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NMED
Hazardous Waste Bureau

November 30, 2013

Mr. John Kieling
Chief, Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, NM 87505

RE: Response to Notice of Violation – NMD002208627

Dear Mr. Kieling:

Advanced Chemical Treatment, Inc. (ACTreatment) would like to address the letter dated October 30, 2013 regarding the Notice of Violation with proposed penalties from the inspection on September 18, 2012. To begin, the description of ACTreatment on page 1 of the report is inaccurate. ACTreatment is not (1) a transporter of hazardous waste, (2) a hazardous waste transfer facility, (3) a used oil transporter, and (4) a transporter of universal waste. These activities fall under Advanced Chemical Transport, Inc. and not ACTreatment.

Below you will find a summary of the violation(s) along with our follow-up. Please note that the close-out meeting was held over one year ago, on November 1, 2012.

1. Failure to appropriately complete training. This violation is associated with two ACT employees working at the Facility who had not successfully completed training titled Initial Facility Orientation Course. This is a violation of PC II.F.2 and Permit Attachment J, AC J.I. **Proposed Penalty: \$1,320.**

Issue: *The five employees who had not successfully completed the initial facility orientation work full time at Advanced Chemical Transport, Inc. in Sunnyvale and came to work at the site on a temporary assignment.*

Initial Response: *These employees receive 15 plus hours per year on hazardous waste, safety and environmental compliance. ACT overlooked the fact that they had not received initial facility orientation because they were working temporarily. Training was conducted for these employees and documentation provided to Frank Rodarte on November 26, 2012.*

Systematic Response: *Effective 11/1/12, any employee who has come to work at ACT (whether at the TSD or with the household hazardous waste program) has received appropriate training before commencing work. In addition, ACTreatment is now utilizing an online training database (Kelmar) to track employee training. A supervisor must check with Kelmar to verify an employee has all of the appropriate training before bringing them onsite. Additional training was conducted on November 12, 2013.*

Attachments: 1A: Initial Facility Orientation Training Documentation

2. Failure to properly complete pre-acceptance inspection (PAIS) for incoming generator waste. This violation is associated with four PAIS documents (those associated with Manifest Document Numbers 009212700JJK, 005280619FLE, 005280596FLE, 005280682FLE) that were not complete with the following information; when the waste was placed into the facility, when the waste was removed, and all initial pick-up information. This is a violation of PC II.C.1 and Permit Attachment D, ACs Physical Acceptance of Waste at the Facility and Waste Tracking and Operating Records. **Proposed Penalty: \$2,670.**

Issue: The NMED inspected hundreds of manifests over a two year period of time and in each event the PAIS form was completed fully and accurately; in only four cases the PAIS form was not completed in its entirety.

Initial Response: All sites have been made aware of the importance of completing the PAIS form and additional training was conducted in December 2012.

Systematic Response: PAIS forms are inspected by each branch of Advanced Chemical Transport before the waste is put in transit and upon receiving at ACTreatment. In addition, each site performs weekly QC checks on all packets to verify the PAIS form is completed in its entirety.

*Attachments: 2A: PAIS Form Safety Talk
2B: Job Packet QC Inspection Form*

3. Failure to properly record information on the daily inspection logs. This violation is associated with several general inspection logs (General Inspection Matrix Sheets dated May 30, 2012 and May 31, 2012) that were missing signatures certifying remedial actions taken. This is a violation of PC II.E.4 and Permit Attachment F, AC Inspection Schedule and Checklist. **Proposed Penalty: \$1,380.**

Issue: All inspections were complete and fully documented on the daily inspection logs. Of the hundreds of inspection logs reviewed by NMED (inspection logs for over a two year period), only two such inspection logs were found to be missing the certifying signature.

Initial Response: On October 10, 2012 the TSD Operations Manager met and completed additional training of the two employees designated as our primary and secondary daily inspectors.

Systematic Response: An additional level or review for the daily inspections has been implemented. The TSD Operations Manager now performs daily inspections of the warehouse and maintains a binder with all inspection sheets that are maintained onsite. In addition, the Compliance Director checks on a bi-monthly basis that these inspections are done and signed-off as required in the permit.

Attachments: 3A: Daily Inspection Training Documentation

4. Failure to test and maintain decontamination equipment. This violation is associated with an emergency shower located outside at the south loading dock that, upon testing during the inspection, delivered rusty water. This is a violation of PC II.E.s, Permit Attachment H, Table H. **Proposed Penalty: \$690.**

Issue: During the inspection, rust colored water had come out of the unit.

Initial Response: Inspection records indicate that the emergency equipment is and was tested and maintained on a monthly basis. The origin of the rust could not be determined, and more specifically, if rust was built up in the shower head, so ACTreatment replaced all shower and eyewash heads and have provided additional training to employees to look specifically for this condition to ensure that applicable parts are replaced as needed.

Systematic Response: Quarterly safety inspections include verification of emergency equipment testing. The TSD Operations Manager also verifies on a daily basis that the emergency equipment is tested as required. Two units are flushed every Friday and one additional unit is checked weekly.

Attachments: 4A: Daily Inspection Checklist

5. Failure to label or mark containers storing hazardous waste so that they can be appropriately tracked with the Operating Record. This violation is associated with three containers stored in Room B without markings or labels. This is a violation of PC II.L.1, III.H and Permit Attachment D, AC Waste Tracking and the Operating Record. **Proposed Penalty: \$11,550.**

Issue: The NMED inspection occurred during our household hazardous waste collection for the City of Albuquerque. As household hazardous waste is collected, it is combined and stored in large waste containers. The three waste containers that were stored in Room B were accumulated during the household hazardous waste collection event and placed in Room B the day of the event and had not yet been labeled. It is ACTreatment's policy to require that all household consolidation containers are labeled the instant waste is put into the container.

Initial Response: This violation was corrected at the time of inspection. Employees who label the consolidation for our household hazardous waste received additional training on how to properly label hazardous waste.

Systematic Response: The TSD Operations Manager verifies all containers have an appropriate label during the daily inspection.

Attachments: 5A: None

6. Failure to limit ignitable and reactive hazardous waste container stacking to no more than two high. This violation is associated with multiple 250-gallon totes, 10-gallon containers, and 5-gallon containers of ignitable and reactive wastes stored throughout the facility. This is a violation of PC III.J.3. **Proposed Penalty: \$26,950.**

Initial Response: Waste was stored so that the containers could be inspected for leaks and for deterioration caused by corrosion or other factors without moving them. In addition, the container's identification label could be read from the access aisle.

Systematic Response: ACTreatment has refrained from stacking containers more than two high. A permit modification was submitted to the renewal application on December 10, 2012 to amend this requirement to be able to stack containers 5-gallons in size up to three high. All other drums will be stacked no higher than two-tiers in order to facilitate proper inspection of containers pursuant to 40 CFR § 265.174.

Attachments: 6A: Permit Renewal Modification Request

7. Failure to keep hazardous waste containers in good condition. This violation is associated with four compromised hazardous waste containers; one leaking 55-gal black steel drum located in room C, one 55-gal black steel drum bearing an approximately 12-in long dent showing evidence of rusting located in Room D, one 55-gal drum located in Room D with a torn poly lid, and one 55-gal fiber drum with a cracked lower metal rim located in Room D. This is a violation of PC III.C. **Proposed Penalty: \$15,400.**

Initial Response: *The drums were placed into a larger drum at the time of the inspection and were sent for disposal in early November 2012. Employees have received additional training on inspecting containers to ensure they maintain their integrity during storage.*

Systematic Response: *The TSD Operations Manager is conducting daily inspections of the facility and diligently looks for container integrity issues; which are addressed immediately. In the event of a faulty drum and/or leak, an incident report is completed within 24-hours and submitted to the Compliance Director for review with the executive committee. In addition, containers are thoroughly inspected upon arrival for integrity and ACT is working closely with our drum vendors on quality control of the materials received.*

Attachments: 7A: Incident Report Form
7B: Drum Vendor Audit Checklist

8. Failure to store hazardous waste container in a manner that would prevent the container from rupturing or causing it to leak. This violation is associated with a buckled 55-gallon poly container located in Room D. This is a violation of PC III.E. **Proposed Penalty: \$3,850.**

Initial Response: *The drum was vented to allow pressure to be released to ensure the drum itself would not rupture and become a safety hazard to facility employees.*

Systematic Response: *ACTreatment no longer vents its drums in this fashion, but now utilizes vented bungs and the TSD Operations Manager is conducting daily inspections to check containers for integrity. In the event of a faulty drum and/or leak, an incident report is completed within 24-hours and submitted to the Compliance Director for review with the executive committee.*

Attachments: 8A: Picture of Vented Bung used by ACTreatment

9. Failure to take precautions to prevent the accidental reaction of reactive waste. This violation is associated with twelve 5-gallon poly containers marked "Dangerous when Wet" that were stored beneath the emergency safety shower in Room B. This is a violation of PC IIIJ.S and Attachment C, AC Additional Container Information. **Proposed Penalty: \$48,300.**

Issue: *These materials were stored on a pallet that was within three feet of the emergency shower; please note that none of the containers were stored "beneath the emergency safety shower", but some of the containers were stored within the three foot access area surrounding the emergency shower.*

Initial Response: *ACTreatment removed and stored all containers marked "Dangerous when Wet" in Room B the day of the inspection. In addition, ACTreatment painted a yellow three foot circumference below the emergency equipment and posted signage next to the emergency equipment to notify employees not to store anything within a three-foot circumference.*

Systematic Response: All employees understand that this is not company policy and the employees who failed to complete the daily inspections were disciplined. In the event of a safety violation, an incident report is completed within 24-hours and submitted to the Compliance Director for review with the executive committee. Additional training was conducted and the TSD Operations Manager is conducting daily inspections to verify all areas around emergency equipment is kept clear.

Attachments: 9A: Pictures of clearance around emergency eyewash

10. Failure to comply with manifest requirements. This violation is associated with incomplete transporter and designated facility manifest information for the following:
- Company name and EPA ID# of the first transporter on line item #6 on Manifest 00921254JJK is incomplete;
 - Entries in section items #18 of quantity discrepancies of greater than 10% on Manifests 004941697FLE, 00494168FLE, 004941650FLE, 004941617FLE, 004942732FLE and 004941526FLE are incomplete;
 - As the destination facility, ACT failed to sign and date Manifest 004863490FLE on line item #20.

This is a violation of PC II.K and Permit Attachment I, AC Manifesting. **Proposed Penalty: \$13,125.**

Initial Response: The NMED inspected hundreds of manifests for over a two year period of time and every manifest, with the exception of the 8 manifests identified above, was completed fully and accurately. Beginning on October 1, 2012, ACTreatment implemented a second review of all manifests to verify that the manifest is completed correctly.

Systematic Response: A new SOP was developed and employees are trained on the new policy. In addition a QC procedure was implemented on checking manifests.

Attachments: 10A: Hazardous Waste Manifesting Procedures
10B: Manifest QC Inspection Form

11. Failure to maintain sufficient aisle space in a Container Storage Facility to allow for the unobstructed movement of personnel and fire protection equipment to any area of the facility in an emergency. This violation is associated with multiple containers in Room D blocking the emergency evacuation routes identified in Permit Figure H-1. This is a violation of PC II.I.4 and Attachment G, AC Required Aisle Space. **Proposed Penalty: \$5,750.**

Initial Response: Warehouse employees and employees who perform the daily inspections received additional training on aisle space requirements for egress and emergency equipment.

Systematic Response: The TSD Operations Manager is conducting daily inspections to verify appropriate emergency egress. ACTreatment ensured that the inspection report includes checking for adequacy of aisle space.

Attachments: 11A: Daily Inspection Training Documentation
11B: Daily Inspection Checklist

12. Failure to amend the Contingency Plan (CP) and distribute the CP to all appropriate entities when necessary. This violation is associated with an outdated reference in the CP to the St. Joseph's northeast Heights General Hospital, a facility that no longer exists, and failure to distribute the CP to the appropriate hospital. This is a violation of PC II.J.s and PC II.J.3. **Proposed Penalty: \$660.**

Initial Response: *The emergency information in the Contingency Plan is accurate. St. Joseph's Northeast Heights General Hospital still exists at the location identified in the Contingency Plan, however, the facilities name has changed to St. Joseph's Northeast Heights Hospital Women's Center. In the event of an emergency, employees would still be directed to the correct location.*

Systematic Response: *ACT will submit a permit modification letter to the NMED to change the name of St. Joseph's Northeast Heights General Hospital to St. Joseph's Northeast Heights Hospital Women's Center.*

Attachments: 12A: Picture of Hospital

13. Failure to maintain and operate the facility in a manner which minimizes the possibility of a fire. This violation is associated with the existence of tall, overgrown weeds throughout the south end of the transportation yard posing a potential fire hazard. This is a violation of PC II.A and the definition of the Facility and Container Storage Facility at PC 1.D, and Attachment C, AC Introduction. **Proposed Penalty: \$660.**

Initial Response: *The weeds were within a week of the inspection and have been maintained since the inspection.*

Systematic Response: *The daily inspection form has been updated to check for overgrown weeds that would create a fire hazard.*

*Attachments: 13A: Picture of weeds being maintained
13B: Daily Inspection Checklist*

14. Failure to have a detailed chemical and physical analysis of a representative sample of a hazardous waste. This violation is associated with the fact that the Permittee was not performing detailed analysis of any waste received and stored at the facility. This is a violation of PC II.C.1 and Attachment D, AC Physical Acceptance of Waste at the Facility. **Proposed Penalty: \$4,025.**

Issue: *ACT failed to have detailed chemical and physical analysis of the waste received.*

Initial Response: *ACT began implementation of the QA/QC procedure; see below.*

Systematic Response: *ACT follows this QA/QC procedure: When waste is received, an employee prints out the QA/QC Report and follows the cubed root procedure. If the material is a liquid, the employee writes down the color and tests for pH. If it is a fuel, a sample is obtained and sent to the lab. In the lab, it is tested for pH, halogens, color and layers are described and then it is run through the Karl Fisher to determine water concentration. After this point, the manifest and QA/QC Report are given to the waste coordinator for an initial review and then to the TSD Operations Manager for a final review.*

Attachments: 14A: Quality Assurance/ Quality Control Report

15. Failure to maintain an accurate operating record with the location of each hazardous waste in the TSDF. During the inspection containers labeled for storage in Room D were found stored in Room E. The operating record indicated the containers were stored in Room D. This is a violation of PC I.I.5 and Attachment I, AC Recordkeeping. **Proposed Penalty: \$2,760.**

Issue: At the time of the inspection, inventory was a manual process and this occurred due to operator error.

Initial Response: ACT conducted a physical inventory on a quarterly basis to verify wastes are stored in their appropriate location.

Systematic Response: The facility now utilizes an electronic database with hand-held scanners. During the receiving process, the specific drum is labeled, scanned, and then the actual bay it is put into is scanned. This information is automatically updated into Enviroware. If a drum must be relocated, the drum label is scanned and then the new location is scanned. This is also automatically updated into Enviroware. ACTreatment spent \$3,500 to add this capability to ensure waste is always tracked and in its identified location.

