



ILLINI
Environmental, Inc.

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Caseyville, IL 62232
Phone: 618-397-1234
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For Office Use Only	MGMT Code:
Rec'd By:	
Approved By:	
Approval Date:	
Recert Date:	
Approval #:	

V.112019

GENERATOR INFORMATION (Material Origin)	
Generator Name:	Contact Name:
Generator Address:	Work Phone #:
Generator City:	Cell Phone #:
Generator State:	Fax Number:
Generator Zipcode:	Email:
Is the waste generated at the above address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Generator EPA ID:
If No, Please List Address:	Generator State ID:
	Site Location ID Number (if different from above):
Hours of Operation:	

BILLING INFORMATION (same as above) <input type="checkbox"/>	TRANSPORTER INFORMATION
Billing Name:	Name: Illini Environmental, Inc.
Address:	Address: 8895 California Drive
City: State: Zip:	City: Caseyville State: IL Zip: 62232
Contact Name:	US EPA Hauler ID #: ILR000107086
Phone Number:	IL SWH ID# 5256
Fax Number:	Sales Representative:
Email:	Contact Number:
P.O. Number: N/A <input type="checkbox"/>	Email:

CHARACTERIZATION OF MATERIAL / WASTE (Material Information)					
Name of Material / Waste:					
Process Generating Material / Waste:					
Physical State:	Liquid: <input type="checkbox"/>	Solid: <input type="checkbox"/>	Sludge: <input type="checkbox"/>	Powder: <input type="checkbox"/>	Other: <input type="checkbox"/>
Viscosity:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/>	High: <input type="checkbox"/>	N/A: <input type="checkbox"/>	Odor: Mild <input type="checkbox"/> Strong <input type="checkbox"/> N/A <input type="checkbox"/>
Free Liquids:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Free Liquids: %	Is the pH within Illini's 3 - 11 range?	
Specific Gravity:	Total Solids: %		Yes <input type="checkbox"/>	No (please explain) <input type="checkbox"/>	
Layering:	Single: <input type="checkbox"/>	Bi-layer: <input type="checkbox"/>	Multi: <input type="checkbox"/>	Flash Point:	Exact: _____
Color:	<73°: <input type="checkbox"/>		73° - <140°: <input type="checkbox"/>		>140°: <input type="checkbox"/>

CHEMICAL COMPOSITION		RANGE			
		to	%		%
		to	%		%
		to	%		%
		to	%		%
		to	%		%
			TOTAL:	TOTAL:	

ANALYTICAL DATA					
Do you have analytical data for the waste stream? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, please check all that apply: TCLP <input type="checkbox"/> Totals <input type="checkbox"/> BTEX <input type="checkbox"/> Other <input type="checkbox"/>					
Please Check Yes or No In Regards to Metals:					
Arsenic	>5.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Barium	>100 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cadmium	>1.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chromium	>5.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lead	>5.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mercury	>0.2 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Selenium	>1.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Silver	>5.0 ppm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SHIPPING INFORMATION					
Packaging:	Drum: <input type="checkbox"/>	Tote: <input type="checkbox"/>	CYB: <input type="checkbox"/>	Bulk: <input type="checkbox"/>	Lab-Pack <input type="checkbox"/>
Frequency:	One-Time: <input type="checkbox"/>	Ongoing: <input type="checkbox"/>	Anticipated Volume:		
Is this waste considered a US DOT Hazardous Material? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group):					
Shipping Name:					
Hazard Class:					
ID Number:					
Packing Group:					
Does this waste contain Federal / State EPA Hazardous Waste Codes: Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
List all Waste Codes (If Any):					

Has the non-hazardous waste stream been declassified by the EPA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "No", please complete the non-hazardous waste code section.

NON-HAZARDOUS WASTE CODES

Each waste stream itemized on the e-manifest is to be accompanied by a waste code. Non-hazardous special waste codes to be used are identified below. Please check which code applies to the waste stream being identified above.

IL01 - Leaking underground storage tank contaminated soil, sand and clay	<input type="checkbox"/>
IL02 - Other contaminated soil, sand and clay	<input type="checkbox"/>
IL03 - Other contaminated materials	<input type="checkbox"/>
IL04 - PCB solids such as capacitors/carcasses	<input type="checkbox"/>
IL05 - PCB liquids such as transformer & capacitor oils	<input type="checkbox"/>
IL06 - Lab packs	<input type="checkbox"/>
IL07 - Leachate	<input type="checkbox"/>
IL08 - Ashes, incinerator or boiler	<input type="checkbox"/>
IL09 - Municipal WW treatment sludges	<input type="checkbox"/>
IL10 - Industrial WW treatment sludges	<input type="checkbox"/>
IL11 - Food processing waste, off-spec food products	<input type="checkbox"/>
IL12 - Antifreeze	<input type="checkbox"/>
IL13 - Waste/used oil	<input type="checkbox"/>
IL14 - Other organic liquids	<input type="checkbox"/>
IL15 - Other organic solids or sludges	<input type="checkbox"/>
IL16 - Liquids with other metals	<input type="checkbox"/>
IL17 - Solids or sludges with other metals	<input type="checkbox"/>
IL18 - Other inorganic liquids	<input type="checkbox"/>
IL19 - Other inorganic solids or sludges	<input type="checkbox"/>
IL20 - Containerized gas	<input type="checkbox"/>
IL21 - Household hazardous waste from collections	<input type="checkbox"/>

