

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: ☐ New Customer
☐ 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 Group** 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: **OIL & KEROSENE**

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)	<10	%	_____	%
OIL	50-100	%	_____	%
KEROSENE	50-100	%	_____	%
_____	_____	%	_____	%
_____	_____	%	_____	%
_____	_____	%	_____	%
_____	_____	%	_____	%

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): **1800 LBS** 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 LIQUID, NOS**

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 ☒ NOIs 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 ☒ NOWhat is your facility's Total Annual Benzene (TAB) in mega-grams (10⁶ grams) per year? _____ Mg/yrIs the benzene concentration in this waste greater than 10 ppm? _____ YES, maximum ppm of benzene: _____ or ☒ NODoes this waste contain greater than 10% water? ☒ YES or _____ NOIs 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: _____