



### Cycle Chem, Inc.

217 South 1st St.  
Elizabeth, NJ 07206  
Phone: (908) 355-5800  
Fax: (908) 355-0562

550 Industrial Dr.  
Lewisberry, PA 17339  
Phone: (717) 938-4700  
Fax: (717) 938-3301

### General Chemical Corporation

133-138 Leland St., Framingham, MA 01701  
Phone: (508) 872-5000 Fax: (508) 875-5271

### Material Profile Sheet

Gencode - Stream: \_\_\_\_\_

Process Code: \_\_\_\_\_

#### A. GENERATOR INFORMATION

EPA ID # \_\_\_\_\_  
GENERATOR NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
GENERATOR CONTACT \_\_\_\_\_  
GENERATOR PHONE # \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_  
PICKUP COUNTY \_\_\_\_\_

BILLING COMPANY \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
BILLING CONTACT \_\_\_\_\_  
BILLING PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

PROCESS GENERATING WASTE: \_\_\_\_\_  
NAME OF WASTE: \_\_\_\_\_

#### B. PHYSICAL CHARACTERISTICS OF WASTE (AT 70o F)

Color/Physical Description: \_\_\_\_\_  
Strong Incidental Odor Present?  Yes  No  
Wastewater:  Wastewater  Non-wastewater  
Specific Gravity: \_\_\_\_\_  
Physical State:  Single Phase  Solid  Gas/Aerosol  
 Bi-Layered  Liquid  Lab Pack  
 Multi-Layered  Semi-Solid  
 Powder  Sludge  
Flash Point:  Flash Point <74 F  Flash Point 101-140 F  Flash Point >200 F  Exact Flash Point:  
 Flash Point 74-100 F  Flash Point 141-200 F  No Flash Point  
 Open cup  Closed cup  
Ignitable Solid?  Yes  No  
pH:  <2.0  2.01-5.0  5.01-9.0  9.01-12.49  >12.5  Exact pH \_\_\_\_\_

Liquid/Solid/Sludge  
% Liquid \_\_\_\_\_  
% Suspended Solids \_\_\_\_\_  
% Sludge \_\_\_\_\_  
% Solid \_\_\_\_\_  
Dumpable?  Yes  No  
Pumpable?  Yes  No  
Pourable?  Yes  No

#### D. REGULATORY INFORMATION

Is it USEPA haz waste?  Yes  No  
USEPA Haz Codes: \_\_\_\_\_  
EPA Sub Categories: \_\_\_\_\_  
Is it STATE waste?  Yes  No  
STATE Haz Codes: \_\_\_\_\_  
DOT Hazardous Material?  Yes  No  
Proper Shipping Name: \_\_\_\_\_  
Hazard Class: \_\_\_\_\_ UN/NA #: \_\_\_\_\_ P. G.: \_\_\_\_\_  
RQ: \_\_\_\_\_ ERG#: \_\_\_\_\_

#### C. CHEMICAL COMPOSITION

ATTACHMENTS:  MSDS attached  Supplemental Analysis  Additional Information  LDR Attachment

Chemical Composition	Percent	Minimum	Maximum

#### E. SHIPPING INFORMATION

Shipment Method:  
 Bulk Liquid - Tanker  Pallet(s)  Drum(Size): \_\_\_\_\_  
 Bulk Solid - Dmp Tir  Tote(s)  
 Bulk Solid - Roll Off  Cubic Yard Box(s)  Other(Size): \_\_\_\_\_  
Anticipated Volume: \_\_\_\_\_ Per \_\_\_\_\_  
Quantity: \_\_\_\_\_ Price: \_\_\_\_\_ / Unit: \_\_\_\_\_

#### F. SPECIAL HANDLING CONSIDERATIONS

Radioactive  PA RW SQG  No Land Filling  
 Etiologic/Medical Waste  DRMS/DRMO Waste  Incinerate Only  
 Fuming  CERCLA Waste  Recycle Only  
 Phenolics  Asbestos  Other: \_\_\_\_\_

#### G. TRANSPORTER ARRANGEMENTS

CCI/GCC Provides Transportation  Other:  
 Customer Delivers to CCI/GCC  
 Customer Delivers to End Facility via CCI/GCC

#### H. OTHER HAZARDOUS CHARACTERISTICS

RCRA REACTIVE  ETIOLOGICAL  EXPLOSIVE/SHOCK SENSITIVE  
 WATER REACTIVE  TSCA REG  NONE OF THE ABOVE  
 RADIOACTIVE  OXIDIZING MAT'L  
 SUBJECT TO SUBPART FF BENZENE REG  PYROPHORIC

#### Indicate if waste contains any of the following:

	Non-Reg.	or Less Than	or Actual
PCBs	<input type="checkbox"/>	<input type="checkbox"/> 50 PPM	_____
Cyanides	<input type="checkbox"/>	<input type="checkbox"/> 250 PPM	_____
Phenolics	<input type="checkbox"/>	<input type="checkbox"/> 50 PPM	_____
Sulfides	<input type="checkbox"/>	<input type="checkbox"/> 500 PPM	_____
VOCs	<input type="checkbox"/>	<input type="checkbox"/> 500PPM	_____
Chlorides	<input type="checkbox"/>	<input type="checkbox"/> 1000 PPM	_____

1. Is this waste characteristically hazardous for metals or organics (EPA Waste Codes D004 through D043)?  Yes  No  
If YES, please list the constituents and concentrations in section C.  
2. Does this waste contain underlying hazardous constituents as defined in 40 CFR 268 Part 2, Section 1 at concentrations exceeding the UTS treatment standards?  Yes  No  
If YES, please list the constituents and concentrations in section C.

GENERATOR CERTIFICATION: I hereby certify that all information submitted in this and all other attached documents is complete, contains true and accurate descriptions and is representative of the waste material, and that all relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. If CCI/GCC discovers, after having taken the delivery of the waste, that any waste does not conform to the identification or descriptions contained in this MPS then CCI/GCC shall provide notice to Generator and coordinate the return of the non conforming waste to the point of origin as set forth in the manifest or to such other locations designated in writing by the Generator. Generator agrees to reimburse CCI/GCC for all handling, packaging, cleanup and transportation costs or charges, damage to equipment and costs associated with lost time incurred by CCI/GCC during the receipt, handling, temporary storage and return of such non conforming waste to its point of origin or to such other location designated by the Generator. I hereby authorize CCI/GCC to amend and/or correct any information on the MPS with the full understanding that if any amendment or correction is performed, I will be contacted as such to issue any approval.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CCI/GCC APPROVAL \_\_\_\_\_ Sales Code \_\_\_\_\_ Tech Initials \_\_\_\_\_ Date \_\_\_\_\_ Management Initials \_\_\_\_\_ Date \_\_\_\_\_ Residual Waste / Form Code: \_\_\_\_\_