

MATERIAL INFORMATION

Source: _____

Flashpoint Exact _____ <140 140-200 >200

pH Exact _____ <2 2-5 5-9 9-12.5 >12.5

Specific Gravity _____ <0.8 0.8-1.0 1.0 1-1.2 >1.2

Reactive Yes No

%Liquid _____ %Solid _____ %Sludge _____ % Water _____

Phases Single Double Multi

Viscosity Low Medium High

Odor None Mild Strong

Color/Appearance: _____ Cloudy or Clear: _____

CERTIFICATION

Are any pesticides, herbicides or dioxin present? Yes No

Are any biotoxic components present in the material such as cyanide, chlorine, ethylene glycol, etc.)?
Yes No

Are any PCBs present in the material? Yes No

Is there more than one fuel present? Yes No

Does the material meet the definition of a hazardous waste, or is the material characteristically ignitable, corrosive, reactive or toxic as defined under 40CFR Part 261, or does the material contain a hazardous waste listed in 40 CFR Part 261 Subpart D in concentrations that are not excluded under 40 CFR Part 261.3? Yes No

GENERATOR'S CERTIFICATION

I hereby certify that the above description, as well as any other information provided to AQUA CLEAN ENVIRONMENTAL is complete and accurate to the best of my knowledge and ability. I certify that the above described material is the specified material as defined by the above conditions. If my material is found not to be the specified material as defined by any of the above conditions, I am liable for any and all penalties and fines assessed against or expenses, costs (including legal fees), or other damages incurred by AQUA CLEAN ENVIRONMENTAL.

Authorized Signature _____ Printed Name _____

Title _____ Date _____

This certification has been reviewed by Aqua Clean for the wastewater delivered to Aqua Clean based on the information provided by the Generator.

Aqua Clean

MATERIAL DATA CERTIFICATION SHEET

AQUA CLEAN ENVIRONMENTAL CO., INC.
3210 WHITTEN ROAD
LAKELAND, FL 33811
(863) 644-0665 PHONE (863) 646-1880 FAX

____ New Profile
____ Amendment

GENERATOR INFORMATION

Generator Name: _____

Address: _____

City: _____ State: _____ Zip _____

Contact: _____

Phone: _____ Fax: _____

BILLING INFORMATION

Bill To: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____

Phone: _____ Fax: _____

TRANSPORTATION INFORMATION

Transporter: _____

Estimated Total Gallons	Shipping Container	Shipping Frequency
_____	<input type="checkbox"/> Drum	<input type="checkbox"/> One Time
Actual Total Gallons	<input type="checkbox"/> Tanker	<input type="checkbox"/> Week
_____	<input type="checkbox"/> Other	<input type="checkbox"/> Month
		<input type="checkbox"/> Year
		<input type="checkbox"/> Other

D.O.T. SHIPPING NAME: _____

MATERIAL COMPOSITION

Component _____	Concentration _____ %
_____	_____ %
_____	_____ %

How was this wastewater generated: _____