

# GEM

## Rancho Cordova LLC

11855 White Rock Road  
Rancho Cordova, CA 95742

Approvals Fax: (909) 385-0382 or (916) 313-3211

### GENERATORS WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

<b>PROFILE NUMBER:</b> _____
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**A. GENERATOR INFORMATION:**

Generator Name \_\_\_\_\_  
 Site Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Customer Name \_\_\_\_\_  
 Customer Phone \_\_\_\_\_  
 Customer Fax \_\_\_\_\_  
 Generator EPA ID Number \_\_\_\_\_  
 Generator's SIC/NAISC Code \_\_\_\_\_

**BILLING INFORMATION:**

Billing Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Billing Contact Name \_\_\_\_\_  
 Billing Phone \_\_\_\_\_  
 Billing Fax \_\_\_\_\_  
 GEM Sales Rep \_\_\_\_\_

**B. WASTE STREAM INFORMATION:**

Name of the Waste: RCRA EMPTY CONTAINERS (SMALL, OVERPACKED)  
 Original Process Generating Waste: EMPTIED TO RCRA STANDARD

Is it a Lab-Pack?  Yes  No If "Yes", attached inventory sheet(s) and skip to Section H.  
 Is a representative sample provided?  Yes  No Is a MSDS attached?  Yes  No  
 Is there any Analytical attached? TCLP  Yes  No Other  Yes  No

**C. GENERAL CHARACTERISTICS:**

Color: VARIES	Physical state @70°F _____	Phases	BTU/lb
Odor:	% Liquid _____	<input checked="" type="checkbox"/> Single Layer	<input checked="" type="checkbox"/> <3000
<input checked="" type="checkbox"/> None	% Sludge _____	<input type="checkbox"/> Multi Layer	<input type="checkbox"/> 3000-5000
<input type="checkbox"/> Mild	100 % Solid _____	<input checked="" type="checkbox"/> How Many?	<input type="checkbox"/> 5000-10,000
<input type="checkbox"/> Strong	% Powder _____		<input type="checkbox"/> >10,000

PH:  <2.0  2.0 to 4.0  4.0 to 10.0  10.0 to 12.5  >12.5  
 Liquid Flash point:  <73 °F  73 to 99 °F  100 to 139 °F  140 to 200 °F  >200 °F  None  
 Specific Gravity N/A % Total Halogens 0

**D. CHEMICAL COMPOSITION:**

Chemical Name	Min%	Max%	Chemical Name	Min%	Max%
SMALL EMPTY CONTAINERS	98	100	_____		
PRODUCT RESIDUE	0	1	_____		
ABSORBENT, PPE	0	1	_____		
(NO P-LISTED WASTE)			_____		
_____			_____		
_____			_____		

**E. OTHER WASTE STREAM INFORMATION:**

Is this waste "Used Oil"?  Yes  No  
 If "Yes", does the oil contain Polychlorinated Biphenyls?  Yes  No  
 If PCB'S are present, is the waste regulated by TSCA per 40 CFR 761?  Yes  No  
 Does the total halogen content exceed 1,000 ppm?  Yes  No  
 If "Yes", can you identify the "chlorinated constituent" present in the oil?  Unknown  Yes (specify):  
 Does the Waste have any of the following characteristics? (Please check all that apply)  
 Oxidizer  Organic Peroxide  Water Reactive  Air Reactive  Pyrophoric  Dioxin  
 Radioactive  Infectious  Pathogen  Carcinogen  Etiological  Cyanides  
 Explosive  Shock Sensitive  Undergo Hazardous Polymerization  Cylinder  Aerosols



**F. OTHER WASTE STREAM INFORMATION CONTINUED:**

Is this Waste subject to RCRA Subpart CC controls? (40 CFR 265 SUBPART CC)  Yes  No
If "No", does the Waste meet the organic LDR exemption for UHC'S? (40 CFR 268.48, 268.7)  Yes  No
If "No", does the Waste contain <500ppm volatile organic (VOC)? (40 CFR 265 SUBPART CC)  Yes  No
Does the Waste contain Class I or Class II ozone depleting substances?  Yes  No

**G. WASTE CHARACTERIZATION:**

Is this a Non-RCRA (California-Regulated) "Hazardous Waste" per 22 CCR 66264?  Yes  No
If "Yes", please list all applicable State Waste Code(s): 513
Is this a RCRA "Hazardous Waste" per 40 CFR?  Yes  No
If "Yes", please list all applicable RCRA Waste Code(s):
Is this a "Universal Waste"?  Yes  No

**H. DOT SHIPPING INFORMATION:**

Is this a U.S. Department of Transportation (USDOT) Hazardous Material?  Yes  No
Proper Shipping Name per 49 CFR 172.101 Hazardous Materials Table:
NON RCRA HAZARDOUS WASTE SOLID
Reportable Quantity (if any) N/A lbs.
Hazard Class or Division No. N/A Subsidiary N/A UN # N/A Packing Group N/A

Is this a "Poisonous Inhalation Hazard"?  Yes  No
If "Yes", please indicate Hazard Zone  Zone A  Zone B  Zone C  Zone D Other
List two primary hazardous constituents: EMPTY

**I. COMMENTS:**

CONTAINERS MUST BE RCRA EMPTY PER 40CFR§261.7

**J. GENERATOR CERTIFICATION:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazardous constituents have been disclosed. I also certify that the obtained sample is representative of the waste material described above and give GEM permission and consent to make amendment and corrections.

Name (print or type) Title
Signature Date

THIS SPACE FOR GEM LLC APPROVALS DEPARTMENT ONLY

DATE RECEIVED / / APPROVER'S NAME
PROCESS CODE PRICE UNIT OF MEASURE
PROFILE NUMBER PROPER WASTE CODES
YARD INSTRUCTIONS: NO LANDFILL CUSTOMER MSDS ATTACHED ANALYTICAL ATTACHED
PERFORM LABORATORY ANALYSIS
NOTES: