

February 27, 2019

FRNP-19-2180

Ms. Edith Greer
Kentucky Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd., 2nd Floor
Frankfort, KY 40601

Dear Ms. Greer:

2018 Annual Hazardous Waste Report, Assessment Return, and Claim for Exclusion for the Paducah Gaseous Diffusion Plant, McCracken County, Kentucky, Permit No. KY8-890-008-982, Agency Interest No. 3059

Enclosed is the Hazardous Waste Report for calendar year (CY) 2018 for activities conducted under Kentucky Division of Waste Management Permit Number KY8-890-008-982. This report also was generated and transmitted electronically using the EasiTrak software.

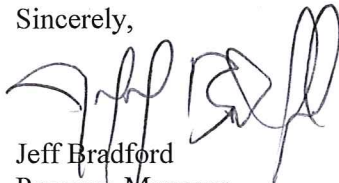
Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) wastes are reported in accordance with the December 14, 2011, U.S. Environmental Protection Agency guidance, "Resource Conservation and Recovery Act (RCRA) Biennial Report Requirements for Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Response Actions." CERCLA wastes are identified in the report using source code G49, Other Remediation.

A summary of potential noncompliances identified during CY 2018 is enclosed, in accordance with Condition III.E.17 of our permit.

A check in the amount of \$6,736.93 is enclosed for waste generated in CY 2018 that subsequently was disposed of, treated, or stored.

If you have any questions, please contact James Miller at (270) 519-6347.

Sincerely,


Jeff Bradford
Program Manager

Enclosures:

1. Hazardous Waste Assessment Return
2. Claim for Exclusion
3. Summary of Noncompliance
4. 2018 Annual Hazardous Waste Report EPA Form 8700-13 A/B (SI)
5. 2018 Annual Hazardous Waste Report EPA Form 8700-13 A/B (GM)
6. 2018 Annual Hazardous Waste Report EPA Form 8700-13 A/B (OI)
7. 2018 Annual Hazardous Waste Report Kentucky Addendum Form 1
8. 2018 Annual Hazardous Waste Report Kentucky Addendum Form 2
9. 2018 Annual Hazardous Waste Report Kentucky Addendum Form 4
10. Check in the amount of \$6,736.93

e-copy:

J. Woodard, PPPO/PAD
K. Knerr, PPPO/PAD
T. Duncan, PPPO/PAD
J. Miller, FRNP/PAD
M. Redfield, FRNP/PAD

**2018 Annual Hazardous Waste Report,
Assessment Return, and
Claim for Exclusion
for the
Paducah Gaseous Diffusion Plant,
McCracken County, Kentucky**

**Permit Number KY8-890-008-982
Agency Interest No. 3059**

CLEARED FOR PUBLIC RELEASE

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ENCLOSURE 1

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

HAZARDOUS WASTE ASSESSMENT RETURN

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For official use only:

Amt. \$ _____ Receipt # _____ Receipt Date _____ Initials _____

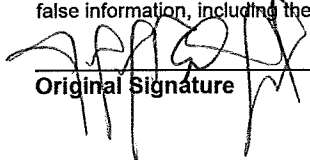
****SEND NO CHECK IF TOTAL AMOUNT DUE IS LESS THAN \$50.00****

Commonwealth of Kentucky
HAZARDOUS WASTE ASSESSMENT RETURN
 From January - December, 2018

Return BEFORE March 1, 2019. Late fees apply to Assessments date stamped by the Branch after March 1, 2019.
 Make checks payable to the KENTUCKY STATE TREASURER.

1. EPA ID Number: KY8-890-008-982		County: McCracken	Agency Interest Number (AI#): 3059
Site Name: U.S. DOE Paducah Gaseous Diffusion Plant			
Contact Person: Jeff Bradford		Phone No: (270) 441-6412	Extension: N/A
Mailing Address: 5511 Hobbs Road			
City, State and Zip: Kevil, Kentucky 42053			
ASSESSMENT CATEGORIES List waste generated and/or Received from out-of-state from January 1- December 31, 2018	Column A QUANTITY <small>List quantity in pounds.</small>	Column B RATE	Column C AMOUNT DUE <small>Multiply Column A x B</small>
2a. Solid hazardous waste generated and destined for disposal off-site	153,489	\$0.002 (if 2a)	\$ 306.98
2b. Solid hazardous waste burned off-site for energy recovery in an industrial boiler or furnace (H050 only)	0	\$0.001 (if 2b)	\$ 0
3a. Solid hazardous waste generated and treated, recycled, or disposed of on-site	0	\$0.001 (if 3a)	\$ 0
3b. Solid hazardous waste burned on-site for energy recovery in an industrial boiler or furnace (H050 only)	0	\$0.0005 (if 3b)	\$ 0
4a. Liquid hazardous waste generated and destined for disposal off-site	535,829	\$0.012 (if 4a)	\$ 6,429.95
4b. Liquid hazardous waste burned off-site for energy recovery in an industrial boiler or furnace (H050 only)	0	\$0.006 (if 4b)	\$ 0
5a. Liquid hazardous waste generated and treated, recycled, or disposed of on-site	0	\$0.006 (if 5a)	\$ 0
5b. Liquid hazardous waste burned on-site for energy recovery in an industrial boiler or furnace (H050 only)	0	\$0.003 (if 5b)	\$ 0
6. Waste excluded from all Exclusions Forms	6,615		
7. SUBTOTAL			\$ 6,736.93
8. Interest on late submittals calculated from January 1 to Branch receipt date stamp			\$ 0
9. Penalties on late submittals calculated from January 1 to Branch receipt date stamp			\$ 0
10. Adjustments from over payments And under payments			\$ 0
11. TOTAL AMOUNT DUE (ASSESSMENT WAIVED IF UNDER \$50.00)			\$ 6,736.93

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.


 Original Signature

Jeff Bradford, Four Rivers Nuclear Partnership, LLC, Program Manager
 Name and Title


 Date

Hazardous Waste Assessment Return for 2018

Schedule 1

US DOE Paducah Gaseous Diffusion Plant
EPA ID: KY8-890-008-982

Solid hazardous waste received from off-site

0 pounds

Hazardous Waste Assessment Return for 2018

Schedule 2

US DOE Paducah Gaseous Diffusion Plant
EPA ID: KY8-890-008-982

Liquid hazardous waste received from off-site

0 pounds

Hazardous Waste Assessment Return for 2018

Schedule 3

US DOE Paducah Gaseous Diffusion Plant
EPA ID: KY8-890-008-982

Solid hazardous waste generated and sent off-site	153,489 pounds
Solid hazardous waste generated and treated, recycled, or disposed of on-site	0 pounds
Liquid hazardous waste generated and sent off-site	535,829 pounds ¹
Liquid hazardous waste generated and treated, recycled, or disposed of on-site	0 pounds

¹ This amount excludes 6,615 pounds of waste oil, which is included on the Claim for Exclusion from the Hazardous Waste Assessment for January—December 2018. The oil will be shipped off-site for thermal treatment.

ENCLOSURE 2

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

CLAIM FOR EXCLUSION FROM THE HAZARDOUS WASTE ASSESSMENT

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Commonwealth of Kentucky
CLAIM FOR EXCLUSION FROM THE HAZARDOUS WASTE ASSESSMENT
 From January – December 2018

Return to Hazardous Waste Branch, 300 Sower Blvd., Frankfort KY 40601 BEFORE **March 1, 2019** with the Hazardous Waste Assessment Return and Annual Report.

1. EPA ID Number: KY8-890-008-982	County: McCracken	AI#: 3059
Site Name: U.S. DOE Paducah Gaseous Diffusion Plant		
Contact Person: Jeff Bradford	Phone No: (270) 441-6412	Extension: N/A
Mailing Address: 5511 Hobbs Road		
City, State and Zip: Kevil, Kentucky 42053		

2. Identify the specific exclusion described under KRS 224.46-580 (7) and (8) for which approval is sought. Mark only one box.

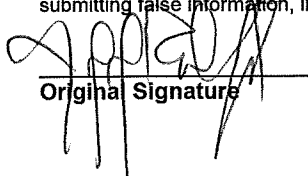
- Waste Oil
- Special Waste
- Spent material from air pollution control emissions at coke manufacturing facilities
- Secondary handler receiving waste from Kentucky generators
- Waste subject to Section 402 of the Clean Water Act sent to a KPDES outfall
- Waste subject to Section 307B of the Clean Water Act sent to a POTW
- Recycled waste used in the steel manufacturing process
- Out-of-state waste received by a manufacturing company from an affiliated company
- Emission control dust and sludge from the primary production of steel that is recycled by high temperature metals recovery or managed by stabilization of metals

3. Provide a brief description of the process that generates the hazardous waste for which you are seeking exclusion from assessment or the Claim will be denied. **(Mandatory - Attach additional sheets if necessary.)** The waste oil reported on this claim for exclusion from the Hazardous Waste Assessment for January–December 2018 consists of oil drained from equipment being decommissioned or serviced. All of this oil will be treated thermally at Diversified Scientific Services, Inc. (DSSI) in Kingston, Tennessee.

4. Complete this chart for the hazardous waste you are seeking an exclusion.

EPA Waste Codes	Amount of Waste Generated During the Assessment Period Report in pounds.	Solid or Liquid	Was this waste ultimately sent off site for treatment storage or disposal? (Yes or No?)
D001 D006 D008 D018 D022 D039	6,615	Liquid	Yes

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.


