



HA 7 cfdi g7\ f]gh'GYfj]Wg' @a]hX'DUf bYfg\]d'
K 5 GH9 'DFC: =@'

HA77'DfcZ'Y#K G :

* - \$%; fYYbk ccX'8fj] Y' -7 cfdi g7\ f]gh]ZHL'+, (% ...D\ cbY.' '*%#) &, & (...: U.' '*%#) &' % +

#7I GHCA9F# 9B9F5HCF -B: CFA5HCB.

Customer Name _____	Generator Name _____
Billing Address _____	Physical Address _____
_____	_____
Contact _____	Mailing Address _____
Phone _____	_____
Fax _____	24-Hour Contact _____
E-MAIL _____	24-Hour Phone _____

#K 5 GH9 ; 9B9F5HCB'85H5.

Waste Name: _____

Describe the process that generates this waste: _____

Annual Volume: _____ lbs _____ tons _____ gals _____ drums Container Size/Type: _____ Shipping Frequency: _____ per _____

EPA ID No. [] [] [] [] [] [] [] [] [] [] State ID No. [] [] [] [] State Waste Code [] [] [] [] [] [] SIC# [] [] [] []

#F7F5'85H5.

Is waste hazardous per RCRA? Yes No If yes, please attach completed Land Disposal Restriction Notification Form.

EPA Hazardous _____

Waste Codes: _____

#K 5 GH9 'DFCD9FH9G.

(A) pH Range: _____ to _____	(G) Flash Point: _____ ° F ° C
(B) Specific Gravity: _____ to _____	Closed Cup Open Cup
(C) Appearance (e.g. yellow, clear, turbid, etc.): _____	(H) Vapor Pressure: _____ (PSI)
(D) Physical State: Solid Liquid Semi-Solid	(I) Settled Solids (by vol.): _____ to _____ %
(E) Odor: Strong Mild None	(J) Insoluble Constituents (by vol.): _____ to _____ %
(F) Describe Odor (acidic, rancid, etc.): _____	(K) Dry Weight Factor: _____

Mark if any of the following pertain to this waste:

Pyrophoric	Pesticides	PCBs > 50 ppm	Hydrogen Cyanide	_____
Hydrophobic	Dioxins	Universal	Hydrogen Sulfide	_____
Biological	Carcinogens	Lab Pack	Sulfur Dioxide	_____
Explosives	Sulfides	NESHAP-Regulated	Other Toxic Gas	_____
Radioactive	Organics	(Part____, Subpart____)	Specify: _____	

Does the waste liberate any gases above PEL into the headspace?

Yes	No	AMOUNT
_____	_____	_____

J"G<-DD-B; -B: CFA5HCB.

DOT Shipping Name: _____

DOT Hazard Class: _____ UN/NA Number: _____ Packing Group: _____ Reportable Qty. (Lbs): _____

Required personnel protective equipment & procedures: _____

Other comments or hazards including effects on human health in the event of a release: _____



TM Corpus Christi Services Limited Partnership
LAND DISPOSAL RESTRICTION (LDR) NOTIFICATION

Generator Name:	
TMCC Profile/WS #:	
Manifest Number:	

EPA Waste Code(s)	Wastewater (WW)/ Non-wastewater (NW)	Subcategory / Constituent(s) of Concern¹	Treatment Status Code

The following are the underlying hazardous constituents (UHCs)² applicable to the waste listed above:

TREATMENT STATUS CODES: Use the following codes for each EPA Waste Code applicable to the waste.

- A. REQUIRES TREATMENT:** The untreated waste identified above is subject to the LDRs. The constituents of concern for F001-F005 and F039 wastes are listed above¹ and the UHCs (see 40 CFR 268.2(i))² in characteristic wastes are also listed above.
 - A1. **Debris:** The waste is a debris to be treated with the alternative treatment technologies provided by and to comply with 268.45, the contaminants subject to treatment are listed above.
 - A2. **Soil:** *This contaminated soil [DOES/DOES NOT] contain listed hazardous waste and [DOES/DOES NOT] exhibit a characteristic of hazardous waste and is subject to the soil treatment standards as provided by 268.49(c) or the universal treatment standards. The constituents subject to treatment are listed above.*
- B. MEETS TREATMENT STANDARDS:** *I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.*
 - B1. **Soil:** *This contaminated soil [DOES/DOES NOT] contain listed hazardous waste and [DOES/DOES NOT] exhibit a characteristic of hazardous waste and complies with the soil treatment standards as provided by 268.49(c) or the universal treatment standards. The constituents subject to treatment are listed above.*
- C. TREATED TO MEET TREATMENT STANDARDS:** *I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.*
 - C1. **Soil:** *This contaminated soil [DOES/DOES NOT] contain listed hazardous waste and [DOES/DOES NOT] exhibit a characteristic of hazardous waste and complies with the soil treatment standards as provided by 268.49(c) or the universal treatment standards. The constituents subject to treatment are listed above.*
- D. SUBJECT TO EXEMPTION:** The waste identified above is not prohibited from land disposal because the waste qualifies for one of the following exemptions:
 - D1. A case-by-case extension under 40 CFR Section 268.5 (date waste is subject to prohibition: _____)
 - D2. A national or case-by-case capacity variance (date waste is subject to prohibition: _____)
 - D3. Disposal in a no-migration unit under 40 CFR Section 268.6.
 - D4. D001 (<10% TOC), D002 or D012-D043 waste treated in Class I Injection Well, Clean Water Act (CWA) System or CWA-equivalent system.
- E. NON-RESTRICTED:** The waste identified above is not restricted from land disposal.
- F. LAB PACKS:**
 - F1. **Direct land disposal:** *The waste identified above meets the requirements of 264.316 and may be directly disposed in a hazardous waste landfill.*
 - F2. **Incineration:** *I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes that have not been excluded under appendix IV to 40 CFR part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.*

By my signature below, the generator acknowledges that this is being submitted to TM Corpus Christi Services Limited Partnership (TMCC) pursuant to applicable federal regulations, including 40 CFR §268.7, and that TMCC and its representatives may rely on the statements and information presented on this form. The generator hereby attests to the applicable certifications set forth in italics above, and I represent that the statements and information on this form, to the best of my knowledge and belief, are true, accurate and complete in all respects.

Signature: _____ Title: _____ Date: _____
 Printed Name: _____