



ADSORBATE PROFILE DOCUMENT (APD)

<p>This form must be completed entirely to prevent delay in the carbon acceptance process. Ship completed paperwork and representative spent carbon sample to:</p> <p align="center">Calgon Carbon Corporation Attention: Carbon Acceptance Department 3000 GSK Drive Moon Township, PA 15108</p> <p>To obtain a sample kit, please call 800-422-7266.</p>	<p>Include the Certification of Generator Form for spent carbons deemed RCRA-hazardous. All samples must include a Chain of Custody Record and secure the shipping package with the Chain of Custody Record seal.</p> <p>It is the responsibility of the generator to make a hazardous waste determination as defined in 40 CFR 262.11. If you have specific questions on these subjects or if you need assistance completing this document, email: carbonacceptance@kuraray.com or call 800-422-7266 and ask for the Carbon Acceptance Department.</p>
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Section 1 – Generator Information

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

If APD is for recertification of an existing profile, please provide the Carbon Acceptance Number (CAN):	
Calgon Carbon Technical Sales Representative	

Section 2 – Billing Information

Please refer to the *Testing Fee Schedule* to determine the total cost for a new carbon acceptance project or recertification testing of an existing approval. Provide a purchase order number for this amount. This information is required in order for testing to begin.

Enter Purchase Order Number for Acceptance Testing:		PO Amount:	
Bill to Name		Attention	
Address		Telephone/Cell #	
City, State, Zip		Email	

Section 3 – Notice to RCRA Manifested 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

Section 4 – Regulatory Profile

Carbon Sampling Information	
4.1. Was the sampling method used to obtain a representative sample of the spent carbon collected according to 40 CFR Part 261 – Appendix I, or by using an equivalent method including those provided by Calgon Carbon? Briefly describe method used to obtain sample:	<input type="checkbox"/> YES
4.2 Type of Sample: <input type="checkbox"/> Composite Sample <input type="checkbox"/> Grab Sample <input type="checkbox"/> Carbon Acceptance Canister Sample Date Sample Collected: _____	
Waste Characterization Information	
4.3 As a waste generator, you <u>must</u> determine the waste classification according to 40 CFR Part 262.11 to ensure it is properly managed. Has this determination been performed on the spent carbon?	<input type="checkbox"/> YES
4.4 Is the spent carbon a RCRA hazardous waste as defined in 40 CFR Part 261? If "YES", list EPA waste code(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", list Facility EPA ID#:	
4.5 Is the spent carbon a hazardous waste in the facility's state or province? If "YES", list state or provincial waste code(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", list Facility State ID#:	
4.6 Has the Toxicity Characteristic Leaching Procedure (TCLP) been performed on the spent carbon sample?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.7 If "YES", attach complete analytical report. For PA reactivation, enter PA Laboratory Registration Number here: _____ If "NO", provide a detailed explanation (attach any additional documentation) supporting use of generator process knowledge in lieu of actual chemical analysis:	
4.8 Will there be any free liquids present in the spent activated carbon that will have a flash point <140° F (i.e. ignitable) upon arrival at the reactivation facility? If "YES", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Regulatory Information	
4.9 Does the spent carbon contain benzene subject to the Benzene Waste Operations NESHAP control requirements (40 CFR Part 61 Subpart FF)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.10 Is the carbon treating a stream which is subject to the Hazardous Organic NESHAP (HON) Standard (40 CFR Part 63)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.11 Is the spent carbon generated at a SUPERFUND (CERCLA) Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.12 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? If "YES", list substances:	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.13 Is the spent carbon <u>known</u> to have radioactive characteristics? If "YES", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.14 Does the spent carbon have the <u>potential</u> to possess radioactive characteristics based on radioactivity in the treated application? If "YES", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.15 Check the appropriate DOT shipping name for the spent carbon: <input type="checkbox"/> Not Regulated <input type="checkbox"/> Other _____ <input type="checkbox"/> NA3077, Hazardous Waste, Solid, N.O.S., 9, III, (list waste codes) _____ <input type="checkbox"/> RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III, (list waste codes) _____ <input type="checkbox"/> UN3077, Environmentally Hazardous Substance Solid, N.O.S., 9, III _____ <input type="checkbox"/> RQ, UN3077, Environmentally Hazardous Substance Solid, N.O.S., 9, III _____	

