



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

February 25, 2021

FRNP-21-4653

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

Dear Ms. Casey:

2020 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) 2020 for activities conducted under Kentucky Division of Waste Management (KDWM) Hazardous Waste Management Facility Permit No. KY8-890-008-982 (Permit). Per guidance from KDWM, the EasiTrak software is no longer available for use; therefore, the report will not be electronically transmitted.

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 2020 is also enclosed, in accordance with Condition III.E.17 of the Permit.

There was no reportable claim for exclusion during CY 2020.

A check in the amount of \$5,890.50 is also enclosed for waste generated in CY 2020 that subsequently was disposed of, treated, and/or stored.

If you have any questions, please contact Carrie Maxie at (270) 816-5100.

Sincerely,

A handwritten signature in black ink, appearing to read "Myrna Redfield", is written over a light blue horizontal line.

Myrna Espinosa Redfield
Program Manager

Enclosures:

1. Hazardous Waste Assessment Return
2. Claim for Exclusion
3. Summary of Noncompliance
4. 2020 Annual Hazardous Waste Report EPA Form 8700-13 A/B (SI)
5. 2020 Annual Hazardous Waste Report EPA Form 8700-13 A/B (GM)
6. 2020 Annual Hazardous Waste Report EPA Form 8700-13 A/B (OI)
7. 2020 Annual Hazardous Waste Report Kentucky Addendum Form 1
8. 2020 Annual Hazardous Waste Report Kentucky Addendum Form 2
9. 2020 Annual Hazardous Waste Report Kentucky Addendum Form 4
10. Check in the amount of \$5,890.50

cc w/enclosures:

McCracken County Judge/Executive

e-copy:

C. Cornett, KDWM
T. Duncan, PPPO/PAD
C. Maxie, FRNP/PAD
A. Parish, PPPO/LEX
J. Woodard, PPPO/PAD

**2020 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

**2020 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 1st. Late fees apply to Assessments date stamped by the Branch after March 1st.
 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 st - December 31 st		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	2,739,610	\$0.002 (if 2a)	\$ 5,479.22
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	34,273	\$0.012 (if 4a)	\$ 411.28
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	0		
7.	SUBTOTAL			\$ 5,890.50
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)			\$ 5,890.50

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

2/24/2021
 Date

Hazardous Waste Assessment Return for 2020

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 2020

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 2020

Schedule 3

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

Solid hazardous waste generated and sent off-site	2,739,610	pounds
Solid hazardous waste generated and treated, recycled, or disposed of on-site	0	pounds
Liquid hazardous waste generated and sent off-site	34,273	pounds
Liquid hazardous waste generated and treated, recycled, or disposed of on-site	0	pounds

ENCLOSURE 2

**2020 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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CLAIM FOR EXCLUSION

There was no reportable claim for exclusion in calendar year 2020.

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ENCLOSURE 3

**2020 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

SUMMARY OF NONCOMPLIANCE

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SUMMARY ONE

Improper Characterization and Shipment 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 March 16, 2020, Four Rivers Nuclear Partnership, LLC, (FRNP) made a highway shipment of low-level radioactive waste (LLW) to the EnergySolutions (ES) Clive, UT, facility for treatment and subsequent disposal. This shipment consisted of six (6) drums of (LLW) contaminated with polychlorinated biphenyls (PCBs) profiled for processing by Vacuum Thermal Desorption (VTD). The shipment arrived at the Clive facility on March 19, 2020. As part of ES' quality assurance process, the receiving facility collected a composite sample of the waste in the drums for profile verification analysis. ES received the results of the analyses conducted on the composite sample on April 8, 2020, and relayed these results to FRNP on April 21, 2020.

The results for total Volatile Organic Compounds (VOCs) and Semivolatile Organic Compounds (SVOCs) indicated additional contaminants not included in the waste profile for the waste. The presence of 1,4-dichlorobenzene and benzene, based on total analysis, was identified to be above 20 times the limits for Toxicity Characteristic Waste Codes D018 and D027, respectively, indicating that the drums potentially were Resource Conservation and Recovery Act (RCRA) hazardous waste. Upon receipt of this information, FRNP requested that the facility resample the containers to verify if the waste exceeded the limits when analyzed using the Toxicity Characteristic Leachate Procedure (TCLP) in order to make an accurate hazardous waste determination. FRNP requested further that, because the drums came from two sources (five drums contained vent duct liquids, and one contained transformer sight-glass rinseate) that the waste from each source be sampled separately. ES agreed to this approach and conducted the resampling on April 23, 2020.

On May 6, 2020, FRNP was informed by ES that, based on the resample analytical data, the five (5) drums of vent duct liquids would be accepted as LLW as originally manifested. The drum of transformer sight-glass rinseate required remanifesting it as hazardous waste due to the presence of 1,4-dichlorobenzene (D027), benzene (D018), and chlorobenzene (D021) above the TCLP concentration limits. ES retained possession of the drum, and FRNP provided a revised Uniform

Hazard Waste Manifest for the one drum of transformer sight-glass rinseate to ES on May 11, 2020, so ES could treat and dispose of the waste.

D. The Period(s) of Potential Noncompliance

The period of potential noncompliance began on April 3, 2019, when the drum was first used and ended on May 11, 2020, when the Uniform Hazard Waste Manifest was provided to ES.

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

The noncompliance for this shipment has been corrected as described below.

F. The Date the Potential Noncompliance Will Be Corrected

The revised Uniform Hazard Waste Manifest for the 1 drum of transformer sight-glass rinseate was provided to ES on May 11, 2020, with 1,4-dichlorobenzene (D027), benzene (D018), and chlorobenzene (D021) identified. The updates are reflected on the Annual Hazardous Waste Report for Calendar Year (CY) 2020.

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

All current containers of waste oils were evaluated to verify if there was direct analytical data or if the waste stream had shipped before and been sampled by the receiving facility. All on-site waste oil containers that did not have associated data were sampled as of November 23, 2020, with exception of the current accumulation of transformer site-glass rinseate, which slowly collects (less than 30 gal per year). A verification sample of this material will be collected once sufficient volume is available. All wastes found to be hazardous are managed properly upon receipt of analytical data. Waste stream verification sampling continues to be performed and a mandated verification review timeframe is being added to the characterization procedure to support on-going characterization of waste streams at the site. Use of clean transfer equipment to prevent potential cross-contamination is also being addressed through updates to the packaging procedure. Both procedures will be implemented by April 30, 2021.

