

FEB 17 2016

OHIO EPA - DMWM

MAIL THE COMPLETED FORM TO: Ohio EPA, DMWM, P.O. Box 1049, Columbus, OH 43216-1049	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION		For Ohio EPA Use Only
1. Reason for Submittal	Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update site identification information). 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 # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report for the year 2015		
2. Site EPA ID No.	EPA ID Number: OHD074550096		
3. Site Name	Name: Poly-Carb Inc.		
4. Site Location Information	Street Address: 33095 Bainbridge Road		
	City, Town, or Village: Solon	County: Cuyahoga	
	State: OH	Country: USA	Zip Code: 44139
5. Site Land Type	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Class. System (NAICS) Code(s) for the Site	A. (Primary) 325520	B.	
	C.	D.	
7. Site Contact Person:	First Name: Tim		MI:
	Last Name: King		
	Title: Remediation Leader		
	Street or P.O. Box: 2001 Union Carbide Drive, Building 2000		
	City, Town or Village: South Charleston		
	State: WV	Country: USA	Zip Code: 25303
	E-mail: kingta@dow.com		
8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.	A. Name of Site's Legal Owner: Poly-Carb Inc.		Date Became Owner (mm/dd/yyyy): 04 / 13 / 1984
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 33095 Bainbridge Road		
	City, Town, or Village: Solon		Phone: 304-747-3763
	State: OH	Country: USA	Zip Code: 44139
	B. Name of Site's Operator: Poly-Carb Inc.		Date Became Operator (mm/dd/yyyy): 04 / 13 / 1984
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 33095 Bainbridge Road		
	City, Town, or Village: Solon		Phone: 304-747-3763
	State: OH	Country: USA	Zip Code: 44139

9. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes.)

A. Hazardous Waste Activities

For Items 3 through 7, check all that apply:

1. Generator of Hazardous Waste

(choose only one of the following three categories)

- a. **Large Quantity Generator (LQG):**
Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. **Small Quantity Generator (SQG)**
100 to 1,000 kg/mo (220-2,200 lbs.) of non-acute hazardous waste; or
- c. **Conditionally Exempt Small Quantity Generator (CESQG):**
Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. 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.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

2. Hazardous Waste Report Generator Status

(choose one if a Reason for Submittal is the Hazardous Waste Report)

- a. **Large Quantity Generator (LQG):**
Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste was generated at the site in any one month. or
- b. **Small Quantity Generator (SQG)**
In one or more months the site generated greater than 100kg (220 lbs) but in no month did it generate more than 1,000 kg/mo (220-2,200 lbs) of non-acute hazardous waste, or
- c. **Conditionally Exempt Small Quantity Generator (CESQG):**
The site generated no more than 100 kg (220 lbs) of non-acute hazardous waste in any one month.
- d. **Non-Generator**
The site did not generate any hazardous waste during the calendar year.

3. Transporter of Hazardous Waste

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

4. Treater, Storer or Disposer of Hazardous Waste (at your site)

Note: A hazardous waste permit is required for this activity.

5. Recycler of Hazardous Waste (at your site)

Note: A hazardous waste permit may be required for this activity.

- a. 72-hour Recycler

6. Exempt Boiler and/or Industrial Furnace

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

7. Underground Injection Control

8. Receives Hazardous Waste from Off-site

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more). Indicate types of universal waste managed at your site. (check all boxes that apply):

- | | |
|---------------------------------|--------------------------|
| | <u>Managed</u> |
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury Containing Equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

1. Used Oil Transporter

Indicate Type(s) of Activity(ies)

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

2. Used Oil Processor and/or Re-refiner

Indicate Type(s) of Activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer -

Indicate Type(s) of Activity(ies)

- 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 OAC rules 3745-52-200 through 3745-52-216

1. Opting into or currently operating under OAC rules 3745-52-200 through 3745-52-216 for the management of hazardous wastes in laboratories. **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
2. Withdrawing from OAC rules 3745-52-200 through 3745-53-216 for the management of hazardous waste in laboratories

10. Waste Codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste 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 space is needed.

U239

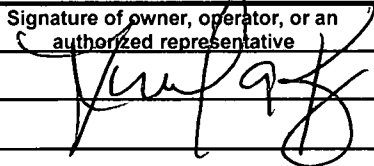
11. Comments

12. 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 fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed (mm-dd-yyyy)



Timothy A. King
Remediation Leader

02/16/2016



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report

ENTER GENERATOR ID NUMBER
 O H I D 0 7 4 5 5 0 0 9 6

Form GM - Generation and Management

SEC. 1	A. Hazardous waste description (60 characters max.) Wastewater generated from excavation dewatering and decontamination activities			
B. Hazardous waste codes U 2 3 9				
C. Source code G 4 5		Report the Management Method code ONLY if the Source code is G25. H		D. Waste form code W 1 1 3
				E. Waste Minimization code <input checked="" type="checkbox"/>

SEC. 2	A. Quantity generated in the year prior to the reporting year 0	B. Quantity generated in the reporting year 6 0 5 6 6	C. UOM G	Density 1.0 lbs/gal <input type="checkbox"/> sg <input checked="" type="checkbox"/>	D. Was this waste treated, disposed of, or recycled On-site? <input type="checkbox"/> Yes (continue to system 1) <input checked="" type="checkbox"/> No (skip to SEC. 3)
On-site system 1 On-site mgmt method: H Quantity treated, disposed or recycled:		On-site system 2 On-site mgmt method: H Quantity treated, disposed or recycled:			

SEC. 3	A. Was any of this waste shipped off-site in the reporting year? <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID of facility to which waste was shipped M D D 9 8 0 5 5 5 1 8 9 ✓	C. Management Method H 1 2 9 H	D. Total quantity shipped in the reporting year 6 0 5 6 6
Site 2		H	
Site 3		H	
Site 4		H	
Site 5		H	

SEC. 4	On-site Waste Storage and Inactive Disposal Units
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If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.

Otherwise, skip Section 4.

A. As of December 31, did any of this waste remain on-site in:

1. a greater than 90 day storage unit . . .	Yes	No
<input type="checkbox"/> a. generated during the reporting year	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. generated prior to the reporting year		
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>

B. Storage or disposal method	Handling Code	Amount	UOM	Density
1	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
2	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
3	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
4	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments:
 H129: Wastewater treatment

Extra Waste Codes:



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report

ENTER GENERATOR ID NUMBER
 O H I D 0 7 4 5 5 0 0 9 6

Form GM - Generation and Management

SEC. 1	A. Hazardous waste description (60 characters max.) Contaminated soil from excavation/remediation of xylene impacted soils																								
B. Hazardous waste codes																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">U 2 3 9</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					U 2 3 9																				
U 2 3 9																									
C. Source code Report the Management Method code ONLY if the Source code is G25 Management Method code D. Waste form code E. Waste Minimization code																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">G 4 5</td> <td style="border: 1px solid black; padding: 2px;">H</td> <td style="border: 1px solid black; padding: 2px;">W 3 0 1</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>					G 4 5	H	W 3 0 1	<input checked="" type="checkbox"/>																	
G 4 5	H	W 3 0 1	<input checked="" type="checkbox"/>																						

SEC. 2	A. Quantity generated in the year prior to the reporting year <p style="text-align: center; font-size: 24px;">0</p>	B. Quantity generated in the reporting year <p style="text-align: center; font-size: 24px;">9 6 7</p>	C. UOM Density <p style="text-align: center; font-size: 24px;">T</p> <p style="font-size: 10px;">lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></p>	D. Was this waste treated, disposed of, or recycled On-site? <input type="checkbox"/> Yes (continue to system 1) <input checked="" type="checkbox"/> No (skip to SEC. 3)
On-site system 1		On-site system 2		
On-site mgmt method <p style="text-align: center; font-size: 24px;">H</p>		Quantity treated, disposed or recycled <p style="text-align: center; font-size: 24px;"> </p>		
		On-site mgmt method <p style="text-align: center; font-size: 24px;">H</p>		
		Quantity treated, disposed or recycled <p style="text-align: center; font-size: 24px;"> </p>		