Attachments: 15A: Waste Tracking Report

16. Failure to post sufficient warning signs on all gates and fences at the Facility. This violation is associated with a finding of no warning signs on gates and fences associated with the adjacent yard. This is a violation of PC II.D.2 and Attachment E, AC Description of Warning Signs. **Proposed Penalty: \$690.**

The 10-day yard is part of Advanced Chemical Transport, Inc. and not ACTreatment.

Initial Response: The 10-day yard is part of Advanced Chemical Transport, Inc. and not ACTreatment, consequently it is believed that such warning signs are not required. Nevertheless, in our continued effort to ensure the safety of our employees and the community, warning signs in English and in Spanish have been posted.

Attachments: 16A: Picture of warning signs

17. Storage of hazardous waste outside the Container Storage Facility area permitted for storage. This violation is associated with 19 portable totes stored in a transportainer on September 19, 2012 in the adjacent yard described by the facility as "in transit". These wastes did not have an associated manifest at the time of the inspection and are therefore ineligible to be stored in a transfer facility. This is a violation of Attachment C, AC Design and Operation of the Container Storage Facility, and Permit Modification HWB-ACT-11-003. **Proposed Penalty: \$4,180.**

Issue: A copy of the manifest for the load was not located on the trailer; but the manifest was located in the office.

Initial Response: The manifests were located in the office and a copy provided to Frank Rodarte on November 26, 2012.

Systematic Response: ACTreatment has implemented several QC procedures, which include daily inspections of the 10-day facility (the area noted as in-transit).

Attachments: 17A: Manifests for totes

17B: Hazardous Waste 10-Day Inspection Form

18. Failure to store hazardous wastes in acceptable containers. This violation is associated with two unauthorized container types, 250-gallon tote containers and 5-gallon containers, which were used to store hazardous waste in the Container Storage Facility. The two container types are not authorized in the Permit condition. This is a violation of PC III.C.1. **Proposed Penalty: \$1,320.**

During our meeting with Mr. Amindyas on November 14, 2012, he confirmed that the definition of container is not specified in the permit and that we are allowed to store any type of container whether it be a tote or a drum.

Attachments: 18A: None

19. Failure to obtain a permit for the treatment of hazardous waste. This violation is associated with the onsite bulking, consolidating, mixing and/or blending of wastes of differing characteristics for the purpose of energy recovery; a process designed to change the physical or chemical character or composition of the waste so as to recover energy from the waste. This is a violation of 40 CFR Section 270.1(c). **Proposed Penalty: \$101,500.**

Initial Response: ACTreatment does not treat hazardous waste. ACTreatment performs consolidation of hazardous wastes prior to treatment at the final TSD. Under the federal regulations, **consolidation** alone does not require a permit. By definition, consolidation is the act of combining hazardous waste streams together, such as into a container to facilitate storage and transportation. Consolidation occurs when you remove hazardous waste from two or more containers and place them together into larger containers. It can also mean taking smaller loads of individual containers and placing them into a large container.

In contrast, the definition of treatment is any method, technique, or process designed to change the chemical or physical composition of any hazardous waste so as to:

- neutralize it
- recover energy or material resources from it
- make it non-hazardous
- make it less hazardous
- make it safer to transport, store, or dispose of
- make it amenable for recovery or storage
- or reduce it in volume

ACT does not combine different hazardous wastes for the purpose of changing the chemical or physical characteristics of the waste so an incinerator or industrial furnace can burn the waste.

