NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits, Region 4
1130 North Westcott Road, Schenectady, NY 12306-2014
P: (518) 357-2069 | F: (518) 357-2460
www.dec.ny.gov

June 3, 2016

Prince Knight
Laboratory, Environmental & Compliance Manager
Norlite, LLC
628 S. Saratoga Street
Cohoes, NY 12047

RE: RCRA 6 NYCRR Part 373 Hazardous Waste Permit
Permit ID: 4-0103-00016/00016 (RCRA ID: NYD080469935)

Dear Mr. Knight,

The New York State Department of Environmental Conservation (Department) has identified a number of errors in the RCRA 6 NYCRR Part 373 Hazardous Waste Permit (renewed on January 1, 2016) which are either inconsistencies or items which conflict with the established regulations in 6 NYCRR Part 373. The Department is hereby providing Norlite with this notice of intent to modify Norlite's Part 373 Permit pursuant to 6 NYCRR 373-1.7(c)(1)(i) and 6 NYCRR 373-1.7(c)(1)(ii). Below is a list of the changes being made:

1. Attachment A, which is currently "RESERVED", is being modified to include the completed and signed Part A Application included in Norlite's permit renewal application in Section 1 – Site ID Form. The Table of Contents in the Permit is also being updated accordingly.

2. Under Condition F of Schedule 1 of Module I (Routine Reporting), the referenced requirement for "Copies of Hazardous Waste Manifests to NYSDEC" is being changed to "6 NYCRR 373-2.5(b)(1)(i)('b')('5')."

3. Under Condition F of Schedule 1 of Module I (Routine Reporting), the reporting due date for "Tank System Assessment Report" is being changed to "Within 30 days of inspection" to agree with Exhibit D, Condition C.3.

4. The contact information for submissions to Department staff under Condition B of Exhibit A in Schedule 1 of Module I is now updated. See pages A-2 and A-3 attached to this letter.

5. In Module IV Condition K.4, the reference to Condition B of Exhibit D in Schedule 1 of Module I is incorrect, and the reference to 6 NYCRR 373-2.10(d)(4)(iii) is not applicable to Norlite for the purposes of secondary containment integrity assessment of tanks. Module IV Condition K.4 is now corrected to incorporate the Department's standard language and conditions for Module IV.

In an enclosure to this letter, the Department has included the specific pages that are being added or replaced in the Permit. The added and modified Permit pages include the first page of the Table of Contents; all of Attachment A; Schedule 1 of Module I pages S1-12, S1-13, A-2, and A-3; and Module IV pages IV-6 and IV-7. Please add/replace these pages in your copy of the permit. As a requirement of this modification, please also record these changes in Attachment D permit modification log (and the changes from previous modifications on 2/29/16 and 4/1/16 which have yet to be recorded) as required by Module I Condition D.2.a and D.3, and submit a copy to the Department within 15 days of this letter.

This letter and the enclosed pages are to be considered an official amendment to Norlite's Part 373 Permit and, as such, are to be incorporated therein. This official amendment will become effective on June 17, 2016, unless Norlite submits a written statement within 15 days of this letter's receipt in accordance with 6 NYCRR Part 621.13(d) of the regulations.

Under 6 NYCRR Part 373-1.7(e), Norlite is required to notify all persons on the facility mailing list of this modification. Please provide this office with a copy of your notification for our records.

If you have any questions, please contact either David Lates at (518) 402-9814 or me at (518) 357-2452.

Sincerely,

Nancy M Baker

Nancy Baker
Deputy Regional Permit Administrator

Ec: D. Lates, NYSDEC
T. Killeen, NYSDEC
J. Hadersbeck, NYSDEC
J. Quinn, NYSDEC
E. Stager, Tradebe
D. Monk, Norlite

Table of Contents

ATTACHMENT A

PART A APPLICATION

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	

1. Reason for Submittal (MARK ALL BOX(ES) THAT APPLY)

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ▪ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # 1)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number N Y D 0 8 0 4 6 9 9 3 5

3. Site Name

Name: Norlite, LLC.

4. Site Location Information

Street Address: 628 South Saratoga Street

City, Town, or Village: Cohoes | **County:** Albany

State: New York | **Country:** United States | **Zip Code:** 12047

5. Site Land Type

☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 2 1 2 3 2 5 | C.

B. 5 6 2 2 1 1 | D.

7. Site Mailing Address

Street or P.O. Box: 80 State Street

City, Town, or Village: Albany

State: New York | **Country:** United States | **Zip Code:** 12207-2543

8. Site Contact Person

First Name: Robert | **MI:** | **Last:** O'Brien

Title: President

Street or P.O. Box: 1301 West 22nd Street, Suite 500

City, Town or Village: Oak Brook

State: Illinois | **Country:** United States | **Zip Code:** 60523

Email: bob.obrien@tradebe.com

Phone: 1-518-235-0401 | **Ext.:** NA | **Fax:** NA

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Tradebe Treatment & Recycling | **Date Became Owner:** 04/15/2011

Owner Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 1301 West 22nd Street, Suite 500

City, Town, or Village: Oak Brook | **Phone:** NA

State: Illinois | **Country:** United States | **Zip Code:** 60523

B. Name of Site's Operator: Norlite, LLC. | **Date Became Operator:** 01/01/1956

Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y [✓] N [ ] **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.

- [✓] a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- [ ] b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- [ ] c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y [✓] N [ ] **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y [✓] N [ ] **3. United States Importer of Hazardous Waste**

Y [ ] N [✓] **4. Mixed Waste (hazardous and radioactive) Generator**

Y [ ] N [✓] **5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- [ ] a. Transporter
- [ ] b. Transfer Facility (at your site)

Y [✓] N [ ] **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y [ ] N [✓] **7. Recycler of Hazardous Waste**

Y [ ] N [✓] **8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- [ ] a. Small Quantity On-site Burner Exemption
- [ ] b. Smelting, Melting, and Refining Furnace Exemption

Y [ ] N [✓] **9. Underground Injection Control**

Y [✓] N [ ] **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y [ ] N [✓] **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries [ ]
- b. Pesticides [ ]
- c. Mercury containing equipment [ ]
- d. Lamps [ ]
- e. Other (specify) _____ [ ]
- f. Other (specify) _____ [ ]
- g. Other (specify) _____ [ ]

Y [ ] N [✓] **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y [ ] N [✓] **1. Used Oil Transporter**
If "Yes", mark all that apply.

- [ ] a. Transporter
- [ ] b. Transfer Facility (at your site)

Y [ ] N [✓] **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- [ ] a. Processor
- [ ] b. Re-refiner

Y [✓] N [ ] **3. Off-Specification Used Oil Burner**

Y [ ] N [✓] **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- [ ] a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

You can **ONLY** Opt into Subpart K if:

you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND

you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☑ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories **See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☑ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

** Please See	Attached	Hazardous	Waste Permit	Information	Form **	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

NA						

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☑ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert O'Brien, President	1-10-13

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

OMB#: 2050-0024; Expires 12/31/2014

United States Environmental Protection Agency

HARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact	**First Name:** Robert	**MI:**	**Last Name:** O'Brien	
	Contact Title: President			
	Phone: 1-518-235-0401	**Ext.:** NA	**Email:** bob.obrien@tradebe.com	
2. Facility Permit Contact Mailing Address	**Street or P.O. Box:** 80 State Street			
	City, Town, or Village: Albany			
	State: New York			
	Country: United States	**Zip Code:** 12207-2543		
3. Operator Mailing Address and Telephone Number	**Street or P.O. Box:** 80 State Street			
	City, Town, or Village: Albany			
	State: New York	**Phone:** 1-518-235-0401		
	Country: United States	**Zip Code:** 12207-2543		
4. Facility Existence Date	**Facility Existence Date (mm/dd/yyyy):** 01/01/1956			

5. Other Environmental Permits

A. Facility Type *(Enter code)*	B. Permit Number	C. Description
N	4-01031-16/20	Surface Water Discharge Permit
P	4-01031-16/48	Title V Air Permit
E	4-01031-16/19	Mined Land Reclamation Permit

6. Nature of Business: Norlite, LLC. produces an expanded shale, lightweight aggregate by the rotary kiln process. Norlite, LLC. uses spent solvents, oils and certain industrial wastes as process fuels in the kilns. Air emissions are controlled with a farbic filter (baghouse) followed by a wet scrubber system. Norlite, LLC. also stores and blends wastes from off-site generators for use on-site or for off-site transfer.

7. Process Codes and Design Capacities – Enter information in the Section on Form Page 3

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.

B. PROCESS DESIGN CAPACITY – For each code entered in Item 7.A; enter the capacity of the process.

1. AMOUNT – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
2. UNIT OF MEASURE – For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.

C. PROCESS TOTAL NUMBER OF UNITS – Enter the total number of units for each corresponding process code.

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
Disposal		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day
D80	Landfill	Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards
D81	Land Treatment	Acres or Hectares
D82	Ocean Disposal	Gallons Per Day or Liters Per Day
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards
D99	Other Disposal	Any Unit of Measure Listed Below
Storage		
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S03	Waste Pile	Cubic Yards or Cubic Meters
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards
S05	Drip Pad	Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards
S06	Containment Building Storage	Cubic Yards or Cubic Meters
S99	Other Storage	Any Unit of Measure Listed Below
Treatment		
T01	Tank Treatment	Gallons Per Day; Liters Per Day
T02	Surface Impoundment	Gallons Per Day; Liters Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity (for T81 – T94)
Treatment (Continued)		
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilograms Per Hour; or Million BTU Per Hour
T82	Lime Kiln	
T83	Aggregate Kiln	
T84	Phosphate Kiln	
T85	Coke Oven	
T86	Blast Furnace	
T87	Smelting, Melting, or Refining Furnace	
T88	Titanium Dioxide Chloride Oxidation Reactor	
T89	Methane Reforming Furnace	
T90	Pulping Liquor Recovery Furnace	
T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
T92	Halogen Acid Furnaces	
T93	Other Industrial Furnaces Listed in 40 CFR 260.10	
T94	Containment Building Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour
Miscellaneous (Subpart X)		
X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; or Million BTU Per Hour
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
X99	Other Subpart X	Any Unit of Measure Listed Below

Unit of Measure	Unit of Measure Code
Gallons	G
Gallons Per Hour	E
Gallons Per Day	U
Liters	L
Liters Per Hour	H
Liters Per Day	V
Short Tons Per Hour	D
Short Tons Per Day	N
Metric Tons Per Hour	W
Metric Tons Per Day	S
Pounds Per Hour	J
Kilograms Per Hour	X
Million BTU Per Hour	X
Cubic Yards	Y
Cubic Meters	C
Acres	B
Acre-feet	A
Hectares	Q
Hectare-meter	F
BTU Per Hour	I

7. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 7 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only
					(1) Amount (Specify)	(2) Unit of Measure		
X	1	S	0	2	533.788	G	001	
	1	S	0	1	14,685	G	002	
	2	S	0	2	155,579	G	015	
	3	T	0	1	155,579	G	015	
	4	T	8	3	1,236	E	002	
	5							
	6							
	7							
	8							
	9							
1	0							
1	1							
1	2							
1	3							

Note: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the line sequentially, taking into account any lines that will be used for "other" process (i.e., D99, S99, T04, and X99) in Item 8.

