



**HERITAGE ENVIRONMENTAL SERVICES, LLC
LIFECYCLE DEA WASTESTREAM SURVEY FORM
(888) 347-7671**

www.lifecycle@heritage-enviro.com

Please review instructions before completing this form.

| | |
|---|--------|
| Heritage Use Only | |
| Quote #: | WS#: |
| Business Type: Repeatable: <input checked="" type="checkbox"/> Non-Repeatable: <input type="checkbox"/> | |
| Product Code: 8099WB | Price: |

| | | | | | | |
|-------------------|---------------------------------------|---|--|--|--|--|
| TSD: | Coolidge, AZ <input type="checkbox"/> | Indianapolis, IN <input type="checkbox"/> | Kansas City, MO <input type="checkbox"/> | Roachdale, IN <input type="checkbox"/> | Heritage-WTI <input checked="" type="checkbox"/> | Heritage-PR <input type="checkbox"/> |
| Service Location: | Albany, NY <input type="checkbox"/> | Charlotte, NC <input type="checkbox"/> | East Liverpool, OH <input checked="" type="checkbox"/> | Hayward, CA <input type="checkbox"/> | Houston, TX <input type="checkbox"/> | Iowa City, IA <input type="checkbox"/> |
| | Lemont, IL <input type="checkbox"/> | Louisville, KY <input type="checkbox"/> | Signal Hill, CA <input type="checkbox"/> | St. Louis, MO <input type="checkbox"/> | Toledo, OH <input type="checkbox"/> | Tulsa, OK <input type="checkbox"/> |

| | |
|--|---|
| 1. GENERATOR INFORMATION (Heritage#) | 2. BILLING INFORMATION (Heritage # 127904) |
| Generator Name | Customer Name Lifecycle Mailback |
| Address | Address |
| City, State | City, State |
| Zip, County | Zip, County |
| Tech. Contact Name | Contact Name |
| Phone Fax | Phone Fax |
| 24 Hour Emergency Number NA | E-mail Address |
| E-mail Address | 3. MANIFEST MAIL ADDRESS (If different from generator) |
| US EPA ID Number | Contact Name NA |
| State ID Numbers DEA Registrant #: | Company Name |
| Status LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> Non-hazardous <input type="checkbox"/> | Address |
| | City, State, Zip |

| | | |
|---|---|--|
| 4. Generator SIC Code 9999 | If 3312, generated from Coke Oven Byproduct Recovery Operations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If 28 __, 2911, 3312, or 4953, what is the Total Annual Benzene (TAB) in Megagrams/year? |
| 5. Common Name DEA Controlled with Sharps and Debris | | |
| 6. Process Generating Waste Out Dated/Unused/Off-Spec | | |
| 7. DOT Description ORM-D | | |
| 8. | Identify US EPA waste codes Exempt | |
| 9. | D001-D043, F001-F005, or F039 underlying or hazardous constituents present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> If yes, list in Section 12. | |
| 10. | US EPA Form Code W409 | US EPA Source Code G11 |
| 11. | Identify state waste codes None | |

12. Waste Composition: Using specific chemical names and/or descriptions of waste composition, list all constituents present in the wastestream, and identify those that are underlying hazardous constituents (UHCs), or F001-F005/F039 hazardous constituents. Attach available analysis or MSDSs. **Total composition must equal or exceed 100%.**

| Constituents | Range | Units | UHC? | F-Listed? |
|-------------------|-------|-------|------|------------------------------|
| Use common 102061 | 10-20 | % | Yes | Yes <input type="checkbox"/> |
| Debris | 80-90 | % | Yes | Yes <input type="checkbox"/> |
| | | | Yes | Yes <input type="checkbox"/> |
| | | | Yes | Yes <input type="checkbox"/> |
| | | | Yes | Yes <input type="checkbox"/> |
| | | | Yes | Yes <input type="checkbox"/> |
| | | | Yes | Yes <input type="checkbox"/> |

| | | | | |
|-----|--|--------------|--|--|
| 13. | Color Varies | Odor NONE | | |
| 14. | 14a. Chemical Properties | | 14b. Physical Properties at 70 F | |
| | Flash < 73 <input type="checkbox"/> | BTU/lb Range | Solid <input checked="" type="checkbox"/> | Free Liquids/Fail Paint Filter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Point (F) 73-<100 <input type="checkbox"/> | | Liquid <input checked="" type="checkbox"/> | Will waste dump out of drums? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | 100-<140 <input type="checkbox"/> | Low 0 | Sludge <input type="checkbox"/> | Is the waste pumpable? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | 140-<200 <input type="checkbox"/> | High 2000 | Semi-solid <input type="checkbox"/> | Will heat improve flow? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | >= 200 <input type="checkbox"/> | | Powder <input type="checkbox"/> | Debris?(List type in Section 12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Boiling Point (F) < 100 <input type="checkbox"/> | pH Range 4-9 | Gas <input type="checkbox"/> | Dust hazard? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | > 100 <input type="checkbox"/> | | % Solids 50-100 | % Liquids 50-100 |