SEC. 3	A. Was any of this waste shipped off-site in the reporting year? <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID of facility to which waste was shipped <p style="text-align: center; font-size: 24px;">F C 0 0 0 0 0 0 0 0 0 0 4</p>	C. Management Method <p style="text-align: center; font-size: 24px;">H 1 2 9 ✓</p> <p style="text-align: center; font-size: 24px;">H</p>	D. Total quantity shipped in the reporting year <p style="text-align: center; font-size: 24px;">9 6 7</p>
Site 2	<p style="text-align: center; font-size: 24px;"> </p>	<p style="text-align: center; font-size: 24px;">H</p>	<p style="text-align: center; font-size: 24px;"> </p>
Site 3	<p style="text-align: center; font-size: 24px;"> </p>	<p style="text-align: center; font-size: 24px;">H</p>	<p style="text-align: center; font-size: 24px;"> </p>
Site 4	<p style="text-align: center; font-size: 24px;"> </p>	<p style="text-align: center; font-size: 24px;">H</p>	<p style="text-align: center; font-size: 24px;"> </p>
Site 5	<p style="text-align: center; font-size: 24px;"> </p>	<p style="text-align: center; font-size: 24px;">H</p>	<p style="text-align: center; font-size: 24px;"> </p>



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report

ENTER GENERATOR ID NUMBER

O	H	D	0	7	4	5	5	0	0	9	6
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Form GM - Generation and Management

SEC. 1	A. Hazardous waste description (60 characters max.) Debris from building slab removal over the area of xylene impacted soils																																							
B. Hazardous waste codes																																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">U</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">3</td><td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					U	2	3	9																																
U	2	3	9																																					
C. Source code Report the Management Method Management Method code D. Waste form code E. Waste Minimization code																																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">G</td><td style="border: 1px solid black; padding: 2px;">4</td><td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">H</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">W</td><td style="border: 1px solid black; padding: 2px;">4</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">9</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">X</td> </tr> </table>					G	4	5	H			W	4	0	9	X																									
G	4	5	H			W	4	0	9	X																														

SEC. 2	A. Quantity generated in the year prior to the reporting year 0	B. Quantity generated in the reporting year 1 8 6	C. UOM Density T lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled On-site? <input type="checkbox"/> Yes (continue to system 1) <input checked="" type="checkbox"/> No (skip to SEC. 3)
On-site system 1		On-site system 2		
On-site mgmt method		On-site mgmt method		
Quantity treated, disposed or recycled		Quantity treated, disposed or recycled		
H		H		

SEC. 3	A. Was any of this waste shipped off-site in the reporting year? <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID of facility to which waste was shipped M I D 0 0 0 7 2 4 8 3 1 ✓	C. Management Method H 1 1 0 H	D. Total quantity shipped in the reporting year 1 8 6
Site 2		H	
Site 3		H	
Site 4		H	
Site 5		H	

SEC. 4 On-site Waste Storage and Inactive Disposal Units

If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.

Otherwise, skip Section 4.

- A.** As of December 31, did any of this waste remain on-site in:
1. a greater than 90 day storage unit . . . Yes No
- a. generated during the reporting year
- b. generated prior to the reporting year
2. an inactive disposal unit undergoing closure

B. Storage or disposal method	Handling Code	Amount	UOM	Density
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>

Comments:

W409: concrete and other building slab debris

Extra Waste Codes:



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report

ENTER GENERATOR ID NUMBER
 O H I D 0 7 4 5 5 0 0 9 6

Form **GM** - Generation and Management

SEC. 1	A. Hazardous waste description (60 characters max.) Contaminated soil (meeting LDRs) from excavation/remediation of xylene impacted soils																								
B. Hazardous waste codes																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">U 2 3 9</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>					U 2 3 9																				
U 2 3 9																									
C. Source code		Report the Management Method code ONLY if the Source code is G25.		Management Method code	D. Waste form code	E. Waste Minimization code																			
G 4 5		H		W 4 0 9	X																				

SEC. 2	A. Quantity generated in the year prior to the reporting year 0	B. Quantity generated in the reporting year 2 0 5 0	C. UOM T <small>lbs/gal <input type="checkbox"/> sg <input type="checkbox"/></small>	D. Was this waste treated, disposed of, or recycled On-site? <input type="checkbox"/> Yes (continue to system 1) <input checked="" type="checkbox"/> No (skip to SEC. 3)
On-site system 1		On-site system 2		
On-site mgmt method H		Quantity treated, disposed or recycled 		
On-site mgmt method H		Quantity treated, disposed or recycled 		