8. Other Processes (Follow instructions from Item 7 for D99, S99, T04, and X99 process codes)

Line Number (Enter #s in sequence with Item 7)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only
					(1) Amount (Specify)	(2) Unit of Measure		
X	2	T	0	4	100.00	U	001	

9. Description of Hazardous Wastes - Enter Information in the Sections on Form Page 5

A. **EPA HAZARDOUS WASTE NUMBER – Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.**

B. **ESTIMATED ANNUAL QUANTITY – For each listed waste entered in Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.**

C. **UNIT OF MEASURE – For each quantity entered in Item 9.B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:**

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. **PROCESS CODES:**

   For listed hazardous waste: For each listed hazardous waste entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all listed hazardous wastes.

   For non-listed waste: For each characteristic or toxic contaminant entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

   NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

   1. **Enter the first two as described above.**
   2. **Enter "000" in the extreme right box of Item 9.D(1).**
   3. **Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.**

2. **PROCESS DESCRIPTION: If code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.E(2).**

   NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

   1. **Select one of the EPA Hazardous Waste Numbers and enter it in Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.**
   2. **In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.D.2 on that line enter "included with above" and make no other entries on that line.**
   3. **Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.**

EXAMPLE FOR COMPLETING Item 9 (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)									(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
X	1	K	0	5	4	900	P	T	0	3	D	8	0				
X	2	D	0	0	2	400	P	T	0	3	D	8	0				
X	3	D	0	0	1	100	P	T	0	3	D	8	0				
X	4	D	0	0	2												Included With Above

9. Description of Hazardous Wastes *(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)*

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)									D. PROCESSES (2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
	1	D	0	0	1	10,000	T	S	0	1	S	0	2	T	8	3	
	2	F	0	0	1	4,000	T	S	0	1	S	0	2	T	8	3	
	3	F	0	0	2	4,000	T	S	0	1	S	0	2	T	8	3	
	4	F	0	0	3	4,000	T	S	0	1	S	0	2	T	8	3	
	5	F	0	0	5	4,000	T	S	0	1	S	0	2	T	8	3	
	6	D	0	0	2	1,000	T	S	0	1	S	0	2	T	8	3	
	7	D	0	0	3	1,000	T	S	0	1	S	0	2	T	8	3	
	8	D	0	0	4	1,000	T	S	0	1	S	0	2	T	8	3	
	9	D	0	0	5	1,000	T	S	0	1	S	0	2	T	8	3	
1	0	D	0	0	6	1,000	T	S	0	1	S	0	2	T	8	3	
1	1	D	0	0	7	1,000	T	S	0	1	S	0	2	T	8	3	
1	2	D	0	0	8	1,000	T	S	0	1	S	0	2	T	8	3	
1	3	D	0	0	9	1,000	T	S	0	1	S	0	2	T	8	3	
1	4	D	0	1	0	1,000	T	S	0	1	S	0	2	T	8	3	
1	5	D	0	1	1	1,000	T	S	0	1	S	0	2	T	8	3	
1	6	D	0	1	8	1,000	T	S	0	1	S	0	2	T	8	3	
1	7	D	0	1	9	1,000	T	S	0	1	S	0	2	T	8	3	
1	8	D	0	2	1	1,000	T	S	0	1	S	0	2	T	8	3	
1	9	D	0	2	2	1,000	T	S	0	1	S	0	2	T	8	3	
2	0	D	0	2	3	1,000	T	S	0	1	S	0	2	T	8	3	
2	1	D	0	2	4	1,000	T	S	0	1	S	0	2	T	8	3	
2	2	D	0	2	5	1,000	T	S	0	1	S	0	2	T	8	3	
2	3	D	0	2	6	1,000	T	S	0	1	S	0	2	T	8	3	
2	4	D	0	2	7	1,000	T	S	0	1	S	0	2	T	8	3	
2	5	D	0	2	8	1,000	T	S	0	1	S	0	2	T	8	3	
2	6	D	0	2	9	1,000	T	S	0	1	S	0	2	T	8	3	
2	7	D	0	3	0	1,000	T	S	0	1	S	0	2	T	8	3	
2	8	D	0	3	2	1,000	T	S	0	1	S	0	2	T	8	3	
2	9	D	0	3	3	1,000	T	S	0	1	S	0	2	T	8	3	
3	0	D	0	3	4	1,000	T	S	0	1	S	0	2	T	8	3	
3	1	D	0	3	5	1,000	T	S	0	1	S	0	2	T	8	3	
3	2	D	0	3	6	1,000	T	S	0	1	S	0	2	T	8	3	
3	3	D	0	3	7	1,000	T	S	0	1	S	0	2	T	8	3	
3	4	D	0	3	8	1,000	T	S	0	1	S	0	2	T	8	3	
3	5	D	0	3	9	1,000	T	S	0	1	S	0	2	T	8	3	
3	6	D	0	4	0	1,000	T	S	0	1	S	0	2	T	8	3	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes *(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)*