*Although fuel blending is not specifically defined in the regulations, it is addressed in EPA correspondence as noted below. **Fuel blending** is a process or method designed to mix various hazardous wastes or hazardous waste and commercial fuels to meet the specifications required by an incinerator, a cement kiln, or an industrial furnace. The EPA considers fuel blending to be treatment.*

ACTreatment does not blend hazardous wastes to meet specifications required by any final TSD. Moreover, ACTreatment does not intentionally mix waste that has a lower British thermal unit

(Btu) with a high-Btu material to make the waste with the lower-Btu value amenable for energy recovery. If a waste stream with a lower Btu was mixed with a waste stream with a higher Btu, this would be 'incidental reduction'. Incidental reduction is not defined by the EPA but is clarified in EPA correspondence which specifies that 'incidental reduction' occurs when two or more similar hazardous wastes are consolidated. The resulting mixture does not exhibit the same physical or chemical characteristics as the individual wastes did prior to the consolidation. An incidental reduction of hazards is not considered treatment if you did not plan to neutralize, recover energy or resources from the waste, make the waste less hazardous, non-hazardous, safer to transport, store or dispose of, or make it amenable for recovery, storage or reduction.

It is not ACTreatment's intention to consolidate waste for the purposes specified above. Further, the consolidated waste is still sent to be treated for the individual wastes that were consolidated.

Systematic Response: ACTreatment maintains load logs with sufficient data from waste profiles to substantiate that each container had a high enough Btu value for consolidation. In addition, ACTreatment has consulted with legal and environmental consulting professionals on the fuel blending issue and have been provided with an expert outside consultant's opinion that confirms that the consolidation activities being performed by ACTreatment are not treatment and consequently are not a violation of state or federal permitting laws.

Attachments: 19A: Consultant Opinion on Definition of Treatment as it Applies to Consolidation of Similar Wastes Prior to Fuel Blending

It is ACTreatment's understanding that the penalties assessed are in part based upon a past history of noncompliance at the facility. The facility was previously owned and operated by Rinchem and was purchased by ACTreatment in October 2011. Our research suggests that Rinchem was cited with various violations in the past. Rinchem's history of past violations should not be imputed to ACTreatment.

As soon as the violations noted in the inspection report were brought to ACTreatment's attention, ACTreatment immediately made significant upper-level management changes and implemented additional employee training. Since the date of the inspection, ACTreatment has made substantial and significant improvements in employee management, training, record keeping and facility equipment. ACTreatment prides itself on being in compliance with all laws and regulations and continues to make management changes to ensure that ACTreatment's policies of safety and compliance are implemented.

We are eager to meet with the NMED to discuss the above-referenced violations and corrective action, and to further discuss a negotiated settlement to this matter. In our attempt to understand the proposed penalties, could you please provide us with your calculations before our first meeting? Please contact myself or Krista Harsono at 619-571-5737 or kwood@advancedchemical.net to propose dates for a settlement meeting.

Regards,



Shawn Moudy

General Manager
Advanced Chemical Treatment

Enclosures

cc: P. Paduano, Advanced Chemical Transport/Treatment
K. Harsono, Advanced Chemical Transport/Treatment

Attachment 1A
Initial Facility Orientation Training Documentation



Scott Andrews 10/22/12

ALBUQUERQUE WAREHOUSE – FACILITY ORIENTATION QUIZ

1. ON THE DIAGRAM PROVIDED, INDICATE THE LOCATIONS OF THE FOLLOWING SAFETY EQUIPMENT AS INDICATED:

F – 13 FIRE EXTINGUISHERS

S – 8 SHOWER/EYEWASH STATIONS

P – 1 PULL STATIONS (FOR SETTING OFF ALARMS)

W – 1 HAZARDOUS WASTE SPILL PACKS

A – 1 FIRST AID STATION

2. SPECIFY WHERE THE FOLLOWING AREAS ARE LOCATED:

a. NO SMOKING ALLOWED *Inside the fenced area, in the office buildings and in front of the warehouse office, Only allowed behind the Main Admi. building on the NW side of gate.*

b. SAFETY GLASSES REQUIRED

Inside the fenced area and inside the warehouse at all times

3. SPECIFY WHERE a) COMBUSTIBLE, b) FLAMMABLE, c) CORROSIVE BASES, AND d) CORROSIVE ACIDS ARE TO BE STORED WITHIN THE WAREHOUSE.

