

**Waste Characterization Form**

**Generator Identification:**

FPC Approval #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Plant location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Broker or Consultant name and address: \_\_\_\_\_

Description of waste product: \_\_\_\_\_

Indicate the process that generated this waste (be specific): \_\_\_\_\_

**Waste Characterization:**

Estimated volume/tonnage \_\_\_\_\_ Frequency (check one): \_\_\_ monthly \_\_\_ yearly \_\_\_ one time

Packing: \_\_\_ Bulk \_\_\_ Drums *if drums, give size and type:* \_\_\_\_\_

Physical State: \_\_\_ solid \_\_\_ liquid \_\_\_ semi solid Is there layering? \_\_\_\_\_

Flashpoint (degrees F) \_\_\_\_\_, cyanides \_\_\_\_\_ ppm, sulfides \_\_\_\_\_ ppm

Metallics:	Arsenic _____ ppm	Chromium _____ ppm	Selenium _____ ppm
	Barium _____ ppm	Silver _____ ppm	Cadmium _____ ppm
	Mercury _____ ppm	Lead _____ ppm	

Other Metallics/Toxics \_\_\_\_\_ ppm, \_\_\_\_\_ ppm, \_\_\_\_\_ ppm

*Is this waste corrosive?* \_\_\_\_\_ *PH of waste:* \_\_\_\_\_

*Is this a listed hazardous waste per USEPA Regulations?* \_\_\_\_\_

Total Constituents (must equal 100%)	_____ %	_____ %	_____ %	_____ %
_____ %	_____ %	_____ %	_____ %	_____ %
_____ %	_____ %	_____ %	_____ %	_____ %

Additional information: \_\_\_\_\_

**Hauler's Information** *(if other than First Piedmont Corporation vehicles):*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Generator's Certification:**

This is a complete and accurate description of this waste material and I hereby certify this waste is not hazardous as defined by U.S. Department of Transportation (DOT), U.S. Environmental Protection Agency (EPA), state or local regulations.

Generator's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions, please call our Main Office in Chatham, VA at (434) 432-0211 or toll free at (800) 476-6780. Please sign and return this form to Ricky Harris at the above address or fax to (888) 594-0278. Thank You!*