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES									
								(1) PROCESS CODES (Enter Code)									(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
3	7	D	0	4	1	1,000	T	S	0	1	S	0	2	T	8	3	
3	8	D	0	4	2	1,000	T	S	0	1	S	0	2	T	8	3	
3	9	D	0	4	3	1,000	T	S	0	1	S	0	2	T	8	3	
4	0	F	0	0	4	1,000	T	S	0	1	S	0	2	T	8	3	
4	1	F	0	3	2	1,000	T	S	0	1	S	0	2	T	8	3	
4	2	F	0	3	4	1,000	T	S	0	1	S	0	2	T	8	3	
4	3	F	0	3	5	1,000	T	S	0	1	S	0	2	T	8	3	
4	4	F	0	3	7	1,000	T	S	0	1	S	0	2	T	8	3	
4	5	F	0	3	8	1,000	T	S	0	1	S	0	2	T	8	3	
4	6	F	0	3	9	1,000	T	S	0	1	S	0	2	T	8	3	
4	7	K	0	0	1	1,000	T	S	0	1	S	0	2	T	8	3	
4	8	K	0	0	2	1,000	T	S	0	1	S	0	2	T	8	3	
4	9	K	0	0	3	1,000	T	S	0	1	S	0	2	T	8	3	
5	0	K	0	0	4	1,000	T	S	0	1	S	0	2	T	8	3	
5	1	K	0	0	5	1,000	T	S	0	1	S	0	2	T	8	3	
5	2	K	0	0	6	1,000	T	S	0	1	S	0	2	T	8	3	
5	3	K	0	0	7	1,000	T	S	0	1	S	0	2	T	8	3	
5	4	K	0	0	8	1,000	T	S	0	1	S	0	2	T	8	3	
5	5	K	0	0	9	1,000	T	S	0	1	S	0	2	T	8	3	
5	6	K	0	1	0	1,000	T	S	0	1	S	0	2	T	8	3	
5	7	K	0	1	1	1,000	T	S	0	1	S	0	2	T	8	3	
5	8	K	0	1	3	1,000	T	S	0	1	S	0	2	T	8	3	
5	9	K	0	1	4	1,000	T	S	0	1	S	0	2	T	8	3	
6	0	K	0	1	5	1,000	T	S	0	1	S	0	2	T	8	3	
6	1	K	0	1	6	1,000	T	S	0	1	S	0	2	T	8	3	
6	2	K	0	1	7	1,000	T	S	0	1	S	0	2	T	8	3	
6	3	K	0	1	8	1,000	T	S	0	1	S	0	2	T	8	3	
6	4	K	0	1	9	1,000	T	S	0	1	S	0	2	T	8	3	
6	5	K	0	2	0	1,000	T	S	0	1	S	0	2	T	8	3	
6	6	K	0	2	2	1,000	T	S	0	1	S	0	2	T	8	3	
6	7	K	0	2	3	1,000	T	S	0	1	S	0	2	T	8	3	
6	8	K	0	2	4	1,000	T	S	0	1	S	0	2	T	8	3	
6	9	K	0	2	5	1,000	T	S	0	1	S	0	2	T	8	3	
7	0	K	0	2	6	1,000	T	S	0	1	S	0	2	T	8	3	
7	1	K	0	2	7	1,000	T	S	0	1	S	0	2	T	8	3	
7	2	K	0	2	8	1,000	T	S	0	1	S	0	2	T	8	3	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
73	K029	1,000	T	S01 S02 T83	
74	K030	1,000	T	S01 S02 T83	
75	K046	1,000	T	S01 S02 T83	
76	K048	1,000	T	S01 S02 T83	
66	K049	1,000	T	S01 S02 T83	
78	K050	1,000	T	S01 S02 T83	
79	K051	1,000	T	S01 S02 T83	
80	K052	1,000	T	S01 S02 T83	
81	K060	1,000	T	S01 S02 T83	
82	K061	1,000	T	S01 S02 T83	
83	K062	1,000	T	S01 S02 T83	
84	K083	1,000	T	S01 S02 T83	
85	K084	1,000	T	S01 S02 T83	
86	K085	1,000	T	S01 S02 T83	
87	K086	1,000	T	S01 S02 T83	
88	K087	1,000	T	S01 S02 T83	
89	K093	1,000	T	S01 S02 T83	
90	K094	1,000	T	S01 S02 T83	
91	K095	1,000	T	S01 S02 T83	
92	K096	1,000	T	S01 S02 T83	
93	K100	1,000	T	S01 S02 T83	
94	K101	1,000	T	S01 S02 T83	
95	K102	1,000	T	S01 S02 T83	
96	K103	1,000	T	S01 S02 T83	
97	K104	1,000	T	S01 S02 T83	
98	K105	1,000	T	S01 S02 T83	
99	K106	1,000	T	S01 S02 T83	
100	K111	1,000	T	S01 S02 T83	
101	K112	1,000	T	S01 S02 T83	
102	K113	1,000	T	S01 S02 T83	
103	K114	1,000	T	S01 S02 T83	
104	K115	1,000	T	S01 S02 T83	
105	K116	1,000	T	S01 S02 T83	
106	K117	1,000	T	S01 S02 T83	
107	K136	1,000	T	S01 S02 T83	
108	K141	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

