



Four Rivers Nuclear Partnership, LLC  
5511 Hobbs Road  
Kevil, KY 42053  
www.fourriversnuclearpartnership.com

February 27, 2020

FRNP-20-3475

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

Dear Ms. Greer:

**2019 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) 2019 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 2019 is enclosed, in accordance with Condition III.E.17 of our permit.

A check in the amount of \$1,610.08 is enclosed for waste generated in CY 2019 that subsequently was disposed of, treated, or stored.

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

Sincerely,

A handwritten signature in black ink that reads "Myrna Espinosa Redfield".

Myrna Espinosa Redfield  
Program Manager

Enclosures:

1. Hazardous Waste Assessment Return
2. Claim for Exclusion
3. Summary of Noncompliance
4. 2019 Annual Hazardous Waste Report EPA Form 8700-13 A/B (SI)
5. 2019 Annual Hazardous Waste Report EPA Form 8700-13 A/B (GM)
6. 2019 Annual Hazardous Waste Report EPA Form 8700-13 A/B (OI)
7. 2019 Annual Hazardous Waste Report Kentucky Addendum Form 1
8. 2019 Annual Hazardous Waste Report Kentucky Addendum Form 2
9. 2019 Annual Hazardous Waste Report Kentucky Addendum Form 4
10. Check in the amount of \$1,610.08

e-copy:

T. Duncan, PPPO/PAD  
J. Miller, FRNP/PAD  
A. Parish, PPPO/LEX  
J. Woodard, PPPO/PAD

**2019 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**

**2019 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 \_\_\_\_\_

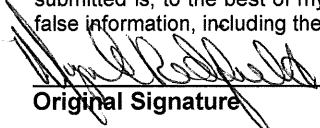
**\*\*SEND NO CHECK IF TOTAL AMOUNT DUE IS LESS THAN \$50.00\*\***

Commonwealth of Kentucky  
**HAZARDOUS WASTE ASSESSMENT RETURN**  
From January - December

Return BEFORE March 1<sup>st</sup>. Late fees apply to Assessments date stamped by the Branch after March 1<sup>st</sup>.  
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: Myrna E. Redfield		Phone No: (270) 441-5113	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 <sup>st</sup> - December 31 <sup>st</sup>	Column A QUANTITY List quantity in pounds.	Column B RATE	Column C AMOUNT DUE Multiply Column A x B
2a. Solid hazardous waste generated and destined for disposal off-site	284,519	\$0.002 (if 2a)	\$ 569.04
2b. Solid hazardous waste burned off-site for energy recovery in an industrial boiler or furnace	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	0	\$0.0005 (if 3b)	\$ 0
4a. Liquid hazardous waste generated and destined for disposal off-site	86,753	\$0.012 (if 4a)	\$ 1,041.04
4b. Liquid hazardous waste burned off-site for energy recovery in an industrial boiler or furnace	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	0	\$0.003 (if 5b)	\$ 0
6. Waste excluded from all Exclusions Forms	15,865		
7. SUBTOTAL			\$ 1,610.08
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)			\$ 1,610.08

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

Myrna E. Redfield, Four Rivers Nuclear Partnership, LLC, Program Manager  
Name and Title

2-27-20  
Date

**Hazardous Waste Assessment Return for 2019**

**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 2019**

**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 2019

### Schedule 3

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

Solid hazardous waste generated and sent off-site	284,519 pounds
Solid hazardous waste generated and treated, recycled, or disposed of on-site	0 pounds
Liquid hazardous waste generated and sent off-site	86,753 pounds <sup>1</sup>
Liquid hazardous waste generated and treated, recycled, or disposed of on-site	0 pounds

<sup>1</sup> This amount excludes 15,865 pounds of waste oil, which is included on the Claim for Exclusion from the Hazardous Waste Assessment for January—December 2019. The oil will be shipped off-site for thermal treatment.

**ENCLOSURE 2**

**2019 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

Return to Hazardous Waste Branch, 300 Sower Blvd., 2<sup>nd</sup> Floor, Frankfort KY 40601 BEFORE **March 1** 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: Myrna E. Redfield	Phone No: (270) 441-5113	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.

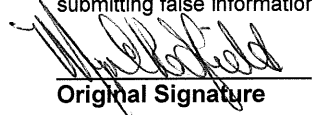
- Waste Oil
- Special Waste
- Spent material from air pollution control emissions at coke manufacturing facilities
- Secondary handler receiving waste from Kentucky generators
- Waste subject to Section 402 of the Clean Water Act sent to a KPDES outfall
- Waste subject to Section 307B of the Clean Water 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 2019 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	15,865	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

Myrna E. Redfield, Four Rivers Nuclear Partnership, LLC, Program Manager  
 Name and Title

2-27-20  
 Date

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**ENCLOSURE 3**

**2019 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

### Improper Management 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) 441-5113  
EPA ID Number: KY8-890-008-982

#### C. Description of the Potential Noncompliance and Its Cause

On June 24, 2019, two drums were identified in a generator staging area (GSA) in the C-335 process building that were not tracked properly in the Integrated Waste Tracking System (IWTS) Database. The drums contained floor sweep materials and were marked as low-level radioactive waste (LLW). On July 2, 2019, it was determined that in August 2017 the categorization of all floor sweep material was changed from LLW to mixed low-level waste (MLLW) based on analytical data and process knowledge. Changes were made in this categorization on request for disposal (RFD) paperwork; however, these changes were not implemented fully in the field. Upon discovery of this situation, FRNP conducted an extent of condition inspection and found two additional floor sweep containers in process building GSAs. The four drums were moved to the Resource Conservation and Recovery Act (RCRA)-permitted, C-752-A waste storage facility, and a decision was made to characterize the drums to ensure a proper waste determination. Analytical results were received on August 26, 2019. Two containers failed the Toxicity Characteristic Leaching Procedure test of 1.0 mg/L for cadmium. Cadmium concentrations for these two containers (121113-01 and 121115-08) were 4.39 mg/L and 1.07 mg/L, respectively. These drums were labelled with RCRA waste code D006. Based on past characterization results for floor sweep containers, a decision was made to manage all four containers as MLLW with RCRA waste codes: D006 (cadmium), D007 (chromium), and D008 (lead). The containers were manifested and shipped to *EnergySolutions* on September 17, 2019.

#### D. The Period(s) of Potential Noncompliance

Waste was first added to container number 121113-01 on May 30, 2017, and to container number 121115-08 on October 26, 2017. Because the accumulation containers were not managed in a satellite accumulation area or RCRA-permitted waste storage facility, the period of potential noncompliance began on these dates and ended on September 17, 2019, when the waste was shipped.

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

The potential noncompliance for both containers was corrected, as described.

**F. The Date the Potential Noncompliance Will Be Corrected**

The potential noncompliance for both containers was corrected September 17, 2019.

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

As mentioned previously, an extent of condition review was performed; the identified containers were placed into proper storage, sampled, characterized, and dispositioned appropriately. Two separate plantwide communications were issued to clarify and reinforce expectations regarding proper management of floor sweep material generated at the site and to ensure waste containers are documented properly prior to generation. Plantwide waste generator training has been developed and implemented to continue reinforcement of the requirements and expectations. Before this issue, RFDs for waste accumulation containers were not entered into IWTS until the container was full and moved to waste storage; therefore, typically accumulation containers were not on the waste inventory list. As a result of this issue, accumulation containers now are entered into IWTS to ensure they are tracked from the time an RFD is generated and/or the accumulation container is established in the field.

**H. Quantities of Waste and All Applicable Waste Codes**

Information on containers related to the potential noncompliance is provided below.

<b>Container Number</b>	<b>Waste Codes Applied</b>	<b>Quantity</b>
121113-01	D006, D007, D008	7.4 ft <sup>3</sup>
121115-08	D006, D007, D008	7.4 ft <sup>3</sup>
	<b>Total</b>	<b>14.8 ft<sup>3</sup></b>

**I. Potential for Release**


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

**ENCLOSURE 4**

**2019 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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United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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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 <u>2019</u> (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, $> 1$ kg of acute hazardous waste, or $> 100$ kg of acute hazardous waste spill cleanup in <b>one or more months of the reporting year</b> (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**

<b>United States Department of Energy-Paducah Gaseous Diffusion Plant</b>
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**4. Site Location Address**

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

**5. Site Mailing Address**

Same as Location Address

Street Address	<b>5511 Hobbs Road</b>		
City, Town, or Village	<b>Kevil</b>		
State	<b>Kentucky</b>	Country	<b>USA</b>
		Zip Code	<b>42053</b>

**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) <b>562910</b>	C. <b>562212</b>
B. <b>562211</b>	D. <b>NA</b>

## 8. Site Contact Information

 Same as Location Address

First Name	<b>Myrna</b>	MI	<b>E</b>	Last Name	<b>Redfield</b>
Title	<b>Program Manager</b>				
Street Address	<b>5511 Hobbs Road</b>				
City, Town, or Village	<b>Kevil</b>				
State	<b>Kentucky</b>	Country	<b>USA</b>	Zip Code	<b>42053</b>
Email	<b>myrna.redfield@pad.pppo.gov</b>				
Phone	<b>270-441-5113</b>	Ext	<b>NA</b>	Fax	<b>NA</b>

## 9. Legal Owner and Operator of the Site

## A. Name of Site's Legal Owner

 Same as Location Address

Full Name	<b>U.S. Department of Energy</b>			Date Became Owner (mm/dd/yyyy)	<b>10/18/1950</b>
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	<b>5501 Hobbs Road</b>				
City, Town, or Village	<b>Kevil</b>				
State	<b>Kentucky</b>	Country	<b>USA</b>	Zip Code	<b>42053</b>
Email	<b>jennifer.woodard@pppo.gov</b>				
Phone	<b>270-441-6800</b>	Ext	<b>NA</b>	Fax	<b>NA</b>
Comments					

## B. Name of Site's Legal Operator

 Same as Location Address

Full Name	<b>Four Rivers Nuclear Partnership, LLC</b>			Date Became Operator (mm/dd/yyyy)	<b>10/20/2017</b>
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	<b>5511 Hobbs Road</b>				
City, Town, or Village	<b>Kevil</b>				
State	<b>Kentucky</b>	Country	<b>USA</b>	Zip Code	<b>42053</b>
Email	<b>mryna.redfield@pad.pppo.gov</b>				
Phone	<b>270-441-5113</b>	Ext	<b>NA</b>	Fax	<b>NA</b>
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.
<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. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 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	6. 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	D032	D033	D034	D035	D038	D039
D040	D043	F001	F002	F003	F039	P003
P005	P012	P030	P056	P098	P120	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 checked="" 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



**D. Pharmaceutical Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

**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 university
<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) or <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	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), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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**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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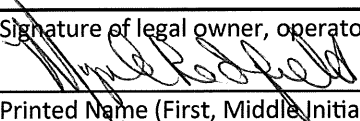
**18. Comments** (include item number for each comment)

**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:

P197 U002 U009 U019 U031 U055 U070 U072 U080 U112 U122 U134 U138 U151 U154 U159 U188 U196  
U210 U220 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) 02/27/2020
Printed Name (First, Middle Initial Last) <b>Myrna Espinosa Redfield</b>	Title <b>Program Manager</b>
Email <b>myrna.redfield@pad.pppo.gov</b>	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

**ENCLOSURE 5**

**2019 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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>15</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	181860
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>15</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	153900	
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>15</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	39700
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	F001 F002 F039 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code <sup>G26</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W101	F. Waste Minimization Code N	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 26740	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	26740
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G26</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W101	F. Waste Minimization Code N	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	25428
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D008 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>15</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W206	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 10238	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	10238
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	9104
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W110	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 8904	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	8904
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	ACIDIC AQUEOUS WASTES LESS THAN 5% ACID (DILUTED BUT PH <2) 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)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W105	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 6628	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	6628
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	OTHER ORGANIC LIQUID FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D006 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 5892	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	5892
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 / CERCLA WASTE - REFERENCE EPA FORM 8700-13 A/B COMMENTS BLOCK 18

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	5378	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	5378
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code	W206	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	4586	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	4586
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>15</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W206	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 3612	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	3612
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W211	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1642	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1642
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 2019 (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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	X
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	908	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1308
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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**1. Waste Characteristics**

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D006 D007 D008 P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1300	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1300
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 2019 (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)	D043 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1240
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 SYSTEM LIQUID / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W211	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1146
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 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 1026	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1026
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	X
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	876	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	876
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	840
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

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	X
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	804
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	X
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	792
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	754
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D002 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W103	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 747	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	747
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 645	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	645
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

United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	625	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	625
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 500	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	500
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 497	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	497
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**

MINERAL SPIRITS / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	470
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	X
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	464	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	464
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 D006 D008 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 458	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	458
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 <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W206	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	389
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W211	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 367	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	367
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>2019</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 U031 U055 U122		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	262
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D002 D003 D004 D005 D006 D007 D008 D010 P120 U002		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	251
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 D003 D004 D005 D006 D007 D008 D009 D010 D011 U134		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	246
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	236	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	236
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	D002		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 220	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	220
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	D004 D005 D006 D007 D008 D010 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	209
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D022 D035 D038 U159 U196		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

NA
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W206	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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 MAINTENANCE ACTIVITY
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	172
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 D038 D039 D040 P197 U002 U154 U210 U220 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	171
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	CONCENTRATED HALOGENATED/ NON-HALOGENATED SOLVENT MIXTURE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS		
B. EPA Hazardous Waste Code(s)	D001 U019 U112 U159 U220 U239		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W204	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	169
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 135	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	135
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D002 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W103	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	125
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D002		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	110
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	D002		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	92
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D006 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W206	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 80	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	80
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 2019 (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 D009		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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**

NA
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D001		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W211	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	68
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 2019 (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)	D002 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	61
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 D027 D039 D040 P003 U009 U070 U072 U080 U138 U154 U210 U220 U228 U239		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 39	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	55
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	53
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 F003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 6	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	51
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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**1. Waste Characteristics**

A. Waste Description		OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE			
B. EPA Hazardous Waste Code(s)		F001 F002 U228			
C. State Hazardous Waste Code(s)		NA			
D. Source Code G <sup>15</sup>		Management Method (G <sup>25</sup> ) NA		Country Code (G <sup>62</sup> ) NA	
E. Form Code W113		F. Waste Minimization Code A		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 48		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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N 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	48
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	45
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

NA
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

NA
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

NA
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	18
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	16
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 <u>2019</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)		NA			
D. Source Code G11		Management Method (G25) NA		Country Code (G62) NA	
E. Form Code W001		F. Waste Minimization Code X		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 15		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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N 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	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
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	13
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	12
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G <sup>25</sup> )	NA	Country Code (G <sup>62</sup> )
E. Form Code	W309	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	13052	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W110	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2130	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D006 D007 D008 P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W110	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1210	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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**1. Waste Characteristics**

A. Waste Description	OTHER AQUEOUS WASTE OR WASTEWATERS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D006 D007 D008 P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W113	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 162	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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 D006 D008 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W219	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 35	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G22	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W103	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 25	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D002 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W103	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W206	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	2666	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W206	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 100	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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 REMEDIATION		
B. EPA Hazardous Waste Code(s)	F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 73070	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	73070
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 <u>2019</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 REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 69486	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	69486
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
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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 20280	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	20280
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 2019 (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)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 15752	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	15752
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>2019</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)		D007			
C. State Hazardous Waste Code(s)		NA			
D. Source Code G19		Management Method (G25) NA		Country Code (G62) NA	
E. Form Code W307		F. Waste Minimization Code X		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 15540		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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N 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	15540
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 2019 (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 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 7780	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	12160
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 2019 (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 REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 11114	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	11114
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 2019 (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 REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W310	F. Waste Minimization Code A	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 10540	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	10540
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 2019 (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)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	7924
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 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 7018	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	7018
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	5384
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 2019 (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 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 4748	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	4748
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 219	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	4432
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>2019</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)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	2874
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 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	OTHER INORGANIC SOLIDS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W319	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2348	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	2348
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

FLUORINE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY



United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 587	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	2271
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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1932	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	2030
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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1924	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	2024
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1808
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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1586	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1586
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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 858	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1533
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>2019</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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1163	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1514
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
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W307	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 15	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1506
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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1476	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1476
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1174	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1220
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 2019 (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)	P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G <sup>25</sup> )	NA	Country Code (G <sup>62</sup> )
E. Form Code	W002	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	1110	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1110
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 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1070	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	1070
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W309	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	900
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 846	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	846
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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 678	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	678
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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D010 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 659	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	659
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G06	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W406	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	585
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 434	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	502
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 2019 (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)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 426	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	426
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 2019 (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 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 402	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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

United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER REMEDIATION		
B. EPA Hazardous Waste Code(s)	D040 F001 F002 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G49	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	331
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 322	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	322
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 2019 (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 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 306	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	306
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 2019 (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 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 300	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	300
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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 288	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	288
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>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 19	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	269
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	250
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	246
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>2019</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)	D004 D005 D006 D007 D008 D010 D011 P005		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	246
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 238	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	238
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 2019 (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 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 212	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 2019 (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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	196
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D035 D039 D040		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W801	F. Waste Minimization Code A	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 23	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	193
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	D001 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 145	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	190
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	189
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 2019 (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 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 166	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 MAINTENANCE ACTIVITY