GENERATOR CERTIFICATION:

Does this waste contain any of the following? (Check All That Apply):		
PCBs <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Benzene <input type="checkbox"/>
Asbestos <input type="checkbox"/>	Listed Waste <input type="checkbox"/>	Reactive Cyanide/Sulfide <input type="checkbox"/>
Explosives <input type="checkbox"/>	Pesticide <input type="checkbox"/>	Infectious/Sanitation Waste <input type="checkbox"/>
Halogens <input type="checkbox"/>	Herbicide <input type="checkbox"/>	NONE <input type="checkbox"/>
Phenolics <input type="checkbox"/>	TCLP Toxics <input type="checkbox"/>	
Is the waste represented by the profile a Hazardous Waste? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How has the generator determined this waste material? (Check all that apply)		
Generator Knowledge <input type="checkbox"/>	MSDS (attached) <input type="checkbox"/>	Analytical (Attached) <input type="checkbox"/> No Attachments <input type="checkbox"/>
Are there any specific disposal restrictions / handling requirements / requests / exemptions? Explain.		
<p>I hereby confirm that I am familiar with the information contained in this and attached documents. The information contained herein is true, accurate and complete. No material fact has been omitted as to make this information misleading. I understand that others may rely on these representations for the safe and legal handling and processing of the materials described herein. I certify that the sample (if submitted) is representative of the actual material in all respects. I will notify Illini Environmental, Inc, in writing, of any waste generating process changes and/or changes to the aboved profiled material prior to shipment. As Generator or Generator's representative, I understand there may be significant penalties for misrepresenting or failure to correctly identify a waste's characteristics.</p>		
<hr/> <p style="text-align: center;">SIGNATURE (type name for e-signature)</p>		<hr/> <p style="text-align: center;">DATE</p>
<hr/> <p style="text-align: center;">PRINT NAME</p>		<hr/> <p style="text-align: center;">COMPANY / TITLE</p>

NOTES

- * All fields are required to be completed before an approval is granted.
- * A sample with all profiles is preferred, but not required. The only time a sample would be required is at the Technical Service Manager's request.
- * A complete and executed copy of the profile must be obtained prior to delivering material to Illini Environmental, Inc.
- * Profiles cannot be approved without all necessary federal and state ID #s issued.
- * This profile will expire one year from the day that it is approved at Illini Environmental, Inc.
- * THE INFORMATION CONTAINED HEREIN SHALL BE INCORPORATED BY REFERENCE IN AND SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED IN THE SIGNED, APPROVED "PROPOSAL".

NON-SPECIAL WASTE CERTIFICATION FORM

Describe or identify the waste: _____

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is the waste a hazardous waste? (1) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the waste a liquid waste? (2) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the waste contain regulated asbestos? (3) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the waste contain polychlorinated biphenyls (PCBs)? (4) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the waste generated by shredding recyclable metals? (5) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the waste a hazardous waste that has been treated or rendered non-hazardous? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered yes to any of the above questions the waste cannot be certified nonspecial.

I certify that _____ is not a special waste. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly collect and evaluate the information gathered. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted herein is true, accurate and complete. I have used knowledge of the processes generating the waste and the attached supporting documentation to determine that the waste in question is not a special waste. I am aware that there are significant penalties for knowingly and falsely certifying that a waste is not a special waste, including the possibility of fine and imprisonment.

Signature: _____ Date: _____
(owner/operator/duty authorized agent)

Printed name: _____ Title: _____

Attach all required information used to make this certification (i.e., determination the waste is neither hazardous nor liquid; description of the process generating the waste; relevant MSDSs; analytical test results (signed and dated by person who completed the analysis), or reason why testing was not necessary.

(1) You may use generator knowledge or analytical testing to make this determination. The determination must be made in accordance with the requirements of 35 Illinois Administrative Code 722.111. Testing must be in accordance with methods set forth in 35 Illinois Administrative Code 721, Subpart C.

(2) Liquid wastes may be determined by using paint-filter test SW-846 Method 9095

(3) As defined in 40 Code of Federal Regulations, Part 761

(4) As regulated in accordance with 40 Code of Federal Regulations, Part 761

(5) Waste materials generated by processing recyclable metals by shredding (e.g., auto fluff) must be managed under Section 22.29 of the [Illinois] Environmental Protection Act.