H. Quantities of Waste and All Applicable Waste Codes

Laboratory results indicate 1,4-dichlorobenzene (D027), benzene (D018), and chlorobenzene (D021) were present above the TCLP limit in the one 55-gal drum of transformer sight-glass rinseate for a total of 234 lb of waste.

I. Potential for Release

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

SUMMARY TWO

Improper Management of Hazardous Waste Generation

A. Owner Information

Name: U.S. Department of Energy
Address: 5501 Hobbs Road
Kevil, KY 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, KY 42053
Telephone Number: (270) 441-5113
EPA ID Number: KY8-890-008-982

C. Description of the Potential Noncompliance and Its Cause

As part of deactivation activities at the C-400 Building, FRNP was removing lead-sheathed cables from inside the building, cutting them into 3-ft sections, and placing them in ST-90 boxes. This work occurred on March 9, 2020, prior to a 4-month work pause. On July 9, 2020, three ST-90 boxes of cables were discovered unlabeled and not in compliant storage. An additional 20 3-ft cable sections were lying on the floor unpackaged. The waste remained inside the C-400 Building from generation until it was moved to compliant storage.

D. The Period(s) of Potential Noncompliance

The cables were removed on March 9, 2020. The discovery of the noncompliance occurred on July 9, 2020. The waste was labeled and moved to compliant storage on July 10, 2020.

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

The noncompliance has been corrected as described in Section F.

F. The Date the Potential Noncompliance Will Be Corrected

The three ST-90 boxes were labeled and moved to compliant storage on July 10, 2020. The other 20 cable sections were packaged, labeled, and placed in compliant storage on July 10, 2020.

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

- An extent of condition was conducted during July 13-17, 2020, to identify any other potential noncompliant containers or waste items. No other containers or waste items were identified.

- Waste management training requirements were assessed in order to ensure adequate training for personnel who generate and manage waste.
- Request for Disposal (RFD) authorization training was developed and conducted for personnel who generate waste.
- A procedure revision was implemented to clarify requirements to transfer waste to appropriate on-site storage areas within mandated time frames to ensure compliant waste storage. Additional guidance was added to clarify the expectation that material with an identified RFD is to be placed inside a container for disposition.

H. Quantities of Waste and All Applicable Waste Codes

The four ST-90 boxes filled with lead-sheathed cable (D008) had a total of 11,166 lb of waste.

I. Potential for Release

No evidence of a potential or known release was observed for the lead-sheathed cable removal.

SUMMARY THREE

Exceedance of 90-Day Hazardous Waste Accumulation Limit

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 October 20, 2020, during a routine weekly inspection of a 90-day hazardous waste accumulation area in Paducah site building C-757, FRNP found a 30-gal drum of lithium batteries that had exceeded the 90-day waste accumulation limit. The batteries are mixed low-level waste (MLLW) that are characteristically hazardous for reactivity (D003) and are contaminated radioactively. The container accumulation start date was July 16, 2020.

D. The Period(s) of Potential Noncompliance

The container accumulation start date was July 16, 2020, with the 90-day time limit ending on October 14, 2020. The noncompliance was discovered and the container moved to compliant storage on October 20, 2020. Therefore, the period of potential noncompliance was October 15 to October 20, 2020.

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

The noncompliance has been corrected as described in Section F.

F. The Date the Potential Noncompliance Will Be Corrected

The noncompliance was corrected on October 20, 2020, by moving the noncompliant container to compliant storage.

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

- I. A procedural revision was completed to enhance performance of inspections and tracking of waste inventory that includes requirements for establishing an inspection schedule, comparing database inventory to field conditions, and providing feedback to workgroups.
- II. Additional tracking mechanisms are being implemented to ensure that the waste tracking database is updated and containers are being tracked appropriately in order to reduce, eliminate, and prevent recurrence.

H. Quantities of Waste and All Applicable Waste Codes

The 30-gal drum with lithium batteries (MLLW, D003) had a total of 88 lb of waste.

I. Potential for Release


No evidence of a potential or known release was observed.

ENCLOSURE 4

**2020 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>2020</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 one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

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

United States Department of Energy-Paducah Gaseous Diffusion Plant

4. Site Location Address

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

5. Site Mailing Address

Same as Location Address

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

6. Site Land Type

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

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

8. Site Contact Information

 Same as Location Address

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

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

 Same as Location Address

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

B. Name of Site's Legal Operator

 Same as Location Address

Full Name	Four Rivers Nuclear Partnership, LLC			Date Became Operator (mm/dd/yyyy)	10/20/2017
Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
Street Address	5511 Hobbs Road				
City, Town, or Village	Kevil				
State	Kentucky	Country	USA	Zip Code	42053
Email	mryna.redfield@pad.pppo.gov				
Phone	270-441-5113	Ext	NA	Fax	NA
Comments	NA				

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	D018	D019	D021
D022	D027	D039	D040	F001	F002	F039
P056	U134	U228				

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?
------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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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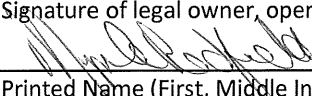
17. Electronic Manifest Broker

<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.

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) 2/24/2021
Printed Name (First, Middle Initial Last) Myrna Espinosa Redfield	Title Program Manager
Email myrna.redfield@pad.pppo.gov	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

ENCLOSURE 5

**2020 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 2020 (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 2890	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2890
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

ANTI-FREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2666
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 ¹⁶	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	881
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁶	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 448	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	448
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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	428	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	428
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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	420	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	420
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 ¹⁶	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	316
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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)	D018 D021 D027		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 290	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	290
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

PCB SIGHT GLASS LUBE OIL / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D002 D004 D006 D007 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 W105	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 278	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	278
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 ¹⁶	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	225
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	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 110	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	210
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 G16	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 204	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	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

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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)	D001 D018		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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	198	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	198
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM 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 ¹⁶	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 150	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input 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	150
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		SPENT CONCENTRATED ACID (5% OR MORE) FROM LABORATORY ANALYTICAL WASTES (USED CHEMICALS)			
B. EPA Hazardous Waste Code(s)		D002			
C. State Hazardous Waste Code(s)		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 105		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N Was any of 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	130
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D018		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 114	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	114
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	SPENT CONCENTRATED ACID (5% OR MORE) FROM 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 ¹⁶	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 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	104
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 84	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	84
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

ANTI-FREEZE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 ¹⁶	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	60	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	60
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM STRIPPING AND ACID OR CAUSTIC CLEANING		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G02	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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁶	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 46	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	46
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	OTHER ORGANIC LIQUID FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D004 D006 D008 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G15	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 5	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