Section 5 – Carbon Identification and Return Information

5.1 Calgon Carbon Product?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", enter product name here:	If "NO", indicate product type: <input type="checkbox"/> Coal Base <input type="checkbox"/> Coconut Base <input type="checkbox"/> Other _____
If "NO", will future shipments be Calgon Carbon Product?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.2 Carbon Type: <input type="checkbox"/> Granular <input type="checkbox"/> Pellet <input type="checkbox"/> Granular/Pellet Mix			
5.3 Is the spent carbon free flowing and/or able to be readily transferred from the carbon adsorber/equipment? (i.e. spent carbon particles must not be conglomerated.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", describe:	
5.4 Will the spent carbon contain any filter media such as silt, sand, gravel or other foreign material/debris?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", describe:	
5.5 Adsorption Equipment by:	<input type="checkbox"/> Calgon Carbon <input type="checkbox"/> Customer <input type="checkbox"/> Other _____		
5.6 Shipment Volume (lbs):			
5.7 Return Frequency:	_____ Times per Week, Month, Year (Circle frequency); or every _____ years; or _____ One Time Only		
5.8 Containment Mode for Transporting Spent Carbon to Reactivation Facility: (Check one) * Requires prior approval	<input type="checkbox"/> Bulk/Dump Truck	<input type="checkbox"/> 1800 lb. Vapor Pac	<input type="checkbox"/> 2000 lb. Cyclesorb
	<input type="checkbox"/> Calgon Bins	<input type="checkbox"/> Vapor Pac 10	<input type="checkbox"/> 1000 lb. Cyclesorb
	<input type="checkbox"/> Super Sack	<input type="checkbox"/> Vapor Pac 5	<input type="checkbox"/> Flowsorb
	<input type="checkbox"/> 55 gal. metal drum	<input type="checkbox"/> Ventsorb	<input type="checkbox"/> Mobile Adsorber
	<input type="checkbox"/> Roll-off box*	<input type="checkbox"/> Indoor Air Quality (IAQ) Panels	
	<input type="checkbox"/> Other* (Describe): _____		

Section 6 – Stream Profile

6.1 Select Type of Stream (Check only one)			
Liquid Phase Treatment		Vapor Phase Treatment	
<input type="checkbox"/> Spill Clean-up	<input type="checkbox"/> Potable Water – GW	<input type="checkbox"/> Air Stripper	<input type="checkbox"/> Tank Vent
<input type="checkbox"/> Industrial Process	<input type="checkbox"/> Industrial Wastewater	<input type="checkbox"/> Industrial Process Vapor	<input type="checkbox"/> Industrial WW Vapor
<input type="checkbox"/> Food-Grade Process	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Food-Grade Process	<input type="checkbox"/> Soil Extraction
<input type="checkbox"/> Potable Water – Surface	<input type="checkbox"/> Other – Describe below	<input type="checkbox"/> Solvent Recovery	<input type="checkbox"/> Other – Describe below
Other liquid treatment description:		Other vapor treatment description:	
6.2 Stream Components - List the possible adsorbed compounds in the stream:			
6.3 Provide a detailed description of the process that generates the spent carbon:			

Section 7 – Environmental Audit of Reactivation Facilities

7.1 Will it be necessary for you to perform an environmental audit of the reactivation facilities prior to the return of spent carbon? If an audit is requested you will be contacted to make arrangements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Section 8 – Safety and Chemical Profile (Attach relevant analyses, toxicological studies, safety data sheets (SDS), etc.)

Does the spent carbon contain any of the following compounds or conditions? If "YES", describe.		
	Check One	Describe
8.1 OSHA Regulated Carcinogens (per 29 CFR §1910.1003)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.2 Halogenated Organics (Cl, F, Br, I compounds)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.3 Sulfur-Containing Compounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.4 Highly Toxic Compounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.5 Biological or Disease-Causing Agents	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.6 Explosive Compounds (Self-Igniting/Shock Sensitive Material)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.7 Odorous Compounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.8 1,2-Dibromo-3-chloropropane (DBCP)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.9 Oxidizers as defined in 40 CFR 261.21(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.10 Metals (As, Ba, Cd, Cr,Cr ⁺⁶ , Pb, Hg, Se, Cu, Mn, Ni, Zn)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
For the following conditions, if answered "YES", attach representative analytical report from an accredited laboratory or select the appropriate analyses on the <i>Testing Fee Schedule</i> and indicate on the sample <i>Chain of Custody Form</i>.		
8.11 TCLP Regulatory Compounds (SW846 1311)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.12 Pesticides/Herbicides (SW846 8082)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.13 Total Cyanide (SW846 9012)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.14 Total Sulfide (SW846 9030)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.15 Polychlorinated Biphenyls (PCBs) (SW846 8082)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.16 Dioxins/Furans (SW846 8280)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.17 Are there any unique safe handling requirements necessary for processing the spent carbon? If "YES", describe:		
8.18 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 9 – Generator Certification

9.1 I, the Generator and/or Authorized Agent, certify this **Adsorbate Profile Document** and all the attachments contain true and accurate descriptions of the spent carbon. All of the relevant information within the possession of the Generator regarding known or suspected hazards has been disclosed to Calgon Carbon Corporation. 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.

I acknowledge that any changes in character or adsorbate loading, which deviate from this profile, may warrant completion of a new profile document, representative sample and/or a new approval number. Calgon Carbon Corporation reserves the right to rescind any spent carbon returns, which significantly differ from the approved profile.

Name _____ Title _____

Signature _____ Date _____

Section 10 – Confidentiality (to be completed by Calgon Carbon authorized personnel)

10.1 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 _____

Carbon Acceptance Number _____ Profile Renewal Date _____



Testing Fee Schedule

Standard Carbon Acceptance Testing (must select one)		
Selection must match waste characterization on page 2 of the APD	√	Fee
Non-Hazardous Reactivation Testing Fee (Vapor Phase)	<input type="checkbox"/>	\$800.00
Non-Hazardous Reactivation Testing Fee (Liquid Phase)	<input type="checkbox"/>	\$1,000.00
RCRA Hazardous Reactivation Testing Fee (Vapor Phase)	<input type="checkbox"/>	\$1,000.00
RCRA Hazardous Reactivation Testing Fee (Liquid Phase)	<input type="checkbox"/>	\$1,200.00
Total Standard Testing Fee		\$ _____
Each project is tested for a standard list of volatile (SW846 8260) and semivolatile (SW846 8270) organic compounds, 1,2-Dibromo-3-chloropropane (SW846 8260), lead (SW846 6010) and mercury (SW846 7471).		
All liquid phase treatment projects are tested for a specific list of metals.		
Additional Testing Services		
If answered "YES" in Section 8 of the APD, then a recent analytical report must be provided for Carbon Acceptance review to be completed; or you may check the appropriate selection below and have the testing performed by Calgon Carbon.	√	Fee
Dioxins/Furans (SW846 8280)	<input type="checkbox"/>	\$1,260.00
Polychlorinated Biphenyls (PCB) (SW846 8082)	<input type="checkbox"/>	\$150.00
Total Sulfide (SW846 9030)	<input type="checkbox"/>	\$50.00
Total Cyanide (SW846 9012)	<input type="checkbox"/>	\$50.00
TCLP Volatiles (SW846 1311 & 8260)	<input type="checkbox"/>	\$260.00
TCLP Semi-Volatiles (SW846 1311 & 8270)	<input type="checkbox"/>	\$450.00
TCLP Metals (SW846 1311 6010 & 7470)	<input type="checkbox"/>	\$200.00
TCLP Pesticide/Herbicide (SW846 1311 & 8081)	<input type="checkbox"/>	\$520.00
PFAS Testing	<input type="checkbox"/>	\$500.00
Subtotal of Additional Testing Services		\$ _____
Total Testing Fee = Total Standard Testing Fee + Subtotal of Additional Testing Services		\$ _____
Please note that the standard project turnaround time is 2-3 weeks . If a project requires expedited processing or additional analytes not listed above please contact your Technical Services Representative or a member of the Carbon Acceptance Department by calling 800-422-7266.		
All samples must be shipped in 2-8 ounce glass sample bottle(s) with PTFE lined lids <u>and</u> 1- plastic quart sample bottle with a PTFE lined lid. Samples must be shipped in a sample cooler that is filled with sufficient ice to maintain a sample temperature of to 2-6 °C. If needed, these items can be ordered by calling 866-225-4660.		

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DATE PREPARED
DATE REVISED

FOR DEPARTMENT USE ONLY

VI. CERTIFICATION OF GENERATOR

I certify under penalty of law that the spent activated carbon (SAC), classified as a hazardous waste, to be sent to Calgon Carbon Corporation's Neville Island regeneration facility was originally used in the manner prescribed by Calgon for waste treatment and no adulteration of the waste stream(s) or the SAC has occurred to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Company Name _____ Location _____

Name of Responsible Official _____ Title _____

Signature _____ Date _____

Taken, sworn and subscribed before me, this

_____ day of _____ A.D 20_____

NOTARY
SEAL
