

# RCRA MIXED AND/OR TSCA RADIOACTIVE WASTE

## ATTACHMENT D

ALL FIELDS MUST BE COMPLETED

**Example Only**

Prohibited Items	Yes	No
D0. TRU Radioisotopes (>100 nCi/g)		
D1. Chemically Incompatible Substances		

D2. Chelating Agents <input type="checkbox"/> Yes <input type="checkbox"/> No	D5. Beryllium <input type="checkbox"/> Yes <input type="checkbox"/> No ppm grams	D8. Corrosivity to Steel mm/yr
D3. Ion Exchange Resins <input type="checkbox"/> Yes <input type="checkbox"/> No	D6. RAD Handling Type <input type="checkbox"/> Contact <input type="checkbox"/> Remote	D9. Flashpoint <input type="checkbox"/> C <input type="checkbox"/> F
D4. pH	D7. Special Case Waste <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D10. Boiling Point <input type="checkbox"/> C <input type="checkbox"/> F

Waste Subcategory	Yes	No
D15. Solids - Combustible		
D16. Solids - Other		
D17. Liquids - Organic		
D18. Liquids - Aqueous		
D19. Gaseous		

Radioisotope Determination Method		
Document Type	Document Number(s)	
R1. Analysis LSID#		
R3. PK Documentation #	R2. NDA#	
R4. Fissile Content (FGE of U-235) grams	R5. Enrichment (wt% of U-235)	R6. Chemical Form

R11. Radioisotope Continuation Sheet(s) \_\_\_\_\_ through \_\_\_\_\_ attached.

RCRA/TSCA Determination Method			
Document Type	Document Number(s)		
T1. Analysis LSID#			
T2. PK Documentation #			
T6. PCB Present <input type="checkbox"/> Yes <input type="checkbox"/> No	T7. PCB Concentration ppm	T8. PCB Source Concentration ppm	T9. PCB Source Concentration Range (ppm) <input type="checkbox"/> NA <input type="checkbox"/> <=1.99 <input type="checkbox"/> 2 - 49.99 <input type="checkbox"/> 50 - 499.99 <input type="checkbox"/> >= 500

Determination	Yes	No
T3. RCRA Waste		
T4. TSCA Waste		
T5. Underlying Hazardous Constituent(s) Present		

T16. Constituent Continuation Sheet(s) \_\_\_\_\_ through \_\_\_\_\_ attached.

V1.

I certify that the waste described above meets the requirements of the Master Profile identified on the UCN-2109.

Or, I certify that the waste meets the conditions stipulated in variance number(s) \_\_\_\_\_

To the best of my knowledge, I believe the information I have submitted is true, accurate, and complete. I am currently authorized by my company to perform waste certification functions.

\_\_\_\_\_  
Signature Waste Certifier

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Badge Number

\_\_\_\_\_  
Date

S4. Derivative Classifier	Badge	Date
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