ANTI-FREEZE

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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 G16		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 56		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 668	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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 389		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 21	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	OTHER ORGANIC LIQUID FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D004 D006 D008 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G15	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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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

ANTI-FREEZE

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁶	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 594	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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)	F001 F002 F039 U228		
C. State Hazardous Waste Code(s)	NA		
D. Source Code ^{G26}	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 22920	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	WASTE LIQUID MERCURY FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D009		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G15	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W117	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 G ¹⁶	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	528	UOM	1
		Density	NA
		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 1294	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	WASTE OIL MANAGED AS HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D005 D010		
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 1194	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 46280	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	46280
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 45200	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	45200
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 43340	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	43340
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 42980	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	42980
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 42100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	42100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 42080	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	42080
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41980	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41980
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41640	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41640
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41350	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41350
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41200	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41200
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)	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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 41020	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	41020
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 40980	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	40980
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)	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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 40980	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	40980
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 40230	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	40230
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 40040	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	40040
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 39540	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	39540
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 39240	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	39240
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	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 39100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	39100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 39000	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	39000
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 38890	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38890
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 38680	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38680
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 38680	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38680
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 38480	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38480
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 38380	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38380
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	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 38100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 38090	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	38090
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37900	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37900
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 37880	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37880
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 37680	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37680
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37620	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37620
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37520	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37520
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37480	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37480
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37300	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37300
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 37060	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	37060
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 36900	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	36900
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 35680	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	35680
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 35140	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	35140
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 35100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	35100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 35010	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	35010
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34740	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34740
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34640	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34640
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34520	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34520
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34500	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34500
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34400	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34400
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 34320	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	34320
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 33800	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	33800
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 33730	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	33730
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 33680	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	33680
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 33360	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	33360
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 32650	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	32650
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 32380	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	32380
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 32380	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	32380
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 32160	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	32160
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 32000	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	32000
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 31960	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	31960
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 31560	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	31560
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 30500	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	30500
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 30460	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	30460
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 30060	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	30060
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 29970	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	29970
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 29220	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	29220
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 29140	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	29140
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 29040	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	29040
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 27700	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	27700
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 27480	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	27480
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 26660	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	26660
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)	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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 24780	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	24780
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W002	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 24700	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	24700
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 D004 D006 D007 D008 D009 D010 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 18100	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	H141	18100
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 12300	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	17240
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 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 15666	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	15666
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 11420	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	11420
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)	D019 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 10420	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	10420
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</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 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 8476	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	8476
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 7592	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	7592
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 ¹⁹	Management Method (G25)	NA	Country Code (G62)
E. Form Code W307	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	7044
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</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 4660	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	5660
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 3184	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	4214
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)
E. Form Code W319	F. Waste Minimization Code X	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	3865
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

POTASSIUM HYDROXIDE SOLUTION SOLIDIFIED WITH SORBENT AGENTS / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 3290	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	3290
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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) NA	
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 2936	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2936
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 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 2346	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2346
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2326
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	2144
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 1512	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	1512
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 1420	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	1420
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	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 W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1250	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	1250
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 114	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	964
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 592	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	592
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 D039 D040		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G11	Management Method (G25)	NA	Country Code (G62)
E. Form Code W801	F. Waste Minimization Code A	G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
H. Quantity 139	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	569
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	510
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 450	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	450
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁹	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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	450
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

SOLIDIFIED POTASSIUM HYDROXIDE RINSATE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	BATTERIES, BATTERY PARTS, CORES, CASINGS FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	366
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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		
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 364	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	364
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

RECYCLED

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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)
E. Form Code W320	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 290	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	290
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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)	D007 D008 D011		
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 228	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	228
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	226
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	217
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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>2020</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 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 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	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

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	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 0	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	198
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 G16	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 192	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	192
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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 192	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	192
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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 ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	180
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	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

GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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 164	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	164
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 158	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input 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 MAINTENANCE ACTIVITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	LAB PACKS CONTAINING ACUTE HAZARDOUS WASTE 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 W004	F. Waste Minimization Code X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 54	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	154
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	Management Method (G25)	NA	Country Code (G62)
E. Form Code W310	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	153
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 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 79	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	132
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	Management Method (G25)	NA	Country Code (G62)
E. Form Code W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 118	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</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)		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 W307		F. Waste Minimization Code A		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 96		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N Was any of 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	96
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 G ¹⁹	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	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

GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁹	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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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 2020 (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)	D002 D003 U134		
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 65	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	65
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

VENTING OF COMPRESSED GASES INTO AN ABSORBING OR REACTING MEDIA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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)	D009		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 31	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	31
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 D007 D008		
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 30	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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	30
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total 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 2020 (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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 24	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input 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	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

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 ¹⁶	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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 16	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input 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	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

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER 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 W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 14	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input 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	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 OF MAINTENANCE ACTIVITY

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (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 D008 D011		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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 3	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Was any of 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

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G16	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 3960	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 G ¹⁶	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 56	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 ¹⁶	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 56	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 262	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007 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 X	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 61200	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 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 2436	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D007		
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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 ¹⁹	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 122	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 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 84	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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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 638		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description		DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING			
B. EPA Hazardous Waste Code(s)		D006 D007 D008 D010			
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 118		UOM 1		Density NA	
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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 ¹⁹	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 18490	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 5262	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 4497	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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>2020</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 1231	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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>2020</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 56	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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>2020</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 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.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE		
B. EPA Hazardous Waste Code(s)	D006 D007 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁵	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 56	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	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 2096	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR BATTERY REPLACEMENT		
B. EPA Hazardous Waste Code(s)	D006 D008 D018 D022 D039		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁶	Management Method (G25)	NA	Country Code (G62)
E. Form Code W310	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 276	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste


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

3. Off-site Shipment of Hazardous Waste

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

4. Comments

NA

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D005 D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 952	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM

**1. Waste Characteristics**

A. Waste Description	FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES		
B. EPA Hazardous Waste Code(s)	D010		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G19	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 714	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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 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 1862	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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 2020 (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)	D004 D008		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	Management Method (G25) NA	Country Code (G62) NA	
E. Form Code W319	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 1177	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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

ARSENIC AND LEAD CONTAMINATED PPE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (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)	D004		
C. State Hazardous Waste Code(s)	NA		
D. Source Code G ¹⁹	Management Method (G25)	NA	Country Code (G62)
			NA
E. Form Code W319	F. Waste Minimization Code A	G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity 18	UOM 1	Density NA	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