United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	163
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	158
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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	158
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
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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 156	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	156
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G06	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W406	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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**

NA
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	147
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>2019</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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	142
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 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM



## 1. Waste Characteristics

A. Waste Description	DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W406	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 136	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	136
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 121	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	121
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	117
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 2019 (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 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H129	116
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

DISSOLVED IN WATER, DEACTIVATED AND COMBUSTED

United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	116
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 112	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	112
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 2019 (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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	94
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	91
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

NA
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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	82
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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	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**

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	68
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 F003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W002	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	63
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 44	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	35
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 29	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	29
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 2019 (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 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	27
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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**

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	24
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	23
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 2019 (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)	D004 D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 19	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	19
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>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	16
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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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W801	F. Waste Minimization Code A	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 Spring Grove Resource Recovery, Inc.		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
OHD000816629	H141	14
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

## 3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	14
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 FROM DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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)		NA			
D. Source Code G11		Management Method (G25) NA		Country Code (G62) NA	
E. Form Code W001		F. Waste Minimization Code X		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N 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	H141	14
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H129	13
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**

STABILIZED, MAGNESIUM WILL BE DEACTIVATED AND COMBUSTED

United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	12
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 2019 (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)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	12
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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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 D003		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W001	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	H141	11
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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W309	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. Quantity	366	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	NA		
D. Source Code G <sup>16</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 159	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**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)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code	W309	F. Waste Minimization Code	A
		G. Radioactive Mixed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

**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 D008 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code <sup>G16</sup>	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 9	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
HAZARDOUS WASTE REPORT 2019 (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)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W309	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 172	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)		NA			
D. Source Code G11		Management Method (G25) NA		Country Code (G62) NA	
E. Form Code W801		F. Waste Minimization Code A		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 634		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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N 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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	P056		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62)
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1030	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity


**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 984	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 551	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 180	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 2019 (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)	D002		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 53	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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
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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (reporting cycle)  
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G06	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W406	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 850	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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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United States Environmental Protection Agency  
 HAZARDOUS WASTE REPORT 2019 (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)	D009		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25)	NA	Country Code (G62) NA
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 3418	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 2019 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2326	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 2019 (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)	NA		
D. Source Code G <sup>19</sup>	Management Method (G25)	NA	Country Code (G62)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2144	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 2019 (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)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1085	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)	D003 D006 D008 D009		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 398	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2019</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 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 100	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>2019</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)		NA			
D. Source Code G <sup>19</sup>		Management Method (G <sup>25</sup> )		Country Code (G <sup>62</sup> )	
		NA		NA	
E. Form Code W307		F. Waste Minimization Code X		G. Radioactive Mixed	
				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 7044		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.		
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N 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 2019 (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)	D002 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W307	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 4940	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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	Quantity

**3. Off-site Shipment of Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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

**ENCLOSURE 6**

**2019 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			<b>TXD055141378</b>
B. Name of Off-site Installation or Transporter			<b>Clean Harbors Deer Park, LLC</b>
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 <b>2027 Independence Parkway South</b>			
City, Town, or Village <b>LaPorte</b>			
State	<b>Texas</b>	Zip Code	<b>77571</b> Country <b>USA</b>


**2. Site 2**

A. EPA ID Number of Off-site Installation or Transporter			<b>ARD069748192</b>
B. Name of Off-site Installation or Transporter			<b>Clean Harbors El Dorado, LLC</b>
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 <b>309 American Circle</b>			
City, Town, or Village <b>El Dorado</b>			
State	<b>Arkansas</b>	Zip Code	<b>71730</b> Country <b>USA</b>

**3. Site 3**

A. EPA ID Number of Off-site Installation or Transporter			<b>TND982109142</b>
B. Name of Off-site Installation or Transporter			<b>Diversified Scientific Services, Inc. (DSSI)</b>
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 <b>657 Gallaher Road</b>			
City, Town, or Village <b>Kingston</b>			
State	<b>Tennessee</b>	Zip Code	<b>37760</b> Country <b>USA</b>

**4. Comments**


United States Environmental Protection Agency <b>HAZARDOUS WASTE REPORT</b> <b>OFF-SITE IDENTIFICATION (OI) FORM</b>	
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**1. Site 1**

A. EPA ID Number of Off-site Installation or Transporter <b>UTD982598898</b>		
B. Name of Off-site Installation or Transporter <b>EnergySolutions Clive Facility</b>		
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 <b>U.S. Interstate 80, Exit 49</b>		
City, Town, or Village <b>Clive</b>		
State <b>Utah</b>	Zip Code <b>84029</b>	Country <b>USA</b>

**2. Site 2**

A. EPA ID Number of Off-site Installation or Transporter <b>PAD987270725</b>		
B. Name of Off-site Installation or Transporter <b>Evoqua Water Technologies, LLC</b>		
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 <b>118 Park Road</b>		
City, Town, or Village <b>Darlington</b>		
State <b>Pennsylvania</b>	Zip Code <b>16115</b>	Country <b>USA</b>

**3. Site 3**

A. EPA ID Number of Off-site Installation or Transporter <b>OHD000816629</b>		
B. Name of Off-site Installation or Transporter <b>Spring Grove Resource Recovery, Inc.</b>		
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 <b>4879 Spring Grove Avenue</b>		
City, Town, or Village <b>Cincinnati</b>		
State <b>Ohio</b>	Zip Code <b>45232</b>	Country <b>USA</b>

**4. Comments**


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 <b>TXD988088464</b>		
B. Name of Off-site Installation or Transporter <b>Waste Control Specialists</b>		
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 <b>9998 West State Highway 176</b>		
City, Town, or Village <b>Andrews</b>		
State <b>Texas</b>	Zip Code <b>79714</b>	Country <b>USA</b>

**2. Site 2**

A. EPA ID Number of Off-site Installation or Transporter <b>COR000005389</b>		
B. Name of Off-site Installation or Transporter <b>CAST Transportation</b>		
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 <b>9850 Havana Street</b>		
City, Town, or Village <b>Henderson</b>		
State <b>Colorado</b>	Zip Code <b>80640</b>	Country <b>USA</b>

**3. Site 3**

A. EPA ID Number of Off-site Installation or Transporter <b>MAD039322250</b>		
B. Name of Off-site Installation or Transporter <b>Clean Harbors Environmental Services, Inc.</b>		
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 <b>42 Longwater Drive</b>		
City, Town, or Village <b>Norwell</b>		
State <b>Massachusetts</b>	Zip Code <b>02061</b>	Country <b>USA</b>

**4. Comments**


United States Environmental Protection Agency <b>HAZARDOUS WASTE REPORT</b> <b>OFF-SITE IDENTIFICATION (OI) FORM</b>	
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**1. Site 1**

A. EPA ID Number of Off-site Installation or Transporter <b>TNR000034686</b>		
B. Name of Off-site Installation or Transporter <b>Hittman Transport Services, Inc.</b>		
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 <b>1560B Bear Creek Road</b>		
City, Town, or Village <b>Oak Ridge</b>		
State <b>Tennessee</b>	Zip Code <b>37830</b>	Country <b>USA</b>

**2. Site 2**

A. EPA ID Number of Off-site Installation or Transporter <b>KYR000052977</b>		
B. Name of Off-site Installation or Transporter <b>Hubbard Trucking, Inc.</b>		
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 <b>6685 South US 25 East</b>		
City, Town, or Village <b>Flat Lick</b>		
State <b>Kentucky</b>	Zip Code <b>40935</b>	Country <b>USA</b>

**3. Site 3**

A. EPA ID Number of Off-site Installation or Transporter <b>TNR000034678</b>		
B. Name of Off-site Installation or Transporter <b>Interstate Ventures, Inc.</b>		
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 <b>2553 Quality Lane</b>		
City, Town, or Village <b>Knoxville</b>		
State <b>Tennessee</b>	Zip Code <b>37931</b>	Country <b>USA</b>

**4. Comments**


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			<b>WAR000012005</b>
B. Name of Off-site Installation or Transporter			<b>RSB Logistic, Inc.</b>
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 <b>2425 South 4th Street</b>			
City, Town, or Village <b>Paducah</b>			
State	<b>Kentucky</b>	Zip Code	<b>42003</b> Country <b>USA</b>

**2. Site 2**

A. EPA ID Number of Off-site Installation or Transporter			<b>TNR000011247</b>
B. Name of Off-site Installation or Transporter			<b>Specialty Transport, Inc.</b>
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 <b>2530 Mitchell Street</b>			
City, Town, or Village <b>Knoxville</b>			
State	<b>Tennessee</b>	Zip Code	<b>37917</b> Country <b>USA</b>

