

Profile Number



Disposal Facility

VLS Quartzsite, LLC
3215 W Dome Rock Road
Quartzsite, AZ 85346

Generator's Waste Profile (GWP)

Revision Date: 1/20/2023

I. GENERAL INFORMATION

A. GENERATOR NAME: _____ G. BILLING NAME: _____

B. GENERATOR ADDRESS: _____ H. BILLING ADDRESS: _____

C. GENERATOR CONTACT _____ I. BILLING CONTACT: _____

D. GENERATOR EPA ID NO.: _____ J. BILLING PHONE NO.: _____

E. GENERATOR STATE ID NO.: _____ K. GENERATOR PHONE NO. _____

F. GENERATOR STATE WASTE CODE NO.: _____ L. VLS SALES CONTACT: _____

II. WASTE INFORMATION – PLEASE USE FULL NAMES RATHER THAN ACRONYMS (Attach Flow Charts and Process Inputs)

A. NAME OF WASTE STREAM: _____

B. GENERATING PROCESS AND DESCRIPTION OF WASTE: _____

C. VOLUME: _____ D. FREQUENCY: _____

E. CONTAINER: 5-GALLON 30 GAL DRUMS 55 GAL DRUMS TOTE BULK TANKER PUMP TRUCK OTHER

F. SAMPLE SOURCE _____

G. IS THIS WASTE INCOMPATIBLE WITH OTHER MATERIAL? NO YES IF YES, EXPLAIN: _____

III. PHYSICAL CHARACTERISTICS OF WASTE STREAM

A. FLASH POINT (F): <73 73 - 99 100 - 139 140 - 199 ≥ 200 B. pH Range: _____ TO _____

C. COLOR/APPEARANCE: _____ D. SOLIDS (%): _____ E. DENSITY (#/GAL OR S.G.): _____

F. ODOR: _____ G. PHYSICAL STATE SOLID LIQUID BOTH H. PHASES: SINGLE MULTIPLE

IV. CHEMICAL COMPOSITION-CONSTITUENTS • DO NOT USE GENERIC TERMS (e.g. ORGANICS, SALT, SOLIDS, OILS) • ATTACH MSDS FOR PRODUCTS

_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %
_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %	_____	_____	<input type="checkbox"/> PPM <input type="checkbox"/> %

NO ACRONYMS – PLEASE USE FULL CHEMICAL NAME *(Indicates TRI Listed Chemical) Total _____ % (Must be ≥ 100%)

V. WASTE CONTENT • PLEASE INDICATE IF THE WASTE CONTAINS ANY OF THE FOLLOWING: (ATTACH ANALYTICAL WHERE APPLICABLE)

SULFIDE _____ ppm	<input type="checkbox"/> YES <input type="checkbox"/> NO	RADIOACTIVE ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLOSIVE MATERIAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CYANIDE _____ ppm	<input type="checkbox"/> YES <input type="checkbox"/> NO	PCB'S >50 ppm ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL / BLOOD PATHAGENS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BENZENE _____ ppm	<input type="checkbox"/> YES <input type="checkbox"/> NO	DIOXINS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASBESTOS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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VI. SDS AND ANALYTICAL DATA – PLEASE INDICATE ONE OR MORE OF THE FOLLOWING BELOW

- A. ABOVE INFORMATION IS BASED ON THE PROVIDED SAFETY DATA SHEET? NO YES – SDS IS ATTACHED
- B. ABOVE INFORMATION IS BASED ON GENERATOR KNOWLEDGE? NO YES
- C. ANALYTICAL DATA IS ATTACHED? NO YES; AND

LABORATORY DATA CONDUCTED BY A COMMERCIAL ANALYTICAL LABORATORY ACCREDITED OR CERTIFIED BY THE STATE. PLEASE ENSURE THAT DATA PROVIDED HAS THE ACCREDITATION NUMBER, LAST ACCREDITATION DATE, ACCREDITATION INSTITUTION NAME, TELEPHONE, AND ADDRESS.

VII. REGULATORY DETERMINATION

A. IS THIS A USEPA HAZARDOUS WASTE PER 40 CFR PART 261 & 262? NO YES

B. IF A IS YES, ALL APPLICABLE EPA WASTE CODE NUMBERS MUST BE LISTED HERE (*D, F, K, P, U*): _____

C. DOES THIS WASTE STREAM QUALIFY FOR THE "ALCOHOL EXCLUSION" PER 40CFR 261.21? NO YES

D. IS THIS NON-HAZARDOUS WASTE, AS DETERMINED BY PERFORMING THE HAZARDOUS WASTE DETERMINATION PRESCRIBED AT CFR 262.11? NO YES (ATTACH DOCUMENTATION) (ANALYTICAL DATA CERTIFIED BY NELAP/NELAC ACCREDITED LAB)

E. DOES THIS WASTE FAIL ANY OF THE FOUR HAZARDOUS CHARACTERISTICS OF IGNITABILITY, CORROSIVITY, REACTIVITY, AND TOXICITY, AS DEFINED IN 40 CFR 261.21, 261.22, 261.23, AND 261.24? NO YES (ATTACH DOCUMENTATION)

F. IS THIS A DOT REGULATED MATERIAL? NO YES

(IF YES, PROPER SHIPPING DESCRIPTION) _____

VIII. DESIRED TREATMENT TECHNOLOGY:

GENERATOR WASTE TREATMENT PREFERENCE: SUBTITLE C/D LANDFILL WASTE TO ENERGY
 RECYCLING RECYCLING - UNIVERSAL WASTE

IX. GENERATOR'S CERTIFICATION

SIGNATURE

PRINTED (OR TYPED) NAME & TITLE

DATE

THE SAMPLE SUBMITTED IS REPRESENTATIVE AS DEFINED IN 40 CFR 261-APPENDIX I AND EPA SW-846, CHAPTER 9. I HEREBY CERTIFY THAT THE ABOVE AND ATTACHED DESCRIPTION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY TO DETERMINE THAT NO DELIBERATE OR WILLFUL OMISSIONS OF COMPOSITION OR PROPERTIES EXIST AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED. I AUTHORIZE VLS TO OBTAIN A SAMPLE FROM ANY WASTE SHIPMENT FOR PURPOSES OF RECERTIFICATION.

X. VLS QUARTZITE ACCEPTANCE

SIGNATURE

PRINTED (OR TYPED) NAME & TITLE

DATE

Revision Date: 01/20/2023