

**ASI-Texarkana**   
 7600 Alumax Drive  
 Texarkana, TX 75501  
 (903)-832-4790 or (800)-268-4790  
 Fax: (903)-838-5164

**ASI-Dallas**   
 301 West Louis  
 Hutchins, TX 75141  
 (972)-225-6500 or (800)-964-1715  
 Fax: (972)-225-6503

**ASI-Little Rock**   
 405 West Dixon Road  
 Little Rock, AR 72206  
 (501)-490-2468 or (866)-274-2468  
 Fax: (501)-490-2463

Analytical Attached  Yes  No

SDS Attached  Yes  No

EPA Generator No. \_\_\_\_\_

TDWR/TDH Registration No. \_\_\_\_\_

## WASTE CHARACTERIZATION

General Directions: In order for us to determine whether we can lawfully and safely transport, treat, and dispose of your waste material, we must obtain certain information about the chemical and physical properties of the waste and its chemical composition. Please be complete in your answers. If your response is "none" or "not available", so indicate.

1. Generator Name \_\_\_\_\_
2. Facility Address \_\_\_\_\_
- 2.a Billing Address \_\_\_\_\_
3. Company Contact \_\_\_\_\_
4. Name of Waste \_\_\_\_\_
5. Process Generating Waste \_\_\_\_\_
6. Anticipated Volume \_\_\_\_\_

Gallons Per: Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ One Time \_\_\_\_\_

Drums Per: Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ One Time \_\_\_\_\_

Other \_\_\_\_\_

7. Physical Properties Description: \_\_\_\_\_

<u>Physical State:</u> Solid _____ Semi-Solid _____ Liquid _____	<u>Odor:</u> Mild _____ Strong _____ None Detected _____ Describe: _____	<u>Layers:</u> Multi-Layered _____ Bi-Layered _____ Single Phase _____	<u>Explosive:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Water Reactive:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>pH:</u> <input type="checkbox"/> <5.5 <input type="checkbox"/> 5.5-7 <input type="checkbox"/> 7-10.5 <input type="checkbox"/> >10.5 Known: _____	<u>Density:</u> Lbs/Gallon _____ Specific Gravity _____	<u>Flash Point:</u> <140° F _____ ≥140° F _____	<u>Oxidizer:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Shock Sensitive:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Chemical Composition (If Known): \_\_\_\_\_ Inorganic: List any metals and concentrations (ppm) suspect or known in waste.  
 Organic: Describe \_\_\_\_\_

9. Water Soluble Organics (i.e. Alcohol, Ethylene Glycol)

10. Is this material a US EPA Haz Waste (40 CFR Part 261)?

\_\_\_\_\_ %

Yes  No

11. Other Components:

- Cyanides  Yes  No
- Sulfides  Yes  No
- Etiological Agents  Yes  No
- Pesticides/Herbicides  Yes  No

- Organic Chlorine  Yes  No
- PCB's  Yes  No  If yes, >50ppm
- Phenolics  Yes  No
- Benzene  Yes  No

12. Manifest Information: Proper USDOT Shipping Name: \_\_\_\_\_ USDOT Hazard Class: \_\_\_\_\_

13. Special Handling or Safety Information: \_\_\_\_\_

I hereby certify that the above 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, and that all known or suspected hazards have been disclosed. I hereby also authorize ASI to obtain samples for purposes of analysis or recertification.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ WCF Number \_\_\_\_\_