



Approval #:

PES USE ONLY

PES Material Information Profile

Date Received:

(Please type or print in ink)

Material Name/Description:

Process Generating Material (Be Specific):

Physical Description:

Generator:

EPA ID #:

Shipping Address (Street, City, State, Zip):

Generator Contact:

E-Mail Address:

Phone:

Fax:

Billing Information (Company, Street, City, State, Zip):

Billing Contact:

E-Mail Address:

Phone:

Fax:

DOT/EPA Information

DOT Hazardous Material Basic Description: Specify the **Identification Number**, the **Proper Shipping Name**, the **Hazard Class** and the **Packing Group** | ISHP

RQ:

ERG#:

RCRA and/or State
Material Codes:

☐ N/A

(List All Codes that Apply)

Material Characterization Available

Chemical Composition | Constituents

(Must Account for 100%)

Total %

Low (%)

High (%)

Concentration

[mg/L or mg/kg]

Optional Information

(Known | Suspected | Estimated – ppm or mg/L)

Constituent

Concentration & UOM

Antimony

Arsenic

Barium

Beryllium

Cadmium

Chromium

Copper

Cyanide

Lead

Mercury

Nickel

Nitrates

Organics

Selenium

Silver

Sulfates

Sulfide

Thallium

Vanadium

Halogens <input type="checkbox"/> « 2% <input type="checkbox"/> Cl <input type="checkbox"/> 2-5% <input type="checkbox"/> F <input type="checkbox"/> 5-10% <input type="checkbox"/> Br <input type="checkbox"/> 10-30% <input type="checkbox"/> I <input type="checkbox"/> » 30% <input type="checkbox"/> Measured: _____	Layers <input type="checkbox"/> Multilayered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Single Phase Color: _____	Solids <input type="checkbox"/> Suspended _____ % <input type="checkbox"/> Settleable _____ % <input type="checkbox"/> Dissolved _____ % Color: _____	Odor <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Describe: _____	Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Flowable Powder <input type="checkbox"/> Semisolid <input type="checkbox"/> Pumpable <input type="checkbox"/> Liquid Viscosity <input type="checkbox"/> High (Syrup) <input type="checkbox"/> Medium (Oil) <input type="checkbox"/> Low Water <input type="checkbox"/> Gas
pH <input type="checkbox"/> « 2% <input type="checkbox"/> 2-5% <input type="checkbox"/> 5-9 <input type="checkbox"/> 9-12.5 <input type="checkbox"/> » 12.5 <input type="checkbox"/> Exact _____ <input type="checkbox"/> N/A <input type="checkbox"/> Not Specified/Determined	Specific Gravity <input type="checkbox"/> < 0.8 <input type="checkbox"/> 0.8-1.0 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.0-1.2 <input type="checkbox"/> > 1.2 <input type="checkbox"/> Measured: _____ <input type="checkbox"/> Not Specified/Determined	Flash Point (°F) <input type="checkbox"/> < 80 <input type="checkbox"/> 80-100 <input type="checkbox"/> 101-140 <input type="checkbox"/> 141-200 <input type="checkbox"/> > 200 <input type="checkbox"/> No Flash <input type="checkbox"/> Measured: _____ <input type="checkbox"/> Not Specified/Determined	BTU/LB _____ % ASH _____ Water Solubility _____	Hazardous Characteristics (Potential or Known) <input type="checkbox"/> Reactive Material – Specify: _____ <input type="checkbox"/> Radioactive <input type="checkbox"/> Explosive <input type="checkbox"/> Biohazard [Certificate of Sterilization/Disinfection REQUIRED]

Container Information:	<u>Type</u>	<u>Size</u>
Packaging:	Present Container: _____	_____
	Shipping Container: _____	_____
Shipping Frequency:	Units: _____	[Check One] One Time <input type="checkbox"/> Per Day <input type="checkbox"/> Per Wk <input type="checkbox"/> Per Mth <input type="checkbox"/> Per Qtr <input type="checkbox"/> Per Yr <input type="checkbox"/>
	UOM: _____ [e.g., Drums, Boxes, Totes, etc..]	Other Description: _____

Additional Information:	<u>Yes</u>	<u>No</u>
Is this material subject to subpart CC regulations (i.e. contains >500 ppm volatile organic compounds)? Are there underlying hazardous constituents, other than mercury listed in 40CFR268.48? Does the material contain >500 ppm of any 40CFR Part 261 Appendix VIII Constituents? If any of the above items were answered yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Addt'l Comments: _____

Generator Certification:
I hereby certify that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed.

_____ Signature	_____ Date
_____ Print Name/Title	

TSDF Notification to the Generator: *If approved for management, Permian Evironmental Solutions, has all the appropriate permit(s) for, and will accept, the material that has been characterized and identified by the Generator within this profile document.*

Qtrly Annual Reporting Information:				
NAICS SIC Code(s):	Source Code:	Form Code:	Mgmt Method Code:	Module #: