone Number: _____

Laboratory Conducting Analysis: _____

Telephone No. _____