

Seattle/King County Waste Characterization Form

WC # _____

Type or print in ink: Initial _____ Renewal _____ Previous # _____

A. WASTE GENERATOR

Company: _____ Phone #: _____
Contact: _____ Email: _____
WAD/EPA ID #: _____ Fax #: _____
Address of Waste Characterization: _____ City: _____
Mailing address: _____ City: _____ State: _____ Zip: _____

Preferred communication: Phone E-mail Fax Mail

B. CONSULTANT (IF APPLICABLE)

Company: _____ Phone #: _____ Fax #: _____
Contact: _____ E-mail: _____

C. WASTE HAULER

Company: _____ Phone #: _____ Fax #: _____
Contact: _____
Mailing address: _____ City: _____ State: _____ Zip: _____

Waste packaging: Drum Bulk Solid Other: _____

D. WASTE STREAM INFORMATION

Name of waste: _____

Process generating waste: _____

Annual amount in pounds or tons: _____ Estimated amount per delivery: _____

Frequency of disposal: One-time only Weekly Monthly Other: _____

Special handling instructions/supplemental information:

E. PHYSICAL CHARACTERISTICS OF WASTE (SEE INSTRUCTIONS)

1. Color: _____
2. Does the waste have a strong incidental odor? No Yes, if so, describe: _____
3. Physical state: Solid Liquid Semi-Solid Powder Other: _____
4. Free liquids: No Yes - Volume: _____ %
5. pH: <2 >2-4 4-7 7 7-10 10 - <12.5 ≥12.5 N/A
6. Flash Point : N/A <140°F/60°C 140-199°F/60-93°C ≥ 200°F/93°C

F. CHEMICAL COMPOSITION

- | | RANGE (MIN-MAX) | | |
|----------|-----------------|-------|---|
| 1. _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| _____ | _____ | _____ | % |
| TOTAL: | _____ | _____ | % |
2. Does the waste contain any of the following?
- | NO | LESS THAN | ACTUAL |
|-----------------------------------|-----------------------------------|--------|
| <input type="checkbox"/> PCBs | <input type="checkbox"/> <50 ppm | ppm |
| <input type="checkbox"/> Cyanides | <input type="checkbox"/> <30 ppm | ppm |
| <input type="checkbox"/> Sulfides | <input type="checkbox"/> <500 ppm | ppm |
3. Method used to determine composition: Analytical Data MSDS Other: _____

G. SAMPLING INFORMATION (IF APPLICABLE)

1. Source of sample (e.g. drum, stockpile, sump/catch basin; tank): _____
2. Sampling method: Composite Discrete/grab Other: _____
3. Number of samples: _____

H. GENERATOR CERTIFICATION

By signing this Waste Characterization Form, the Generator certifies:

1. This waste is not a "Hazardous Waste" as defined by USEPA and/or the state.
2. This waste does not contain regulated radioactive materials or regulated concentrations of PCBs (Polychlorinated Biphenyls).
3. All information provided is a true and accurate description of the waste material. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed.
4. This waste complies with the regulations of the Seattle-King County Department of Public Health and the local solid waste division.
5. The analytical data presented herein, attached hereto, or otherwise submitted for the purpose of completing or supplementing any or all of the information on this form were derived from testing a representative sample taken in accordance with 40 CFR 261.20(c) or equivalent rules.
6. If any changes occur in the character of the waste (e.g., physical characteristics, chemical composition, process of generation, etc.), the Generator shall notify the Seattle-King County Department of Public Health.

7. Signature: _____
(Not necessary if submitted electronically)

8. Title: _____

9. Name: _____
Type or print

10. Date: _____

Waste Clearance instructions on the following page....

WASTE CHARACTERIZATION FORM INSTRUCTIONS

Information on this form, is used to determine if questionable wastes may be disposed as solid waste in a legal, safe, and environmentally sound manner. Answers must be provided for all sections of this form, and must be printed in ink or typed. A response of "NONE", or "NA" (not applicable) can be made if appropriate. If additional space is needed, indicate on the Waste Characterization Form and attach. If you have questions concerning this form, please contact the Waste Characterization Program at (206) 263-8528.

