



PROFILE NUMBER _____

Generator Name: _____

Generator Location (city & state): _____

Estimated annual Quantity of Waste Shipped: _____

Description of Waste: _____

BENZENE NESHAP QUESTIONNAIRE (Note: If the 1st question is marked "NO," then skip remaining questions in this section)

Does the waste contain benzene? Yes No

Is the waste generated by Petroleum Refineries (SIC 2911), Chemical Manufacturing Plants (SIC 2800-2899), Coke By-Product Recovery Plants (SIC 3312), or TSD (SIC 4953, 4959, 9511, 4214)? Yes, SIC# : _____ No

What is the benzene concentration in the waste? Min value: _____ Max value: _____ ppm or %

If the concentration of benzene is based on knowledge provide a description: _____

If benzene concentration is based on testing, provide date test data was obtained: _____ / _____ / _____

Has the process generating the waste changed since date of concentration determination? Yes No

Will any shipments of this waste contain greater than 10% water? Yes No

What is your facility's Total Annual Benzene (TAB) in mega-grams (10⁶ grams) per year? _____ Mg/yr

Is this waste subject to the Benzene Waste Operations NESHAP controls requirements [per 40 CFR Part 61.342(b)]? Yes No

GENERATOR CERTIFICATION

I hereby certify that all information submitted in this document is true, accurate and complete to the best of my knowledge and belief. In addition, I also certify that the upper range benzene concentration, provided above, represents the maximum potential benzene concentration in any shipment of this waste stream that will be sent to Giant Resource Recovery.

Signature _____ Title _____ Date _____