



## Waste Profile Sheet

### Company Information

Company Name:

Date:

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

E-Mail:

Website:

Industry/Business:

### Contact Person

Name:

Title:

Phone:

Fax:

E-Mail:

### Waste Water Profile

Nature of Business (i.e.: plating, printed circuit boards, etc.):

EPA ID Number (If applicable):

Ion Exchange Resin System Description: (include flow rate, number of resin tanks, size of tanks, type of resin (i.e.: Cation, Anion, Chelating, Weak base, Weak Acid):

List all metals being treated by the Ion exchange system:

Is there a pre-filtration system in place before the Ion exchange resin?  Yes  No

Are there any special transportation requirements?

Please list your company's receiving hours and any special requirements for pickup/deliveries:

Additional Comments:

### Toxic Organic Compound /Prohibited Metals Certification

This is to certify that to the best of my knowledge and under the perjury of law, that I have a program in place to eliminate the possibility of toxic organics and/or radioactive material from being introduced into this waste stream, and have no reason to believe anything other than what is listed is present in our resin beds.

I understand any misrepresentation of this material will result in the rejection of the material for regeneration or significant cost difference in the process. I further certify all statements made in this form are true and accurate to the best of my knowledge.

Generators Signature:

Title:

Printed Name:

Date: