

COVANTA MATERIAL CHARACTERIZATION FORM (MCF)

Powering Today. Protecting Tomorrow.

SECTION 1 – GENERAL CUSTOMER INFORMATION (If multiple locations, include a list of the locations as an attachment)

GENERATOR INFORMATION

Company Name: _____

Address: _____

Phone #: _____

SERVICE COMPANY INFORMATION

Company Name: _____

Address: _____

Phone #: _____

TECHNICAL CONTACT INFORMATION

Contact Name: _____

Title: _____

Phone #: _____

E-mail @: _____

BILLING INFORMATION

Address: _____

Billing Phone #: _____

Billing E-mail @: _____

SERVICE COMPANY AUTHORIZATION

On Behalf of _____, I hereby authorize _____ to complete the Covanta Material Characterization Form (MCF) and all other necessary forms for the disposal of the non-hazardous waste described on them.

Furthermore, I understand that the completion of this authorization provides this Service Company with authorization to characterize and profile the waste.

Generator Representative Name: _____

Generator Representative Title: _____

Signature _____

Date _____

SECTION 2 – GENERAL WASTE STREAM INFORMATION

2.1 NAME OF WASTE: _____

2.2 GENERAL WASTE CLASSIFICATION (Please select an applicable choice from the menu. You may write a category in if yours is not available)

SECTION 3 – SHIPPING INFORMATION

3.1 CONTAINER TYPE: ☐ Steel Drums ☐ Poly Drums ☐ Fiber Drums ☐ Boxes ☐ Pails
(check all that apply) ☐ Gaylord (yd3) Boxes ☐ Super Sacks ☐ Totes ☐ Other: _____

3.2 QTY. PER DELIVERY: _____ 3.3 FREQUENCY: _____ 3.4 DELIVERY VEHICLE: _____

SECTION 4 – PROCESS DESCRIPTION

4.1 Provide a detailed description of the waste generating process. Also, describe the materials used to generate the waste, as well as, any other chemical or physical constituents that may be present as a result of commingling or contamination. **Make a definitive statement as to whether or not any of the constituents, which are noted in section 7.1, are present.** Provide a process flow diagram if possible. Attach additional pages if necessary.

4.2 Will the properties of the waste be consistent from delivery to delivery? ☐ No ☐ Yes
If no, how can the properties of the waste vary between loads?

4.3 Will analytical testing results be provided for this waste stream? ☐ No ☐ Yes

Name of Waste: _____

SECTION 5 – REGULATORY WASTE CLASSIFICATION

- 5.1 Is the waste an EPA Listed Hazardous Waste per 40 CFR 261? ☐ No ☐ Yes - **If YES, STOP. Waste is unacceptable**
- 5.2 Is the waste an EPA Characteristic Hazardous Waste per 40 CFR 261? ☐ No ☐ Yes - **If YES, STOP. Waste is unacceptable**
- 5.3 Does the waste meet the exemption criteria from any of the following? (*Check all that apply. A separate addendum may be required*)
☐ Aqueous Solution (<24% Alcohol and >50% Water) ☐ Non-Terme Plated Used Oil Filters ☐ RCRA Empty ☐ Other: _____
- 5.4 Is the waste a "Hazardous Waste" as defined by the State of Origin? ☐ No ☐ Yes - If YES, specify state ID: _____
- 5.5 Does the waste meet the definition of any of the following in the State of Origin? (*Check all that apply*):
☐ None ☐ Special Waste ☐ Residual Waste ☐ Regulated Waste. State waste code: _____ ☐ Other: _____
- 5.6 The regulatory classification determinations for section 5.1 – section 5.5 were based on (*Check all that apply*):
☐ Analytical Data: _____ ☐ Information Provided in reference materials
☐ Generator Knowledge: _____ ☐ Information developed thorough prior testing
☐ Knowledge of the applicable regulations ☐ Information describing the waste generating process
☐ Information describing the materials used in the waste generating process ☐ Other: _____
- 5.7 **Additional Waste Information:** (*Check all that apply*)
☐ Non-Hazardous Waste from a CERCLA Site ☐ DEA Controlled Substance ☐ DOT Regulated
☐ Household Hazardous Waste (HHW) ☐ FIFRA Listed Material ☐ Radioactive

SECTION 6 – WASTE CHARACTERISTICS

- 6.1 **PHYSICAL FORM:** ☐ Solid (non-powder) ☐ Waxy Solid ☐ Powder ☐ Liquid ☐ Cream/Paste
(*Check all that apply*) ☐ Consumer Packaged ☐ Active Ingredient ☐ Tablets ☐ Bulk ☐ Other: _____
- 6.2 **PHYSICAL CHARACTERISTICS** (*Please specify the following characteristics to the best of your knowledge*):
Odor: _____ Flash Point: _____ °F pH: _____ BTU Value: _____ ☐ Estimated or ☐ Measured
- 6.3 **PPE RECOMMENDATIONS FOR SAFE HANDLING & SPILL CLEAN-UP** (*Information provided in this section should be based on the PPE required of the generator's employees when managing, unloading, processing and in the case of a spill of the profiled waste*)
Eye Protection: _____ Special Precautions/Equipment: _____
Hand Protection: _____ Respiratory Protection: _____ Other PPE: _____

SECTION 7 – WASTE COMPOSITION

- 7.1 **CONSTITUENTS** - Identify the **TOTAL** concentration of the constituents present in the waste as weight percent or ppm, including all the contributions of all compounds. Report **TOTAL** concentration results, do not report TCLP results in this section. If TCLP testing was performed, attach as back-up information. If a constituent is not present, please identify it by noting "N/A" (not applicable) in the space provided.

Bromine _____ ppm	Arsenic _____ ppm	Lead _____ ppm	Zinc _____ ppm
Chlorine _____ wt.%	Barium _____ ppm	Manganese _____ ppm	Aluminum Oxide _____ wt.%
Fluorine _____ ppm	Beryllium _____ ppm	Mercury _____ ppm	Silicates _____ wt.%
Iodine _____ ppm	Cadmium _____ ppm	Nickel _____ ppm	Silicone _____ wt.%
Nitrogen _____ wt.%	Chromium _____ ppm	Selenium _____ ppm	Titanium Dioxide _____ wt.%
Sulfur _____ wt.%	Cobalt _____ ppm	Silver _____ ppm	Water _____ wt.%
Antimony _____ ppm	Copper _____ ppm	Vanadium _____ ppm	Alcohol _____ wt.%

- 7.2 **COMPOSITION** (Please complete the table below. Attach additional pages if needed. All substances regulated by 29CFR 1910.1000 Subpart Z and 29 CFR 1910.1200 must be listed. The total wt.% range must add up to ≤100):

Component	CAS # (if known)	Chemical Formula (if known)	Range (wt.%)

SECTION 8 – NON-HAZARDOUS CERTIFICATION

I certify, as an Authorized Representative of the Generator, that this document. Including all completed forms and all pertinent addenda, accurately represent and describe the waste stream outlined. The information submitted is true, accurate and complete, and no available information has been omitted or falsified. I further certify that the material is non-hazardous based upon Federal, State and Local Regulations.

Authorized Representative

Name: _____
Title: _____
Company: _____

Signature

Date