

CHESAPEAKE WASTE SOLUTIONS, INC.

2005 Old Greenbrier Rd. Suite 106, Chesapeake, VA 23320 Phone (757) 461-6850 Fax (757) 461-4772

**Proprietary Waste Application for SPSA Facilities**

**I CUSTOMER INFORMATION**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Invoicing Contact: \_\_\_\_\_

Invoicing Address: \_\_\_\_\_

Is applicant the generator of the waste? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Generator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Generator EPA ID No.: \_\_\_\_\_

**II WASTE INFORMATION**

Generator's Description of Waste: \_\_\_\_\_

Describe Process Generating the Waste:


Reason for Destruction: \_\_\_\_\_

Current Disposal Method: \_\_\_\_\_

Physical State: \_\_\_\_\_ Liquid \_\_\_\_\_ Granular \_\_\_\_\_ Semi-Solid \_\_\_\_\_ Powder \_\_\_\_\_ Solid \_\_\_\_\_ Other \_\_\_\_\_

Color:  Odor:  pH Range:

CAS #:  % Moisture:

**III WASTE CONSTITUENTS**

List all active and/or inactive ingredients, chemical names and/or formulas contained in the material.

CHEMICAL NAME/INGREDIENTS

PERCENT


Supporting analytical documentation enclosed with this application. **Note:** Additional analytical documentation may be required for consideration of acceptance to SPSA facilities.

_____ MSDS Sheet	_____ Sample of Material	_____ Sulfides
_____ Total Metals	_____ Sampling Plan	_____ Cyanides
_____ TCLP Metals	_____ PCB's	_____ pH
_____ TCLP Other	_____ TOX	

Is the Material RCRA, TSCA or DOT Regulated? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Does the material contain any Conditionally-Exempt Small Quantity Generator hazardous waste?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does the material contain any medical waste? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the material flammable? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the material contain any PCB's? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this material contain or is it contaminated with used oil as defined by 40CFR Part 279?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the material contains or is contaminated with used oil, please attach analysis for total arsenic, cadmium, chromium, lead, total organic halogens, PCBs and flash point. SPSA is permitted to burn used oil according to the requirements of 40 CFR Part 279.65. SPSA's EPA ID No. is VAR000500041.

Describe recommended fire fighting equipment and techniques \_\_\_\_\_

\_\_\_\_\_

Describe any safety equipment required during handling \_\_\_\_\_

\_\_\_\_\_

**IV SHIPPING AND TRANSPORTATION INFORMATION**

Transporter Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Transporter EPA ID No. (for used oily waste only): \_\_\_\_\_

Delivery Vehicle:

\_\_\_\_ Box Trailer                      \_\_\_\_ Dump Trailer/Truck                      \_\_\_\_ Roll-off  
\_\_\_\_ Flat Bed                              \_\_\_\_ Walking Floor                              \_\_\_\_ Tanker  
\_\_\_\_ Other (Describe): \_\_\_\_\_

Shipping Container:

\_\_\_\_ Steel Drums                      \_\_\_\_ Gaylord Boxes                      \_\_\_\_ Shrink-wrap on Pallets  
\_\_\_\_ Fiber/Poly Drums                      \_\_\_\_ Super Sacs                              \_\_\_\_ Pails  
\_\_\_\_ Roll-offs                              \_\_\_\_ Other (Describe): \_\_\_\_\_

Quantity per Delivery:  Frequency of Delivery

Special handling instructions/requests: \_\_\_\_\_

**V CERTIFICATION**

I certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material and all relevant information regarding known or suspected hazards in the possession of the owner has been disclosed. I further certify that the waste described above is not a hazardous waste under RCRA or any other current regulations and the waste contains no asbestos or polychlorinated biphenyls (PCBs). The waste has not been exposed to or contaminated with any listed hazardous waste. I also certify that this waste was generated with the proper local, state and/or federal permits and that the material poses no serious public safety or health threats to SPSA facilities, operating personnel or the general public.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Company/Title \_\_\_\_\_