

ABILENE ENVIRONMENTAL OILFIELD SERVICES

7707 US HWY 277 North, Abilene, TX 79601

Non- Hazardous RRC Waste Profile

Profile Sheet No. _____

(MUST BE FILLED OUT COMPLETELY)

FOR MORE INFORMATION PLEASE CALL 325.437.3093, Fax: 325-437-3098

A. GENERATOR INFORMATION

1. Generator Name _____
2. Site Location _____
3. City _____
State _____ Zip _____
4. Phone _____
5. Fax _____
6. State Facility ID # _____
7. State Waste Code _____

B. CUSTOMER INFORMATION

1. Customer Name _____
2. Address _____
3. City _____
State _____ Zip _____
4. Phone _____
5. Fax _____
6. Contact _____
7. Title _____

C. WASTE STREAM INFORMATION

1. Common Name of Waste _____
2. Detailed Description of Process Generating Waste and Material Description _____
3. RRCT Gerarator Yes No
4. Industrial Generator Yes No Other _____
5. Physical State at 70 °F Solid Semisolid Liquid Powder Combination
6. Odor Yes No Describe _____
7. Color _____
8. pH Range _____
9. Flashpoint _____
10. Reactive Yes No With: _____
11. Free Liquid Yes No
12. Water content % by volume _____
13. Viscosity _____
14. Is the analytical attached derived from testing a representative sample IAW 40 CFR 261.35? Yes No
15. Does the waste contain radioactive or U.S.D.O.T. hazardous materials? Yes No

D. SUPPLEMENTAL INFORMATION

- None MSDS Analytical Data _____ Process Knowledge _____ Number of Pages Attached _____

E. SHIPPING INFORMATION

1. Packaging Bulk Liquid Bulk Solid Drum Other Shipping Frequency _____
2. Estimated Volume _____ BBLs Yards Tons Drums _____
3. Designated Disposal Facility Abilene Environmental Oilfield Services RRC Facility # _____

F. GENERATOR/CUSTOMER CERTIFICATION

I hereby certify that all information submitted and all attached documents contain true and accurate descriptions of this waste. No deliberate or willful omissions of composition or properties exist, and all known or suspected hazards have been disclosed. I further certify that the waste is not designated as Hazardous Waste as defined by the USEPA in 40 CFR 261, nor does it contain PCBs regulated under TSCA 40 CFR 761.

I, _____ am employed by _____ and am authorized to sign this request for

(Company Name)

(Signature)

(Date)

AEOS USE ONLY (DO NOT WRITE IN THIS SPACE)

Compliance Officer _____

Date _____ Approved Rejected

Additional Information _____

Current WDA on File Yes No

Disposal Price _____ per: bbls, yard, gal, load, ton

Job # _____