

ADSORBATE PROFILE DOCUMENT



Fill in the required areas of the form and ship to the address at right along with the **Carbon Acceptance Canister** or **Sample Bottle** containing the spent carbon. If carbon returns will be RCRA manifested, also include the *Certification of Generator Form* and the *Chain of Custody Document*.

Ship completed paperwork and spent carbon sample to:
Calgon Carbon Corporation
Attention: Reactivation Acceptance Dept.
500 Calgon Carbon Drive
Pittsburgh, PA 15205

e-mail: carbonacceptance@calgoncarbon.com

Section 1 – Generator Information

Date Completed:

Company Name		Facility Name	
Mailing Address		Shipping address	
City, State, Zip		City, State, Zip	
Technical Contact		Title	
Telephone #		E-Mail Address	
Fax #		Cell #	

Note that it is the responsibility of the generator/customer to characterize the spent carbon, including determination and declaration of RCRA status, disclosure of contaminants present in the stream being treated, etc. If you have specific questions on these subjects or if you need help completing this document call 1-800-422-7266 and ask for the Carbon Acceptance Department or refer to our web site at http://www.calgoncarbon.com/carbon_reactivation/acceptance.html

Section 2 – Billing Information

The fee for carbon acceptance testing is \$400 (USD) for non-hazardous projects and \$1000 (USD) for RCRA-hazardous projects, plus tax where applicable. Please provide the following billing information. This information is required in order for carbon acceptance testing to begin.

Calgon Carbon Technical Sales Representative	
Purchase Order # for Carbon Acceptance Testing	

Bill to Name			
Address		Telephone #	
City, State, Zip		Fax #	
Attention		Cell #	

Section 3 – Notice to RCRA Spent Carbon Generators

As a requirement of 40 CFR 264.12(b), Calgon Carbon Corporation is required to notify hazardous waste generators that its facilities have the proper permits in place to accept hazardous spent carbon. The facilities covered under this notification are:

Facility	EPA ID Number
Catlettsburg, KY	KYD005009923
Neville Island, PA	PAD000736942

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Generator Name	Date
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Section 4 – Regulatory Profile

Is the spent carbon generated at a SUPERFUND Site?	YES	NO
Is the sample submitted for carbon acceptance testing representative as defined in 40 CFR 261 – Appendix I or by using an updated or equivalent method?	YES	NO
Has TCLP testing been performed on the spent carbon sample? If “YES”, attached lab report and provide PA Laboratory Registration Number. If “NO”, attach a detailed explanation supporting use of generator process knowledge in lieu of actual chemical analysis.	YES	NO
Has a hazardous waste determination been done for the waste stream as defined in 40 CFR Part 262.11?	YES	NO
Is the spent carbon a RCRA hazardous waste as defined in 40CFR Part 261?	YES	NO
If “YES”, list EPA waste code number(s): _____ If “YES”, list Facility EPA ID#: _____		
Is the spent carbon a hazardous waste in the facility’s state or province?	YES	NO
If “YES”, list state or provincial waste code number (s): _____ If “YES”, list Facility State ID#: _____		
Is the carbon treating a stream which is subject to the Benzene NESHAP Standard (40CFR Part 61)?	YES	NO
Is the carbon treating a stream which is subject to the Hazardous Organic NESHAP Standard (40 CFR Part 63)?	YES	NO
Does the spent carbon contain substances subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act (SARA) of 1986 and 40 CFR Part 372?	YES	NO
If “YES”, list substances: _____		
Does the spent carbon contain any of the following chemicals?		
1. Polychlorinated Biphenyls (PCBs)? If “NO” proceed to Question 2 . If “YES”, complete below.	YES	NO
Total PCBs on the spent carbon must be below 50 mg/kg to be accepted for reactivation. You must report and certify the actual concentration as determined by a test of a representative composite sample of the spent activated carbon from the adsorber. Calgon Carbon Corporation can arrange to have this testing done for you at an additional cost. Contact your Technical Service Representative for additional information.	Total PCBs _____mg/kg (Attach Lab Report)	
2. Dioxins	YES	NO
3. 1,2-Dibromo-3-chloropropane (DBCP)	YES	NO
Is the spent carbon known to have radioactive characteristics? If yes, please explain.	YES	NO
Does the spent carbon have the potential to possess radioactive characteristics based on radioactivity in the treated application? If yes, please explain.	YES	NO
Does the carbon treat an aqueous stream or a vapor stream from an aqueous source?	YES	NO
Check the appropriate DOT shipping name for the spent carbon. <input type="checkbox"/> Not Regulated <input type="checkbox"/> Scrap Carbon <input type="checkbox"/> Hazardous Waste, Solid, N.O.S., 9, NA 3077, III, (list waste codes) _____ <input type="checkbox"/> RQ, Hazardous Waste, Solid, N.O.S., 9, NA 3077, III, (list waste codes) _____ <input type="checkbox"/> Other (if other, give description) _____		

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Generator Name	Date
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Section 5 – Carbon Identification and Return Information

