COVANTA
SECURE SERVICES

OILY WASTE ADDENDUM FORM

Name of Waste:(as noted in Section 2.1 of the Material Characterization Form) _____

OILY WASTE CHARACTERIZATION

Generator Information

- Provide Generator EPA ID #: _____

Activity Producing Waste

- Specify the activity that produces the waste:
  - ☐ Routine Shop Maintenance
  - ☐ Automotive Fleet Vehicle Maintenance
  - ☐ Spill Cleanup
  - ☐ Tank Cleaning
  - ☐ Oil Water Separator Maintenance/Cleaning
  - ☐ Other, specify:_____
    _____
- Is the waste generated from multiple sources/waste generators?
  - ☐ Yes, attach SOP or WAP
  - ☐ No

Type of Oily Waste

- The waste is contaminated with: *(check all that apply)*
  - ☐ Virgin Oil, describe type(s):_____
  - ☐ Used Oil, describe type(s): _____
  - ☐ Transformer Oil, specify year(s):_____
  - ☐ Chlorinated Solvents, identify:_____
  - ☐ Other Solvents, identify: _____
  - ☐ Absorbent Material(s), describe type: _____
  - ☐ Non-Terne Plated Used Oil Filters
  - ☐ Filters (other than non-terne used oil filters), describe type:_____
  - ☐ Chemicals Contaminants, identify:_____
  - ☐ Debris, describe:_____
- Does the waste contain any free oil? ☐ Yes* ☐ No
  - * If yes, will any free oil be absorbed by adding a non-hazardous absorbent?
    - ☐ No – **STOP, unacceptable**.
    - ☐ Yes, specify absorbent material(s) to be used:_____

On-Specification Determination

- Specify for the oil portion of the waste only.

Arsenic ≤ 5 ppm	☐ Yes	☐ No
Cadmium ≤ 2 ppm	☐ Yes	☐ No
Chromium ≤ 10 ppm	☐ Yes	☐ No
Lead ≤ 100 ppm	☐ Yes	☐ No
Flashpoint ≥100 ° F	☐ Yes	☐ No
Total Halogens ≤ 1000 ppm	☐ Yes	☐ No
PCBs < 2 ppm	☐ Yes	☐ No

Attach the analytical data used to determine the on-specification characterization.

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(Printed) Authorized Representative - Signature Date