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

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of 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

ARSENIC / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY


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ENCLOSURE 6

**2020 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	
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1. Site 1

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

2. Site 2

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

3. Site 3

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

4. Comments

NA

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

2. Site 2


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

3. Site 3

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

4. Comments

NA

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

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

2. Site 2

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

3. Site 3

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

4. Comments

NA

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 KYD000735845		
B. Name of Off-site Installation or Transporter Paducah and Louisville Railway, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 200 Clark Street		
City, Town, or Village Paducah		
State Kentucky	Zip Code 42003	Country USA

2. Site 2

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

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter TNR000011247		
B. Name of Off-site Installation or Transporter Specialty Transport, Inc.		
C. Handler Type (mark all that apply) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address 2530 Mitchell Street		
City, Town, or Village Knoxville		
State Tennessee	Zip Code 37917	Country USA

4. Comments

NA

ENCLOSURE 7

**2020 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

KENTUCKY ADDENDUM FORM 1 – IDENTIFICATION AND CERTIFICATION

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

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

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

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

II. Reporting Year	A. Reporting Year: January 1 through December 31, 2020
---------------------------	---------------------------------------------------------------

III. Legal Landowner of the Real Property	Name of Landowner: U.S. Department of Energy		
	Date Became Owner: (mm/dd/yyyy) 10/18/1950	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: (270) 441-6800	Phone Number Extension: NA	
	Street Address or P. O. Box: 5501 Hobbs Road		
	City: Kevil	State: Kentucky	Country: USA

IV. Type of Regulated Waste Activity

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

**2020 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 ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D004, D006), AM-241, K-40, PU-238, PU-239, TH-230, LIQUID/OXIDE, 90 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 2890 _____ 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 2020 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 2020 _____ 2890 _____ 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 2020 _____ pounds

Comments: ANTI-FREEZE / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

(2) (Item 9b of manifest) RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE, TETRACHLOROETHYLENE), 9, PG III, (D006, D008)

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

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

WASTE SHIPPED OFF-SITE
 Was any of this waste shipped off site in 2020 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 2020 _____ 2666 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

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

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (8), (D002, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 669 MBQ, FISSILE EXCEPTED

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

ON-SITE MANAGEMENT

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

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

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2020 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 2020 _____ 881 _____ 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 2020 _____ 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, WASTE HAZARDOUS WASTE, LIQUID, 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	Quantity Generated in Report Year _____ 458 _____ 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

Site 1	Name of receiving facility: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 458 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

(2) (Item 9b of manifest) RQ, NA3082, WASTE HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE, TETRACHLOROETHYLENE), 9, PG III, (D018, D039)

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
448 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 2020 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 2020 <u>448</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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) _____
NA3082, HAZARDOUS WASTE, LIQUID, N.O.S., 9, (LEAD, BENZENE), PG III, (D006, D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 428 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 428 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

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

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

(1) (General) _____

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

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 420 _____ 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 2020 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 2020 <u>420</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 2020 _____ 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) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (8), (D002, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 153.4 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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 2020 _____ 316 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

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

OTHER ORGANIC LIQUID FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (PCB), AM-241, CS-137, CO-60, NP-237, PU-238, PU-239, SR-90, TC-99, TH-230, TH-232, U-DEP, LIQUID/OXIDE, 0.2 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 290 _____ 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 2020 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 2020 _____ 290 _____ 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 2020 _____ pounds

Comments: PCB SIGHT GLASS LUBE OIL / 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) ACIDIC AQUEOUS WASTES LESS THAN 5% ACID (DILUTED BUT PH <2) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), (D004, D009), AM-241, NP-237, PU-239, TC-99, TH-230, U-234, LIQUID/OXIDE, 1195 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
278 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Diversified Scientific Services, Inc. (DSSI)</u></p> <p>EPA ID Number of receiving facility: <u>TND982109142</u></p>	<p>Off-Site Management Method Code H <u>040</u></p>	<p>Total Quantity Shipped in 2020 <u>278</u> pounds</p>
	<p>Name of receiving facility: _____</p> <p>EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ 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

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	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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 225 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

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

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

(1) (General) _____
RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. (TETRACHLOROETHENE), 9, PG III, (D022, D039)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 110 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 210 _____ 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 2020 _____ 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

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

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (8), (D002, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes

No

Quantity Generated in Report Year

204

pounds

Enter the value used to convert this waste to pounds

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

ON-SITE MANAGEMENT

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

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

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2020 <u>204</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ pounds</p>

Comments: NA

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

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

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

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

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

(1) (General) _____
UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (TOLUENE, XYLENE), 3, PG II, (D001, D018)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 198 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 198 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

RQ, UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (SULFURIC ACID), 8, PG II, (D002, D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 150 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 150 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

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

(1) (General) _____

(2) (Item 9b of manifest) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), U-234, LIQUID/OXIDE, 75 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 105 _____ 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 2020 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 2020 _____ 130 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

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

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

(1) (General) _____
RQ, NA3082, WASTE HAZARDOUS WASTE, LIQUID, N.O.S. (BENZENE), 9, PG III, (D018)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 114 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 114 _____ 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 2020 _____ 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 OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

RQ, UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (LEAD), 8, PG III, (D008)

(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 2020 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 2020 <u>104</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 2020 _____ 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

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, K-40, PU-238, PU-239, TH-230, LIQUID/OXIDE, 1.8 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 84 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 84 _____ 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 2020 _____ pounds

Comments: ANTI-FREEZE / GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7 (8), (D008), AM-241, CS-137, NP-237, PU-238, PU-239, TC-99, TH-230, SOLID/OXIDE, 0.1 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 60 _____ 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 2020 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 2020
1	<u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	H <u>132</u>	_____ 60 _____ pounds
2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

CAUSTIC AQUEOUS WASTE WITHOUT CYANIDES (PH >12.5) FROM STRIPPING AND ACID OR CAUSTIC CLEANING

(1) (General) _____

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

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 48 _____ 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 2020 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 2020 <u>48</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 2020 _____ 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

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

(1) (General) _____

RQ, UN1760, WASTE CORROSIVE LIQUIDS, N.O.S. (SULFURIC ACID), 8, PG II, (D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 46 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 46 _____ 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 2020 _____ 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

OTHER ORGANIC LIQUID FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE

(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, 0.424 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 5 _____ 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 2020 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 2020 _____ 40 _____ pounds
S i t e 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: ANTI-FREEZE

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 56 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

668

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

389

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

21

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: ANTI-FREEZE

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 OIL CHANGES AND FILTER OR BATTERY REPLACEMENT

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 594 _____ 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 2020 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 2020 _____ 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 2020 _____ 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

VERY DILUTE AQUEOUS WASTE MORE THAN 99% WATER FROM LEACHATE COLLECTION (FROM LANDFILL

(1) (General) OPERATIONS OR OTHER LAND UNITS)

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

22920

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

WASTE LIQUID MERCURY FROM PROCESS EQUIPMENT CHANGE-OUT OR DISCONTINUATION OF EQUIPMENT USE

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 528 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 112 _____ 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 2020 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 2020 _____ 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 2020 _____ 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) 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 4386 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
46280 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 2020 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 2020 <u>46280</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 4262 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 45200 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 45200 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 4050 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>43340</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 2020 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 2020 <u>43340</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 4053 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 42980 _____ 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 2020 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 2020 _____ 42980 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3953 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>42100</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 2020 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 2020 <u>42100</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3906 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>42080</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 2020 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 2020 <u>42080</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3939 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41980 _____ 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 2020 for treatment, disposal, or recycling?

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

S	Name of receiving facility: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 41980 _____ pounds
S	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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

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

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3856 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41640 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 41640 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3662 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41350 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 41350 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3850 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41200 _____ 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 2020 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 2020 _____ 41200 _____ 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 2020 _____ 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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3794 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
41100 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 2020 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 2020 <u>41100</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3839 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41100 _____ 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 2020 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 2020 _____ 41100 _____ 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 2020 _____ 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, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D007, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2884 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 41020 _____ 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 2020 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 2020 _____ 41020 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3825 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>40980</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 2020 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 2020 <u>40980</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 2020 _____ 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, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D007, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2879 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
40980 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 2020 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 2020 <u>40980</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3739 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>40230</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 2020 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 2020 <u>40230</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3718 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
40040 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	EnergySolutions Clive Facility EPA ID Number of receiving facility: UTD982598898	H <u>132</u>	<u>40040</u> pounds
S i t e 2	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	_____ 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
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FORM 2: Waste Generation and Management (EPA GM Form)

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

B. AGENCY INTEREST (AI) Number: 3059

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

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3616 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
39540 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	<u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	H <u>132</u>	<u>39540</u> pounds
S i t e 2	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	_____ EPA ID Number of receiving facility: _____	H _____	_____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
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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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3582 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 39240 _____ 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 2020 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: EnergySolutions Clive Facility EPA ID Number of receiving facility: UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 39240 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3610 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>39100</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 2020 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 2020 <u>39100</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3599 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 39000 _____ 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 2020 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 2020 _____ 39000 _____ 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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3586 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 38890 _____ 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 2020 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 2020 <u>38890</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3518 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>38680</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 2020 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 2020 <u>38680</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3562 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 38680 _____ 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 2020 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 2020 _____ 38680 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3334 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>38480</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 2020 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 2020 <u>38480</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3483 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>38380</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 2020 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 2020 <u>38380</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3451 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
38100 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 2020 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 2020 <u>38100</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3290 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>38090</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 2020 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 2020 <u>38090</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3473 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>37900</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 2020 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 2020 <u>37900</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3471 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>37880</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 2020 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 2020 <u>37880</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3403 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 37680 _____ 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 2020 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 2020 <u>37680</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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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

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

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3236 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 37620 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 37620 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3385 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
37520 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 2020 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 2020 <u>37520</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3380 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
37480 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 2020 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 2020 <u>37480</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3360 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
37300 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 2020 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 2020 <u>37300</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3333 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>37060</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 2020 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 2020 <u>37060</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3359 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 36900 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 36900 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3219 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
35680 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 2020 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 2020 <u>35680</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3113 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 35140 _____ 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 2020 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 2020 _____ 35140 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3153 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
35100 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 2020 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 2020 <u>35100</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3143 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>35010</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 2020 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 2020 <u>35010</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3112 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 34740 _____ 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 2020 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 2020 _____ 34740 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3101 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>34640</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 2020 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 2020 <u>34640</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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)

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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3042 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 34520 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 34520 _____ 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 2020 _____ 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

(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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3085 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>34500</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 2020 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 2020 <u>34500</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 2020 _____ 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

(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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3029 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
34400 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	<u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u>	H <u>132</u>	<u>34400</u> pounds
S i t e 2	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	_____ 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**

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 3019 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 34320 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 34320 _____ 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 2020 _____ 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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FORM 2: Waste Generation and Management (EPA 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2960 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>33800</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 2020 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 2020 <u>33800</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2792 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>33730</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 2020 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 2020 <u>33730</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2991 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>33680</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 2020 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 2020 <u>33680</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 2020 _____ 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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FORM 2: Waste Generation and Management (EPA 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2910 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>33360</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 2020 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 2020 <u>33360</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2873 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
32650 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 2020 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 2020 <u>32650</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 2020 _____ 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
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FORM 2: Waste Generation and Management (EPA GM Form)

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

B. AGENCY INTEREST (AI) Number: 3059

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

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2798 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
32380 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 2020 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 2020 <u>32380</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2842 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
32380 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 2020 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 2020 <u>32380</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2773 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>32160</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 2020 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 2020 <u>32160</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2754 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
32000 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 2020 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 2020 <u>32000</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

(1) (General) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2794 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>31960</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 2020 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 2020 <u>31960</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2704 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
31560 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 2020 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 2020 <u>31560</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2628 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 30500 _____ 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 2020 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 2020 _____ 30500 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2623 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>30460</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 2020 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 2020 <u>30460</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2577 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>30060</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 2020 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 2020 <u>30060</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2362 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 29970 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 29970 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2481 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>29220</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 2020 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 2020 <u>29220</u> pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2472 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>29140</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 2020 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 2020 <u>29140</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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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**

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2416 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 29040 _____ 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 2020 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 2020 _____ 29040 _____ 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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2308 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>27700</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 2020 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 2020 <u>27700</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 2020 _____ 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2283 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>27480</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 2020 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 2020 <u>27480</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 2020 _____ 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 PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2189 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 26660 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 26660 _____ 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 2020 _____ 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, UN2913, WASTE RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECTS (SCO-II), 7, (D007, D008), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1930 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 24780 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 24780 _____ 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 2020 _____ 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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FORM 2: Waste Generation and Management (EPA 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, (D007, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1965 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year <u>24700</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 2020 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 2020 <u>24700</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 2020 _____ 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
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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, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), (D004, D009), AM-241, NP-237, PU-239, TC-99, TH-230, U-234, SOLID/OXIDE, 3497 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
18100 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	EnergySolutions Clive Facility	H <u>141</u>	<u>18100</u> pounds
	EPA ID Number of receiving facility:		
	<u>UTD982598898</u>		
S i t e 2	Name of receiving facility:	Off-Site Management Method Code	Total Quantity Shipped in 2020
	_____	H _____	_____ pounds
	EPA ID Number of receiving facility:		

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
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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) 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 (8), TH-230, U-234, (D007, D008), 5440 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 12300 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 17240 _____ 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 2020 _____ 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

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. (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	Quantity Generated in Report Year _____ 15666 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 15666 _____ 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 2020 _____ 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) _____

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (SPENT ACTIVATED CARBON, CONTAINS TRICHLOROETHENE), 9, PG III

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 11420 _____ 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 2020 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: _____ Evoqua Water Technologies, LLC EPA ID Number of receiving facility: _____ PAD987270725	Off-Site Management Method Code H <u>039</u>	Total Quantity Shipped in 2020 _____ 11420 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER REMEDIATION

(1) (General) _____

(2) (Item 9b of manifest) RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (SPENT ACTIVATED CARBON, CONTAINS TRICHLOROETHENE), 9, PG III

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 10420 _____ 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: <u>Evoqua Water Technologies, LLC</u> EPA ID Number of receiving facility: <u>PAD987270725</u>	Off-Site Management Method Code H <u>039</u>	Total Quantity Shipped in 2020 _____ 10420 _____ 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 2020 _____ 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**

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, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 29.22 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 8476 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 8476 _____ 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 2020 _____ 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-I), 7, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 20.3 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

7592 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2020 <u>7592</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ 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) 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, (D008), 2853 MBQ, FISSILE EXCEPTED, (WP-8931)

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 2020 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: _____ Waste Control Specialists EPA ID Number of receiving facility: _____ TXD988088464	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 7044 _____ 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 2020 _____ 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, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 6.77 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 4660 _____ 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 2020 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 2020 _____ 5660 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM FLUORIDE, POTASSIUM CHLORIDE), 9, PG III, WP-9178

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 3184 _____ 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 2020 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: _____ Waste Control Specialists EPA ID Number of receiving facility: _____ TXD988088464	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 4214 _____ 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 2020 _____ 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 INORGANIC SOLIDS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM FLUORIDE, POTASSIUM CHLORIDE), 9, PG III, OUTS301H

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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 2020 _____ 3865 _____ 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 2020 _____ pounds

Comments: POTASSIUM HYDROXIDE SOLUTION SOLIDIFIED WITH SORBENT AGENTS / 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, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 7 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 3290 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 3290 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

Waste Description (See instructions.) Check one: Liquid Solid
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD), 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	Quantity Generated in Report Year _____ 2936 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 2936 _____ 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 2020 _____ 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, (D008), AM-241, NP-237, PU-239, TH-228, TH-230, SOLID/OXIDE, 5.39 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
2346 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 2020 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 2020 <u>2346</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 2020 _____ 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, D008), 1196 MBQ, FISSILE EXCEPTED, (WP-8931)

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 2020 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 2020 <u>2326</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 2020 _____ 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, (PCB, D008), 920 MBQ, FISSILE EXCEPTED, (WP-8931)

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 2020 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>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 2020 <u>2144</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, (D009), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 2.5 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1512 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 1512 _____ 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 2020 _____ 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**

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, D009), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 7 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1420 _____ 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 2020 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 2020 _____ 1420 _____ 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 2020 _____ 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 ONE-TIME OR
(1) (General) INTERMITTENT PROCESSES

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD), 9, PG III, (D006, D008)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1250 _____ 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 2020 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 2020 _____ 1250 _____ 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 2020 _____ 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 PAINTING AND COATING

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D008, PCB), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1948 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 114 _____ 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 2020 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 2020 _____ 964 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1.53 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 592 _____ 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 2020 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 2020 <u>592</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 2020 _____ 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

COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS
(1) (General) _____

UN1950, WASTE AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1L CAPACITY), 2.1
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity Generated in Report Year _____ 139 _____ 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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	Name of receiving facility: _____ Clean Harbors Deer Park, LLC EPA ID Number of receiving facility: _____ TXD055141378	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2020 _____ 569 _____ 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 2020 _____ 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**
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (D009)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – *Complete On-site Process System block(s)* No – *Skip to Waste Shipped Off-site*

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 510 _____ 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 2020 _____ 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

(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, D007), AM-241, NP-237, TH-230, SOLID/OXIDE, 41 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 2020 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 2020 <u>458</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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
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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

DRIED PAINT (PAINT CHIPS, FILTERS, AIR FILTERS, OTHER) FROM PAINTING AND COATING

(1) (General) _____

(2) (Item 9b of manifest) RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D008, PCB), AM-241, CS-137, NP-237, PU-238, PU-239, TC-99, TH-230, SOLID/OXIDE, 0.5 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 450 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 450 _____ 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 2020 _____ 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 INORGANIC SOLIDS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
(2) (Item 9b of manifest) NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM FLUORIDE, POTASSIUM CHLORIDE), 9, PG III, OUTS301H

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year 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 2020 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 2020 450 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 2020 _____ pounds

Comments: SOLIDIFIED POTASSIUM HYDROXIDE RINSATE / 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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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) _____

(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, SOLID/OXIDE, 76.7 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 2020 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 2020 <u>366</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 2020 _____ pounds

Comments: NA

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) COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS

(2) (Item 9b of manifest) RQ, UN1001, WASTE ACETYLENE, DISSOLVED, 2.1, (D001), RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-LIMITED QUANTITY OF MATERIAL

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 364 _____ 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 2020 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 2020 _____ 364 _____ 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 2020 _____ pounds

Comments: RECYCLED

Kentucky Department for Environmental Protection
Division of Waste Management
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Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
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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, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (D009)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 290 _____ 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 2020 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 2020 _____ 290 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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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**

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, (D008, D011), AM-241, NP-237, PU-238, PU-239, TH-230, U-234, SOLID/OXIDE, 6.28 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 228 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 228 _____ 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 2020 _____ 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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D006, D007), AM-241, NP-237, TH-230, SOLID/OXIDE, 41 MBQ, FISSILE EXCEPTED

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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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 2020 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 2020 <u>226</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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