Circle One

Carbon Type	Granular	Pellet
	Liquid	Vapor
U.S. Mesh Size	_____ X _____	
Carbon Product Name		
Calgon Carbon Product ?	Yes	No
If “NO”, indicate type	Coal Base Coconut Base Other _____	
Is spent carbon free-flowing ?	Yes	No
Are there any other filter media present in the carbon system (i.e. sand, gravel)?	Yes	No
Does the spent carbon contain silt, sand, gravel or other foreign material?	Yes	No
If “YES”, describe		
Adsorption Equipment by:	Calgon Carbon Customer Other _____	
Pounds of spent carbon per return		
Frequency of spent carbon returns	Times per Week, Month, Year or One Time Only	
Spent Carbon return via:	Bulk Truck 1800 lb. Vapor Pac–Plastic 2000 lb. Cyclesorb–FRP	
Circle One	Calgon Bins 1800 lb. Vapor Pac–SS 2000 lb. Cyclesorb–SS	
	Super Sack Vapor Pac 10 1000 lb. Cyclesorb–FRP	
	55 Gal. Drum Ventsorb Flowsorb	
	Other _____	

Section 6 – Stream Profile

Type of Stream	√ Check all that Apply	Stream Components
Liquid Phase Treatment	Vapor Phase Treatment	List the principal components and their concentration in the stream (ppm, mg/L, wt%, etc.)
<input type="checkbox"/> Spill Clean-up	<input type="checkbox"/> Air Stripper	Component Amount Unit
<input type="checkbox"/> Industrial Process	<input type="checkbox"/> Industrial Process Vapor	
<input type="checkbox"/> Food-Grade Process	<input type="checkbox"/> Food-Grade Process	
<input type="checkbox"/> Potable Water – Surface	<input type="checkbox"/> Solvent Recovery	
<input type="checkbox"/> Potable Water – GW	<input type="checkbox"/> Tank Vent	
<input type="checkbox"/> Industrial Wastewater	<input type="checkbox"/> Industrial WW Vapor	
<input type="checkbox"/> Groundwater	<input type="checkbox"/> Soil Extraction	
<input type="checkbox"/> Other – Describe below	<input type="checkbox"/> Other – Describe below	
Describe the stream and how it is generated.		
What is the stream flow rate?		_____ gpm or _____ cfm
Is the stream treated at elevated temperature?	YES NO	If “YES”, Temperature _____ ° F or C
Is the stream saturated with inorganic salts ?	YES NO	

Section 7 – Disposal Methods

Acceptable methods of spent carbon disposal:	
Alternate Fuels Blending (thermal destruction/incineration)	Yes No
Calgon Carbon Reactivation	Yes No
Landfill	Yes No

Section 8 – Environmental Audit of Facilities

Will it be necessary for you to perform an environmental audit of the disposal facilities prior to the return of spent carbon?	YES NO
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Generator Name _____	Date _____
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Section 9 – Safety Profile (attach any analyses, toxicological studies, safety data, MSDS, etc. that are relevant)

Are any of the following types of compounds, materials, or conditions present in the spent carbon? If “YES”, describe or identify condition in the column to the right.

	Circle One	
OSHA regulated Carcinogens (per 29 CFR 1910)	YES NO	
Halogenated Organics	YES NO	
Sulfur-Containing Organics	YES NO	
Pesticides/Herbicides	YES NO	
Highly Toxic Organics	YES NO	
Explosive (Self-Igniting/Shock Sensitive Material)	YES NO	
Biological or Disease-Causing Agents	YES NO	
Reactive Cyanide or Sulfide	YES NO	
Odorous Compounds	YES NO	
Metals (As, Ba, Cd, Cr, Pb, Hg, Se, Cu, Mn, Ni, Zn)	YES NO	

Are there any unique safe handling requirements necessary for processing the spent carbon? If “YES”, describe _____	YES	NO
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If the spent carbon contains proprietary chemicals, list any acute or chronic hazards associated with or alleged to be associated with human contact or exposure to the material.

Section 10 – Generator Certification

I, the Generator and/or Authorized Agent, certify this **Adsorbate Profile Document** and all the attachments, contain true and accurate descriptions of the spent activated carbon and all of the relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the spent carbon has been disclosed to Calgon Carbon Corporations. I, the Generator and/or Authorized Agent, acknowledge that Calgon Carbon Corporation must rely on the Generator certification of all chemical and physical characteristics of hazardous substances managed or processed by Calgon Carbon Corporation.

To the best of my knowledge and information, the spent activated carbon to be returned to Calgon Carbon Corporation for reactivation does not contain PCBs greater than or equal to 50 ppm; dioxins above 20 ppb TCDD International Toxicity Equivalents; 1,2-dibromo-3-chloropropane greater than 1.5% by weight; nor is it a characteristically ignitable, corrosive or reactive water.

I acknowledge that any changes in character or loading, which deviate from this profile warrant completion of a new Adsorbate Profile Document. Calgon Carbon Corporation reserves the right to rescind any spent carbon returns, which substantially differ from the approved profile.

Name _____ Title _____

Signature _____ Date _____

Section 11 – Confidentiality

Calgon Carbon Corporation, as a consideration of the customer’s release of the above information and any Calgon subsequent data provided, agrees to treat such information as confidential property and will not disclose such information to others except as required by law and facility operating permits.

Name _____ Title _____

Signature _____ Date _____