



P.O. Box 55878, NORTH POLE, AK 99705 • (907) 488-4899 • FAX (907) 488-4823

CERTIFICATION OF RCRA EXEMPT STATUS

CLIENT NAME: _____

CONTRACT NAME: _____

CONTRACT NUMBER: _____ DATE: _____

CONSULTANT ADVISOR: _____

Client, (and if signed by Consultant Advisor, Consultant Advisor), hereby certifies that material presented to OIT, Inc. for treatment under the above referenced contract and any subsequent contract is RCRA (Resource Conservation and Recovery Act) exempt waste, and does not meet the definition of hazardous waste under the applicable code of Federal and State Regulations.

Client, (and if signed by Consultant Advisor, Consultant Advisor on behalf of client), further agree to indemnify OIT, Inc. for any liability that may be incurred as a result of the material presented for treatment being classified as a RCRA hazardous material, including but not limited to indemnification for cost of proper disposal and any fines or penalties Imposed by any local, State, or Federal agencies.

Signed by client and/or client's consultant.

CLIENT REPRESENTATIVE NAME

CONSULTANT ADVISOR NAME

SIGNED BY CLIENT'S REPRESENTATIVE

SIGNED BY CONSULTANT FIRM REP.

TITLE

TITLE

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

DATE

DATE



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WASTE ANALYSIS FORM

In accordance with OIT's QA/QC Management Acceptance Plan, prior to acceptance of any hydrocarbon contaminated materials, laboratory documents identifying the contaminated materials and analytical test results need to be submitted to OIT. These documents should show ADEC established procedures and include but not be limited to:

- The name of the testing laboratory and responsible person
- Analytical procedures
- Sampling procedures
- Quality assurance procedures
- Data reporting (analytical results and levels)
- Specific information on site history

Please attach all available test information to this form.

CLIENT / CONSULTANT / CONTRACTOR

EPA ID# _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ EMERGENCY PHONE #: _____

WASTE HAULER (IF APPLICABLE)

EPA ID# _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ EMERGENCY PHONE #: _____

VOLUME OF WASTE MATERIAL & CONTAINMENT

_____ GALLONS

_____ TONS

_____ DRUMS

_____ OTHER

GENERAL DESCRIPTION OF WASTE

Date of Spill (or date generated): _____

Location of material: _____

Source of contamination: _____
(U.S.T, Surface spill, Daily Maintenance, etc.)

Type of Material: _____
(Gravel, sand, silt, absorbents, shop rags, floor dry, etc.) (If soil, please estimate percentage of fines)

ADEC approval for removal and transportation of soils related to an ADEC approved cleanup plan, or a site overseen by ADEC spill response program (Y/N)? _____

Does the material contain or is it mixed with a listed hazardous waste (Y/N)? _____
(As described in 40 CFR 261 Subpart D [40 CFR 261.31, 261.32, 261.33])

If claiming a specific RCRA exemption, e.g. UST generated soils, please site exemption: _____

History of Contaminated materials: _____

Comments:

TEST RESULTS (CHECK): _____ IF YES PLEASE ATTACH TEST RESULTS

_____ DRO _____ GRO _____ RRO _____ BTEX

_____ RCRA METALS _____ SVOC _____ VOC _____ OTHER

I hereby certify that all information submitted in this and all attached documents are complete, accurate, and discloses all known or suspected hazards. I acknowledge that if material in fact varies from the information provided herein, additional charges for testing, handling, treatment or other devices may be imposed.

_____ Authorized Signature _____ Title _____ Date



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North Pole, Alaska 99705-5878
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TRANSPORT APPROVAL FORM

Project Name: _____ Date: _____

Generator: _____

Material location _____

Type of Material: _____

Source of Contamination _____

Expected Amount: _____ Date Generated: _____

Are there any project specific post testing requirements?

Are there any concerns with porous oversized material related to the project?

I approve transport of the above mentioned material to the OIT Moose Creek Facility for thermal treatment.

ADEC Project Manager Name (printed)

Project Manager Title

Signature of Project Manager

Date



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Certification Information

Company Name: _____

Company Address: _____

State: _____ **Zip Code:** _____ **Phone Number:** _____

Billing Information

Company Name: _____

Contact Name: _____

Phone Number: _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

P.O. Number/ Project Name: _____