SEC. 3	A. Was any of this waste shipped off-site in the reporting year? <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID of facility to which waste was shipped M I D 0 4 8 0 9 0 6 3 3	C. Management Method H 1 3 2 H	D. Total quantity shipped in the reporting year 2 0 5 0
Site 2		H	
Site 3		H	
Site 4		H	
Site 5		H	

SEC. 4	On-site Waste Storage and Inactive Disposal Units
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<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>	<p>A. As of December 31, did any of this waste remain on-site in:</p> <p style="text-align: right;">Yes No</p> <p>1. a greater than 90 day storage unit . . . <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> a. generated during the reporting year</p> <p style="padding-left: 40px;"><input type="checkbox"/> b. generated prior to the reporting year</p> <p>2. an inactive disposal unit undergoing closure <input type="checkbox"/> <input type="checkbox"/></p>
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B. Storage or disposal method	Handling Code	Amount	UOM	Density															
1	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>											<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>		lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>
2	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>											<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>		lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>
3	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>											<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>		lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>
4	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>											<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>		lbs/gal <input type="checkbox"/> sq <input type="checkbox"/>

Comments:

W409: soil

Extra Waste Codes:

SEC.
4

On-site Waste Storage and Inactive Disposal Units

If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.

Otherwise, skip Section 4.

A. As of December 31, did any of this waste remain on-site in:
1. a greater than 90 day storage unit . . . **Yes** **No**
 a. generated during the reporting year
 b. generated prior to the reporting year
2. an inactive disposal unit undergoing closure

B. Storage or disposal method	Handling Code	Amount	UOM	Density
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> / sg <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> / sg <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> / sg <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> / sg <input type="text"/>

Comments:

Extra Waste Codes:

SEC. 4	On-site Waste Storage and Inactive Disposal Units																		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; width: 10%;">Yes</td> <td style="text-align: center; width: 10%;">No</td> </tr> <tr> <td>1. a greater than 90 day storage unit . . .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> a. generated during the reporting year</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> b. generated prior to the reporting year</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Yes	No	1. a greater than 90 day storage unit . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during the reporting year			<input type="checkbox"/> b. generated prior to the reporting year			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																	
1. a greater than 90 day storage unit . . .	<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during the reporting year																			
<input type="checkbox"/> b. generated prior to the reporting year																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input type="checkbox"/>																	
B. Storage or disposal method	Handling Code	Amount	UOM	Density															
1	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> _____ sg <input type="checkbox"/>															
2	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> _____ sg <input type="checkbox"/>															
3	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> _____ sg <input type="checkbox"/>															
4	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_	lbs/gal <input type="checkbox"/> _____ sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report



ENTER GENERATOR ID NUMBER

O H D 0 7 4 5 5 0 0 9 6

Form GM - Generation and Management

SEC. 1	A. Hazardous waste description (60 characters max.) Debris from xylene cleanup			
B. Hazardous waste codes				
U 2 3 9				
C. Source code Report the Management Method code ONLY if the Source code is G25. Management Method code D. Waste form code E. Waste Minimization code				
G 4 5 H W 0 0 2 X				

SEC. 2	A. Quantity generated in the year prior to the reporting year 0	B. Quantity generated in the reporting year 1 3 5 0	C. UOM Density K lbs/gal sg	D. Was this waste treated, disposed of, or recycled On-site? <input type="checkbox"/> Yes (continue to system 1) <input checked="" type="checkbox"/> No (skip to SEC. 3)
On-site system 1		On-site system 2		
On-site mgmt method Quantity treated, disposed or recycled H		On-site mgmt method Quantity treated, disposed or recycled H		

SEC. 3	A. Was any of this waste shipped off-site in the reporting year? <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)		
Site 1	B. EPA ID of facility to which waste was shipped F C 0 0 0 0 0 0 0 0 0 4	C. Management Method H 1 3 2	D. Total quantity shipped in the reporting year 1 3 5 0
Site 2		H	
Site 3		H	
Site 4		H	
Site 5		H	

SEC.
4

On-site Waste Storage and Inactive Disposal Units

If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.