Common Name (same as Item #5): DEA Controlled with Sharps and Debris

15. Check all that apply. Marking any of these may require additional documentation or follow-up information for approval. * Marks new sections.

| | | | |
|---|--|---|---|
| <p>*15a. Potential High Hazards</p> <p><u>Air Reactive</u> <input type="checkbox"/> <u>Shock Sensitive</u> <input type="checkbox"/></p> <p><u>Autoignitable</u> <input type="checkbox"/> <u>Spontaneously</u> <input type="checkbox"/></p> <p><u>Cyanide</u> <input type="checkbox"/> <u>Combustible</u> <input type="checkbox"/></p> <p><u>Explosive</u> <input type="checkbox"/> <u>Sulfide</u> <input type="checkbox"/></p> <p><u>Metal Fines</u> <input type="checkbox"/> <u>Temperature</u> <input type="checkbox"/></p> <p><u>Metal Powders</u> <input type="checkbox"/> <u>Control Required</u> <input type="checkbox"/></p> <p><u>Organic Peroxides</u> <input type="checkbox"/> <u>Temperature</u> <input type="checkbox"/></p> <p><u>Oxidizers</u> <input type="checkbox"/> <u>Sensitive</u> <input type="checkbox"/></p> <p><u>Peroxide Forming</u> <input type="checkbox"/> <u>Water Reactive</u> <input type="checkbox"/></p> <p><u>Pyrophoric</u> <input type="checkbox"/> <u>Not Applicable</u> <input checked="" type="checkbox"/></p> <p><u>Self Heating</u> <input type="checkbox"/></p> | <p>15e. Used oil? (40 CFR 279)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Used oil mixed with hazardous waste?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Total Halogens (TX) concentration?</p> <p>< 1000 PPM <input type="checkbox"/></p> <p>> 1000 PPM <input type="checkbox"/></p> | <p>15f. PCBs? (40 CFR 761)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, PCB concentration?(ppm)</p> <p>0-49 <input type="checkbox"/></p> <p>50-499 <input type="checkbox"/></p> <p>>= 500 <input type="checkbox"/></p> <p>Greater than 50 ppm source?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>15g. Subject to Subpart CC? (40CFR 264/5. 1080-1091, LQG>26gal, >500ppmw VOC)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>15h. Subject to Benzene NESHAP controls? (40 CFR 61.340-358)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>*15i. Does this material require any special handling related to employee safety, storage conditions, spill clean-up, sampling, etc.? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain below:</i></p> |
| <p>15b. Other Properties</p> <p><u>Aerosols</u> <input type="checkbox"/> <u>Infectious Agents</u> <input type="checkbox"/></p> <p><u>Ammonia</u> <input type="checkbox"/> <u>Insecticide</u> <input type="checkbox"/></p> <p><u>Asbestos</u> <input type="checkbox"/> <u>Lab Pack</u> <input type="checkbox"/></p> <p><u>Biological</u> <input type="checkbox"/> <u>Medical</u> <input type="checkbox"/></p> <p><u>Carcinogen</u> <input type="checkbox"/> <u>Pathogen</u> <input type="checkbox"/></p> <p><u>Chelating Agent</u> <input type="checkbox"/> <u>Pesticide</u> <input type="checkbox"/></p> <p><u>Compressed Gas</u> <input type="checkbox"/> <u>Polymerizable</u> <input type="checkbox"/></p> <p><u>Dioxins/Furans</u> <input type="checkbox"/> <u>Radioactive</u> <input type="checkbox"/></p> <p><u>Etiological</u> <input type="checkbox"/> <u>Sanitary</u> <input type="checkbox"/></p> <p><u>Herbicide</u> <input type="checkbox"/> <u>Sharps</u> <input type="checkbox"/></p> | <p>15j. Do any exclusions/exemptions apply? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe: <u>ORM-D Consumer Commodity Packaging</u></p> <p>*15k. Is this material overpacked? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain why: _____</p> <p>*15l. Does this material have potential to build pressure in the container? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain: _____</p> | | |

*15c. Have the containers been stored outside? Yes No If yes, condition? _____

*15m. Has this material been rejected from another facility? Yes No If yes, explain why: _____