 Original Signature

Jeff Bradford, Four Rivers Nuclear Partnership, LLC, Program Manager
 Name and Title


 Date

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ENCLOSURE 3

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

SUMMARY OF NONCOMPLIANCE

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SUMMARY ONE

Discovery of Waste under Legacy Product Storage Tanks

A. Owner Information

Name: U.S. Department of Energy (DOE)
Address: 5501 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6800

B. Facility Information

Name: U.S. Department of Energy Paducah Site
Operator: Four Rivers Nuclear Partnership, LLC (FRNP)
Street Address: 5511 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6412
EPA ID Number: KY8-890-008-982

C. Description of the Potential Noncompliance and Its Cause

During a facility walkthrough on November 8, 2017, solid waste was discovered in the diked areas under the sulfuric acid tanks and phosphoric acid tanks in the C-631, C-633, C-635, and C-637 Pump Houses. The wastes inside the dikes included crusty residues, sludges, liquids, or a combination thereof. The waste was sampled in place as a result of the facility walkthrough. Analytical results indicated that seven of the diked areas had concentrations that exceeded the Toxicity Characteristic Leaching Procedure (TCLP) limits for one or more analytes, making it hazardous waste. Six of those areas contained solids, and the "Rule of 20" was used to compare these results to the TCLP limits. One of the locations contained liquid and the result was compared directly to the TCLP limits for characterization purposes.

- (1) C-631 Sulfuric Acid dike—chromium (D007) and mercury (D009)—solid
- (2) C-633 Sulfuric Acid dike—chromium (D007)—solid
- (3) C-633 Large Phosphoric Acid dike—chromium (D007) and lead (D008)—solid
- (4) C-633 Small Phosphoric Acid dike—chromium (D007) and lead (D008)—solid
- (5) C-635 Large Phosphoric Acid dike—chromium (D007) and lead (D008)—solid
- (6) C-635 Small Phosphoric Acid dike—lead (D008) and mercury (D009)—solid
- (7) C-637 Large Phosphoric Acid dike—chromium (D007) and lead (D008)—liquid

Sulfuric acid and phosphoric acid were used as part of the historical activities associated with the gaseous diffusion process. Phosphoric acid replaced the chromate-based corrosion inhibitors formerly used in the pump houses. The source of the contaminants is unknown, but a probable source is from the material that was in the tanks. These containment areas are not listed in the Hazardous Waste Management Facility Permit as hazardous waste storage areas.

D. The Period(s) of Potential Noncompliance

The exact period of this potential noncompliance is unknown. On January 25, 2018, sample results indicated that the concentrations of solids and liquids collected from the diked areas exceeded the TCLP limits for one or more analytes for the newly discovered waste. All hazardous waste was removed from the diked areas by March 27, 2018, as shown in Table 1.

During the removal phase, solids and liquids were removed using hand tools, high-efficiency particulate air vacuums, and sump pumps. The waste was removed, containerized, and placed into compliant storage prior to off-site disposal at an appropriate facility.

E. Whether the Potential Noncompliance Has Been Corrected; If Not Corrected, the Anticipated Date That It Will Be Corrected

The potential noncompliance has been corrected. The dates listed in Table 1 indicate that the hazardous waste has been removed to the extent practicable, containerized, and placed into compliant storage.

F. The Date the Potential Noncompliance Will Be Corrected

The dates that each area of noncompliance was corrected are listed in Table 1.

G. Steps Taken to Reduce, Eliminate, and Prevent Recurrence of the Potential Noncompliance

The tanks are no longer used in plant operations, and the waste has been removed from the dikes. These steps taken will reduce, eliminate, and prevent recurrence of the potential noncompliance.

H. Quantities of Waste and All Applicable Waste Codes

See Table 1.

I. Potential for Release

The hazardous waste was contained inside the diked areas, which served as secondary containment for their associated tanks; therefore, no potential or evidence of a release was found. These areas are already designated as solid waste management units under the permit.

Table 1. Summary of Material, Determined to be Hazardous Waste, Found in C-631, C-633, C-635, and C-637 Diked Areas Associated with Sulfuric Acid and Phosphoric Acid Tanks in Calendar Year 2018

Dike Location	Quantity of Material Removed (lb)	Dike Description	RCRA Constituents above TCLP Limit	Waste Codes	Lab Results	TCLP Limit (mg/L)	Date Noncompliance Corrected
C-631-17 Dike	486	Sulfuric Acid	Chromium	D007	423 mg/kg	5.0	2/27/2018
C-633-17 Dike	1,428	Sulfuric Acid	Mercury	D009	9.61 mg/kg	0.2	2/19/2018
		Phosphate (Large Dike)	Chromium	D007	177 mg/kg	5.0	2/19/2018
		Phosphate (Small Dike)	Lead	D008	430 mg/kg	5.0	2/19/2018
C-633-17 Dikes	568	Phosphate (Small Dike)	Chromium	D007	2750 mg/kg	5.0	3/27/2018
		Phosphate (Large Dike)	Lead	D008	624 mg/kg	5.0	3/27/2018
		Phosphate (Small Dike)	Chromium	D007	861 mg/kg	5.0	3/5/2018
		Phosphate (Small Dike)	Lead	D008	324 mg/kg	5.0	3/5/2018
C-635-17 Dikes	568	Phosphate (Small Dike)	Lead	D008	175 mg/kg	5.0	2/27/2018
		Phosphate (Large Dike)	Mercury	D009	6.38 mg/kg	0.2	2/27/2018
C-637-17 Dike	4,782	Phosphate (Large Dike)	Chromium	D007	26.3 mg/L	5.0	3/27/2018
		Phosphate (Large Dike)	Lead	D008	5.5 mg/L	5.0	3/27/2018

RCRA = Resource Conservation and Recovery Act
TCLP = Toxicity Characteristic Leaching Procedure

SUMMARY TWO

Duplicate Sampling Not Consistent with Permit

A. Owner Information

Name: U.S. Department of Energy (DOE)
Address: 5501 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6800

B. Facility Information

Name: U.S. Department of Energy Paducah Site
Operator: Four Rivers Nuclear Partnership, LLC (FRNP)
Street Address: 5511 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6412
EPA ID Number: KY8-890-008-982

C. Description of the Potential Noncompliance and Its Cause

On May 10, 2018, it was identified that duplicate samples taken for the C-404 Hazardous Waste Landfill groundwater monitoring were not being collected as described in the Hazardous Waste Management Facility Permit (Permit). Per Attachment E, Appendix E3 of the Permit, “Field duplicates consist of two aliquots of a sample (i.e., the primary sample and its duplicate) that are aliquoted into two containers from a single sample collection container or sample mixing container and shipped to the same laboratory for analysis.”

Field duplicates historically have been collected by using a collocated sampling method, which includes collecting sample material using the same procedural requirements as the original sample. Because volatile organic compounds are a contaminant of concern at the Paducah Site, the collocated duplicate sampling method was implemented to prevent the potential loss of a sample’s volatile concentrations during mixing or transferring from a single sample container.

During a May 23, 2018, teleconference, DOE discussed with the Kentucky Department for Waste Management (KDWM) the method historically used to collect duplicate samples from monitoring wells (MWs) at the C-404 Hazardous Waste Landfill. In the teleconference, KDWM agreed that the collocated duplicate collection method was appropriate for precision monitoring at the C-404 Landfill.

In order to comply with the current Permit requirement, two field duplicates were collected during the April 2018–September 2018 semiannual reporting period. A groundwater sample was collected from a MW, along with a field duplicate sample prescribed by the Permit. Additionally, a separate groundwater sample was collected from the same MW, along with a duplicate sample using the collocated duplicate collection method, which has been the historical method of duplicate collection. This information, as well as documentation of the teleconference with KDWM, is summarized in the *C-404 Hazardous Waste Landfill November 2018 Semiannual*

Groundwater Report (April 2018–September 2018) at the Paducah Gaseous Diffusion Plant, FRNP-RPT-0026/V2, submitted to KDWM on November 29, 2018.

D. The Period(s) of Potential Noncompliance

A review of records indicates that duplicate samples historically have been collected using a collocated duplicate approach. The Permit has prescribed the same type of field duplicate collection since at least 2008; therefore, the period of potential noncompliance ranges from 2008 until the beginning of the April 2018 reporting period.

E. Whether the Potential Noncompliance Has Been Corrected; If Not Corrected, the Anticipated Date That It Will Be Corrected

The potential noncompliance was corrected by collecting a field duplicate as described by the Permit.

F. The Date the Potential Noncompliance Will Be Corrected

The potential noncompliance was corrected by collecting a field duplicate as described by the Permit at the beginning of the April 2018 reporting period.

G. Steps Taken to Reduce, Eliminate, and Prevent Recurrence of the Potential Noncompliance

As discussed in the May 23, 2018, teleconference, a modification to the Permit is being considered to define field duplicates prescribing the collocated duplicate collection method. Until a permit modification is issued, field duplicates will be collected as described in the permit.

H. Quantities of Waste and All Applicable Waste Codes

This potential noncompliance issue did not impact any wastes or lead to any potential for release; therefore, it is not applicable.

I. Potential for Release

This potential noncompliance issue did not have any potential of a release to the environment.

SUMMARY THREE

Improper Management and Unmanifested Shipments of Hazardous Waste

A. Owner Information

Name: U.S. Department of Energy (DOE)
Address: 5501 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6800

B. Facility Information

Name: U.S. Department of Energy Paducah Site
Operator: Four Rivers Nuclear Partnership, LLC (FRNP)
Street Address: 5511 Hobbs Road
Kevil, Kentucky 42053
Telephone Number: (270) 441-6412
EPA ID Number: KY8-890-008-982

C. Description of the Potential Noncompliance and Its Cause

- I. Shipment 1—On September 26, 2018, a shipment of 55 drums of low-level radioactive waste (LLW) was shipped by public roadway from the DOE Paducah Site to the EnergySolutions Clive, Utah, facility (ES). Upon arrival, ES conducted routine random sampling of the drums in this shipment for Resource Conservation and Recovery Act (RCRA) constituents, and one sample was collected from one drum. Laboratory results indicated that the sample contained levels of three contaminants above their respective TCLP limits: arsenic (D004), cadmium (D006), and chromium (D007). Upon receiving the laboratory results on November 2, 2018, ES immediately segregated all 55 drums and notified the state of Utah.

Based on the analytical results, ES initiated further sampling of the remaining drums to determine if the earlier sample result was an outlier or a representative sample. ES sampled an additional 38 drums and created two composite samples (one of vacuum cleaner contents and one of trap mix beads). The sample results of the trap mix beads did not exceed TCLP limits. The sample of the vacuum cleaner contents collected indicated the presence of 1.76 mg/L of cadmium (D006), which is greater than the TCLP limit of 1.0 mg/L for cadmium. The representative sample did not indicate levels of arsenic or chromium above the TCLP limit. The vacuum cleaner contents were contained in 15 of the overall 55 drums shipped.

The data from this second round of sampling was received by ES on November 26, 2018, and forwarded to FRNP Waste Management. FRNP began implementing actions to determine the cause, correct the issue, and prevent recurrence. During investigation, it was determined the noncompliance resulted from an inadequate adherence to the waste characterization and profiling process.

- II. Shipment 2—On November 27, 2018, a drum of sample returns was shipped as LLW, as part of a larger shipment of six drums, by public roadway from the DOE Paducah Site to ES, where it arrived on November 30, 2018. ES conducted routine random sampling of the drums in this shipment for RCRA constituents on December 11, 2018. On December 21, 2018, the laboratory reported to ES that one sample contained 17.4 mg/L of chromium (D007), which is above the TCLP limit of 5.0 mg/L. ES contacted FRNP about the results on January 2, 2019.

FRNP began implementing actions to determine the cause, correct the issue, and prevent recurrence. During investigation, it was determined that the drum originated in June 2017. The sample returns were added to the drum on June 7, 2017, and analyses of the samples and the Request for Disposal (RFD) indicated that the sample returns were LLW. The drum was closed and entered into the waste tracking system as LLW. In July 2017, however, additional sample returns were added to the drum, but the RFD was not updated for additional RCRA constituents. The drum remained in the waste tracking system as LLW and stored and labeled as such. The drum was already in the C-752-A RCRA permitted storage facility.

D. The Period(s) of Potential Noncompliance

- I. Shipment 1—The shipment was sent on September 26, 2018. Data from the composited sampling event was received by FRNP on November 26, 2018, that identified the 15 drums of vacuum cleaner contents as having RCRA constituents above the TCLP limits.
- II. Shipment 2—The additional sample returns that contained RCRA constituents were added to the drum and stored in the C-752-A RCRA permitted storage facility in July 2017. The shipment was sent on November 27, 2018. The data from the sampling event was received by FRNP on January 2, 2019, that identified one drum of sample returns as having RCRA constituents above the TCLP limits.

E. Whether the Potential Noncompliance Has Been Corrected; If Not Corrected, the Anticipated Date That It Will Be Corrected

The noncompliance for both shipments has been corrected as described as follows.

F. The Date the Potential Noncompliance Will Be Corrected

- I. Shipment 1—The waste tracking system was updated to add RCRA codes for all affected drums on November 29, 2018. Field updates (such as proper labeling, management, storage, and tracking) for vacuum cleaner contents in on-site storage also were made on November 29, 2018. The Uniform Hazardous Waste Manifest and Land Disposal Restriction Determinations were completed on December 10, 2018, for the affected drums. Based on all analytical data and process knowledge of the areas where the vacuum cleaners were used, it was determined to apply the waste codes for arsenic (D004), cadmium (D006), chromium (D007), lead (D008), and included nickel as an underlying hazardous constituent, to the manifest for the 15 drums containing vacuum cleaner contents. The updates have been reflected on the Annual Hazardous Waste Report for Calendar Year (CY) 2018.

- II. Shipment 2—The Uniform Hazardous Waste Manifest and Land Disposal Restriction Determinations were completed on January 8, 2019, for the drum that was found to have chromium (D007) above the TCLP limit. The waste tracking system was updated to add the RCRA code for the affected drum on January 9, 2019. The update has been reflected on the Annual Hazardous Waste Report for CY 2018.

G. Steps Taken to Reduce, Eliminate, and Prevent Recurrence of the Potential Noncompliance

- I. Shipment 1—FRNP reviewed waste containers pending shipment to preclude further shipments of the same material that required further evaluation. All containers of vacuum cleaner contents generated from similar activities are now managed as mixed LLW for on-site storage and off-site shipments with waste codes for D004, D006, D007, and D008.
- II. Shipment 2—FRNP management issued a Work Pause on January 7, 2019, for all waste shipments pending evaluation of the process being used to ensure waste shipped is managed and manifested correctly.

Overall Corrective Action—All waste characterization packages will include additional documentation to be reviewed by a higher level of management, without exception, as part of the review process prior to entry of the characterization data into the waste tracking system to ensure that all data is reviewed and that any process knowledge utilized is evaluated. The documentation prepared by waste engineers and the characterization package will be reviewed by the Transportation Manager or a specifically designated management subject matter expert. A functional directive has been put in place while appropriate procedures are clarified with the necessary information and the review process for the waste characterization and profiling process, including the increased oversight by management. This requirement is currently being met by two levels of management oversight until the procedure change is finalized, distributed, trained on, and proven to be effective.

H. Quantities of Waste and All Applicable Waste Codes

- I. Shipment 1—Initial sampling of one drum indicated the presence of arsenic (D004), cadmium (D006), and chromium (D007). Determined by representative sampling, cadmium (D006) was present above the TCLP limit in the 15 drums of vacuum cleaner contents. Based on all analytical data and process knowledge of the areas where the vacuum cleaners were used, it was determined to apply D004, D006, D007, and D008 to all 15 drums on the manifest, for a combined total of 175 lb of waste.
- II. Shipment 2—Laboratory results indicate chromium (D007) was present above the TCLP limit in the drum of sample returns for a total of 66 lb of waste.

I. Potential for Release

No evidence of a potential or known release was noted for either shipment.


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ENCLOSURE 4

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

EPA FORM 8700-13 A/B (S1) – IDENTIFICATION AND CERTIFICATION

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<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for 2018 (Reporting Year)
<input checked="" type="checkbox"/>	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 reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

K	Y	8	8	9	0	0	0	8	9	8	2
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3. Site Name

United States Department of Energy-Paducah Gaseous Diffusion Plant

4. Site Location Address

Street Address	5600 Hobbs Road		
City, Town, or Village	Kevil	County	McCracken
State	Kentucky	Country	USA
		Zip Code	42053

5. Site Mailing Address

Same as Location Address

Street Address	5511 Hobbs Road		
City, Town, or Village	Kevil	County	McCracken
State	Kentucky	Country	USA
		Zip Code	42053

6. Site Land Type

<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 562910	C. 562212
B. 562211	D. NA

8. Site Contact Information

Same as Location Address

First Name Jeff	MI	Last Name Bradford
Title Program Manager		
Street Address 5511 Hobbs Road		
City, Town, or Village Kevil		
State Kentucky	Country USA	Zip Code 42053
Email jeff.bradford@pad.pppo.gov		
Phone 270-441-6412	Ext NA	Fax NA

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name U.S. Department of Energy	Date Became Owner (mm/dd/yyyy) 10/18/1950
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address 5501 Hobbs Road	
City, Town, or Village Kevil	
State Kentucky	Country USA Zip Code 42053
Email jennifer.woodard@pppo.gov	
Phone 270-441-6800	Ext NA Fax NA
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name Four Rivers Nuclear Partnership, LLC	Date Became Operator (mm/dd/yyyy) 10/20/2017
Operator Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address 5511 Hobbs Road	
City, Town, or Village Kevil	
State KY	Country USA Zip Code 42053
Email jeff.bradford@pad.pppo.gov	
Phone 270-441-6412	Ext NA Fax NA
Comments	

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D016	D018	D022
D027	D029	D032	D033	D034	D035	D038
D039	D040	F001	F002	F003	F005	F039
P003	P005	P012	P030	P056	P098	Continued (Block 18)

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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						

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.	
	<input checked="" type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.	
	<input checked="" type="checkbox"/>	a. Batteries
	<input type="checkbox"/>	b. Pesticides
	<input type="checkbox"/>	c. Mercury containing equipment
	<input checked="" type="checkbox"/>	d. Lamps
	<input type="checkbox"/>	e. Other (specify) _____
	<input type="checkbox"/>	f. Other (specify) _____
	<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Processor
	<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
--	--

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. 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 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

This report includes those Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) wastes subject to reporting pursuant to EPA guidance dated December 14, 2011, "Resource Conservation and Recovery Act (RCRA) Biennial Report Requirements for
Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Response Actions." The CERCLA wastes are identified in the report using source code G49, Other remediation.
Item 10. B., continued:
P120 P197 U001 U002 U009 U019 U031 U055 U056 U070 U072 U075 U080 U112 U117 U122 U134 U138 U151 U154 U159 U161 U165 U188 U196 U210 U220 U226 U228 U239

19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 02/27/2019
Printed Name (First, Middle/Initial Last) Jeff Bradford	Title Program Manager
Email jeff.bradford@pad.pppo.gov	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

ENCLOSURE 5

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

EPA FORM 8700-13 A/B (GM) – WASTE GENERATION AND MANAGEMENT

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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL OPERATIONS OR OTHER LAND UNITS)		
B. EPA Hazardous Waste Code(s)	F039		
C. State Hazardous Waste Code(s)			
D. Source Code	G26	Management Method Code (Source Code G25 only)	
E. Form Code	W101	F. Waste Minimization Code	N
G. Quantity	14182	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	14182
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	X
G. Quantity	6696	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Clean Harbors Deer Park, LLC			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TXD055141378	H040	6696	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		X	
G. Quantity	4376	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity	
Process System 2	Management Method Code	Quantity	

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		
TND982109142	H040	4376		
Site 2				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		
Site 3				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W101	F. Waste Minimization Code	A
G. Quantity	3344	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	3344
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D018 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		A	
G. Quantity	1672	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H050	2346	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		A	
G. Quantity	1452	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H050	1452	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D008 D018 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	A
G. Quantity	422	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H050	1264	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	X
G. Quantity	1004	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Waste Control Specialists		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TXD988088464	H132	1004
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	938
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018		
C. State Hazardous Waste Code(s)			
D. Source Code G16	Management Method Code (Source Code G25 only)		
E. Form Code W206	F. Waste Minimization Code A		
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	788
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D001 D018		
C. State Hazardous Waste Code(s)			
D. Source Code G16	Management Method Code (Source Code G25 only)		
E. Form Code W206	F. Waste Minimization Code A		
G. Quantity 341	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	739
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W103	F. Waste Minimization Code	
		X	
G. Quantity	390	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Permafix of Florida, Inc.		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
FLD980711071	H121	390
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM CLEANUP OF SPILL RESIDUES	
B. EPA Hazardous Waste Code(s)		D002	
C. State Hazardous Waste Code(s)			
D. Source Code G32		Management Method Code (Source Code G25 only)	
E. Form Code W110		F. Waste Minimization Code X	
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Clean Harbors Deer Park, LLC		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TXD055141378	H040	356
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W103	F. Waste Minimization Code	X
G. Quantity	349	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 Permafix of Florida, Inc.		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
FLD980711071	H121	349
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D004 D006 D008 D010		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W219	F. Waste Minimization Code A		
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	324
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

ANTI-FREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D001 F003 U002 U154 U159 U161 U239			
C. State Hazardous Waste Code(s)					
D. Source Code G11		Management Method Code (Source Code G25 only)			
E. Form Code W001		F. Waste Minimization Code X			
G. Quantity	264	UOM	1	Density	NA
				<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	264
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		A	
G. Quantity	204	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	204
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D004 D010		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W219	F. Waste Minimization Code A		
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	199
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

ANTI-FREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D001 D018		
C. State Hazardous Waste Code(s)			
D. Source Code G16	Management Method Code (Source Code G25 only)		
E. Form Code W206	F. Waste Minimization Code A		
G. Quantity 1	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	141
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D018		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	
		A	
G. Quantity	138	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H050	138	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D018 D040		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	A
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H050	124
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE LIQUID MERCURY FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W117	F. Waste Minimization Code	A
G. Quantity	32	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	118
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W219	F. Waste Minimization Code	
		A	
G. Quantity	86	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	86	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

ANTIFREEZE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W110	F. Waste Minimization Code	X
G. Quantity	72	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Permafex of Florida, Inc.			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
FLD980711071	H121	72	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		OTHER ORGANIC LIQUID FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)	
B. EPA Hazardous Waste Code(s)		D001 D002	
C. State Hazardous Waste Code(s)			
D. Source Code G22		Management Method Code (Source Code G25 only)	
E. Form Code W219		F. Waste Minimization Code X	
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H040	72	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

PSEUDOCUMENE LAB WASTE

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)	
B. EPA Hazardous Waste Code(s)		D002 D007	
C. State Hazardous Waste Code(s)			
D. Source Code G22		Management Method Code (Source Code G25 only)	
E. Form Code W103		F. Waste Minimization Code X	
G. Quantity 62	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Permafix of Florida, Inc.			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
FLD980711071	H110	62	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D001 D018		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	A
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H050	56	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W103	F. Waste Minimization Code	X
G. Quantity	40	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	40
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D001 D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W219	F. Waste Minimization Code	X
G. Quantity	26	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	26
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT			
B. EPA Hazardous Waste Code(s)		D002 D008			
C. State Hazardous Waste Code(s)					
D. Source Code		G16		Management Method Code (Source Code G25 only)	
E. Form Code		W309		F. Waste Minimization Code	
				X	
G. Quantity		9104	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D002 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W309	F. Waste Minimization Code	
		A	
G. Quantity	2221	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W309	F. Waste Minimization Code	A
G. Quantity	754	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONCENTRATED HALOGENATED/ NON-HALOGENATED SOLVENT MIXTURE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001 U019 U112 U159 U220 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W204	F. Waste Minimization Code	X
G. Quantity	169	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D002 D005 D007 D008 P003 P030 P098 U122 U154		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W004	F. Waste Minimization Code	
		X	
G. Quantity	470	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D002 D003 D004 D005 D006 D007 D008 D010 P120 U002		
C. State Hazardous Waste Code(s)			
D. Source Code G11	Management Method Code (Source Code G25 only)		
E. Form Code W004	F. Waste Minimization Code X		
G. Quantity 251	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D027 D039 D040 F003 F005 P003 U009 U070 U072 U080 U138 U154 U210 U220 U228 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W004	F. Waste Minimization Code X	
G. Quantity	16	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS	
B. EPA Hazardous Waste Code(s)		D001 D038 D039 D040 P197 U002 U154 U210 U220 U228	
C. State Hazardous Waste Code(s)			
D. Source Code G11		Management Method Code (Source Code G25 only)	
E. Form Code W004		F. Waste Minimization Code X	
G. Quantity 13	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D002		
C. State Hazardous Waste Code(s)			
D. Source Code G11	Management Method Code (Source Code G25 only)		
E. Form Code W001	F. Waste Minimization Code X		
G. Quantity 301	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D001 D002 D008 D018 F001 U031 U055 U122			
C. State Hazardous Waste Code(s)					
D. Source Code		G11		Management Method Code (Source Code G25 only)	
E. Form Code		W001		F. Waste Minimization Code	
				X	
G. Quantity		262	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D002 D003 D004 D005 D006 D007 D008 D009 D010 D011 U134		
C. State Hazardous Waste Code(s)			
D. Source Code G11	Management Method Code (Source Code G25 only)		
E. Form Code W001	F. Waste Minimization Code X		
G. Quantity 246	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D004 D005 D006 D007 D008 D010 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	209	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D022 D035 D038 U159 U196		
C. State Hazardous Waste Code(s)			
D. Source Code G11	Management Method Code (Source Code G25 only)		
E. Form Code W001	F. Waste Minimization Code X		
G. Quantity 204	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)			
D. Source Code G11	Management Method Code (Source Code G25 only)		
E. Form Code W001	F. Waste Minimization Code X		
G. Quantity 171	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D002		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	116	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D003 D009			
C. State Hazardous Waste Code(s)					
D. Source Code G11		Management Method Code (Source Code G25 only)			
E. Form Code W001		F. Waste Minimization Code X			
G. Quantity	72	UOM	1	Density	NA
				<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity	
Process System 2	Management Method Code	Quantity	

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		
Site 2				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		
Site 3				
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped		

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 U002 U154 U159 U161 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	45	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D018 D027 D038 D039 U154		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	22	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D018		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	
G. Quantity	22	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	20	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D001 U154			
C. State Hazardous Waste Code(s)					
D. Source Code		G11		Management Method Code (Source Code G25 only)	
E. Form Code		W001		F. Waste Minimization Code	
				X	
G. Quantity		10	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.			
Process System 1		Management Method Code		Quantity	
Process System 2		Management Method Code		Quantity	

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.			
Site 1					
B. EPA ID of facility to which waste was shipped		C. Management Method Code		D. Total Quantity Shipped	
Site 2					
B. EPA ID of facility to which waste was shipped		C. Management Method Code		D. Total Quantity Shipped	
Site 3					
B. EPA ID of facility to which waste was shipped		C. Management Method Code		D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W219	F. Waste Minimization Code	A
G. Quantity	458700	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

RAD CONTAMINATED WATER / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W219	F. Waste Minimization Code	A
G. Quantity	1240	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

TCE SYSTEMS LIQUID / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W219	F. Waste Minimization Code	A
G. Quantity	884	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

KEROSENE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES			
B. EPA Hazardous Waste Code(s)		D004 D006 D008 D010			
C. State Hazardous Waste Code(s)					
D. Source Code		G19		Management Method Code (Source Code G25 only)	
E. Form Code		W219		F. Waste Minimization Code	
				A	
G. Quantity		840		UOM	
				1	
		Density		NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1		Management Method Code	Quantity
Process System 2		Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

ANTIFREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES			
B. EPA Hazardous Waste Code(s)		D001			
C. State Hazardous Waste Code(s)					
D. Source Code		G19		Management Method Code (Source Code G25 only)	
E. Form Code		W219		F. Waste Minimization Code	
				A	
G. Quantity		330	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity	
Process System 2	Management Method Code	Quantity	

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

KEROSENE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL OPERATIONS OR OTHER LAND UNITS)		
B. EPA Hazardous Waste Code(s)	F039		
C. State Hazardous Waste Code(s)			
D. Source Code	G26	Management Method Code (Source Code G25 only)	
E. Form Code	W101	F. Waste Minimization Code	N
G. Quantity	28214	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D018 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	X
G. Quantity	1192	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	X
G. Quantity	804	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W206	F. Waste Minimization Code	X
G. Quantity	389	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	X
G. Quantity	38580	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	38580
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G49	Management Method Code (Source Code G25 only)	
E. Form Code	W310	F. Waste Minimization Code	A
G. Quantity	21820	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 Evoqua Water Technologies, LLC		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
PAD987270725	H039	21820
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

CERCLA WASTE - REFERENCE EPA FORM 8700-13 A/B COMMENTS BLOCK 18

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W307	F. Waste Minimization Code A	
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	13660	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	7160	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	10852
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES	
B. EPA Hazardous Waste Code(s)		D007	
C. State Hazardous Waste Code(s)			
D. Source Code G19		Management Method Code (Source Code G25 only)	
E. Form Code W002		F. Waste Minimization Code A	
G. Quantity 8716	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	8716	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES	
B. EPA Hazardous Waste Code(s)		D008	
C. State Hazardous Waste Code(s)			
D. Source Code G19		Management Method Code (Source Code G25 only)	
E. Form Code W002		F. Waste Minimization Code A	
G. Quantity 6748	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	6748	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	3486	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	6678	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	6410	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	6410	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	6338	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	6338	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	5478
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	
		A	
G. Quantity	5436	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	5436
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	2837	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	2837
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	2622
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	1996	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1996
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1804
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1802
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	
		A	
G. Quantity	1438	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1438
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W002	F. Waste Minimization Code A		
G. Quantity 331	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1105
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W002	F. Waste Minimization Code A		
G. Quantity 932	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	1052
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	888	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	888	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W310	F. Waste Minimization Code	
		A	
G. Quantity	646	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	716	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	634
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	568	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	568
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W801	F. Waste Minimization Code	A
G. Quantity	17	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Clean Harbors El Dorado, LLC		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
ARD069748192	H040	565
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	486	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	486	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G49	Management Method Code (Source Code G25 only)	
E. Form Code	W310	F. Waste Minimization Code	A
G. Quantity	442	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	442
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

CERCLA WASTE - REFERENCE EPA FORM 8700-13 A/B COMMENTS BLOCK 18

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	402
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	302	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	298	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	298	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT			
B. EPA Hazardous Waste Code(s)		D006 D008 D018			
C. State Hazardous Waste Code(s)					
D. Source Code G16		Management Method Code (Source Code G25 only)			
E. Form Code W310		F. Waste Minimization Code A			
G. Quantity	0	UOM	1	Density	NA
				<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	286	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	242	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	242
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code G16	Management Method Code (Source Code G25 only)		
E. Form Code W310	F. Waste Minimization Code A		
G. Quantity 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 Diversified Scientific Services, Inc. (DSSI)		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
TND982109142	H110	242
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003 D005 D039 D040 U002 U055 U056 U080 U117 U154 U165 U210 U220 U226 U228 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W801	F. Waste Minimization Code A	
G. Quantity	234	UOM 1	Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Clean Harbors El Dorado, LLC			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
ARD069748192	H040	234	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	0	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	212	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	86	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	166
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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<p>United States Environmental Protection Agency</p> <p>HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle)</p> <p>WASTE GENERATION AND MANAGEMENT (GM) FORM</p>	
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1. Waste Characteristics

A. Waste Description		CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES	
B. EPA Hazardous Waste Code(s)		D004 D006 D007 D008	
C. State Hazardous Waste Code(s)			
D. Source Code G19		Management Method Code (Source Code G25 only)	
E. Form Code W002		F. Waste Minimization Code A	
G. Quantity 154	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	154	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	134	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Waste Control Specialists			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TXD988088464	H132	134	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	130	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H110	130	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003 D005 D018 U001 U002 U019 U056 U075 U117 U154 U165 U220 U226 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W801	F. Waste Minimization Code	A
G. Quantity	128	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Clean Harbors El Dorado, LLC			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
ARD069748192	H040	128	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003 D005 D018 U002 U019 U056 U075 U117 U154 U159 U220 U239		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W801	F. Waste Minimization Code	A
G. Quantity	104	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Clean Harbors El Dorado, LLC			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
ARD069748192	H040	104	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W307	F. Waste Minimization Code	A
G. Quantity	98	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	98
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D029 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W310	F. Waste Minimization Code	A
G. Quantity	88	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 Diversified Scientific Services, Inc. (DSSI)			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TND982109142	H040	88	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	0	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	78	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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<p>United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM</p>	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	78
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	70	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	70	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES			
B. EPA Hazardous Waste Code(s)		D007			
C. State Hazardous Waste Code(s)					
D. Source Code		G19		Management Method Code (Source Code G25 only)	
E. Form Code		W001		F. Waste Minimization Code	
				X	
G. Quantity		66	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	66
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	0	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	57
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F001 F002		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	0	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	44
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W002	F. Waste Minimization Code X		
G. Quantity 22	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1 EnergySolutions Clive Facility		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
UTD982598898	H132	22
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	
		X	
G. Quantity	0	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	15	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)			
D. Source Code	G22	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	
		X	
G. Quantity	10	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1 EnergySolutions Clive Facility			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	10	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W309	F. Waste Minimization Code	
		A	
G. Quantity	900	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W309	F. Waste Minimization Code	A
G. Quantity	150	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D003		
C. State Hazardous Waste Code(s)			
D. Source Code	G16	Management Method Code (Source Code G25 only)	
E. Form Code	W309	F. Waste Minimization Code	A
G. Quantity	45	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 D003		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W801	F. Waste Minimization Code	A
G. Quantity	184	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	7924	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	2944	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code A	
G. Quantity	1258	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2018 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W002	F. Waste Minimization Code A		
G. Quantity 368	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code G19	Management Method Code (Source Code G25 only)		
E. Form Code W002	F. Waste Minimization Code A		
G. Quantity 158	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F003		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	87	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W002	F. Waste Minimization Code	A
G. Quantity	68	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES			
B. EPA Hazardous Waste Code(s)		D008			
C. State Hazardous Waste Code(s)					
D. Source Code G19		Management Method Code (Source Code G25 only)			
E. Form Code W002		F. Waste Minimization Code X			
G. Quantity	14	UOM	1	Density	NA
				<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	5384	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	4380	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D009 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	4223	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES	
B. EPA Hazardous Waste Code(s)		D008	
C. State Hazardous Waste Code(s)			
D. Source Code G19		Management Method Code (Source Code G25 only)	
E. Form Code W320		F. Waste Minimization Code X	
G. Quantity 1808	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	
		A	
G. Quantity	1801	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D003 D006 D008 D009		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	423	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D011		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W320	F. Waste Minimization Code	A
G. Quantity	189	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)			
D. Source Code G16	Management Method Code (Source Code G25 only)		
E. Form Code W310	F. Waste Minimization Code A		
G. Quantity 307	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2018 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D004 D005 D006 D007 D008 D010 D011 P005		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W004	F. Waste Minimization Code	X
G. Quantity	246	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS	
B. EPA Hazardous Waste Code(s)		P056	
C. State Hazardous Waste Code(s)			
D. Source Code G11		Management Method Code (Source Code G25 only)	
E. Form Code W004		F. Waste Minimization Code X	
G. Quantity	101	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS	
B. EPA Hazardous Waste Code(s)		P030	
C. State Hazardous Waste Code(s)			
D. Source Code G11		Management Method Code (Source Code G25 only)	
E. Form Code W004		F. Waste Minimization Code X	
G. Quantity 24	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 P012		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W004	F. Waste Minimization Code	X
G. Quantity	16	UOM	1
		Density	NA
			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D003		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	438	UOM	1
Density	NA	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS	
B. EPA Hazardous Waste Code(s)		D003 D004 D007 D008 D009 D011 U151 U188	
C. State Hazardous Waste Code(s)			
D. Source Code G11		Management Method Code (Source Code G25 only)	
E. Form Code W001		F. Waste Minimization Code X	
G. Quantity 250	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS	
B. EPA Hazardous Waste Code(s)		D008 D016 D027 D032 D033 D034	
C. State Hazardous Waste Code(s)			
D. Source Code G11		Management Method Code (Source Code G25 only)	
E. Form Code W001		F. Waste Minimization Code X	
G. Quantity	196	UOM	1
Density		NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	U122 U188		
C. State Hazardous Waste Code(s)			
D. Source Code	G11	Management Method Code (Source Code G25 only)	
E. Form Code	W001	F. Waste Minimization Code	X
G. Quantity	163	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D003 D005			
C. State Hazardous Waste Code(s)					
D. Source Code		G11		Management Method Code (Source Code G25 only)	
E. Form Code		W001		F. Waste Minimization Code	
				X	
G. Quantity		94	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D001 D003			
C. State Hazardous Waste Code(s)					
D. Source Code		G11		Management Method Code (Source Code G25 only)	
E. Form Code		W001		F. Waste Minimization Code	
				X	
G. Quantity		51	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
--	---

1. Waste Characteristics

A. Waste Description		LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS			
B. EPA Hazardous Waste Code(s)		D001 D007			
C. State Hazardous Waste Code(s)					
D. Source Code G11		Management Method Code (Source Code G25 only)			
E. Form Code W001		F. Waste Minimization Code X			
G. Quantity	12	UOM	1	Density	NA
				<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2018 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)			
D. Source Code	G19	Management Method Code (Source Code G25 only)	
E. Form Code	W307	F. Waste Minimization Code	X
G. Quantity	1491	UOM	1 Density NA <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2018</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
--	---

1. Waste Characteristics

A. Waste Description		METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM PAINTING AND COATING			
B. EPA Hazardous Waste Code(s)		D008			
C. State Hazardous Waste Code(s)					
D. Source Code		G06		Management Method Code (Source Code G25 only)	
E. Form Code		W307		F. Waste Minimization Code	
				A	
G. Quantity		653	UOM	1	Density
				NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.		
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA


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ENCLOSURE 6

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

EPA FORM 8700-13 A/B (OI) – SUMMARY OF WASTE SHIPPED OFF SITE

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United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM	
--	---

1. Site 1

A. EPA ID Number of Off-site Installation or Transporter TXD055141378		
B. Name of Off-site Installation or Transporter Clean Harbors Deer Park, LLC		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 2027 Independence Parkway South		
City, Town, or Village LaPorte		
State TX	Zip Code 77571	Country USA


2. Site 2

A. EPA ID Number of Off-site Installation or Transporter ARD069748192		
B. Name of Off-site Installation or Transporter Clean Harbors El Dorado, LLC		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 309 American Circle		
City, Town, or Village El Dorado		
State AR	Zip Code 71730	Country USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter TND982109142		
B. Name of Off-site Installation or Transporter Diversified Scientific Services, Inc. (DSSI)		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 657 Gallaher Road		
City, Town, or Village Kingston		
State TN	Zip Code 37760	Country USA

4. Comments

United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM	
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1. Site 1

A. EPA ID Number of Off-site Installation or Transporter UTD982598898		
B. Name of Off-site Installation or Transporter EnergySolutions Clive Facility		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address U.S. Interstate 80, Exit 49		
City, Town, or Village Clive		
State UT	Zip Code 84029	Country USA


2. Site 2

A. EPA ID Number of Off-site Installation or Transporter PAD987270725		
B. Name of Off-site Installation or Transporter Evoqua Water Technologies, LLC		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 118 Park Road		
City, Town, or Village Darlington		
State PA	Zip Code 16115	Country USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter FLD980711071		
B. Name of Off-site Installation or Transporter Permafix of Florida, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 1940 North West 67th Place		
City, Town, or Village Gainesville		
State FL	Zip Code 32653	Country USA

4. Comments

United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM	
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1. Site 1

A. EPA ID Number of Off-site Installation or Transporter TXD988088464		
B. Name of Off-site Installation or Transporter Waste Control Specialists		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 9998 West State Highway 176		
City, Town, or Village Andrews		
State TX	Zip Code 79714	Country USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter COR000005389		
B. Name of Off-site Installation or Transporter CAST Transportation		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 9850 Havana Street		
City, Town, or Village Henderson		
State CO	Zip Code 80640	Country USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter MAD039322250		
B. Name of Off-site Installation or Transporter Clean Harbors Environmental Services, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 42 Longwater Drive		
City, Town, or Village Norwell		
State MA	Zip Code 02061	Country USA

4. Comments

United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM	
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1. Site 1

A. EPA ID Number of Off-site Installation or Transporter TNR000034678		
B. Name of Off-site Installation or Transporter Interstate Ventures, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 2553 Quality Lane		
City, Town, or Village Knoxville		
State TN	Zip Code 37931	Country USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter WAR000012005		
B. Name of Off-site Installation or Transporter RSB Logistic, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 2425 South 4th Street		
City, Town, or Village Paducah		
State KY	Zip Code 42003	Country USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter NA		
B. Name of Off-site Installation or Transporter		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address		
City, Town, or Village		
State	Zip Code	Country

4. Comments

ENCLOSURE 7

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

KENTUCKY ADDENDUM FORM 1 – IDENTIFICATION AND CERTIFICATION

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Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 1: Identification and Certification

FOR OFFICIAL USE ONLY.
DO NOT WRITE IN THIS SPACE.

I. Site ID Numbers	A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
---------------------------	--	---

II. Reporting Year	A. Reporting Year: <u>January 1 through December 31, 2018</u>
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III. Legal Landowner of the Real Property	Name of Landowner: <u>U.S. Department of Energy</u>		
	Date Became Owner: (mm/dd/yyyy) <u>10/18/1950</u>	Landowner Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> Other	
	Phone Number: <u>(270) 441-6800</u>	Phone Number Extension: <u>NA</u>	
	Street Address or P. O. Box: <u>5501 Hobbs Road</u>		
	City: <u>Kevill</u>	State: <u>KY</u>	Country: <u>USA</u>

IV. Type of Regulated Waste Activity

A. Hazardous Waste Activities	B. Universal Waste Activities	C. Used Oil Activities																					
<p>1. Generator of Hazardous Waste</p> <p>a. Is this a one-time-only or episodic hazardous waste activity report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b. Did you have a status change during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Fuel Burner of Hazardous Waste for Energy Recovery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If "Yes", mark all that apply)</i></p> <p><input type="checkbox"/> a. Industrial Boiler <input type="checkbox"/> b. Industrial Furnace</p>	<p>1. Large Quantity Universal Waste Handler (over 11,000 pounds on-site storage)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, mark all that apply</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Generate</td> <td style="text-align: center;">Accumulate</td> </tr> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Mercury Containing Equipment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps (includes fluorescent lamps)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Other: (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Other: (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Generate	Accumulate	a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Mercury Containing Equipment	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps (includes fluorescent lamps)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Other: (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	f. Other: (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Off-Specification Used Oil Burner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes," mark all that apply</i></p> <p><input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace</p>
	Generate	Accumulate																					
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>																					
c. Mercury Containing Equipment	<input type="checkbox"/>	<input type="checkbox"/>																					
d. Lamps (includes fluorescent lamps)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
e. Other: (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																					
f. Other: (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																					

V. Comments (Additional Information that will clarify any item in this report.)

This report includes those Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) wastes subject to reporting pursuant to EPA guidance dated December 14, 2011, "Resource Conservation and Recovery Act (RCRA) Biennial Report Requirements for Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Response Actions." The CERCLA wastes are identified in the report using source code G49, Other remediation.

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ENCLOSURE 8

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

KENTUCKY ADDENDUM FORM 2 – WASTE GENERATION AND MANAGEMENT

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Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL
(1) (General) OPERATIONS OR OTHER LAND UNITS
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (TRICHLOROETHENE), 9, PG III, (F039)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>14182</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>14182</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
(2) (Item 9b of manifest) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S. (PCB, LEAD), 9, PG III, (PCB, D008)

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year <u>6696</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Clean Harbors Deer Park, LLC</u> EPA ID Number of receiving facility: <u>TXD055141378</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ <u>6696</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE, CHLOROFORM), 9, PG III, (D006, D008)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 4376 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ _____ 4376 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (D007, D008), AM-241, NP-237, PU-238, PU-239, K-40, TH-230, LIQUID/OXIDE, 94 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
3344 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>3344</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT
(1) (General) _____
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE, TETRACHLOROETHYLENE), (D018, D039), 9, PG
(2) (Item 9b of manifest) ^{III} _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>1672</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>050</u>	Total Quantity Shipped in 2018_ <u>2346</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT
(1) (General) _____
(2) (Item 9b of manifest) RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (CHLOROFORM, TETRACHLOROETHYLENE), (D022, D039), 9, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>1452</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>050</u>	Total Quantity Shipped in 2018_ <u>1452</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD, TETRACHLOROETHYLENE), (D008, D039), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 422 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>050</u>	Total Quantity Shipped in 2018_ _____ 1264 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE, LEAD), 9, PG III, (D006, D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

_____ 1004 _____ pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Waste Control Specialists</u></p> <p>EPA ID Number of receiving facility: <u>TXD988088464</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_</p> <p>_____ 1004 _____ pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_</p> <p>_____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S., (D008), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>050</u>	Total Quantity Shipped in 2018_ _____ 938 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S., (D008, D018), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u></p>	<p>Off-Site Management Method Code H <u>050</u></p>	<p>Total Quantity Shipped in 2018_ <u>788</u> pounds</p>
	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

RQ, UN1203, WASTE GASOLINE, 3, PG II, (D001, D018)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

_____ 341 _____ pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u></p> <p>EPA ID Number of receiving facility: <u>TND982109142</u></p>	<p>Off-Site Management Method Code H <u>050</u></p>	<p>Total Quantity Shipped in 2018_ <u>739</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), U-234, U-235, U-238, LIQUID/OXIDE, 592.08 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">390 _____ pounds</p>	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Permafrix of Florida, Inc.</u> EPA ID Number of receiving facility: <u>FLD980711071</u>	Off-Site Management Method Code H <u>121</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">390 _____ pounds</p>
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM CLEANUP OF SPILL RESIDUES

(1) (General) _____

RQ, UN1824, WASTE SODIUM HYDROXIDE SOLUTION, 8, PG II

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ Clean Harbors Deer Park, LLC EPA ID Number of receiving facility: _____ TXD055141378	Off-Site Management Method Code H 040	Total Quantity Shipped in 2018_ _____ 356 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), TC-99, U-234, U-235, U-238, LIQUID/OXIDE, 409.2 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 349 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Permafrix of Florida, Inc.</u></p> <p>EPA ID Number of receiving facility: <u>FLD980711071</u></p>	<p>Off-Site Management Method Code H <u>121</u></p>	<p>Total Quantity Shipped in 2018_</p> <p>_____ 349 _____ pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_</p> <p>_____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, PU-238, PU-239, TH-230, LIQUID/OXIDE, (D004, D008), 9.9 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>0</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>324</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: ANTIFREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D001, F003), NP-237, TC-99, TH-230, U-234, LIQUID/OXIDE, 0.257 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
264 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>264</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD), (D008), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 204 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>050</u>	Total Quantity Shipped in 2018_ _____ 204 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, PU-238, PU-239, TH-230, LIQUID/OXIDE, (D004, D010), 5.3 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>199</u> pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: ANTIFREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE, DIESEL FUEL), 3, PG II, (D018)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 1 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u></p>	<p>Off-Site Management Method Code H <u>050</u></p>	<p>Total Quantity Shipped in 2018_ <u>141</u> pounds</p>
	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE), (D018), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 138 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ Diversified Scientific Services, Inc. (DSSI) EPA ID Number of receiving facility: _____ TND982109142	Off-Site Management Method Code H 050	Total Quantity Shipped in 2018_ _____ 138 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: **Liquid** **Solid**
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT
(1) (General) _____
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S., (D018, D040), 9, PG III
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: Diversified Scientific Services, Inc. (DSSI) EPA ID Number of receiving facility: TND982109142	Off-Site Management Method Code H 050	Total Quantity Shipped in 2018_ _____ 124 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE LIQUID MERCURY FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D009), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 17 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 32 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>118</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, PU-238, PU-239, TH-230, LIQUID/OXIDE, (D008), 1.1 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">86</p> _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">86</p> _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: ANTIFREEZE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM LABORATORY ANALYTICAL WASTES (USED
(1) (General) CHEMICALS

UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), TC-99, U-234, U-235, U-238,
(2) (Item 9b of manifest) LIQUID/OXIDE, 409.2 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>72</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Permafrix of Florida, Inc.</u> EPA ID Number of receiving facility: <u>FLD980711071</u>	Off-Site Management Method Code H <u>121</u>	Total Quantity Shipped in 2018_ <u>72</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (3), PU-239, TC-99, TH-230, LIQUID/OXIDE, 98 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ _____ 72 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: PSEUDOCUMENE LAB WASTE

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), (D007), TC-99, U-234, U-235, U-238, LIQUID/OXIDE, 1.2 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">62</p> _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Permafrix of Florida, Inc.</u> EPA ID Number of receiving facility: <u>FLD980711071</u>	Off-Site Management Method Code H <u>110</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">62</p> _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 **B. AGENCY INTEREST (AI) Number:** 3059

Waste Description (See instructions.) Check one: **Liquid** **Solid**

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____
RQ, UN1203, WASTE GASOLINE, 3, PG II, (D018)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ Diversified Scientific Services, Inc. (DSSI) EPA ID Number of receiving facility: _____ TND982109142	Off-Site Management Method Code H _____ 050	Total Quantity Shipped in 2018_ _____ 56 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

SPENT CONCENTRATED ACID (5% OR MORE) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (NITRIC ACID), 8, PG II, LIMITED QUANTITY RADIOACTIVE MATERIAL

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 40 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 40 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) UN2924, WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S. (CONTAINS PSEUDOCUMENE), 3 (8, 7), PG III, LIMITED QUANTITY RADIOACTIVE MATERIAL

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

26 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>26</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: PSEUDOCUMENE LAB WASTE

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 2221 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 754 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONCENTRATED HALOGENATED/ NON-HALOGENATED SOLVENT MIXTURE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
169 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
470 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 251 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>16</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 13 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

301 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
262 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 246 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS
(1) (General) NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 209 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
204 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

171 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">116 _____ pounds</p>	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
72 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
45 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

22

pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 22 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>
S i t e 2	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
20 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>
S i t e 2	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>10</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 458700 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: RAD CONTAMINATED WATER / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1240 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: TCE SYSTEMS LIQUID / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 884 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: KEROSENE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 840 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>
S i t e 2	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: ANTIFREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 330 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: KEROSENE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 **B. AGENCY INTEREST (AI) Number:** 3059

Waste Description (See instructions.) Check one: **Liquid** **Solid**

VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL
(1) (General) OPERATIONS OR OTHER LAND UNITS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p align="center">28214 _____ pounds</p>	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 1192 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes
 No

Quantity Generated in Report Year

804 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 389 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (D008, D011), AM-241, TC-99, TH-230, SOLID/OXIDE, 206 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
38580 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>38580</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum

(EPA Form 8700-13 A/B)

FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8- 890- 008- 982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
---	---

Waste Description (See instructions.) Check one: Liquid Solid

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER REMEDIATION

(1) (General) _____

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (SPENT ACTIVATED CARBON, CONTAINS TRICHLOROETHENE), 9, PG III

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 21820 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Evoqua Water Technologies, LLC</u> EPA ID Number of receiving facility: <u>PAD987270725</u>	Off-Site Management Method Code H <u>039</u>	Total Quantity Shipped in 2018_ _____ 21820 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: CERCLA WASTE - REFERENCE EPA FORM 8700-13 A/B COMMENTS BLOCK 18

Kentucky Department for Environmental Protection
Division of Waste Management
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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-I), 7, (D006), AM-
(2) (Item 9b of manifest) 241, NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 11430 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 0 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ 13660 pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8- 890- 008- 982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1380 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 7160 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ 10852 pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007), TH-230, SOLID/OXIDE, 28650 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>8716</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code <u>H 132</u>	Total Quantity Shipped in 2018_ <u>8716</u> pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code <u>H</u>	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D008), TH-230, SOLID/OXIDE, 4658 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
6748 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>6748</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D007), TH-230, SOLID/OXIDE, 7134 MBQ, FISSLE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">3486 _____ pounds</p>	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) <p style="text-align: center;">_____</p>
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">6678 _____ pounds</p>
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ <p style="text-align: center;">_____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (TETRACHLOROETHYLENE), 9, PG III, (D006, D008)

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
6410 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>6410</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum

(EPA Form 8700-13 A/B)

FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D007), TH-230, SOLID/OXIDE, 4956 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
6338 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>6338</u> pounds
S i t e 2	Name of receiving facility: <u></u> EPA ID Number of receiving facility: <u></u>	Off-Site Management Method Code H <u></u>	Total Quantity Shipped in 2018_ <u></u> pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 398 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>5478</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D008), TH-230, SOLID/OXIDE, 17436 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
5436 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>5436</u> pounds
	EPA ID Number of receiving facility: <u>UTD982598898</u>		
S i t e 2	Name of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	EPA ID Number of receiving facility: _____		

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES _____

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (TETRACHLOROETHYLENE), 9, PG III, (D006, D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">_____ 2837 _____ pounds</p>	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">_____ 2837 _____ pounds</p>
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ <p style="text-align: center;">_____ pounds</p>

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum

(EPA Form 8700-13 A/B)

FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D008, D009), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 130 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
0 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code <u>H 132</u>	Total Quantity Shipped in 2018_ <u>2622</u> pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code <u>H</u> _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, NP-237, PU-238, PU-239, TH-230, SOLID/OXIDE, (D007, D008), 40.4 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 1996 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 1996 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ _____ pounds

Comments: GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum

(EPA Form 8700-13 A/B)

FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (ASBESTOS, PCB), NP-237, PU-238, TC-99, U-234, SOLID/OXIDE, 184 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
0 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>1804</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 120 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>1802</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D007, D008), AM-241, NP-237, PU-238, PU-239, K-40, TH-230, SOLID/OXIDE, 19 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 1438 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds)
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ 1438 pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum

(EPA Form 8700-13 A/B)

FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (PCB, D008), AM-241, NP-237, PU-239, TH-230, SOLID/OXIDE, 138 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
331 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>1105</u> pounds
S i t e 2	Name of receiving facility: <u></u> EPA ID Number of receiving facility: <u></u>	Off-Site Management Method Code H <u></u>	Total Quantity Shipped in 2018_ <u></u> pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D008, PCB), AM-241, NP-
(2) (Item 9b of manifest) 237, TH-230, U-234, SOLID/OXIDE, 8 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>932</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>1052</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS LEAD AND MERCURY), 9 (D008, D009), PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 888 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	Name of receiving facility: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H 132	Total Quantity Shipped in 2018_ _____ 888 pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
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300 Sower Blvd, Frankfort, KY 40601
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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
 (1) (General) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (TETRACHLOROETHYLENE), 9, PG III, (D006, D008)
 (2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>646</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>716</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D008, D009),
(2) (Item 9b of manifest) NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 24 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>0</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>634</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, NP-237, PU-238, PU-239, TH-230, SOLID/OXIDE, (D007, D008), 16.9 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
568 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>568</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) UN1950, WASTE AEROSOLS ,FLAMMABLE (EACH NOT EXCEEDING 1 L CAPACITY), 2.1

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">17</p> _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Clean Harbors El Dorado, LLC</u> EPA ID Number of receiving facility: <u>ARD069748192</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">565</p> _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, AM-241, K-40, NP-237, PU-238, PU-239, TH-230, SOLID/OXIDE, (D007, D009), 15.4 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
486 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>486</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF CLEANUP OF HISTORICAL OPERATIONS

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 **B. AGENCY INTEREST (AI) Number:** 3059

Waste Description (See instructions.) Check one: Liquid Solid

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER REMEDIATION

(1) (General) _____

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9 (D040, F001), PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 442 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 442 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: CERCLA WASTE - REFERENCE EPA FORM 8700-13 A/B COMMENTS BLOCK 18

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (ASBESTOS, PCB), 9, (ASBESTOS, D008), PG III

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
0 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>402</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D006, D008),
(2) (Item 9b of manifest) NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 33 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>0</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment ____, recycling ____, disposal ____, or by discharge to a sewer or publicly owned treatment works (POTW) ____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>302</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (TETRACHLOROETHYLENE), 9, PG III, (F001, F002)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>298</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>298</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D006, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 33 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
0 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>286</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8- 890- 008- 982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (PCB, D008), AM-241, NP-237, PU-239, TH-230, SOLID/OXIDE, 138 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>242</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>242</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR
(1) (General) BATTERY REPLACEMENT

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD, TETRACHLOROETHYLENE), (D008, D039), 9, PG III
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>110</u>	Total Quantity Shipped in 2018_ <u>242</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR
(1) (General) PRODUCTS
UN1950, WASTE AEROSOLS (FLAMMABLE (EACH NOT EXCEEDING 1L CAPACITY), 2.1
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year <u>234</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Clean Harbors El Dorado, LLC</u> EPA ID Number of receiving facility: <u>ARD069748192</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ <u>234</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 23 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 212 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D006, D008), AM-241, NP-237, TC-99, U-234, SOLID/OXIDE, 68 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 86 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ _____ 166 _____ pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, RQ (D004), U-234, SOLID/OXIDE, 25 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
154 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>154</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (BENZENE, LEAD), 9, PG III, (D006, D008)
(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>134</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Waste Control Specialists</u> EPA ID Number of receiving facility: <u>TXD988088464</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>134</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
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(502) 564-6716

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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD, TETRACHLOROETHYLENE), (D008, D039), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
130 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u></p> <p>EPA ID Number of receiving facility: <u>TND982109142</u></p>	<p>Off-Site Management Method Code H <u>110</u></p>	<p>Total Quantity Shipped in 2018_ <u>130</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) UN1950, WASTE AEROSOLS (FLAMMABLE (EACH NOT EXCEEDING 1L CAPACITY), 2.1

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">128</p> _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Clean Harbors El Dorado, LLC</u> EPA ID Number of receiving facility: <u>ARD069748192</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">128</p> _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

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(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8- 890- 008- 982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(1) (General) _____

UN1950, WASTE AEROSOLS (FLAMMABLE (EACH NOT EXCEEDING 1L CAPACITY), 2.1

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 104 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Clean Harbors El Dorado, LLC</u> EPA ID Number of receiving facility: <u>ARD069748192</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ _____ 104 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS LEAD), 9 (D008), PG III
(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>98</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds)
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>98</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
 (1) (General) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
RQ, UN1268, WASTE PETROLEUM DISTILLATES, N.O.S. (MINERAL SPIRITS), 3, PG III, (D029, D039)
 (2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>88</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u> EPA ID Number of receiving facility: <u>TND982109142</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2018_ <u>88</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (PCB, D008), AM-241, NP-237, PU-239, TH-230, SOLID/OXIDE, 3 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
0 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>78</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D008, D011), AM-241, NP-237, TC-99, U-234, SOLID/OXIDE, 60 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <p style="text-align: center;">0</p> _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <p style="text-align: center;">78</p> _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2913, RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7 (D009, D011), AM-241, NP-237, TC-99, U-234, SOLID/OXIDE, 60 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 70 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 70 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CHROMIUM), 9, PG III, (D007)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 66 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ 66 pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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A. EPA ID Number: <u>KY8- 890- 008- 982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, AM-241, NP-237, TC-99, U-234, SOLID/OXIDE, 13 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ _____ 57 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (F001), TH-230, SOLID/OXIDE, 64 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>0</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2018_ <u>44</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, RQ (D004), U-234, SOLID/OXIDE, 25 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
22 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>22</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, AM-241, PU-239, TH-230, (PCB, D008), SOLID/OXIDE, 3 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 0 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ _____ 15 _____ pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (ASBESTOS, D007), AM-241, NP-237, PU-239, TH-230, SOLID/OXIDE, 0.2 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
10 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u></p> <p>EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2018_ <u>10</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2018_ _____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 900 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

- Yes
 No

Quantity Generated in Report Year

_____ 150 _____ pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 45 _____ pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
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Hazardous Waste Annual Report Addendum
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FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR
(1) (General) PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
184 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT

(1) (General) PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
7924 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes
 No

Quantity Generated in Report Year

2944 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) NA

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
1258 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes
 No

Quantity Generated in Report Year

368 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES
NA
(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>158</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds)
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment___, recycling___, disposal___, or by discharge to a sewer or publicly owned treatment works (POTW)___? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

Site 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>87</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

68

pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes

No

Quantity Generated in Report Year

14 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	EPA ID Number of receiving facility: _____		
S i t e 2	Name of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	EPA ID Number of receiving facility: _____		

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes
 No

Quantity Generated in Report Year

5384 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 4380 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 4223 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

1808 pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 1801 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 423 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes
 No

Quantity Generated in Report Year

_____ 189 _____ pounds

Enter the value used to convert this waste to pounds

(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

307 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes - Complete On-site Process System block(s)

No - Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes - Continue completing this form and Form 4.

No - Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 246 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS
(1) (General) NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>101</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

24 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
1			
2			

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>16</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
438 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8- 890- 008- 982 B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid
LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>250</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
--	---

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>196</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	--	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS
NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 163 pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
---	---	--

ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
94 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
51 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s)

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

12 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes - Complete On-site Process System block(s)

No - Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes - Continue completing this form and Form 4.

No - Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: KY8-890-008-982

B. AGENCY INTEREST (AI) Number: 3059

Waste Description (See instructions.) Check one: Liquid Solid

(1) (General) METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year

1491 pounds

Enter the value used to convert this waste to pounds
(Leave blank if waste amount is already listed in pounds)

ON-SITE MANAGEMENT

Was any of this waste managed on-site by treatment, recycling, disposal, or by discharge to a sewer or publicly owned treatment works (POTW)? Check One.

Yes - Complete On-site Process System block(s)

No - Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes - Continue completing this form and Form 4.

No - Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 2: Waste Generation and Management (EPA GM Form)

A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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Waste Description (See instructions.) Check one: Liquid Solid

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM PAINTING AND COATING

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>653</u> pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.

Yes – Complete On-site Process System block(s) No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2018 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2018_ _____ pounds

Comments: NA

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ENCLOSURE 9

**2018 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

KENTUCKY ADDENDUM FORM 4 – SUMMARY OF WASTE SHIPPED OFF SITE

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Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 4: Summary of Waste Shipped Off Site (EPA OI Form)

A. EPA ID Number: <u>KY8-890-008-982</u>		B. AGENCY INTEREST (AI) Number: <u>3059</u>		
List All Receiving Facilities List each facility only once.		Total Number of Manifested Shipments	Total Pounds Shipped for Reporting Year	
EPA ID Number <u>TXD055141378</u>	Facility Name <u>Clean Harbors Deer Park, LLC</u>	2	7,052	
EPA ID Number <u>ARD069748192</u>	Facility Name <u>Clean Harbors El Dorado, LLC</u>	2	1,031	
EPA ID Number <u>TND982109142</u>	Facility Name <u>Diversified Scientific Services, Inc. (DSSI)</u>	4	13,098	
EPA ID Number <u>UTD982598898</u>	Facility Name <u>EnergySolutions Clive Facility</u>	28	148,469	
EPA ID Number <u>PAD987270725</u>	Facility Name <u>Evoqua Water Technologies, LLC</u>	2	21,820	
EPA ID Number <u>FLD980711071</u>	Facility Name <u>Permafix of Florida, Inc.</u>	2	873	
EPA ID Number <u>TXD988088464</u>	Facility Name <u>Waste Control Specialists</u>	2	1,138	
Total		42	193,481	
List All Primary Transporters List each primary transporter only once. Do not list secondary transporters.		Total Number of Manifested Shipments	Total Pounds Shipped for Reporting Year	Container Types
EPA ID Number <u>COR000005389</u>	Transporter Name <u>CAST Transportation</u>	15	118,424	CM DF DM TP TT
EPA ID Number <u>MAD039322250</u>	Transporter Name <u>Clean Harbors Environmental Services, Inc.</u>	4	8,083	DF DM
EPA ID Number <u>TNR000034678</u>	Transporter Name <u>Interstate Ventures, Inc.</u>	12	32,039	CF CM DM TP TT
EPA ID Number <u>WAR000012005</u>	Transporter Name <u>RSB Logistic, Inc.</u>	11	34,935	CF CM DM TP
Total		42	193,481	CF CM DF DM TP TT

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