OMB#: 2050-0024; Expires 12/31/2014

9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
109	K142	1,000	T	S01 S02 T83	
110	K143	1,000	T	S01 S02 T83	
111	K144	1,000	T	S01 S02 T83	
112	K145	1,000	T	S01 S02 T83	
113	K147	1,000	T	S01 S02 T83	
114	K148	1,000	T	S01 S02 T83	
115	K149	1,000	T	S01 S02 T83	
116	K150	1,000	T	S01 S02 T83	
117	K151	1,000	T	S01 S02 T83	
118	K152	1,000	T	S01 S02 T83	
119	K156	1,000	T	S01 S02 T83	
120	K157	1,000	T	S01 S02 T83	
121	K158	1,000	T	S01 S02 T83	
122	K159	1,000	T	S01 S02 T83	
123	K161	1,000	T	S01 S02 T83	
124	P002	1,000	T	S01 S02 T83	
125	P003	1,000	T	S01 S02 T83	
126	P005	1,000	T	S01 S02 T83	
127	P007	1,000	T	S01 S02 T83	
128	P010	1,000	T	S01 S02 T83	
129	P011	1,000	T	S01 S02 T83	
130	P012	1,000	T	S01 S02 T83	
131	P013	1,000	T	S01 S02 T83	
132	P014	1,000	T	S01 S02 T83	
133	P016	1,000	T	S01 S02 T83	
134	P017	1,000	T	S01 S02 T83	
135	P018	1,000	T	S01 S02 T83	
136	P021	1,000	T	S01 S02 T83	
137	P022	1,000	T	S01 S02 T83	
138	P028	1,000	T	S01 S02 T83	
139	P029	1,000	T	S01 S02 T83	
140	P026	1,000	T	S01 S02 T83	
141	P027	1,000	T	S01 S02 T83	
142	P029	1,000	T	S01 S02 T83	
143	P030	1,000	T	S01 S02 T83	
144	P031	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
145	P036	1,000	T	S01 S02 T83	
146	P038	1,000	T	S01 S02 T83	
147	P041	1,000	T	S01 S02 T83	
148	P042	1,000	T	S01 S02 T83	
149	P046	1,000	T	S01 S02 T83	
150	P048	1,000	T	S01 S02 T83	
151	P049	1,000	T	S01 S02 T83	
152	P054	1,000	T	S01 S02 T83	
153	P060	1,000	T	S01 S02 T83	
154	P062	1,000	T	S01 S02 T83	
155	P064	1,000	T	S01 S02 T83	
156	P067	1,000	T	S01 S02 T83	
157	P068	1,000	T	S01 S02 T83	
158	P069	1,000	T	S01 S02 T83	
159	P074	1,000	T	S01 S02 T83	
160	P077	1,000	T	S01 S02 T83	
161	P082	1,000	T	S01 S02 T83	
162	P084	1,000	T	S01 S02 T83	
163	P093	1,000	T	S01 S02 T83	
164	P099	1,000	T	S01 S02 T83	
165	P101	1,000	T	S01 S02 T83	
166	P103	1,000	T	S01 S02 T83	
167	P104	1,000	T	S01 S02 T83	
168	P105	1,000	T	S01 S02 T83	
169	P110	1,000	T	S01 S02 T83	
170	P111	1,000	T	S01 S02 T83	
171	P114	1,000	T	S01 S02 T83	
172	P116	1,000	T	S01 S02 T83	
173	P118	1,000	T	S01 S02 T83	
174	P119	1,000	T	S01 S02 T83	
175	P120	1,000	T	S01 S02 T83	
176	P121	1,000	T	S01 S02 T83	
177	P188	1,000	T	S01 S02 T83	
178	P189	1,000	T	S01 S02 T83	
179	P190	1,000	T	S01 S02 T83	
180	P204	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
1 8 1	U 0 0 1	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 2	U 0 0 2	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 3	U 0 0 3	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 4	U 0 0 4	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 5	U 0 0 5	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 6	U 0 0 6	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 7	U 0 0 7	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 8	U 0 0 8	1,000	T	S 0 1 S 0 2 T 8 3	
1 8 9	U 0 0 9	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 0	U 0 1 0	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 1	U 0 1 2	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 2	U 0 1 5	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 3	U 0 1 6	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 4	U 0 1 7	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 5	U 0 1 8	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 6	U 0 1 9	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 7	U 0 2 0	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 8	U 0 2 1	1,000	T	S 0 1 S 0 2 T 8 3	
1 9 9	U 0 2 2	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 0	U 0 2 4	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 1	U 0 2 5	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 2	U 0 2 7	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 3	U 0 2 8	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 4	U 0 3 0	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 5	U 0 3 1	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 6	U 0 3 4	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 7	U 0 3 5	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 8	U 0 3 7	1,000	T	S 0 1 S 0 2 T 8 3	
2 0 9	U 0 3 9	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 0	U 0 4 1	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 1	U 0 4 2	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 2	U 0 4 3	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 3	U 0 4 4	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 4	U 0 4 5	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 5	U 0 4 6	1,000	T	S 0 1 S 0 2 T 8 3	
2 1 6	U 0 4 7	1,000	T	S 0 1 S 0 2 T 8 3	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
217	U048	1,000	T	S01 S02 T83	
218	U049	1,000	T	S01 S02 T83	
219	U050	1,000	T	S01 S02 T83	
220	U051	1,000	T	S01 S02 T83	
221	U052	1,000	T	S01 S02 T83	
222	U053	1,000	T	S01 S02 T83	
223	U055	1,000	T	S01 S02 T83	
224	U056	1,000	T	S01 S02 T83	
225	U057	1,000	T	S01 S02 T83	
226	U059	1,000	T	S01 S02 T83	
227	U063	1,000	T	S01 S02 T83	
228	U064	1,000	T	S01 S02 T83	
229	U066	1,000	T	S01 S02 T83	
230	U069	1,000	T	S01 S02 T83	
231	U070	1,000	T	S01 S02 T83	
232	U071	1,000	T	S01 S02 T83	
233	U072	1,000	T	S01 S02 T83	
234	U073	1,000	T	S01 S02 T83	
235	U074	1,000	T	S01 S02 T83	
236	U075	1,000	T	S01 S02 T83	
237	U076	1,000	T	S01 S02 T83	
238	U077	1,000	T	S01 S02 T83	
239	U078	1,000	T	S01 S02 T83	
240	U079	1,000	T	S01 S02 T83	
241	U080	1,000	T	S01 S02 T83	
242	U081	1,000	T	S01 S02 T83	
243	U082	1,000	T	S01 S02 T83	
244	U083	1,000	T	S01 S02 T83	
245	U084	1,000	T	S01 S02 T83	
246	U085	1,000	T	S01 S02 T83	
247	U086	1,000	T	S01 S02 T83	
248	U087	1,000	T	S01 S02 T83	
249	U088	1,000	T	S01 S02 T83	
250	U090	1,000	T	S01 S02 T83	
251	U091	1,000	T	S01 S02 T83	
252	U092	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
253	U093	1,000	T	S01 S02 T83	
254	U094	1,000	T	S01 S02 T83	
255	U095	1,000	T	S01 S02 T83	
256	U096	1,000	T	S01 S02 T83	
257	U097	1,000	T	S01 S02 T83	
258	U098	1,000	T	S01 S02 T83	
259	U099	1,000	T	S01 S02 T83	
260	U101	1,000	T	S01 S02 T83	
261	U102	1,000	T	S01 S02 T83	
262	U103	1,000	T	S01 S02 T83	
263	U105	1,000	T	S01 S02 T83	
264	U106	1,000	T	S01 S02 T83	
265	U107	1,000	T	S01 S02 T83	
266	U108	1,000	T	S01 S02 T83	
267	U109	1,000	T	S01 S02 T83	
268	U110	1,000	T	S01 S02 T83	
269	U111	1,000	T	S01 S02 T83	
270	U112	1,000	T	S01 S02 T83	
271	U113	1,000	T	S01 S02 T83	
272	U114	1,000	T	S01 S02 T83	
273	U115	1,000	T	S01 S02 T83	
274	U116	1,000	T	S01 S02 T83	
275	U117	1,000	T	S01 S02 T83	
276	U118	1,000	T	S01 S02 T83	
277	U119	1,000	T	S01 S02 T83	
278	U120	1,000	T	S01 S02 T83	
279	U121	1,000	T	S01 S02 T83	
280	U122	1,000	T	S01 S02 T83	
281	U123	1,000	T	S01 S02 T83	
282	U124	1,000	T	S01 S02 T83	
283	U125	1,000	T	S01 S02 T83	
284	U126	1,000	T	S01 S02 T83	
285	U127	1,000	T	S01 S02 T83	
286	U128	1,000	T	S01 S02 T83	
287	U129	1,000	T	S01 S02 T83	
288	U130	1,000	T	S01 S02 T83	

