

**SOUTHWEST TREATMENT SYSTEMS, INC.**  
waste generator pre-qualification questionnaire

TRANSPORT COMPANY NAME / TELEPHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_

1. GENERATOR INFORMATION:

Company Name: \_\_\_\_\_

Company Contact  
Name, Title \_\_\_\_\_ / \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

EPA Number  
(if applicable): \_\_\_\_\_

SIC  
(standard industrial classification): \_\_\_\_\_

Permit Number  
(Industrial wastewater discharge): \_\_\_\_\_

Address: \_\_\_\_\_

Address 2  
(if applicable): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Responsible Party Information (if a third party is representing the generator):

Name / Title: \_\_\_\_\_ / \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

Description of general activities conducted at generator's facility:  
\_\_\_\_\_  
\_\_\_\_\_

Southwest Treatment Systems, Inc. may not require laboratory analysis of wastes that are certified to contain no regulated metals, cyanide, toxic organic compounds, sulfides or chlorinated hydrocarbons.

**CERTIFICATION:**

I certify that the information I have provided in response to the questionnaire contained in the PRE-QUALIFICATION QUESTIONNAIRE are true, correct and complete to the best of my knowledge. I understand that after reviewing the information you have provided, Southwest

Treatment Systems, Inc. may require a sample of the waste unidentified in the questionnaire be submitted for analysis prior to acceptance of the waste for treatment.

Applicant Name / Title: \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**GENERATORS and WASTE HAULERS PLEASE NOTE:**

We cannot accept waste water until the physical characteristics and waste water information has been reviewed and accepted. Please complete the separate physical characteristics and waste description for each waste water interceptor located at this facility.

# PHYSICAL DESCRIPTION AND WASTE WATER INFORMATION SHEET

## 2. GENERATOR'S PROCESS INFORMATION:

Detailed description of specific activity which created the waste contained in this interceptor:

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Samples being submitted were taken from (location and ID number):

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Check one: Clarifier  Trap  Holding Tank

Other (describe):

## 3. PHYSICAL CHARACTERISTICS AND DESCRIPTION OF WASTE:

Check one: Liquid  Mud  Sludge  Slurry

Other (describe):

Waste Composition:

Water  Conc.%

Mud  Conc.%

Other  Conc.%

Water  Conc.%

Mud  Conc.%

Other  Conc.%

Waste Properties:

pH: (Circle ONE) 0-2; 2-4; 4-6; 6-8; 8-10; 10-12; 12-14

Odor: (Circle ONE): none, low, medium, or high

Color: (Circle ONE): clear, light, dark, black

Explosive: YES  NO  Don't know

Reactive: YES  NO  Don't know

Pyrophoric: YES  NO  Don't know

4. COMPONENT LISTING:

Does the waste contain (or could it contain) ANY of the following:

	YES	NO	?	APPROX (mg./l)		YES	NO	?	APPROX (mg./l)
Arsenic					Mercury				
Cadium					Nickel				
Chromium					Silver				
Copper					Zinc				
Lead					Cyanide				

Does the waste contain (or could it contain) any measurable amount of total identifiable CHLORINATED HYDROCARBONS?

Check one: YES \_\_\_\_ NO \_\_\_\_

If yes, please list the source and approximate concentrations below:

Constituent	Conc. (mg./l)	Constituent	Conc. (mg./l)

Does the waste contain (or could it contain) any known or suspected TOXIC ORGANIC COMPOUNDS? (Examples: Benzene, Toluene, etc.):

Check one: YES \_\_\_\_ NO \_\_\_\_

If yes, please list the source and approximate concentrations below:

Constituent	Conc. (mg./l)	Constituent	Conc. (mg./l)

Could the waste contain SULFIDES in excess of 0.1 mg/l?

Check one: YES \_\_\_\_ NO \_\_\_\_

If yes, please list the source and approximate concentrations below:

Constituent	Conc. (mg./l)	Constituent	Conc. (mg./l)

If you have any questions regarding this form, please call (800) 900-3366 or (323) 269-9876 for assistance. Please FAX or MAIL your fully executed and signed questionnaire to:

Southwest Treatment Systems, Inc.  
Questionnaires  
4120 Bandini Boulevard  
Los Angeles, California 90023

FAX: (323) 780-3170