

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:	<input type="checkbox"/> N/A	(List All Codes that Apply)
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Material Characterization Available Chemical Composition Constituents (Must Account for 100%)	Total %		Concentration [mg/L or mg/kg]	Optional Information (Known Suspected Estimated – ppm or mg/L)	
	Low (%)	High (%)		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"/> 2-5% <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-30% <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:

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

Additional Information:

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:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Add'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 Environmental 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 #:
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