



Requested Facility: Laraway ☐ Unsure Profile Number: 621451 IL
☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☒ Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: Metal Management Midwest, Inc.
2. Generator Site Address: 2500 S. Paulina Street
(City, State, ZIP) Chicago, IL 60608
3. County: cook
4. Contact Name: Debbie Hays
5. Email: debbie.hays@simsmm.com
6. Phone: 312-343-4549 7. Fax: _____
8. Generator EPA ID: ILD984846634 ☐ N/A
9. State ID: 0316510009 ☐ N/A

C. MATERIAL INFORMATION

1. Common Name: ASR - Automobile Shredder Residue
Describe Process(es) Generating Material: ☐ See Attached

The shredding of light iron and end of life vehicles.

2. Material Composition and Contaminants: ☐ See Attached

1. Polyurethane Foam	35%
2. Plastics	25%
3. Fibers	25%
4. Rubber/Dirt/Grit	15%
Total comp. must be equal to or greater than 100% <u>≥100%</u>	

3. State Waste Codes: _____ ☐ N/A
4. Color: Dark Brown
5. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____
6. Free Liquid Range Percentage: _____ to _____ ☒ N/A
7. pH: _____ to _____ ☐ N/A
8. Strong Odor: ☐ Yes ☒ No Describe: _____
9. Flash Point: ☐ <140°F ☐ 140°F–199°F ☒ ≥200°F ☐ N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached ☒ Yes
Please identify Lab Report(s) and list specific representative Sample ID#s:

See Lab Report #500-239994-1

2. Other information attached (such as SDS)? ☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this Waste Management ("WM") Profile, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to WM prior to providing the material to WM. I am aware that there are significant penalties for knowingly submitting false information.

- ☒ I am authorized to sign on behalf of the Generator and I have confirmed with the Generator that information contained in this profile, as well as supporting documents provided, are accurate and complete.
- ☐ I am a duly authorized employee of Generator holding a position of technical responsibility with direct knowledge of the waste stream and the information contained in this profile, and I confirm that information contained in this profile, as well as supporting documents are accurate and complete.

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

B. BILLING INFORMATION

☐ SAME AS GENERATOR

1. Billing Name: _____
2. Billing Address: _____
(City, State, ZIP) _____
3. Contact Name: _____
4. Email: _____
5. Phone: _____ 6. Fax: _____
7. P.O. Number: _____
8. Payment Method: ☐ Credit Account ☐ Cash ☐ Credit Card at Gate

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? ☐ Yes* ☒ No
Code: _____
2. State Hazardous Waste? ☐ Yes ☒ No
Code: _____
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes* ☒ No
4. Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
5. Does the material contain benzene? ☐ Yes* ☒ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
7. CERCLA or State-mandated clean-up? ☐ Yes* ☒ No
8. NRC, State-regulated, NORM or TENORM waste? ☐ Yes* ☒ No

***If Yes, see Addendum (page 2) for additional questions and space.**

9. Contains PCBs? → If Yes, answer a, b and c. ☒ Yes ☐ No
a. Regulated by 40 CFR 761? ☒ Yes ☐ No
b. Remediation under 40 CFR 761.61? ☐ Yes ☒ No
c. Were PCBs imported into the US? ☐ Yes ☒ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
11. Contains Asbestos? ☐ Yes ☒ No
→ If Yes: ☐ Non-Friable ☐ Non-Friable - Regulated ☐ Friable
12. Contains Dioxins? (If Yes, please attach analysis) ☐ Yes ☒ No

F. SHIPPING AND DOT INFORMATION

1. ☐ One-Time Event ☒ Repeat Event/Ongoing Business
2. Estimated Annual Quantity/Unit of Measure: 100,000 +/-
☒ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other _____
3. Container Type and Size: _____
4. USDOT Proper Shipping Name ☐ N/A
5. Estimated Start Date _____
6. Transportation Needed? ☐ Yes* ☒ No

Name (Print): Deborah Hays
Title: EHS Partner, Central Region
Company: Metal Management Midwest
Date: 10-6-2023

Certification Signature

