Clean Water of New York, Inc.

Print Form | Submit by Email

Product Profile Form

Internal Use _____

Approval # _____

Generator Information

Company _____

Address _____

City _____

State _____ Zip/Postal Code _____

Contact _____

Phone Number _____

Fax Number _____

Site Address _____

Site Contact _____

Cell Phone _____

Invoice Information

Company _____

Address _____

City _____

State _____ Zip/Postal Code _____

Contact _____

Phone Number _____

Fax Number _____

Email _____

PO #: _____

Type of Oil

☐ #2 ☐ #4 ☐ #6 ☐ Kerosene ☐ Diesel ☐ Blend Stock (Black Oil) ☐ Mineral ☐ Transformer ☐ Jet A Other

Characteristics

Color: _____	Oil: % _____	Total Halogens-ppm _____	Arsenic: mg/kg _____
Appearance	Water: % _____	BTU/lb. _____	Cadmium: mg/kg _____
☐ Clear	Sulfer: % _____	Gravity/API (@60 F) _____	Chromium: mg/kg _____
☐ Opaque	Sediment: % _____	PCBs: mg/kg _____	Lead: mg/kg _____

Process Generating Product ☐ Tank Removal/Abandonment ☐ Conversion Other (describe): _____

Was product generated from a regulated CERCLA/Super Fund site? ☐ YES ☐ NO

Did load or portion of load originate at a utility? ☐ YES ☐ NO

(If this load originates at a utility, you must send in PCB analysis. Max PCB concentration mst be less 2.0 ppm.)

Does this waste contain greater than 2 ppm PCB's or PCB's derived from a source greater than 2ppm? ☐ YES ☐ NO

Shipping Information

Transporter: _____ ☐ WJL Corp. Same as: ☐ Generator ☐ Invoice Entity

Proper Shipping Name _____

Anticipated Volume/Units _____ Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ One Time

Method of Shipment ☐ Bulk Liquid ☐ Drum ☐ Other: _____

Certification

I hereby certfy that all information submitted in this and all attached documents is true and accurate, based on my inquiry of those individuals immediately responsible for obtaining this information. I believe that the submitted information is true and complete to the best of my knowledge and that all suspected hazards have been disclosed. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Name & Title: _____ Date: _____

3249 Richmond Terrace - P.O. Box 030312 - Staten Island, New York 10303-0312
Telephone (718) 981-4600 - Fax (718) 981-5213
www.cwofny.com