

FACILITY PROFILE FORM

Giant Resource Recovery

The Best Solution - Recycling & Resource Recovery

Giant Resource Recovery - Sumter, Inc. ♦ 755 Industrial Road ♦ PO Box 1755 ♦ Sumter, SC 29151
Phone: (803) 773-1400 ♦ Fax: (803) 775-4145 ♦ S C D 0 3 6 2 7 5 6 2 6

Facility Use Only:	
PROFILE NUMBER _____	
Date: _____	Account #: _____
Sales # / Broker # _____	
Classification: _____	<input type="checkbox"/> New Customer <input type="checkbox"/> New S/A

New Amendment

TREATMENT METHOD F.

A. GENERATOR INFORMATION

GENERATOR STATUS: Conditionally Exempt Small Quantity Large Quantity

Generator Name: US EPA EPA ID# SCD091318204

Primary Contact: TOBY V. Phone #: 312-446-6325 Fax#: _____

Location Address: 396 STATE HIGHWAY City: WINNSBORO State: SC Zip: 29180 County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Billing Name: Clean Management Environmental Grp Phone #: 800-538-8131 Contact: Scott Bridgeman

Billing Address: Post Office Box 1606 City: Walterboro State: SC Zip: 29488 County: Colleton

B. WASTE DESCRIPTION

Waste Name: FLAMMABLE LIQUID

Description of Process Generating Waste: Unwanted Material

EPA Waste Code(s): D001

C. WASTE CHARACTERISTICS (@ 70°F)

Physical State: Solid Liquid Sludge Thousands of BTU's/lb: >10,000 Halogens (Cl, F, Br): _____ % or _____ ppm

Viscosity: Low(Thin) Medium High Specific Gravity: .8-1.2 Flash Point: None <140 >140

Layering: None Bilayer Multilayer Total Solids: 0 % pH: 5 to 7 If solid or no water present, pH of 50/50 aqueous slurry

D. CHEMICAL COMPOSITION

Chemical Constituents

Water (if present)	<u><10</u>	%	_____	%
TOLUENE	_____	%	<u>SEE MSDS</u>	_____
ACETONE	<u>10-15</u>	%	_____	_____
XYLENE	<u>65-80</u>	%	_____	_____
ETHYL BENZENE	<u>10-15</u>	%	_____	_____
METHANOL	<u>25-30</u>	%	_____	_____
METHYL ETHYL KEYTONE	<u>50-100</u>	%	_____	_____

Toxins: Cyanides _____ ppm Pesticides _____ ppm PCB's _____ ppm Beryllium _____ ppm Antimony _____ ppm

Nickel _____ ppm Thallium _____ ppm Zinc _____ ppm Dioxins _____ ppm (None of the above)

E. SHIPPING INFORMATION

Volume (lbs/yr): 7 DRUMS Shipping Frequency: One Time Weekly Monthly Quarterly Yearly

Container Spec: Drums (size: 55 GAL) Roll-Off (size: _____) Tanker Other: _____

Proper DOT Shipping Name: WASTE FLAMMABLE LIQUIDS, N.O.S

Hazard Class: 3 UN / NA #: UN1993 Packaging Group: II N.O.S. Information: _____

F. TCLP CERTIFICATION*

Facility Use Only:

PROFILE NUMBER _____

Complete each section

Regulatory Level		Regulatory Level, ppm	Actual Range	Regulatory Level		Regulatory Level, ppm	Actual Range		
Above	Below			Above	Below				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D004 Arsenic	5.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D024 m-Cresol	200.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D005 Barium	100.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D025 p-Cresol	200.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D006 Cadmium	1.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D026 Cresol	200.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D007 Chromium	5.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D027 1,4-Dichlorobenzene	7.5	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D008 Lead	5.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D028 1,2-Dichloroethane	0.5	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D009 Mercury	0.2	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D029 1,1-Dichloroethylene	0.7	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D010 Selenium	1.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D030 2,4-Dinitrotoluene	0.13	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D011 Silver	5.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D031 Heptachlor	0.008	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D012 Endrin	0.02	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D032 Hexachlorobenzene	0.13	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D013 Lindane	0.4	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D033 Hexachlorobutadiene	0.5	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D014 Methoxychlor	10.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D034 Hexachloroethane	3.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D015 Toxaphene	0.5	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D035 Methyl Ethyl Ketone	200.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D016 2,4-D	10.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D036 Nitrobenzene	2.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D017 2,4,5-TP (Silvex)	1.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D037 Pentachlorophenol	100.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D018 Benzene	0.5	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D038 Pyridine	5.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D019 Carbon Tetrachloride	0.5	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D039 Tetrachloroethylene	0.7	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D020 Chlordane	0.03	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D040 Trichloroethylene	0.5	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D021 Chlorobenzene	100.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D041 2,4,5-Trichlorophenol	400.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D022 Chloroform	6.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D042 2,4,6-Trichlorophenol	2.0	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D023 o-Cresol	200.0	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D043 Vinyl Chloride	0.2	_____

*The above TCLP is based on: _____ Actual Testing Generator Knowledge _____ Both (Attach all applicable analysis)

G. BENZENE NESHAP QUESTIONNAIRE

(Note: If the 1st question is marked "NO," then skip remaining questions)

Does the waste contain benzene? _____ YES or NO
 Is the waste generated by Petroleum Refineries (SIC 2911), Chemical Manufacturing Plants (SIC 2800-2899),
 Coke By-Product Recovery Plants (SIC 3312), or TSD (SIC 4953, 4959, 9511, 4214)? _____ YES, SIC #: _____ or NO
 What is your facility's Total Annual Benzene (TAB) in mega-grams (10⁶ grams) per year? _____ Mg/yr
 Is the benzene concentration in this waste greater than 10 ppm? _____ YES, maximum ppm of benzene: _____ or NO
 Does this waste contain greater than 10% water? YES or _____ NO
 Is this waste subject to the Benzene Waste Operations NESHAP controls (40 CFR Part 61 Subpart FF)? _____ YES or NO

H. CERTIFICATION

Generator Certification

I certify, under penalty of law, that this document, and all attachments, were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages the systems, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Disposal Facility Certification (for Giant Resource Recovery use, only)

In compliance with 40 CFR 264.12(b), I certify that, based on the information presented in this document, this facility is permitted to accept the waste stream described hereon, and do hereby inform the generator listed hereon of acceptance of the waste for treatment, storage and/or disposal in the manner designated, and in compliance with the TSD's standard terms and conditions.

Signature: _____ Date: _____
 Print Name: _____ Title: _____