*15d. Does this waste have any undisclosed hazards or prior incidents associated with it, which could affect the way it should be handled? Yes (If yes, attach detailed explanation) No

15n. Additional Comments/ Special Waste Type: Yes No

| | | | |
|--|--|--|---|
| <p>16. Transporter: Heritage Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Complete below)</p> <p>Transporter Name <u>UPS</u></p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Contact/Phone _____</p> <p>US EPA ID No. _____</p> | <p>17. Packaging:</p> <p>Bulk Liquid <input type="checkbox"/></p> <p>Bulk Solid <input type="checkbox"/></p> <p>Cu Yd Bag/Box <input type="checkbox"/></p> <p>Cylinder <input type="checkbox"/></p> <p>Drum <input checked="" type="checkbox"/></p> <p>Tote (Metal) <input type="checkbox"/></p> <p>Tote (Poly) <input type="checkbox"/></p> | <p>Size:</p> <p>_____</p> <p>_____</p> <p><u>varies</u></p> <p><u>1, 2 or 5</u></p> <p><u>gal</u></p> <p>_____</p> | <p>18. Volume:</p> <p>_____</p> <p><u>varies</u>/Year</p> <p><u>varies</u>/Shipment</p> |
|--|--|--|---|

19. Check or List Attachments: Lab Data MSDS Cylinder Form Packing List Other (list)

20. CERTIFICATION Sign and date the certification. I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator, that all information submitted herein and attached documentation contains true, accurate and complete descriptions of this material. Any sample submitted for analysis or attached laboratory data is representative of the material being offered for approval. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I will notify Heritage Environmental Services, LLC or Heritage-WTI, Inc. of any changes in generator status, any information on this form, or any information on the attachments. This certification and signature apply to this form, to all attachments checked in section 19, and to the land disposal restriction notification (LDR) generated from this information.

Signature _____ Printed Name _____ Date _____ Company _____

| COMPLETE THIS SECTION FOR NON-HAZARDOUS MATERIAL | | | |
|--|--|---|--|
| 21a. Is this waste a listed waste? (U, P, K, or F codes) Yes <input type="checkbox"/> No <input type="checkbox"/> | 21b. This waste is not characteristically hazardous for D001-D043 based on attached lab data (mark LD), attached MSDS (mark MSDS), or generator knowledge (mark GK). | | |
| <p>D001 (Ignitability) _____</p> <p>D002 (Corrosivity) _____</p> <p>D003 (Reactivity) _____</p> | <p>TCLP VOLATILES</p> <p>D018 Benzene _____</p> <p>D019 Carbon Tetrachloride _____</p> <p>D021 Chlorobenzene _____</p> <p>D022 Chloroform _____</p> <p>D028 1,2 -Dichloroethane _____</p> <p>D029 1,1-Dichloroethylene _____</p> <p>D035 Methyl Ethyl Ketone _____</p> <p>D039 Tetrachloroethylene _____</p> <p>D040 Trichloroethylene _____</p> <p>D043 Vinyl Chloride _____</p> | <p>TCLP SEMI-VOLATILES</p> <p>D023 o-Cresol _____</p> <p>D024 m-Cresol _____</p> <p>D025 p-Cresol _____</p> <p>D026 Cresol _____</p> <p>D027 1,4-Dichlorobenzene _____</p> <p>D030 2,4-Dinitrotoluene _____</p> <p>D032 Hexachlorobenzene _____</p> <p>D033Hexachlorobutadiene _____</p> <p>D034 Hexachloroethane _____</p> <p>D036 Nitrobenzene _____</p> <p>D037 Pentachlorophenol _____</p> | <p>D038 Pyridine _____</p> <p>D041 2,4,5-Trichlorophenol _____</p> <p>D042 2,4,6-Trichlorophenol _____</p> <p>HERBICIDES & PESTICIDES</p> <p>D012 Endrin _____</p> <p>D013 Lindane _____</p> <p>D014 Methoxychlor _____</p> <p>D015 Toxaphene _____</p> <p>D016 2,4-D _____</p> <p>D017 2,4,5-TP(Silvex) _____</p> <p>D020 Chlordane _____</p> <p>D031 Heptachlor _____</p> |
| <p>TCLP METALS</p> <p>D004 Arsenic _____</p> <p>D005 Barium _____</p> <p>D006 Cadmium _____</p> <p>D007 Chromium _____</p> <p>D008 Lead _____</p> <p>D009 Mercury _____</p> <p>D010 Selenium _____</p> <p>D011 Silver _____</p> | | | |