**3. Site 3**

A. EPA ID Number of Off-site Installation or Transporter			<b>MOD095038998</b>
B. Name of Off-site Installation or Transporter			<b>Tri-State Motor Transit</b>
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 <b>8141 East 7th Street</b>			
City, Town, or Village <b>Joplin</b>			
State	<b>Missouri</b>	Zip Code	<b>64801</b> Country <b>USA</b>

**4. Comments**


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**ENCLOSURE 7**

**2019 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.

<b>I. Site ID Numbers</b>	A. EPA ID Number: <u>KY8-890-008-982</u>	B. AGENCY INTEREST (AI) Number: <u>3059</u>
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<b>II. Reporting Year</b>	A. Reporting Year: <b>January 1 through December 31, 2019</b>
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<b>III. Legal Landowner of the Real Property</b>	Name of Landowner: <b>U.S. Department of Energy</b>		
	Date Became Owner: (mm/dd/yyyy) <b>10/18/1950</b>	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: <b>(270) 441-6800</b>	Phone Number Extension: <b>NA</b>	
	Street Address or P. O. Box: <b>5501 Hobbs Road</b>		
	City: <b>Kevil</b>	State: <b>Kentucky</b>	Country: <b>USA</b>

**IV. Type of Regulated Waste Activity**

A. Hazardous Waste Activities	B. Universal Waste Activities	C. Used Oil Activities																					
<p><b>1. Generator of Hazardous Waste</b></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><b>2. Fuel Burner of Hazardous Waste for Energy Recovery</b> <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><b>1. Large Quantity Universal Waste Handler</b> (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;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Generate</th> <th style="width: 20%; text-align: center;">Accumulate</th> </tr> </thead> <tbody> <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 checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" 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> </tbody> </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 checked="" type="checkbox"/>	<input checked="" 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><b>1. Off-Specification Used Oil Burner</b> <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 checked="" type="checkbox"/>	<input checked="" 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**

**2019 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

OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF  
(1) (General) EQUIPMENT USE

(2) (Item 9b of manifest) NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 181860 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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B. AGENCY INTEREST (AI) Number: 3059

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

OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF  
(1) (General) EQUIPMENT USE

(2) (Item 9b of manifest) RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> <u>0</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 2019 for treatment, disposal, or recycling?  
 Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> <u>153900</u> pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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) OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (CONTAINS TRICHLOROETHYLENE), NP-237, TC-99, TH-230, LIQUID/OXIDE, 6104 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 39700 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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**

VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL  
(1) (General) OPERATIONS OR OTHER LAND UNITS

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (F039), PU-239, TC-99, LIQUID/OXIDE, 20 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  <u>26740</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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  <u>26740</u> pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: NA



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

(1) (General) VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL OPERATIONS OR OTHER LAND UNITS)

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (F039), PU-239, TC-99, TH-230, LIQUID/OXIDE, 6 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> <u>25428</u> pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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(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 PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF  
(1) (General) EQUIPMENT USE

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD, CHLOROFORM), 9, PG III, (D008, D022)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 10238 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> _____ 10238 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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) \_\_\_\_\_

RQ, UN2794, WASTE BATTERIES, WET, FILLED WITH ACID, 8, PG III, (D002, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 9104 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
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**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 OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
  
UN3266, WASTE CORROSIVE LIQUID, INORGANIC, N.O.S. (POTASSIUM HYDROXIDE), 8, PG II  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 8904 _____ 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 2019 for treatment, disposal, or recycling?  
  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 8904 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:**    GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection  
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A. EPA ID Number: KY8- 890- 008- 982

B. AGENCY INTEREST (AI) Number: 3059

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

(1) (General) ACIDIC AQUEOUS WASTES LESS THAN 5% ACID (DILUTED BUT PH <2) FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (FERROUS SULFATE), 8, PG III, (D002)

Is this waste both hazardous and radioactive?  
 Yes  
 No

Quantity Generated in Report Year  
6628 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2019
1	<p>Waste Control Specialists</p> <p>EPA ID Number of receiving facility:</p> <p><u>TXD988088464</u></p>	<p>H <u>132</u></p>	<p><u>6628</u> pounds</p>
2	<p>Name of receiving facility:</p> <p>_____</p> <p>EPA ID Number of receiving facility:</p> <p>_____</p>	<p>Off-Site Management Method Code</p> <p>H _____</p>	<p>Total Quantity Shipped in 2019</p> <p>_____ pounds</p>

Comments: NA

Kentucky Department for Environmental Protection  
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**Hazardous Waste Annual Report Addendum**  
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<b>A. EPA ID Number:</b> <u>KY8- 890- 008- 982</u>	<b>B. AGENCY INTEREST (AI) Number:</b> <u>3059</u>
--	--

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

OTHER ORGANIC LIQUID FROM OTHER REMEDIATION

(1) (General) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D006, D008), AM-241, PU-238, PU-239, K-40, TH-230, LIQUID/OXIDE, 192 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 5892 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 5892 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** ANTIFREEZE / 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**

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, BENZENE), 9, PG III, (D008, D018)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 5378 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 5378 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
(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. (DIESEL FUEL), 3, PG III, (D001, D018)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 4586 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Diversified Scientific Services, Inc. (DSSI) <b>EPA ID Number of receiving facility:</b> _____ TND982109142	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> _____ 4586 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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Hazardous Waste Branch  
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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) WASTE OIL MANAGED AS HAZARDOUS WASTE FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE

(2) (Item 9b of manifest) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S. (PCB, LEAD), 9, PG III (1 LB) (PCB, D008)

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 3612 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Clean Harbors Deer Park, LLC</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD055141378</u>	<b>Off-Site Management Method Code</b>  H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 3612 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**  
  
PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE), 3, PG III, (D001)  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1642 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b> _____ Diversified Scientific Services, Inc. (DSSI) <b>EPA ID Number of receiving facility:</b> _____ TND982109142	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1642 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:**    GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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(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. (TETRACHLOROETHYLENE), 9, PG III, (D018, D039)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 908 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b>  _____ TXD988088464	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1308 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____ <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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 AQUEOUS WASTE OR WASTEWATERS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) \_\_\_\_\_

RQ, UN3266, WASTE CORROSIVE LIQUID, INORGANIC, N.O.S. (POTASSIUM HYDROXIDE), 8, PG II, (D007, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1300 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1300 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (TRICHLOROETHYLENE, VINYL CHLORIDE), 9, PG III, (F001, F002)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 1240 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** TCE SYSTEM 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**  
  
PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE SOLUTION), 3, PG III, (D001)  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1146 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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) 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) UN2031, WASTE NITRIC ACID, OTHER THAN RED FUMING, WITH AT LEAST 65 PERCENT, BUT NOT MORE THAN 70 PERCENT NITRIC ACID, 8 (5.1), PG II, NFPA CLASS 2

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1026 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Clean Harbors Deer Park, LLC</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD055141378</u>	<b>Off-Site Management Method Code</b>  H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1026 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**  
(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, 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	<b>Quantity Generated in Report Year</b> _____ 876 _____ 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 2019 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 2019 <u>876</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 2019 _____ pounds

Comments: NA



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

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 (D004, D006), AM-241, PU-238, PU-239, K-40, TH-230, LIQUID/OXIDE, 26 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 840 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**

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

(1) (General) \_\_\_\_\_

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (D006, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 804 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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. (D018, D039)

(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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p><b>Name of receiving facility:</b> <u>Waste Control Specialists</u></p> <p><b>EPA ID Number of receiving facility:</b> <u>TXD988088464</u></p>	<p><b>Off-Site Management Method Code</b> H <u>132</u></p>	<p><b>Total Quantity Shipped in 2019</b> <u>792</u> pounds</p>
	<p><b>Name of receiving facility:</b> _____</p> <p><b>EPA ID Number of receiving facility:</b> _____</p>	<p><b>Off-Site Management Method Code</b> H _____</p>	<p><b>Total Quantity Shipped in 2019</b> _____ 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 OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) \_\_\_\_\_

RQ, UN1759, WASTE CORROSIVE SOLIDS, N.O.S. (GEL CELL BATTERIES, LEAD), 8, PG III, (D002, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 754 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**

SPENT CONCENTRATED ACID (5% OR MORE) FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED  
(1) (General) CHEMICALS OR PRODUCTS

RQ, UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (CONTAINS 98% SULFURIC ACID), 8 (D002, D007), PG II  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 747 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 747 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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)**

<b>A. EPA ID Number:</b> <u>KY8- 890- 008- 982</u>	<b>B. AGENCY INTEREST (AI) Number:</b> <u>3059</u>
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**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, (D004, D006), AM-241, PU-238, PU-239, K-40, TH-230, LIQUID/OXIDE, 17 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 645 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 645 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**

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, CADMIUM), 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	<b>Quantity Generated in Report Year</b> _____ 625 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> _____ 625 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(2) (Item 9b of manifest) UN2031, WASTE NITRIC ACID, OTHER THAN RED FUMING, WITH AT LEAST 65 PERCENT, BUT NOT MORE THAN 70 PERCENT NITRIC ACID, 8 (5.1), PG II

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 500 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Clean Harbors Deer Park, LLC <b>EPA ID Number of receiving facility:</b> _____ TXD055141378	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 500 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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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) \_\_\_\_\_  
RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE), 3, PG III, (D001)  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 497 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Diversified Scientific Services, Inc. (DSSI)</u>  <b>EPA ID Number of receiving facility:</b>  <u>TND982109142</u>	<b>Off-Site Management Method Code</b>  H <u>050</u>	<b>Total Quantity Shipped in 2019</b>  _____ 497 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:** MINERAL SPIRITS / 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

(2) (Item 9b of manifest) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S. (POTASSIUM CYANIDE, SODIUM HYDROXIDE), 8 (6.1), PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 470 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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. (D006, 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	<b>Quantity Generated in Report Year</b> _____ 464 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 464 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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) \_\_\_\_\_  
  
RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D004, D006), AM-241, K-40,  
(2) (Item 9b of manifest) PU-238, PU-239, TH-230, LIQUID/OXIDE, 15 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 458 _____ 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 2019 for treatment, disposal, or recycling?  
  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 458 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:** ANTIFREEZE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

(1) (General) \_\_\_\_\_

RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (D006, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 389 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
  
PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
  
RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE), 3, PG III, (D001)  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 367 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Diversified Scientific Services, Inc. (DSSI)</u>  <b>EPA ID Number of receiving facility:</b>  <u>TND982109142</u>	<b>Off-Site Management Method Code</b>  H <u>050</u>	<b>Total Quantity Shipped in 2019</b>  _____ 367 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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) 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) UN2924, WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S. (BUTYL ALCOHOL, BENZENE), 3 (8), PG II

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 2019 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 2019 _____ 262 _____ 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 2019 _____ 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**  
(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

(2) (Item 9b of manifest) UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (NITRIC ACID, PHOSPHORIC ACID), 8, PG II

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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p><b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u></p> <p><b>EPA ID Number of receiving facility:</b> <u>TND982109142</u></p>	<p><b>Off-Site Management Method Code</b> H <u>040</u></p>	<p><b>Total Quantity Shipped in 2019</b> <u>251</u> pounds</p>
	<p><b>Name of receiving facility:</b> _____</p> <p><b>EPA ID Number of receiving facility:</b> _____</p>	<p><b>Off-Site Management Method Code</b> H _____</p>	<p><b>Total Quantity Shipped in 2019</b> _____ pounds</p>

Comments: NA



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

(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) UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (NITRIC ACID, PHOSPHORIC ACID), 8, PG II

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 2019 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 2019 _____ 246 _____ 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 2019 _____ 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, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (GASOLINE), 3, PG III, (D001, D018)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 236 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> _____ 236 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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**

(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) UN1805, WASTE PHOSPHORIC ACID SOLUTION, 8, PG III

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 220 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Clean Harbors Deer Park, LLC</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD055141378</u>	<b>Off-Site Management Method Code</b>  H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 220 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: NA

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

(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, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (D004, D011), 9, PG III

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 2019 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 2019 _____ 209 _____ 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 2019 _____ 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**  
(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) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYL ETHYL KETONE, PYRADINE), 3, PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 204 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
(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. (D006, 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	<b>Quantity Generated in Report Year</b>  _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 204 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) \_\_\_\_\_

RQ, UN1759, WASTE CORROSIVE SOLIDS, N.O.S. (GEL CELL BATTERIES, LEAD), 8, PG III, (D002, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 172 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYL ETHYL KETONE, METHANOL), 3, PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 171 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



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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) CONCENTRATED HALOGENATED/ NON-HALOGENATED SOLVENT MIXTURE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (CONTAINS BENZENE AND TOLUENE), 3, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> <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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> <u>169</u> pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
(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) UN2789, WASTE ACETIC ACID SOLUTION, WITH MORE THAN 80 PERCENT ACID, BY MASS, 8 (3), PG II

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 135 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Clean Harbors Deer Park, LLC</u> <b>EPA ID Number of receiving facility:</b> <u>TXD055141378</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 135 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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

SPENT CONCENTRATED ACID (5% OR MORE) FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) \_\_\_\_\_

RQ, UN2796, WASTE BATTERY FLUID, ACID, 8 (D008), PG II

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 125 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(2) (Item 9b of manifest) UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S. (CITRIC ACID), 8, PG II

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 2019 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 2019 _____ 110 _____ 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 2019 _____ 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

(2) (Item 9b of manifest) UN3266, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S. (POTASSIUM HYDROXIDE), 8, PG II

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 2019 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 2019 _____ 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 2019 _____ 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**  
(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) UN3098, WASTE OXIDIZING LIQUID, CORROSIVE, N.O.S. (SODIUM NITRATE, DIETHYLENETRIAMINE), 5.1 (8), PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 92 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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(502) 564-6716

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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**  
  
WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER REMEDIATION  
(1) (General) \_\_\_\_\_  
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (LEAD, CADMIUM), 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	<b>Quantity Generated in Report Year</b> _____ 80 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Diversified Scientific Services, Inc. (DSSI) <b>EPA ID Number of receiving facility:</b> _____ TND982109142	<b>Off-Site Management Method Code</b> H <u>050</u>	<b>Total Quantity Shipped in 2019</b> _____ 80 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

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

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) 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) UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S. (DICHLOROMETHANE, TRICHLOROETHYLENE), 3 (6.1), PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 72 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



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

**B. AGENCY INTEREST (AI) Number:** 3059

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

PAINT THINNER OR PETROLEUM DISTILLATES FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) \_\_\_\_\_

UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (KEROSENE SOLUTION), 3, PG III

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 68 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(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) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S. (BROMINE, HYDROFLUORIC ACID), 8 (6.1), PG I, (OVERPACKED)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 41 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Diversified Scientific Services, Inc. (DSSI) <b>EPA ID Number of receiving facility:</b> _____ TND982109142	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 61 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**  
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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) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, UN2929, WASTE TOXIC LIQUIDS, FLAMMABLE, ORGANIC, N.O.S. (ACROLEIN), 6.1 (3), PG I, POISON INHALATION HAZARD ZONE A, (OVERPACKED)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 39 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>Diversified Scientific Services, Inc. (DSSI)</u>  <b>EPA ID Number of receiving facility:</b>  <u>TND982109142</u>	<b>Off-Site Management Method Code</b>  H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 55 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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

(2) (Item 9b of manifest) UN2920, WASTE CORROSIVE LIQUIDS, FLAMMABLE, N.O.S. (ACETIC ACID, MORPHOLINE), 8 (3), PG I, (OVERPACKED)

Is this waste both hazardous and radioactive?

- Yes  
 No

Quantity Generated in Report Year

37 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 2019 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>040</u>	Total Quantity Shipped in 2019 <u>53</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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(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) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (ACETONE, XYLENE), 3, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 6 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 51 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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(502) 564-6716

**Hazardous Waste Annual Report Addendum**  
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**FORM 2: Waste Generation and Management (EPA GM Form)**

<b>A. EPA ID Number:</b> <u>KY8- 890- 008- 982</u>	<b>B. AGENCY INTEREST (AI) Number:</b> <u>3059</u>
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**Waste Description** (See instructions.) Check one:  **Liquid**     **Solid**

OTHER AQUEOUS WASTE OR WASTEWATERS FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF  
(1) (General) EQUIPMENT USE

(2) (Item 9b of manifest) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (CONTAINS TRICHLOROETHYLENE), NP-237, TC-99, TH-230, LIQUID/OXIDE, 6 MBQ FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 48 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 48 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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**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) UN1873, WASTE PERCHLORIC ACID (WITH MORE THAN 50 PERCENT BUT NOT MORE THAN 72 PERCENT ACID, BY MASS), 5.1 (8), PG I, (OVERPACKED)

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 45 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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) UN1790, WASTE HYDROFLUORIC ACID (WITH NOT MORE THAN 60 PERCENT STRENGTH), 8 (6.1), PG II

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 2019 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 2019 _____ 44 _____ 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 2019 _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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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) NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (D018), 9, PG III

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 2019 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 2019 _____ 22 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYL ETHYL KETONE, METHANOL), 3, PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> <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 2019 for treatment, disposal, or recycling?  
 Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> <u>22</u> pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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) UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (CONTAINS ZINC CHLORIDE SOLUTION), 8, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 12 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 18 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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

**Waste Description** (See instructions.) Check one:  **Liquid**     **Solid**  
  
OTHER AQUEOUS WASTE OR WASTEWATERS FROM OTHER REMEDIATION  
(1) (General) \_\_\_\_\_  
NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (TRICHLOROETHYLENE), 9, PG III  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 16 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Diversified Scientific Services, Inc. (DSSI)</u>  <b>EPA ID Number of receiving facility:</b>  <u>TND982109142</u>	<b>Off-Site Management Method Code</b>  H <u>040</u>	<b>Total Quantity Shipped in 2019</b>  _____ 16 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

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

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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) UN1830, WASTE SULFURIC ACID, 8, PG II

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 15 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>Clean Harbors Deer Park, LLC</u> <b>EPA ID Number of receiving facility:</b> <u>TXD055141378</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 15 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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) 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) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYLENE CHLORIDE), 3, PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> Diversified Scientific Services, Inc. (DSSI) <b>EPA ID Number of receiving facility:</b> TND982109142	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 13 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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) UN1824, WASTE SODIUM HYDROXIDE SOLUTION, 8, PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) _____
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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 2019 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 2019 _____ 12 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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) 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) UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S. (METHANOL, PCB), 3 (6.1) RQ (PCB), PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 10 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



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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**

BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) NA

(2) (Item 9b of manifest) NA

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> <u>13052</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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e  1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e  2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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  
CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) 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	<b>Quantity Generated in Report Year</b> _____ 2130 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*  No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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**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 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	<b>Quantity Generated in Report Year</b> _____ 1210 _____ 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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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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

OTHER AQUEOUS WASTE OR WASTEWATERS 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

\_\_\_\_\_ 162 \_\_\_\_\_ 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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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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

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	<b>Quantity Generated in Report Year</b>  _____ 35 _____ 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 2019 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 2019 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ 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

SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)

(1) (General) \_\_\_\_\_

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 25 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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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

SPENT CONCENTRATED ACID (5% OR MORE) 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	<b>Quantity Generated in Report Year</b>  _____ 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 2019 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 2019  _____ 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 2019  _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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(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	<b>Quantity Generated in Report Year</b>  _____ 2666 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: NA



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

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	<b>Quantity Generated in Report Year</b>  _____ 100 _____ 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 2019 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 2019  _____ 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 2019  _____ pounds

Comments: NA

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**  
 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, PG III  
 (2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 73070 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 73070 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
  
METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER REMEDIATION  
(1) (General) \_\_\_\_\_  
  
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9, PG III  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 69486 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 69486 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER REMEDIATION

(1) (General) \_\_\_\_\_

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (TRICHLOROETHYLENE), 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	<b>Quantity Generated in Report Year</b>  _____ 20280 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 20280 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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)**

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

**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, (D008), NP-237, TC-99, TH-230, U-234, U-236, SOLID/OXIDE, 4.26 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 15752 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 15752 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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) METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D007), U-NAT, SOLID/OXIDE, 70051 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 15540 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 15540 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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) \_\_\_\_\_

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (D006, D008), NP-237, PU-

(2) (Item 9b of manifest) 239, TC-99, TH-230, SOLID/OXIDE, 2030 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 7780 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 12160 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**  
 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, PG III  
 (2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 11114 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 11114 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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  
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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

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	<b>Quantity Generated in Report Year</b>  _____ 10540 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>Evoqua Water Technologies, LLC</u>  <b>EPA ID Number of receiving facility:</b>  <u>PAD987270725</u>	<b>Off-Site Management Method Code</b>  H <u>039</u>	<b>Total Quantity Shipped in 2019</b>  _____ 10540 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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  
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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) METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D008), AM-241, NP-237, PU-238, PU-239, TH-230, SOLID/OXIDE, 6 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2019
	<u>Waste Control Specialists</u> EPA ID Number of receiving facility: <u>TXD988088464</u>	H <u>132</u>	<u>7924</u> pounds
Site 2	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2019
	_____ EPA ID Number of receiving facility: _____	H _____	_____ 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) \_\_\_\_\_  
  
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, 5522 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 7018 _____ 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 2019 for treatment, disposal, or recycling?  
  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 7018 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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  
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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, NP-237, TC-99, TH-230, U-234, (D008, PCB), 2500 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 5384 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (PCB, D008), AM-241, NP-237, TH-230, SOLID/OXIDE, 540 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?  
 Yes  
 No

Quantity Generated in Report Year  
4748 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 2019 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 2019 <u>4748</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D006, D008), NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 1306 MBQ, FISSILE EXCEPTED  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 219 _____ 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 2019 for treatment, disposal, or recycling?  
  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  _____ Waste Control Specialists  <b>EPA ID Number of receiving facility:</b>  _____ TXD988088464	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 4432 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:**    GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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) METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, NP-237, TC-99, TH-230, U-234, U-235, U-236, U-238, SOLID/OXIDE, 768 MBQ, (F001, F002), FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 2874 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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  
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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**  
  
OTHER INORGANIC SOLIDS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM HYDROXIDE, POTASSIUM FLUORIDE), 9, PG III  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 2348 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 2348 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:** FLUORINE / 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) \_\_\_\_\_  
  
RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, NP-237, TC-99, TH-230, U-234, (D009), 92 MBQ, FISSILE EXCEPTED  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 587 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 2271 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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 PROCESSES

(1) (General) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN3327, WASTE RADIOACTIVE MATERIAL, TYPE A PACKAGE, FISSILE, 7, TC-99, TH-230, U-234, U-235, U-238, (D004, D008), SOLID/OXIDE, 1842 MBQ, RADIOACTIVE YELLOW-II, TI=0.2, CSI=65.1, USA 7A TYPE A

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1932 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 2030 _____ pounds
	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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  
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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, UN3327, WASTE RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7 (D004, D006), TH-230, U-234, SOLID/OXIDE, 1221 MBQ, FISSILE, YELLOW-II, TI=0.2, CSI=42.8, US DOT TYPE A PACKAGE

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 1924 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 2024 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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**  
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (ASBESTOS, 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	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1808 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**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

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, 2761 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1586 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1586 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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**

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. (D006, 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	<b>Quantity Generated in Report Year</b> _____ 858 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*  No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1533 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ _____ 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

(2) (Item 9b of manifest) RQ, UN3327, WASTE RADIOACTIVE MATERIAL, TYPE A PACKAGE, FISSILE, 7, TC-99, TH-230, U-234, U-235, U-238, (D004, D008), SOLID/OXIDE, 1842 MBQ, RADIOACTIVE YELLOW-II, TI=0.2, CSI=65.1, USA 7A TYPE A

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 1163 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1514 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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**  
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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) METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 15 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1506 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY



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

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, (D006, D008), NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 653 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 1476 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 1476 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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) 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 (D004, D007), TH-230, U-234, SOLID/OXIDE, 31 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?  
 Yes  
 No

Quantity Generated in Report Year  
1174 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2019
1	<u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	H <u>132</u>	<u>1220</u> pounds
2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ 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**

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 (P056), TC-99, U-234,  
(2) (Item 9b of manifest) SOLID/OXIDE, 37 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 1110 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1110 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**

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, BENZENE), 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	<b>Quantity Generated in Report Year</b>  _____ 1070 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Waste Control Specialists</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD988088464</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 1070 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:** GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
Division of Waste Management  
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300 Sower Blvd, Frankfort, KY 40601  
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**Hazardous Waste Annual Report Addendum**  
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**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) \_\_\_\_\_

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD), 9, PG III, (D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 900 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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

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, (D006, D008), NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 215 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 846 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  _____ Waste Control Specialists  <b>EPA ID Number of receiving facility:</b>  _____ TXD988088464	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 846 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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**  
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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 (D006, D008), AM-241, NP-237, TH-230, SOLID/OXIDE, 84 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 678 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 678 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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

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-I), 7, (D006, D008), NP-237, TC-99, TH-230, U-234, U-235, SOLID/OXIDE, 0.18 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 659 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 659 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

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

DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING

(1) (General) \_\_\_\_\_

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (PCB, D008)

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 585 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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, BENZENE), 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	<b>Quantity Generated in Report Year</b>  _____ 434 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>Waste Control Specialists</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD988088464</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 502 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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)**

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

**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) \_\_\_\_\_

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (D006, 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	<b>Quantity Generated in Report Year</b> _____ 426 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 426 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, NP-237, TC-99, TH-230, U-234, (D008, D011), 23 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 402 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 402 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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 REMEDIATION  
(1) (General) \_\_\_\_\_  
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS TRICHLOROETHYLENE), 9, PG III  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 331 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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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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  
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (ASBESTOS, 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	<b>Quantity Generated in Report Year</b> _____ 322 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 322 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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, (D006, D008), AM-241, NP-237, TH-230, SOLID/OXIDE, 42 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?  
 Yes  
 No

Quantity Generated in Report Year  
306 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 2019 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 2019 <u>306</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ 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) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, NP-237, TC-99, TH-230, U-234, (D009, D010), 14 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 300 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 300 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY



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

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, TH-230, SOLID/OXIDE, 24 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 288 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 288 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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 WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (D009, D011), 9, PG III

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 19 _____ 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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 269 _____ 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 2019 _____ pounds

Comments: NA

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**  
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. (D006, 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	<b>Quantity Generated in Report Year</b> _____ 250 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 250 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D004, D006), U-234, SOLID/OXIDE, 105.5 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<p><b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u></p> <p><b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u></p>	<p><b>Off-Site Management Method Code</b> H <u>132</u></p>	<p><b>Total Quantity Shipped in 2019</b> <u>246</u> pounds</p>
	<p><b>Name of receiving facility:</b> _____</p> <p><b>EPA ID Number of receiving facility:</b> _____</p>	<p><b>Off-Site Management Method Code</b> H _____</p>	<p><b>Total Quantity Shipped in 2019</b> _____ 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) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (D004, D011), 9, PG III

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 2019 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>141</u>	Total Quantity Shipped in 2019 <u>246</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ 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**  
(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

NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM HYDROXIDE, POTASSIUM FLUORIDE), 9, PG III, 0  
(2) (Item 9b of manifest) MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  <u>238</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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  <u>238</u> pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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 (PCB, D008), AM-241, NP-237, TH-230, SOLID/OXIDE, 21 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 212 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 212 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:** GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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) 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, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (D008, D033), 9, PG III

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 196 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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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

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	<b>Quantity Generated in Report Year</b>  _____ 23 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>Clean Harbors El Dorado, LLC</u> <b>EPA ID Number of receiving facility:</b> <u>ARD069748192</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 193 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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**  
BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT  
(1) (General) \_\_\_\_\_  
RQ, UN3090, WASTE LITHIUM METAL BATTERIES, INCLUDING LITHIUM ALLOY BATTERIES, 9 (D001, D003)  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 145 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 190 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D006, D008), NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 51 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 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 2019 <u>189</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 2019 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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**

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, (D006, D008), AM-241, NP-  
(2) (Item 9b of manifest) 237, TH-230, SOLID/OXIDE, 42 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 166 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 166 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:**    GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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

(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) NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS FORMALDEHYDE AND PHENOL), 9, PG III

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 163 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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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  
NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM HYDROXIDE, POTASSIUM FLUORIDE), 9, PG III  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 158 _____ 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 2019 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 2019 <u>158</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 2019 _____ 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  
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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

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, AM-241, NP-237, U-234,  
(2) (Item 9b of manifest) SOLID/OXIDE, (D006, D007), 8 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>110</u>	<b>Total Quantity Shipped in 2019</b> _____ 158 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

(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 (D006, D008), AM-241, NP-237, TH-230, SOLID/OXIDE, 84 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 156 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 156 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY



Kentucky Department for Environmental Protection  
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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

DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING

(1) (General) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D008), TH-230, SOLID/OXIDE, 266.79 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 86 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 154 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: NA

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

(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 (D004, D006), TH-230, U-234, SOLID/OXIDE, 16 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 147 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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 (D004, D008), TH-230, SOLID/OXIDE, 66.7 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 2019 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 <u>H 132</u>	Total Quantity Shipped in 2019 <u>142</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code <u>H</u> _____	Total Quantity Shipped in 2019 _____ 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  
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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

DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) 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, (ASBESTOS, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 227 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 136 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 136 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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Hazardous Waste Branch  
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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

(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, TH-230, U-234, (D004), 20 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 121 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 121 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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**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, NP-237, TC-99, TH-230, U-234, (D008, D009), 14 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 117 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR  
(1) (General) UNUSED CHEMICALS OR PRODUCTS

UN1479, WASTE OXIDIZING SOLID, N.O.S. (POTASSIUM PERMANGANATE, POTASSIUM PERSULFIDE), 5.1, RQ  
(2) (Item 9b of manifest) (POTASSIUM PERMANGANATE), PG II

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>129</u>	<b>Total Quantity Shipped in 2019</b> _____ 116 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** DISSOLVED IN WATER, DEACTIVATED AND COMBUSTED

Kentucky Department for Environmental Protection  
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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 DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR  
(1) (General) UNUSED CHEMICALS OR PRODUCTS

UN3260, WASTE CORROSIVE SOLID, INORGANIC, N.O.S. (STANNOUS CHLORIDE, SULGAMIC ACID), 8, PG II  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>141</u>	<b>Total Quantity Shipped in 2019</b> _____ 116 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, TH-230, U-234, (D004,  
(2) (Item 9b of manifest) PCB), 23 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  <u>112</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 2019 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 2019 <u>112</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 2019 _____ pounds

**Comments:**    GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
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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) 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) UN3288, WASTE TOXIC SOLID, INORGANIC, N.O.S. (SODIUM FLUORIDE, POTASSIUM FLUORIDE), 6.1, PG III

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 94 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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) UN1759, WASTE CORROSIVE SOLIDS, N.O.S. (POTASSIUM HYDROGEN SULFATE, SODIUM HYDROXIDE), 8, PG II

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 91 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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) 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) UN1490, WASTE POTASSIUM PERMANGANATE, 5.1, PG II, NFPA CLASS 2

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 88 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Clean Harbors Deer Park, LLC</u> <b>EPA ID Number of receiving facility:</b> <u>TXD055141378</u>	<b>Off-Site Management Method Code</b> H <u>040</u>	<b>Total Quantity Shipped in 2019</b> _____ 88 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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) UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (F001, F002), TH-230, SOLID/OXIDE, 0.01 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 12 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 82 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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**

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, (D006, D008), NP-237, PU-239, TC-99, TH-230, SOLID/OXIDE, 29 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*

No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>Waste Control Specialists</u>  <b>EPA ID Number of receiving facility:</b>  <u>TXD988088464</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 72 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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

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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

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D004, D006), U-234, SOLID/OXIDE, 105.5 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 2019 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 2019 <u>70</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 2019 _____ 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) 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) UN2923, WASTE CORROSIVE SOLIDS, TOXIC, N.O.S. (IODINE, STANNOUS CHLORIDE), 8 (6.1), PG II

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 68 _____ 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 2019 _____ pounds

Comments: NA



Kentucky Department for Environmental Protection  
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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 PROCESSES

(1) (General) \_\_\_\_\_

UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D008, F003), TC-99, TH-230, U-234, U-235, U-236, SOLID/OXIDE, 49 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b> _____ Waste Control Specialists <b>EPA ID Number of receiving facility:</b> _____ TXD988088464	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 63 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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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(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 (D004, D007), TH-230, U-  
(2) (Item 9b of manifest) 234, SOLID/OXIDE, 31 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 44 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 44 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

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Kentucky Department for Environmental Protection  
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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

(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 (D004, D007), TH-230, U-234, SOLID/OXIDE, 8 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> <u>35</u> pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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**  
  
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES  
(1) (General) \_\_\_\_\_  
  
RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D004, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 6.35 MBQ, FISSILE EXCEPTED  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 29 _____ 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 2019 for treatment, disposal, or recycling?  
  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 29 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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) 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) UN3089, WASTE METAL POWDERS, FLAMMABLE, N.O.S. (NIOBIUM POWDER, MOLYBDENUM POWDER), 4.1, PG II

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 2019 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>110</u>	Total Quantity Shipped in 2019 _____ 27 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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 PROCESSES

(1) (General) \_\_\_\_\_

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, TH-230, U-234, (D004, D006), 11 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 26 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 26 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ 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

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) UN3288, WASTE TOXIC SOLID, INORGANIC, N.O.S., (CADMIUM OXIDE, COBALT OXIDE), 6.1, PG I

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 2019 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>141</u>	Total Quantity Shipped in 2019 <u>24</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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**

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) \_\_\_\_\_

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (D004, D006), TH-230, U-234, SOLID/OXIDE, 1 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

<b>S i t e 1</b>	<b>Name of receiving facility:</b> _____ EnergySolutions Clive Facility <b>EPA ID Number of receiving facility:</b> _____ UTD982598898	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 23 _____ pounds
<b>S i t e 2</b>	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:**    GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY



Kentucky Department for Environmental Protection  
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**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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, TH-230, U-234, (D004,  
(2) (Item 9b of manifest) D006), 11 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 19 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b>  <u>EnergySolutions Clive Facility</u>  <b>EPA ID Number of receiving facility:</b>  <u>UTD982598898</u>	<b>Off-Site Management Method Code</b>  H <u>132</u>	<b>Total Quantity Shipped in 2019</b>  _____ 19 _____ pounds
S i t e 2	<b>Name of receiving facility:</b>  _____  <b>EPA ID Number of receiving facility:</b>  _____	<b>Off-Site Management Method Code</b>  H _____	<b>Total Quantity Shipped in 2019</b>  _____ pounds

**Comments:**    GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

(1) (General) LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) UN3086, WASTE TOXIC SOLIDS, OXIDIZING, N.O.S., (VANDIUM SULFATE, THALLIUM NITRATE), 6.1 (5.1), PG II

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 16 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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

UN1978, WASTE PROPANE, 2.1  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

Site 1	<b>Name of receiving facility:</b> <u>Spring Grove Resource Recovery, Inc.</u> <b>EPA ID Number of receiving facility:</b> <u>OHD000816629</u>	<b>Off-Site Management Method Code</b> H <u>141</u>	<b>Total Quantity Shipped in 2019</b> _____ 14 _____ pounds
Site 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
Division of Waste Management  
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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) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, TH-230, SOLID/OXIDE, 14 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 2019 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 2019 _____ 14 _____ 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 2019 _____ pounds

Comments: GENERATED AS A RESULT FROM 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

(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) UN3085, WASTE OXIDIZING SOLID, CORROSIVE, INORGANIC, N.O.S. (POTASSIUM BIODATE, SILVER NITRATE), 5.1 (8), RQ (SILVER NITRATE), PG II

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 14 _____ 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 2019 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection  
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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) UN3209, WASTE METALLIC SUBSTANCE, WATER REACTIVE, SELF-HEATING, N.O.S. (CARBON POWDER, ALUMINUM POWDER), 4.3 (4.2), PG II

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 2019 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>129</u>	Total Quantity Shipped in 2019 _____ 13 _____ 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 2019 _____ pounds

Comments: STABILIZED, MAGNESIUM WILL BE DEACTIVATED AND COMBUSTED

Kentucky Department for Environmental Protection  
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**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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (D009, D011), AM-241, SOLID/OXIDE, 0.12 MBQ, FISSILE EXCEPTED  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 2 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>EnergySolutions Clive Facility</u> <b>EPA ID Number of receiving facility:</b> <u>UTD982598898</u>	<b>Off-Site Management Method Code</b> H <u>132</u>	<b>Total Quantity Shipped in 2019</b> _____ 12 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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 DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR  
(1) (General) UNUSED CHEMICALS OR PRODUCTS

UN3086, WASTE TOXIC SOLIDS, OXIDIZING, N.O.S. (POTASSIUM DICHROMATE), 6.1 (5.1), PG I  
(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> <u>Diversified Scientific Services, Inc. (DSSI)</u> <b>EPA ID Number of receiving facility:</b> <u>TND982109142</u>	<b>Off-Site Management Method Code</b> H <u>141</u>	<b>Total Quantity Shipped in 2019</b> _____ 12 _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA



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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) UN3087, WASTE OXIDIZING SOLID, TOXIC, N.O.S. (SILVER NITRATE, ZIRCONIUM NITRATE), 5.1 (6.1), PG II

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 2019 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>141</u>	Total Quantity Shipped in 2019 _____ 11 _____ 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 2019 _____ pounds

Comments: NA

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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**  
BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT  
(1) (General) NA  
(2) (Item 9b of manifest) NA

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 366 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds

Comments: NA

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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	<b>Quantity Generated in Report Year</b> _____ 159 _____ 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 2019 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 2019 _____ 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 2019 _____ pounds

Comments: NA

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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

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	<b>Quantity Generated in Report Year</b>  _____ 86 _____ 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 2019 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 2019  _____ 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 2019  _____ pounds

Comments: NA

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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	<b>Quantity Generated in Report Year</b>  _____ 9 _____ 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 2019 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 2019  _____ 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 2019  _____ pounds

Comments: NA

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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	<b>Quantity Generated in Report Year</b> _____ 172 _____ 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 2019 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 2019 _____ 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 2019 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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  
634 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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: NA

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**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	<b>Quantity Generated in Report Year</b> _____ 1030 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY



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**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	<b>Quantity Generated in Report Year</b> _____ 984 _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ 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

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

551

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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b>  _____ 180 _____ 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 2019 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 2019  _____ 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 2019  _____ 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**  
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	<b>Quantity Generated in Report Year</b> _____ 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 2019 for treatment, disposal, or recycling?  
 Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**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

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

53

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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) 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	<b>Quantity Generated in Report Year</b> _____ 850 _____ 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 2019 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 2019 _____ 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 2019 _____ 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)**

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

**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	<b>Quantity Generated in Report Year</b> <p align="center">3418 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*                       No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H _____	<b>Total Quantity Shipped in 2019</b> _____ 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)**

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

**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	<b>Quantity Generated in Report Year</b> _____ 2326 _____ 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 2019 for treatment, disposal, or recycling?

Yes – *Continue completing this form and Form 4.*  No – *Form 2 is complete.*

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ 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) \_\_\_\_\_

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quantity Generated in Report Year</b> _____ 2144 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ 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  
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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) \_\_\_\_\_

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

\_\_\_\_\_ 1085 \_\_\_\_\_ 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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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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) \_\_\_\_\_

NA

(2) (Item 9b of manifest) \_\_\_\_\_

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

398

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 2019 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 2019 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2019 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

Kentucky Department for Environmental Protection  
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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

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	<b>Quantity Generated in Report Year</b> _____ 100 _____ 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 2019 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 2019 _____ 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 2019 _____ 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

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) 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	<b>Quantity Generated in Report Year</b>  _____ 7044 _____ 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 2019 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 2019  _____ 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 2019  _____ 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  
(502) 564-6716

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

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

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

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) 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	<b>Quantity Generated in Report Year</b> _____ 4940 _____ 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 2019 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.  No – Form 2 is complete.

S i t e 1	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds
S i t e 2	<b>Name of receiving facility:</b> _____ <b>EPA ID Number of receiving facility:</b> _____	<b>Off-Site Management Method Code</b> H ____	<b>Total Quantity Shipped in 2019</b> _____ pounds

**Comments:** GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

**ENCLOSURE 9**

**2019 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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**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:** KY8-890-008-982

**B. AGENCY INTEREST (AI) Number:** 3059

<b>List All Receiving Facilities</b>	<b>Total Number of Manifested Shipments</b>	<b>Total Pounds Shipped for Reporting Year</b>	
List each facility only once.			
EPA ID Number <u>TXD055141378</u> Facility Name <u>Clean Harbors Deer Park, LLC</u>	2	5,596	
EPA ID Number <u>ARD069748192</u> Facility Name <u>Clean Harbors El Dorado, LLC</u>	1	193	
EPA ID Number <u>TND982109142</u> Facility Name <u>Diversified Scientific Services, Inc. (DSSI)</u>	8	30,413	
EPA ID Number <u>UTD982598898</u> Facility Name <u>EnergySolutions Clive Facility</u>	44	509,566	
EPA ID Number <u>PAD987270725</u> Facility Name <u>Evoqua Water Technologies, LLC</u>	1	10,540	
EPA ID Number <u>OHD000816629</u> Facility Name <u>Spring Grove Resource Recovery, Inc.</u>	1	14	
EPA ID Number <u>TXD988088464</u> Facility Name <u>Waste Control Specialists</u>	13	239,668	
<b>Total</b>	70	795,990	
<b>List All Primary Transporters</b>	<b>Total Number of Manifested Shipments</b>	<b>Total Pounds Shipped for Reporting Year</b>	<b>Container Types</b>
List each primary transporter only once. Do not list secondary transporters.			
EPA ID Number <u>COR000005389</u> Transporter Name <u>CAST Transportation</u>	6	54,586	BA CM DF DM TP
EPA ID Number <u>MAD039322250</u> Transporter Name <u>Clean Harbors Environmental Services, Inc.</u>	4	5,803	DF DM
EPA ID Number <u>TNR000034686</u> Transporter Name <u>Hittman Transport Services, Inc.</u>	12	442,778	CM TT
EPA ID Number <u>KYR000052977</u> Transporter Name <u>Hubbard Trucking, Inc.</u>	1	169	DM
EPA ID Number <u>TNR000034678</u> Transporter Name <u>Interstate Ventures, Inc.</u>	19	50,123	BA CM DF DM
EPA ID Number <u>WAR000012005</u> Transporter Name <u>RSB Logistic, Inc.</u>	15	65,522	CM DM TP

<b>List All Primary Transporters</b> List each primary transporter only once. Do not list secondary transporters.	<b>Total Number of Manifested Shipments</b>	<b>Total Pounds Shipped for Reporting Year</b>	<b>Container Types</b>
EPA ID Number <u>TNR000011247</u> Transporter Name Specialty Transport, Inc.	9	104,504	CM DM TP
EPA ID Number <u>MOD095038998</u> Transporter Name Tri-State Motor Transit	4	72,505	CM DM
<b>Total</b>	70	795,990	BA CM DF DM TP TT