



## WASTEWATER PROFILE FORM

**Note:** According to hazardous waste regulations found at 40 CFR 261.4, we cannot accept any wastewater sample for a treatability study unless the information requested in items (2) and (3) is provided to us by the hazardous waste generator. **A COMPLETED FORM MUST BE SENT TO MARTIN MARIETTA PRIOR TO SENDING A SAMPLE.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

1. Major business at your facility \_\_\_\_\_

2. Is the wastewater sample considered hazardous waste? Yes  No  If yes, you *must* provide:

**EPA Identification Number** \_\_\_\_\_ **EPA Hazardous Waste Code(s)** \_\_\_\_\_

3. Does this sample meet the criteria of a DOT hazardous material for shipping purposes? (See regulations at 49 CFR 172) Yes  No  **If yes, you *must* provide the following information:**

- 1) Proper shipping name (Col.2 from 49 CFR 172.101) \_\_\_\_\_
- 2) Hazard class (Col. 3 from 49 CFR 172.101) \_\_\_\_\_
- 3) UN or NA number (Col.4 from 49 CFR 172.101) \_\_\_\_\_
- 4) Packing Group (Col.5 from 49 CFR 172.101) \_\_\_\_\_

4. Does this sample contain untreated human or animal waste? Yes  No

5. Specify type(s) of wastewater treatment involved (e.g. acid neutralization, metal precipitation, biological treatment such as activated sludge, nitrification, anaerobic digestion, etc.):  
\_\_\_\_\_

6. Please indicate type and concentration of acid in your waste stream (check all that apply):

- Sulfuric                       Hydrofluoric                       Nitric
- Phosphoric                       Hydrochloric                       Other (specify) \_\_\_\_\_

7. Gallons of wastewater treated per day: \_\_\_\_\_

8. Is this treated in one, two, or three 8-hour shifts? \_\_\_\_\_

9. Please check those that apply and indicate whether **ppm, mg/L, or %**.

<b>Type of Metal (check all that apply)</b>	<b>Typical Metal Concentration</b>		<b>Discharge Limit</b>
	<b>Before Treatment</b>	<b>After Treatment</b>	
<input type="checkbox"/> Chrome	_____	_____	_____
<input type="checkbox"/> Iron	_____	_____	_____
<input type="checkbox"/> Nickel	_____	_____	_____
<input type="checkbox"/> Manganese	_____	_____	_____
<input type="checkbox"/> Zinc	_____	_____	_____
<input type="checkbox"/> Cadmium	_____	_____	_____
<input type="checkbox"/> Copper	_____	_____	_____
<input type="checkbox"/> Lead	_____	_____	_____
_____ Others	_____	_____	_____
_____ Others	_____	_____	_____
<b>pH</b>	_____	_____	_____

9. Are there any cyanides in your process: Yes  No

10. Check which neutralization agent(s) are used in your process and provide amounts consumed:

- Caustic soda \_\_\_\_\_     
  Lime \_\_\_\_\_     
  Soda ash \_\_\_\_\_  
 Hydrated Lime \_\_\_\_\_     
  Mg(OH)<sub>2</sub> \_\_\_\_\_     
  Other \_\_\_\_\_

11. Please indicate whether the neutralization agent is a powder, solution, or slurry and list its concentration:  
\_\_\_\_\_

12. What is the neutralization agent's cost per ton (or other unit)? \_\_\_\_\_

13. Are you having problems with your current neutralization agent? If yes, please explain.  
\_\_\_\_\_

14. Please estimate the retention time or time available used for pH adjustment in your present system -- What is the target pH at the end of this retention time? \_\_\_\_\_ **Retention Time** \_\_\_\_\_ **Target pH**

15. Is there adequate mixing in the pH adjustment process? Yes  No

16. Volume of solid waste (sludge) generated per week: \_\_\_\_\_ (tons, drums, cu.ft., etc.)

17. Please estimate your current sludge disposal costs. Clearly indicate whether your cost estimate is in cubic feet, tons, drums, or another measure. \_\_\_\_\_

18. Is the sludge collected in a gravity clarifier system or a filter press? \_\_\_\_\_

19. PLEASE ATTACH A PROCESS FLOW DIAGRAM OF YOUR WASTEWATER TREATMENT SYSTEM.

**Forward a copy of this form to the Regional Sales Manager or e-mail this form to:**

Martin Marietta Magnesia Specialties, Inc.  
Lem Granada  
1800 Eastlake Road  
Manistee, Michigan 49660  
[lem.granada@martinmarietta.com](mailto:lem.granada@martinmarietta.com)

**NOTE: This form MUST be submitted PRIOR TO SENDING a wastewater sample.  
Attach a copy of the completed form on the outside of the package along with a MSDS or  
Hazardous Information Form.**

**Samples are to be sent in properly labeled sample containers to:**

Martin Marietta Magnesia Specialties, Inc.  
1800 Eastlake Road  
Manistee, Michigan 49660  
Attn: Lem Granada, Product Development Lab  
Phone: (231) 723-1280

**References:**

[http://edocket.access.gpo.gov/cfr\\_2003/julqtr/pdf/40cfr261.4.pdf](http://edocket.access.gpo.gov/cfr_2003/julqtr/pdf/40cfr261.4.pdf)

[http://edocket.access.gpo.gov/cfr\\_2004/octqtr/pdf/49cfr172.101.pdf](http://edocket.access.gpo.gov/cfr_2004/octqtr/pdf/49cfr172.101.pdf)

**For Martin Marietta Use Only**

Log No:	Date Recorded:	Quantity:
Assigned to:	Supervisor:	
Products to be tested:		

**NOTE:** This form, a copy of the treatability study contract, and all shipping papers accompanying this sample must be retained for a period of three years as per 40 CFR 261.4 (f)(7) and (8).

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