

Shipping Information

Packaging: DM-Drum Metal

Size: 55 GAL

Waste Profile Number: _____

Anticipated Volume: _____ Per Month

Shipping Frequency: _____ Per Month

Sampling & Other InformationIs a sample required? Yes No (Chain of custody required for all samples.)Analytical data attached? Yes No MSDS attached? Yes No (Check yes for all virgin products)Liquid Specific Gravity? _____ to _____ OR actual _____ UHC Yes No If yes, attach UHC ListingBenzene NESHAP Yes No If yes, attach Benzene NESHAP certification.**Transportation Information**Is this a DOT Hazardous Material? Yes No

Proper Shipping Name: _____

Hazard Class: N/A

Subsidiary Hazard Class: N/A

ID# NA

Packing Group: N/A

Additional Description: _____

CERCLA Reportable Quantity (RQ):

RQ=NA

RQ Units (lb/kg):

LB

ERG # _____

SPECIAL HANDLING INFORMATION: _____

Additional Pages Attached **Generator's Certification**

I hereby certify that all information submitted in this form and all attached documents contain true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 – Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize the disposer to obtain a sample from any waste shipment for purposes of recertification. If the waste stream or process generating the waste changes, I will notify Ashland Distribution prior to shipment of the waste.

Signature _____

Printed (or typed) name and title _____

Date _____

TSDF CERTIFICATION STATEMENT

FOR WASTE STREAMS WHICH WILL BE MANIFESTED TO ASHLAND DISTRIBUTION FACILITIES: AS REQUIRED BY THE FEDERAL REGULATIONS SET FORTH IN 40 CFR 264.12(b), WE ARE HEREBY NOTIFYING YOU THAT OUR FACILITY HAS THE APPROPRIATE HAZARDOUS WASTE MANAGEMENT PERMITS AND CAN ACCEPT THE ABOVE WASTE STREAM GENERATED BY YOUR COMPANY.

OFFICE USE ONLY Check here if this is a recertification

Profile reviewed by Ashland Employee _____

Date: _____

Customer Service has submitted vendor approval to the Ashland Part B facility

Date: _____

All codes have been verified with Ashland Transfer Facility Permit.

Initials: _____

Date: _____