Waste Description (See instructions.) Check one: **Liquid** **Solid**
ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____
RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (D009), 9, PG III
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – *Complete On-site Process System block(s)* No – **Skip to Waste Shipped Off-site**

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 217 _____ 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 2020 _____ 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

COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS
(1) (General) _____

RQ, UN1950, WASTE AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1L CAPACITY), 2.1 (D001)
(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 2020 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>Clean Harbors El Dorado, LLC</u> EPA ID Number of receiving facility: <u>ARD069748192</u>	Off-Site Management Method Code H <u>040</u>	Total Quantity Shipped in 2020 <u>204</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR

(1) (General) INTERMITTENT PROCESSES

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (CADMIUM, LEAD), 9, PG III, (D006, D008), WP-9082 OUTS319H

(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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>Waste Control Specialists</u> EPA ID Number of receiving facility: <u>TXD988088464</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2020 <u>198</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ 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

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

(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, SOLID/OXIDE, 1 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 192 _____ 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 2020 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 2020 _____ 192 _____ 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 2020 _____ 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

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR

(1) (General) BATTERY REPLACEMENT

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD), 9, PG III, (D006, D008)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

192

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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2020 <u>192</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ pounds</p>

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

(1) (General) 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, (D004, D006), AM-241, PU-238, PU-239, TH-230, U-234, SOLID/OXIDE, 0.2 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 2020 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 2020 <u>180</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 2020 _____ 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**
BATTERIES, BATTERY PARTS, CORES, CASINGS 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, (D008), 28 MBQ, FISSILE EXCEPTED, (WP-8931)
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 0 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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ON-SITE MANAGEMENT
Was any of this waste managed on-site by treatment____, recycling____, disposal____, or by discharge to a sewer or publicly owned treatment works (POTW)____? Check One.
 Yes – *Complete On-site Process System block(s)* No – **Skip to Waste Shipped Off-site**

WASTE SHIPPED OFF-SITE
Was any of this waste shipped off site in 2020 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: _____ Waste Control Specialists EPA ID Number of receiving facility: _____ TXD988088464	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 172 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES
(1) (General) _____

RQ, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D004, D006), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 5 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 164 _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 164 _____ 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 2020 _____ 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, (D009, D011), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 0.23 MBQ, FISSILE EXCEPTED
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 158 _____ 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 2020 _____ 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 CONTAINING ACUTE HAZARDOUS WASTE FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

(2) (Item 9b of manifest) NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (POTASSIUM FLUORIDE, POTASSIUM CHLORIDE), 9, PG III, OUTS301H

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 54 _____ 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 2020 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 2020 _____ 154 _____ 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 2020 _____ 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 OIL CHANGES AND FILTER OR
(1) (General) BATTERY REPLACEMENT

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	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 2020 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 2020 <u>153</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 2020 _____ 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) CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) RQ, UN3321, RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7, (D006, D008), TH-230, U-234, SOLID/OXIDE, 32.4 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
79 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 2020 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 2020 <u>132</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 2020 _____ 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 OIL CHANGES AND FILTER OR
(1) (General) BATTERY REPLACEMENT

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (BENZENE, TETRACHLOROETHYLENE), 9, (D006, D008), PG III
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
118 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 2020 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 2020 <u>118</u> pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD), 9, PG III, (ASBESTOS, D004)

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 96 _____ 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 2020 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 2020 _____ 96 _____ 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 2020 _____ 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) UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-II), 7 (8), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 38 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 2020 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 2020 <u>94</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 2020 _____ 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, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D009), NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 1 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

9

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 2020 for treatment, disposal, or recycling?

Yes – Continue completing this form and Form 4.

No – Form 2 is complete.

S i t e 1	<p>Name of receiving facility: <u>EnergySolutions Clive Facility</u> EPA ID Number of receiving facility: <u>UTD982598898</u></p>	<p>Off-Site Management Method Code H <u>132</u></p>	<p>Total Quantity Shipped in 2020 <u>70</u> pounds</p>
S i t e 2	<p>Name of receiving facility: _____ EPA ID Number of receiving facility: _____</p>	<p>Off-Site Management Method Code H _____</p>	<p>Total Quantity Shipped in 2020 _____ pounds</p>

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

Waste Description (See instructions.) Check one: Liquid Solid
COMPRESSED GASES FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR UNUSED CHEMICALS OR PRODUCTS
(1) (General) _____
UN1052, WASTE HYDROGEN FLUORIDE, ANHYDROUS, 8 (6.1), PG I
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 65 _____ 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 2020 for treatment, disposal, or recycling?
 Yes – Continue completing this form and Form 4. No – Form 2 is complete.

S i t e 1	Name of receiving facility: Diversified Scientific Services, Inc. (DSSI) EPA ID Number of receiving facility: TND982109142	Off-Site Management Method Code H <u>129</u>	Total Quantity Shipped in 2020 _____ 65 _____ 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 2020 _____ pounds

Comments: VENTING OF COMPRESSED GASES INTO AN ABSORBING OR REACTING MEDIA

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, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D009), AM-241, NP-237, PU-238, PU-239, TH-230, U-234, SOLID/OXIDE, 0.229 MBQ FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 31 _____ 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 2020 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 2020 _____ 31 _____ 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 2020 _____ 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, UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, (D006, D007), AM-241, NP-237, PU-238, PU-239, TH-230, U-234, SOLID/OXIDE, 0.63 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 30 _____ 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 2020 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 2020 _____ 30 _____ 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 2020 _____ 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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

UN1133, WASTE ADHESIVES, 3, PG II

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
24 pounds

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

ON-SITE MANAGEMENT

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

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

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2020 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 2020 <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 2020 _____ 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) _____

NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LITHIUM BATTERIES), 9, PG III

(2) (Item 9b of manifest) _____

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

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

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

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2020 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: _____ EnergySolutions Clive Facility EPA ID Number of receiving facility: _____ UTD982598898	Off-Site Management Method Code H <u>132</u>	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

LAB PACKS WITH NO ACUTE HAZARDOUS WASTE FROM DISCARDING OFF-SPECIFICATION, OUT-OF-DATE, AND/OR
(1) (General) UNUSED CHEMICALS OR PRODUCTS

UN1759, WASTE CORROSIVE SOLIDS, N.O.S. (POLYAMINES), 8, PG II
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 16 _____ 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 2020 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 2020 _____ 16 _____ pounds
Site 2	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(2) (Item 9b of manifest) UN2912, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA-I), 7, NP-237, TC-99, TH-230, U-234, SOLID/OXIDE, 0.01 MBQ, FISSILE EXCEPTED