PARTS A. – C.

Enter appropriate contact information. If you have waste generator ID number issued by the USEPA or Washington Department of Ecology, enter it in section A.

PART D. WASTE STREAM INFORMATION

Name of Waste - Enter the name generally descriptive of this waste (e.g., paint sludge, contaminated soil, sharps)

Process Generating Waste - List the specific process/operation or source that generates the waste (e.g., spray painting, spill clean up, process wastewater treatment, building maintenance).

Annual Amount - Enter the amount of waste that will be generated and transported annually (expressed in pounds, or tons). If this waste is going directly to a transfer station or landfill enter an estimate of the amount to be delivered per trip.

Frequency of Disposal - Enter how often this waste will be removed from the site.

Special Handling Instructions/Supplemental Information - For all wastes, describe any special handling requirements and any additional information that you feel would assist in determining the proper method(s) for transportation, treatment, storage, and disposal of the waste.

In addition, for the following wastes include the information specified:

- **Biomedical Waste** (as defined by local ordinance): Describe the type of biomedical waste and the treatment method used.
- **Empty drums or other containers:** List the number, size of containers, materials they contained.
- **Food Products/Containerized Liquids:** Describe the products or containerized liquids (e. g., beef jerky, beer, shampoo). List the number and size of containers for any containerized liquids.

For the wastes listed above, skip Parts E, F and G. However, Part H must be completed.

PART E. PHYSICAL CHARACTERISTICS OF WASTE

1. Color - Describe the color of the waste (e.g., blue, transparent, varies).
2. Odor - DO NOT SMELL THE WASTE. If the waste has a known incidental odor check "Yes" and describe it (e.g., acrid, pungent, solvent, sweet).
3. Physical State - Check the appropriate box for the physical state of the waste. Include a description if "other" is chosen (e.g., gas).
4. Free Liquids - Check "Yes" if liquid is usually present when packaging for shipment and estimate the percentage of liquid. Check "No" if there are no free liquids as determined by the Paint Filter Test (Method 9095 of SW-846) or direct observation.
5. pH - Check the appropriate box for the pH of the liquid portion of the waste. For solid or organic liquid wastes, indicate the pH of 10% aqueous solution of the waste, if applicable. Check "NA" for non-water soluble materials (e.g., foundry sand).

6. Flash Point - Check the appropriate box for the flash point of the waste and the method used to obtain the flash point, if applicable.

PART F. CHEMICAL CONCENTRATION

1. If known, list all organic and/or inorganic components of the waste using specific chemical names. If trade names are used, attach Material Safety Data Sheets or other documents which adequately describe the composition of the waste. For each component, estimate the range (in percents) in which the component is present. The total of the maximum values of the components must be greater than or equal to 100% including water, earth, etc.
2. If this waste contains PCBs, cyanides, or sulfides, indicate the concentration(s). If this waste does not contain these constituents, indicate by checking the "NO" box(es) which apply. If the concentration of these constituents is unknown, please indicate "UNK" under "ACTUAL".
3. Indicate the method(s) used to determine composition and attach supporting documents.

PART G. SAMPLING INFORMATION

1. Indicate where the sample of the waste was obtained.
2. Check the appropriate box indicating the method of sampling.
3. Indicate the number of samples taken.

PART H. GENERATOR CERTIFICATION

By signing this Waste Characterization Form, the Generator certifies that the statements in numbers 1, 2, 3, 4, 5 and 6 are true and accurate with respect to the waste streams listed.

7. Signature - An authorized employee of the Generator must sign this form.
8. Title - Enter employee's title.
9. Name - Enter employee's name.
10. Date - Enter the date signed.

Send the completed application to:

Public Health – Seattle & King County
Waste Characterization Program
401 5th Ave, Suite 1100
Seattle, WA. 98104

You may also fax the form to (206) 296-0189

Questions? Contact Waste Characterization at (206) 477-0184; E-mail: wc@kingcounty.gov

Online at: www.kingcounty.gov/ehs/solid-waste