



Non-Hazardous Waste Characterization / Profile Sheet

Designated Facility: 12630 W Custer Ave, Butler WI 53007

Sales Rep: _____

A. Generator

Name _____
 Site Address _____
 City, State, Zip _____
 Contact _____
 Phone _____
 Fax _____
 EPA ID# _____

B. Billing

Name _____
 Address _____
 City, State, Zip _____
 Contact _____
 Phone _____
 Fax _____
 Email _____

C. Description of Waste

Name of Waste _____ Process Generating Waste _____
 Estimated Volume _____ Frequency _____ Physical State _____
 Color _____ Liquids % _____ Solids % _____ Flash Point (°F) _____ pH _____
 Constituents _____ % _____ % _____ % _____ % _____ %

D. Used Oil Determination

Waste contains "Used Oil" as defined by 40 CFR 279? Yes ___ No ___

If YES, please complete:

Has this Used Oil been mixed with Hazardous Waste? Yes ___ No ___ Are chlorinated solvents used on site? Yes ___ No ___

Does it contain Total Halogen concentration greater than 1000 mg/L? Yes ___ No ___

If yes, can you identify the Halogenated Constituent in the Oil? Yes ___ No ___

If yes, can you rebut the presumption that this used oil is Hazardous Waste? Yes ___ No ___

If yes, then check reason:

___ The total halogen concentration is a result of halogenated constituent of the oil formulation (Please provide MSDS), and has not been mixed with a chlorinated solvent or other hazardous waste.

___ The attached laboratory analysis displays no significant concentrations of halogenated constituents.

E. Other Waste Data or Comments

F. Sample Information

Check all that apply:

- Sample submitted with profile Laboratory Analysis submitted Material Safety Data Sheet Submitted

G. Generator Certifications

- This waste is not a hazardous waste as defined in Wisconsin Administrative Code NR 661 or 40 CFR 261.
- This waste does not contain regulated quantities of PCB's.
- This waste does not contain regulated quantities of herbicides or pesticides.
- This waste does not contain regulated quantities of solvents as specified in Wisconsin Administrative Code NR 605.
- This waste does not contain infectious wastes as defined in Wisconsin Administrative Code NR 526.
- All information submitted in this and all attached documents contain true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix 1 and was obtained by using this or an equivalent sampling method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

Generator's Signature _____ Title _____

Print Name _____ Date _____

Facility Approval

Approvals Signature _____ Date _____ Waste Sub-Category (X,O,M,SW, UO) _____

Basis for Sub-Category _____ Characterization / Profile Number _____