9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
289	U134	1,000	T	S01 S02 T83	
290	U135	1,000	T	S01 S02 T83	
291	U137	1,000	T	S01 S02 T83	
292	U138	1,000	T	S01 S02 T83	
293	U140	1,000	T	S01 S02 T83	
294	U141	1,000	T	S01 S02 T83	
295	U143	1,000	T	S01 S02 T83	
296	U144	1,000	T	S01 S02 T83	
297	U146	1,000	T	S01 S02 T83	
298	U147	1,000	T	S01 S02 T83	
299	U149	1,000	T	S01 S02 T83	
300	U150	1,000	T	S01 S02 T83	
301	U152	1,000	T	S01 S02 T83	
302	U153	1,000	T	S01 S02 T83	
303	U154	1,000	T	S01 S02 T83	
304	U155	1,000	T	S01 S02 T83	
305	U156	1,000	T	S01 S02 T83	
306	U157	1,000	T	S01 S02 T83	
307	U158	1,000	T	S01 S02 T83	
308	U159	1,000	T	S01 S02 T83	
309	U160	1,000	T	S01 S02 T83	
310	U161	1,000	T	S01 S02 T83	
311	U162	1,000	T	S01 S02 T83	
312	U163	1,000	T	S01 S02 T83	
313	U164	1,000	T	S01 S02 T83	
314	U165	1,000	T	S01 S02 T83	
315	U166	1,000	T	S01 S02 T83	
316	U167	1,000	T	S01 S02 T83	
317	U168	1,000	T	S01 S02 T83	
318	U169	1,000	T	S01 S02 T83	
319	U170	1,000	T	S01 S02 T83	
320	U171	1,000	T	S01 S02 T83	
321	U172	1,000	T	S01 S02 T83	
322	U173	1,000	T	S01 S02 T83	
323	U174	1,000	T	S01 S02 T83	
324	U176	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
325	U177	1,000	T	S01 S02 T83	
326	U178	1,000	T	S01 S02 T83	
327	U179	1,000	T	S01 S02 T83	
328	U180	1,000	T	S01 S02 T83	
329	U181	1,000	T	S01 S02 T83	
330	U182	1,000	T	S01 S02 T83	
331	U183	1,000	T	S01 S02 T83	
332	U186	1,000	T	S01 S02 T83	
333	U187	1,000	T	S01 S02 T83	
334	U188	1,000	T	S01 S02 T83	
335	U190	1,000	T	S01 S02 T83	
336	U191	1,000	T	S01 S02 T83	
337	U193	1,000	T	S01 S02 T83	
338	U194	1,000	T	S01 S02 T83	
339	U196	1,000	T	S01 S02 T83	
340	U197	1,000	T	S01 S02 T83	
341	U201	1,000	T	S01 S02 T83	
342	U202	1,000	T	S01 S02 T83	
343	U203	1,000	T	S01 S02 T83	
344	U206	1,000	T	S01 S02 T83	
345	U207	1,000	T	S01 S02 T83	
346	U208	1,000	T	S01 S02 T83	
347	U209	1,000	T	S01 S02 T83	
348	U210	1,000	T	S01 S02 T83	
349	U211	1,000	T	S01 S02 T83	
350	U213	1,000	T	S01 S02 T83	
351	U214	1,000	T	S01 S02 T83	
352	U215	1,000	T	S01 S02 T83	
353	U216	1,000	T	S01 S02 T83	
354	U217	1,000	T	S01 S02 T83	
355	U218	1,000	T	S01 S02 T83	
356	U219	1,000	T	S01 S02 T83	
357	U220	1,000	T	S01 S02 T83	
358	U221	1,000	T	S01 S02 T83	
359	U222	1,000	T	S01 S02 T83	
360	U223	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