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 14 _____ pounds	Enter the value used to convert this waste to pounds (Leave blank if waste amount is already listed in pounds) _____
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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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA3077, HAZARDOUS WASTE, SOLID, N.O.S. (LEAD, SILVER), 9, PG III

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 3 _____ 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 2020 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 2020 <u>12</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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
_____ 3960 _____ 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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 56 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

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

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 56 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

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

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

ON-SITE MANAGEMENT

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

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

No – Skip to Waste Shipped Off-site

WASTE SHIPPED OFF-SITE

Was any of this waste shipped off site in 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ pounds

Comments: NA

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Division of Waste Management
Hazardous Waste Branch
300 Sower Blvd, Frankfort, KY 40601
(502) 564-6716

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT
(1) (General) PROCESSES _____

NA
(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 61200 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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

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

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

CONTAMINATED DEBRIS: PAPER, CLOTHING, RAGS, WOOD, GLASS, ETC. FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 2436 _____ 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 2020 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 2020 _____ 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 2020 _____ 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 PROCESSES

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 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 2020 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 2020 _____ 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 2020 _____ 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 PROCESSES

(1) (General) NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?
 Yes
 No

Quantity Generated in Report Year
122 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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ 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 PROCESSES

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 84 _____ 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 2020 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 2020 _____ 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 2020 _____ 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

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	Quantity Generated in Report Year _____ 638 _____ 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 2020 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 2020 _____ 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 2020 _____ 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

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	Quantity Generated in Report Year _____ 118 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: NA

Kentucky Department for Environmental Protection
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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)

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

B. AGENCY INTEREST (AI) Number: 3059

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

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 18490 _____ 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 2020 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 2020 _____ 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 2020 _____ 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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FORM 2: Waste Generation and Management (EPA 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
_____ 5262 _____ 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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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)

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

4497

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1231 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 56 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

B. AGENCY INTEREST (AI) Number: 3059

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

ELECTRICAL DEVICES (LAMPS, THERMOSTATS, CRTS, ETC.) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 44 _____ 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 2020 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 2020 _____ 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 2020 _____ 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 PROCESS EQUIPMENT CHANGE-OUT OR

(1) (General) DISCONTINUATION OF EQUIPMENT USE

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

56

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR

(1) (General) BATTERY REPLACEMENT

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

2096

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H _____	Total Quantity Shipped in 2020 _____ 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

FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OIL CHANGES AND FILTER OR

(1) (General) BATTERY REPLACEMENT

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive?

Yes

No

Quantity Generated in Report Year

276

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 2020 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 2020 _____ pounds
	Name of receiving facility: _____ EPA ID Number of receiving facility: _____	Off-Site Management Method Code H ____	Total Quantity Shipped in 2020 _____ 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

(1) (General) FILTERS, SOLID ABSORBENTS, ION EXCHANGE RESINS AND SPENT CARBON FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 952 _____ 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 2020 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 2020 _____ 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 2020 _____ 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 ONE-TIME OR
(1) (General) INTERMITTENT PROCESSES

NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 714 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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

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

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

METAL SCALE, FILINGS AND SCRAP (INCLUDING METAL DRUMS) FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 1862 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: GENERATED AS A RESULT OF MAINTENANCE ACTIVITY

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

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

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

OTHER INORGANIC SOLIDS FROM OTHER ONE-TIME OR INTERMITTENT PROCESSES

(1) (General) _____
NA

(2) (Item 9b of manifest) _____

Is this waste both hazardous and radioactive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Generated in Report Year _____ 18 _____ 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 2020 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 2020 _____ 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 2020 _____ pounds

Comments: ARSENIC / GENERATED AS A RESULT OF DEACTIVATION OF INACTIVE FACILITY

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ENCLOSURE 9

**2020 ANNUAL HAZARDOUS WASTE REPORT, ASSESSMENT RETURN,
AND CLAIM FOR EXCLUSION FOR THE
PADUCAH GASEOUS DIFFUSION PLANT,
MCCRACKEN COUNTY, KENTUCKY,
PERMIT NUMBER KY8-890-008-982**

KENTUCKY ADDENDUM FORM 4 – SUMMARY OF WASTE SHIPPED OFF SITE

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

Hazardous Waste Annual Report Addendum
(EPA Form 8700-13 A/B)
FORM 4: Summary of Waste Shipped Off Site (EPA OI Form)

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

B. AGENCY INTEREST (AI) Number: 3059

List All Receiving Facilities		Total Number of Manifested Shipments	Total Pounds Shipped for Reporting Year	
List each facility only once.				
EPA ID Number <u>TXD055141378</u>		3	569	
Facility Name <u>Clean Harbors Deer Park, LLC</u>				
EPA ID Number <u>ARD069748192</u>		1	204	
Facility Name <u>Clean Harbors El Dorado, LLC</u>				
EPA ID Number <u>TND982109142</u>		3	707	
Facility Name <u>Diversified Scientific Services, Inc. (DSSI)</u>				
EPA ID Number <u>UTD982598898</u>		97	2,626,437	
Facility Name <u>EnergySolutions Clive Facility</u>				
EPA ID Number <u>PAD987270725</u>		2	21,840	
Facility Name <u>Evoqua Water Technologies, LLC</u>				
EPA ID Number <u>TXD988088464</u>		4	20,567	
Facility Name <u>Waste Control Specialists</u>				
Total		110	2,670,324	
List All Primary Transporters		Total Number of Manifested Shipments	Total Pounds Shipped for Reporting Year	Container Types
List each primary transporter only once. Do not list secondary transporters.				
EPA ID Number <u>COR000005389</u>		30	845,963	CM CY DF DM TP
Transporter Name <u>CAST Transportation</u>				
EPA ID Number <u>MAD039322250</u>		4	773	DM
Transporter Name <u>Clean Harbors Environmental Services, Inc.</u>				
EPA ID Number <u>TNR000034678</u>		8	23,723	CF CM DF DM
Transporter Name <u>Interstate Ventures, Inc.</u>				
EPA ID Number <u>KYD000735845</u>		22	852,460	CM
Transporter Name <u>Paducah and Louisville Railway, Inc.</u>				
EPA ID Number <u>WAR000012005</u>		2	73,640	CM
Transporter Name <u>RSB Logistic, Inc.</u>				
EPA ID Number <u>TNR000011247</u>		44	873,765	CF CM DF DM TP
Transporter Name <u>Specialty Transport, Inc.</u>				
Total		110	2,670,324	CF CM CY DF DM TP

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