Otherwise, skip Section 4.

- A. As of December 31, did any of this waste remain on-site in:
1. a greater than 90 day storage unit . . . Yes No
- a. generated during the reporting year
- b. generated prior to the reporting year
2. an inactive disposal unit undergoing closure

B. Storage or disposal method	Handling Code	Amount	UOM	Density
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	lbs/gal <input type="text"/> sg <input type="text"/>

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report



ENTER GENERATOR ID NUMBER

O H D 0 7 4 5 5 0 0 9 6

Form OI - Off-site Transporter and Receiving Facility Information

X

1	A. EPA ID of transporter or receiving facility M A D 0 3 9 3 2 2 2 5 0	B. Name of transporter or receiving facility (40 characters max.) Clean Harbor Environmental Services
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

2	A. EPA ID of transporter or receiving facility F C 0 0 0 0 0 0 0 0 0 0 4	B. Name of transporter or receiving facility (40 characters max.) Clean Harbors Canada, Inc.
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

3	A. EPA ID of transporter or receiving facility N J D 0 5 4 1 2 6 1 6 4	B. Name of transporter or receiving facility (40 characters max.) Freehold Cartage, Inc.
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

4	A. EPA ID of transporter or receiving facility N Y D 0 4 6 7 6 5 5 7 4	B. Name of transporter or receiving facility (40 characters max.) Price Trucking
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

5	A. EPA ID of transporter or receiving facility N J D 0 7 1 6 2 9 9 7 6	B. Name of transporter or receiving facility (40 characters max.) SJ Transportation Co, Inc.
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report



ENTER GENERATOR ID NUMBER

OHID074550096

Form OI - Off-site Transporter and Receiving Facility Information

X

1	A. EPA ID of transporter or receiving facility OKD981588791	B. Name of transporter or receiving facility (40 characters max.) Triad Transports Incorporated
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

2	A. EPA ID of transporter or receiving facility PAD987347515	B. Name of transporter or receiving facility (40 characters max.) U.S. Bulk Transport, Inc.
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

3	A. EPA ID of transporter or receiving facility OKR000023085	B. Name of transporter or receiving facility (40 characters max.) Basin Environmental & Safety Technologies
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

X

4	A. EPA ID of transporter or receiving facility TXR000081205	B. Name of transporter or receiving facility (40 characters max.) Safety-Kleen Systems, Inc.
	C. Handler type (check all that apply) <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____

5	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street _____ City _____ State _____ ZIP Code _____



State of Ohio Environmental Protection Agency

2015 Hazardous Waste Report



ENTER GENERATOR ID NUMBER

OHID074550096

Form OI - Off-site Transporter and Receiving Facility Information

1	A. EPA ID of transporter or receiving facility MD D 9 8 0 5 5 5 1 8 9	B. Name of transporter or receiving facility (40 characters max.) Clean Harbors Baltimore, MD
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street 1910 Russell Street City Baltimore State MD ZIP Code 21230

2	A. EPA ID of transporter or receiving facility MI D 0 0 0 7 2 4 8 3 1	B. Name of transporter or receiving facility (40 characters max.) U.S. Ecology
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street 49350 North I-94 Service Drive City Belleville State MI ZIP Code 48111

3	A. EPA ID of transporter or receiving facility NE D 9 8 1 7 2 3 5 1 3	B. Name of transporter or receiving facility (40 characters max.) Clean Harbors Kimball, NE
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street 2247 South Highway 71 City Kimball State NE ZIP Code 69145

4	A. EPA ID of transporter or receiving facility FC 0 0 0 0 0 0 0 0 0 4	B. Name of transporter or receiving facility (40 characters max.) Clean Harbors Lambton, ON
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street 4090 Telfer Road, RR#1 City Corunna State ON ZIP Code N0N1G 0

5	A. EPA ID of transporter or receiving facility MI D 0 4 8 0 9 0 6 3 3	B. Name of transporter or receiving facility (40 characters max.) U.S. Ecology
	C. Handler type (check all that apply) <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility	D. Address of receiving facility (address not required for transporters) Street 49350 North I-94 Service Drive City Belleville State MI ZIP Code 48111