OMB#: 2050-0024; Expires 12/31/2014

9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
361	U228	1,000	T	S01 S02 T83	
362	U235	1,000	T	S01 S02 T83	
363	U236	1,000	T	S01 S02 T83	
364	U238	1,000	T	S01 S02 T83	
365	U239	1,000	T	S01 S02 T83	
366	U243	1,000	T	S01 S02 T83	
367	U244	1,000	T	S01 S02 T83	
368	U246	1,000	T	S01 S02 T83	
369	U277	1,000	T	S01 S02 T83	
370	U328	1,000	T	S01 S02 T83	
371	U353	1,000	T	S01 S02 T83	
372	U359	1,000	T	S01 S02 T83	
373	U364	1,000	T	S01 S02 T83	
374	U365	1,000	T	S01 S02 T83	
375	U366	1,000	T	S01 S02 T83	
376	U367	1,000	T	S01 S02 T83	
377	U372	1,000	T	S01 S02 T83	
378	U373	1,000	T	S01 S02 T83	
379	U375	1,000	T	S01 S02 T83	
380	U376	1,000	T	S01 S02 T83	
381	U378	1,000	T	S01 S02 T83	
382	U379	1,000	T	S01 S02 T83	
383	U381	1,000	T	S01 S02 T83	
384	U385	1,000	T	S01 S02 T83	
385	U386	1,000	T	S01 S02 T83	
386	U387	1,000	T	S01 S02 T83	
387	U389	1,000	T	S01 S02 T83	
388	U390	1,000	T	S01 S02 T83	
389	U391	1,000	T	S01 S02 T83	
390	U392	1,000	T	S01 S02 T83	
391	U393	1,000	T	S01 S02 T83	
392	U400	1,000	T	S01 S02 T83	
393	U401	1,000	T	S01 S02 T83	
394	U402	1,000	T	S01 S02 T83	
395	U403	1,000	T	S01 S02 T83	
396	U404	1,000	T	S01 S02 T83	

EPA ID Number | N | Y | D | 0 | 8 | 0 | 4 | 6 | 9 | 9 | 3 | 5 |

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9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)	D. PROCESSES (2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
397	U407	1,000	T	S01 S02 T83	
398	U410	1,000	T	S01 S02 T83	
399	K170	1,000	T	S01 S02 T83	
400		1,000	T	S01 S02 T83	
401		1,000	T	S01 S02 T83	
402		1,000	T	S01 S02 T83	
403		1,000	T	S01 S02 T83	
404		1,000	T	S01 S02 T83	
405		1,000	T	S01 S02 T83	

10. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

11. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

12. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas (see instructions for more detail).

13. Comments

pursuant to a permit modification hearing. This adjustment shall be calculated by multiplying the amount paid during the previous year and quotient obtained by dividing of the most recent Implicit Price Deflator for Gross National Product established by the U.S. Department of Commerce in its Survey of Current Business by the deflator for the previous year.

b. These funds required under subparagraph (a) shall not be used to pay for any off-site sampling costs or for analyzing sampling taken off-site.

F. ROUTINE REPORTING

The Permittee must submit the following routine reports to the Department by the indicated due date in accordance with the requirements of this Permit (Note: the list presented below does not include non-routine reporting to the Department.):

Report	Frequency	Due Date	Requirement
Local Fire Company Inspection	Semiannually	Within 7 days of inspection	Condition A.1 of Exhibit A
Copies of Hazardous Waste Manifests to NYSDEC	Ongoing	Within 10 days of signature	6 NYCRR 373-2.5(b)(1)(i)('b')('5')
Annual Report	Annually	March 1st	6 NYCRR 373-2.5(e)
Hazardous Waste Export Report	Annually	March 1st	6 NYCRR 372.5(f)
Hazardous Waste Reduction Report - Annual Status Reports and Biennial Updates	Annually	July 1st	ECL 27-0908 and Module I, Condition L
Summary of Green Remediation Metrics[1]	Annually	March 31st	Exhibit B – Condition C
Containers Secondary Containment Assessment Report	Annually	Complete assessments by August 31st; submit report by November 30th	Module III, Condition K.1; Condition B.2 of Exhibit C

Report	Frequency	Due Date	Requirement
Tank System Assessment Report	Every 2 years	Within 30 days of inspection	Exhibit D, Condition C.3
Tank Secondary Containment Assessment Report	Annually	Complete assessments by August 31st; submit report by December 31st	Module IV, Condition K.4
Closure Cost Estimate Adjusted For Inflation	Annually	60 days prior to anniversary date of establishment of financial instrument	6 NYCRR 373-2.8(c)(2) and Module I, Condition O
Financial Assurance	Annually	April 1st	6 NYCRR 373-2.8
Evidence that Financial Assurance Instruments have been Maintained and not Lapsed	Annual	30 days prior to anniversary of initial approval	Module I, Condition O.11
Complaint Log	Monthly	Submit by 21st of each month. (Submit with RCRA Compliance and Operations report)	Exhibit A – Condition C.4
Noise Control Measures Plan or Notice of No Change	Annual	March 31st	Exhibit A – Condition C.5
Best Management Plan or Notice of No Change	Annual	March 31st	Exhibit A – Condition C.5
RCRA Inspection Report	Available upon request	To be completed close of business the following Wednesday	Security and Inspection Plan

4. If the Department determines that additional sampling and analysis or more restrictive and/or additional criteria are necessary at the time of unit/Facility closure, the Department shall send the Permittee a notice of intent to modify this Permit in accordance with 6 NYCRR 621 to incorporate these requirements into the Permit. In the event the Department issues such a notice of intent, the Permittee will be restricted from issuing a certification of closure for the unit/facility in accordance with 6 NYCRR 373-2.7(f), until the associated 6 NYCRR 621 Permit modification process is completed and any associated closure requirement(s) that might result from this modification process are satisfied.

B. Plans, Reports, Specifications, Implementation Schedules and Other Submittals

1. Submittals required by the Permit must be provided to the Department and other identified Agencies as listed below. The list below identifies the Department/Agencies staff by title that must receive submissions and indicates the types of submissions each must receive. At anytime during the life of this Permit, the Department may designate alternate titles or addresses to receive submissions (different than those indicated below), and direct the Permittee to make submissions to the alternate title or address. The list below also indicates whether the submission must be a paper or electronic copy. Where electronic copies are indicated, the submission must be in a form as required by Condition N of Module I of this Permit. Submissions of electronic copies may be made by e-mail or other methods acceptable to the Department.

   a. One (1) electronic copy of all submittals to:

      Regional Remediation Engineer
      New York State Department of Environmental Conservation
      Region 4 Office
      1130 North Westcott Rd.
      Schenectady, NY 12306
      c/o james.quinn@dec.ny.gov

   b. One (1) electronic copy of all submittals except for those specific only to waste reduction to:

