

# SKB Rosemount Industrial Waste Facility, SW-383



# Waste Acceptance and Screening



Rosemount Facility

# Waste Acceptance

- Pre-acceptance Screening
- Waste Identification
- Acceptance Screening

# Why?

- Reduce Liability
- Reduce Bad Publicity
- Reduce Injury Potential

# Pre-Acceptance Waste Evaluation

- Information Gathering
- Testing and Analysis
- Data Review
- Frequency of Recharacterization

# Information Gathering

- Waste Profile Sheet
- Customer information
- Waste Generation
- Waste Composition
- Waste Properties
- Waste Classification
- Shipping information
- Certification

**SKB Environmental** F1058 2  
**Waste Profile Sheet**  
 SKB Rosemount Industrial Waste Facility (007A)

P.O. Number: \_\_\_\_\_ Customer Code: \_\_\_\_\_ SKB Representative: \_\_\_\_\_ MI: \_\_\_\_\_

**I. Generator Information**

Generator Name: \_\_\_\_\_ Generator EPA ID Number: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
 Generator Location: \_\_\_\_\_ County: \_\_\_\_\_ Generator Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Generator Mailing Address (if different): \_\_\_\_\_ Generator Email Address: \_\_\_\_\_

Bill To Name & Address: \_\_\_\_\_ Bill To #: \_\_\_\_\_ Billing Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Email Address: \_\_\_\_\_

Invoice Contact: \_\_\_\_\_

**II. Waste Generation Information**

Waste Name: \_\_\_\_\_ Estimated rate of waste generated: \_\_\_\_\_  one time  
 lbs.  tons  cu.  drums  yearly

Generator Facility Operations and/or Site History:  
 Describe the generating process or source of contaminated solids/debris and/or waste: \_\_\_\_\_

**III. Waste Composition and Constituents (list all known)** Actual Range  
 % ppm

Constituent	%	ppm

**IV. Waste Properties**

Physical state:  Solid  Liquid  Gas  Sludge  Paste  
 Free Liquids:  Yes  No  
 pH Range:  <2  2-4  5-6  7-9  10-12.5  
 Flash point:  <140°F  >140°F to <200°F  >200°F  
 Color: \_\_\_\_\_ Odor (describe): \_\_\_\_\_

**V. Waste Classification**

Waste stream properties (answer ALL questions)

Does this waste stream contain any D, F, K, U or P listed as hazardous waste, either in pure form, as a mixture, or treatment residue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this waste contain absorbents? (is this waste lethal (by Minn. Rules 7045.0131 Subp. 6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste stream contain PCB material if yes, concentration: _____ ppm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste recyclable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste stream contain burning acids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste explosive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain asbestos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste infectious?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain oxidizers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this putrescible waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this waste contain radioactive material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this waste demolition debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this waste sewer sludge?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any available information or analytical test results that have previously been performed on this waste that substantiates these determinations. Include MSDS's and any information from other agencies (i.e., Dakota County, MPCA)

**VI. Shipping Information**

Proper DOT Shipping Name (per CFR 172.101) where applicable: \_\_\_\_\_

Reportable Quantity: \_\_\_\_\_ DOT Hazard Class: \_\_\_\_\_ UNNA Number: \_\_\_\_\_ Packing Group: \_\_\_\_\_

Method of packaging:  drums (size \_\_\_\_\_)  boxes (size \_\_\_\_\_)  Bulk Solids  Roll-off  End dump  Rail  Other (Specify) \_\_\_\_\_

Method of shipment: \_\_\_\_\_

**VII. Certification of Non Hazardous Waste & Approval Conditions**

I hereby certify and warrant, on behalf of the generator and myself that, to the best of my knowledge and belief, the information contained herein is accurate and true and that the waste is nonhazardous as defined in Title 42, United States Code Section 6903, Minnesota Statute Section 115.06, Subdivision 13, and/or any rules adopted by the Minnesota Pollution Control Agency under Minnesota Statute Section 115.07. I understand that any approval is no longer valid if there are any changes in the process generating the waste or there have been changes in the composition of the waste. Therefore, if the composition of the waste stream changes or potentially changes, I or someone representing the generator, will immediately notify SKB Environmental. I, on behalf of the generator, hereby agree to fully indemnify SKB Environmental for any damages and/or costs incurred as a result of this certification being inaccurate or untrue.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 2007A

# Testing and Analysis

- TCLP Testing
- Phase II Data
- Other Data

# Data Review

- Two Qualified Individuals
- Minnesota Department of Health Certified Laboratory
- Less Than Two Years Old
- Computer Comparison With RCRA TCLP Limits



# Other Criteria

- Corrosivity
- Flashpoint
- Reactivity
- Liquids
- Radioactivity
- PCBs
- Listed Wastes

# Recharacterization

FREQUENCY OF RE-CHARACTERIZATION GUIDELINE				
Variability from average test result of a waste slight ± 20% moderate ± 40% great > 40%	Maximum test result as % of hazardous waste threshold			
	>90%	75%-90%	75%-60%	<60%
	>75%	60%-75%	70%-55%	<55%
	>67%	55%-67%	60%-45%	<45%
Resulting frequency of testing	every load	quarterly	annually	every two years

# Waste Identification

- Fingerprint Analysis

TYPICAL ACCEPTABLE TOLERANCE RANGES FOR INCOMING LOAD ANALYSES

Parameter	Acceptable Variation (Typical)
Physical Appearance	Similar waste character <sup>1</sup>
pH Screen <sup>2,4</sup>	± 2 pH units
Bulk Density	± 20% (solids)
Reactive Cyanide Screen <sup>3</sup>	Positive Screen may indicate the need for a quantitative analysis to determine whether the material can be accepted under MPCA permit.
Reactive Sulfides Screen	Positive Screen may indicate the need for a quantitative analysis to determine whether the material can be accepted under MPCA permit.
Water Reactivity Screen	No tolerance <sup>3</sup>
Organic Vapor Screen	For an increase over 100 ppm from the original value obtained in prescreening, or any value over 200 ppm, run ignitability.
Ignitability Test (if indicated by O.V. Screen)	If flashpoint decreases from above 200° to less than 200° F, reconsider handling requirements; if flashpoint decreases to less than 140° F, reject as hazardous waste.
Radioactivity Screen	If radiation count is over 0.2 mrem/hr. or 1000 counts/min., consult with regulatory agencies.

# Acceptance Screening

- Manifest



# SKB Rosemount Industrial Waste Facility

Manifest # \_\_\_\_\_

## Shipping Manifest

1. Generator's US EPA ID No. (if any)

2. Page 1 of \_\_\_\_\_ page(s)

3. Generator's Name and Facility Address Mailing Address

4. Generator's Phone Fax

5. Transporter 1 Company Name Phone:

6. Transporter 2 Company Name Phone:

7. Designated Facility Name and Site Address  
SKB Rosemount Industrial Waste Facility  
13425 Courthouse Blvd.  
Rosemount, MN 55068 651-438-1500

8. U.S. DOT Description (including Proper Shipping Name)	9. Containers		10. Total Quantity	11. Unit Wt/Vol	12. Waste Profile Sheet #
	No.	Type			
a.					
b.					
c.					
d.					

13. Additional Descriptions for Materials Listed Above (indicate waste stream Approval # below) a. MI b. MI c. MI d. MI	14. Special Handling Procedures for Wastes Listed Above
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15. Special Handling Instructions and Additional Information

<b>SKB Use Only</b>	
Load #	_____
Scale Wt.	_____
Tons/Yds.	_____

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Printed/Typed Name	Signature	Month	Day	Year
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17. Transporter 1 Acknowledged of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
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18. Transported 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
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19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this Manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
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GENERATOR  
TRANSPORTER  
FACILITY

White - Return to Generator

Pink - Transporter

Canary - Facility Copy

Goldenrod - Generator Copy

# Acceptance Screening

- Manifest
- Fingerprint Sample
- Visual screening in truck
- Visual screening at working face
- Visual screening when load is dozed

# Waste Acceptance

- Know what is being shipped
- Verify waste is what was approved
- Screen for any unacceptable waste