      Director, Remedial Bureau E
      Division of Environmental Remediation
      New York State Department of Environmental Conservation
      625 Broadway
      Albany, NY 12233-7017

c/o michael.cruden@dec.ny.gov

c. One (1) paper and one (1) electronic copy of all financial assurance instruments to:

RCRA C Financial Assurance Coordinator
Division of Environmental Remediation
New York State Department of Environmental Conservation
625 Broadway
Albany, NY 12233-7251
c/o angela.chieco@dec.ny.gov

d. One (1) electronic copy of all waste reduction documents to:

Chief, Pollution Prevention Unit
Division of Environmental Permits and Pollution Prevention
New York State Department of Environmental Conservation
625 Broadway
Albany, NY 12233-1750

e. One (1) paper and one (1) electronic copy of all modification requests pertaining to this Permit to:

Regional Permit Administrator
Division of Environmental Permits
New York State Department of Environmental Conservation
Region 4 Office
1130 North Westcott Rd.
Schenectady, NY 12306
c/o bill.clarke@dec.ny.gov

An electronic copy of all reports, plans, schedules, correspondence or other documents sent to the Department in accordance with this Permit, must be simultaneously sent to the Albany County Health Department (ACHD) at its request.

2. SOPs related to Part 373 Permit operations are subject to Department review and approval.

SOP Revisions (release without Department review and approval)

When submitting changes to existing SOPs, the Permittee shall submit a new SOP revision for Department review and approval (in redline/strikeout form). The Permittee may also implement the release of the SOP at the same time. If the

shall be required to occur within five (5) calendar years of its most recent assessment.

b. Each tank system assessment must entail an inspection of all visible tank system components including but not necessarily limited to the tank exterior, tank supports, piping, pumps, valves and any overfill prevention controls (tank system secondary containment must be inspected in accordance with **Condition E and K.4** of this Module). The tank system assessment also requires a visual inspection of the tank's interior for any tank(s) identified in **Schedule 1 of Module I** as requiring such additional assessment. Any tank(s) requiring an internal inspection must be completely emptied and cleaned to expose all internal tank surfaces for examination by the engineer/inspector. The engineer/inspector must identify and record all observed cracks, leaks, corrosion, interior coating defects (where applicable) and any other areas of deterioration that could affect the integrity of the tank system. For steel tanks, the engineer/inspector must also obtain ultrasonic thickness measurements of all accessible tank surfaces to determine the integrity of the tank shell.

c. After each assessment, the engineer/inspector must report to the Permittee as specified in the schedule provided in **Schedule 1 of Module I** of this Permit any and all tank system defects identified during the assessment along with repair recommendations. The Permittee must repair all identified defects in accordance with the engineer's/inspector's recommendations and have the engineer/inspector verify the adequacy of the repairs. Any tank system that is found to be leaking or unfit for use by the engineer/inspector must be immediately removed from service and must not be returned to service until the Permittee obtains a certification of major repairs in accordance with 6 NYCRR 373-2.10(g) and this Permit.

d. The engineer/inspector must prepare a detailed report for all tank systems that are assessed. For each tank system, the report must include a description of observations made during the visual inspection, the result of any ultrasonic thickness measurements taken of the tank shell and the engineer's/inspector's evaluation of these measurements, a description of any defects identified, and an evaluation of all repairs made by the Permittee. The annual report must also include a statement from the engineer/inspector which certifies that all repairs were made in accordance with the engineer's/inspector's recommendations and that all in-service tank systems assessed are capable of handling hazardous wastes without release for the intended life of the system. This report must be submitted to the Department within 90 days of the assessment, unless the Department approves an extension of no greater than 30 days or as otherwise specified in **Schedule 1 of Module I**.

4. Independent Assessment of Tank Systems Secondary Containment

a. For the tank systems authorized by this Permit with secondary containment designed in accordance with 6 NYCRR 373 2.10(d)(4)(i) or (ii), independent assessments must be conducted triennially for indoor containment areas not exposed to the

weather and annually for all other containment areas, unless otherwise specified in **Schedule 1 of Module I**. The assessment must identify any deficiencies in each containment area, including but not limited to cracks, gaps or defects in the impermeable surface coatings or other defects that would inhibit the ability of the containment system to contain leaks or overflows in accordance with the requirements of 6 NYCRR 373 2.10(d). The assessment must be performed by an independent, qualified Professional Engineer licensed in New York State or a qualified inspector working under the Professional Engineer. Any equipment and miscellaneous debris must be removed from the containment system so that all surfaces are completely exposed for inspection. Any defects identified during the assessment must be documented by the engineer/inspector in an assessment report. Once any defects have been repaired, the secondary containment area(s) must be re-inspected by the engineer/inspector to evaluate the adequacy of the repairs and to confirm that the secondary containment area(s) meets the requirements of 6 NYCRR 373 2.10(d) and **Condition C of this Module**. The assessment report must document the results of such re-inspections and confirm that the secondary containment area(s) meets the cited requirements. Copies of each assessment report must be retained by the Permittee in accordance with 6 NYCRR 373 1.6(a)(10) and made available for review upon Department request. The Permittee may also be required to submit the assessment report to the Department if so specified in **Schedule 1 of Module I**.

b. For the tank systems authorized by this Permit with secondary containment designed in accordance with 6 NYCRR 373-2.10(d)(4)(iii), assessments must be conducted in accordance with the schedule and conditions specified in **Exhibit D in Schedule 1 of Module I**.

5. Precautions in Flammable & Oxidizer Waste Storage Areas: Machinery and equipment must not be permitted in flammable and oxidizer waste storage areas or any process area where a flammable atmosphere may exist unless it has been fitted with appropriate safeguard devices approved by Underwriters Laboratories (UL) to render the machinery/equipment intrinsically safe. Only non-sparking tools shall be used in these storage areas.