a. COMBUSTIBLE = Room D

b. FLAMMABLE = Room D

c. CORROSIVE BASES = Room E

d. CORROSIVE ACIDS = Room F

4. WHY IS THE FLOOR RECESSES FOUR/SIX INCHES BELOW STEMWALL?

For secondary containment in case of spill

5. LIST 4 PRECAUTIONS WHICH ARE BUILT INTO THE ACT FACILITY TO PREVENT SOIL CONTAMINATION SHOULD A HAZARDOUS WASTE SPILL OCCUR.

a. PRECAUTION 1 = Concrete Floors are Sealed

b. PRECAUTION 2 = Joints in floors are caulked

c. PRECAUTION 3 = The floors are sloped towards the aisles so that spills can readily be seen and cleaned up.

d. PRECAUTION 4 =

Spills are cleaned up as soon as they are detected.



ALBUQUERQUE WAREHOUSE -
FACILITY ORIENTATION QUIZ

John Crozes
10/22/12

1. ON THE DIAGRAM PROVIDED, INDICATE THE LOCATIONS OF THE FOLLOWING SAFETY EQUIPMENT AS INDICATED:

F - 13 FIRE EXTINGUISHERS

S - 8 SHOWER/EYEWASH STATIONS

P - 1 PULL STATIONS (FOR SETTING OFF ALARMS)

W - 1 HAZARDOUS WASTE SPILL PACKS

A - 1 FIRST AID STATION

2. SPECIFY WHERE THE FOLLOWING AREAS ARE LOCATED:

- a. NO SMOKING ALLOWED *inside the fenced area in Office Building and in front of the warehouse main office only allowed behind the main admin Building NW side by gate*
- b. SAFETY GLASSES REQUIRED *inside fenced area inside warehouse at all time*

3. SPECIFY WHERE a) COMBUSTIBLE, b) FLAMMABLE, c) CORROSIVE BASES, AND d) CORROSIVE ACIDS ARE TO BE STORED WITHIN THE WAREHOUSE.

- a. COMBUSTIBLE = *Room D*
- b. FLAMMABLE = *Room D*
- c. CORROSIVE BASES = *Room E*
- d. CORROSIVE ACIDS = *Room F*

4. WHY IS THE FLOOR RECESSES FOUR/SIX INCHES BELOW STEMWALL? *for secondary containment in case of a spill*

5. LIST 4 PRECAUTIONS WHICH ARE BUILT INTO THE ACT FACILITY TO PREVENT SOIL CONTAMINATION SHOULD A HAZARDOUS WASTE SPILL OCCUR.

- a. PRECAUTION 1 = *concrete floors are sealed*
- b. PRECAUTION 2 = *sealant in the floor and caulk used.*
- c. PRECAUTION 3 = *the floors are sloped toward the aisles so the spills can be easily seen and clean up*
- d. PRECAUTION 4 = *Spills are cleaned up as soon as they are detected.*



Cyril Dyer 10/30/12
**ALBUQUERQUE WAREHOUSE –
FACILITY ORIENTATION QUIZ**

1. ON THE DIAGRAM PROVIDED, INDICATE THE LOCATIONS OF THE FOLLOWING SAFETY EQUIPMENT AS INDICATED:

F – 13 FIRE EXTINGUISHERS

S – 8 SHOWER/EYEWASH STATIONS

P – 1 PULL STATIONS (FOR SETTING OFF ALARMS)

W – 1 HAZARDOUS WASTE SPILL PACKS

A – 1 FIRST AID STATION

2. SPECIFY WHERE THE FOLLOWING AREAS ARE LOCATED:

a. NO SMOKING ALLOWED *Inside Gate*

b. SAFETY GLASSES REQUIRED *Inside gated area + warehouse*

3. SPECIFY WHERE a) COMBUSTIBLE, b) FLAMMABLE, c) CORROSIVE BASES, AND d) CORROSIVE ACIDS ARE TO BE STORED WITHIN THE WAREHOUSE.

a. COMBUSTIBLE = *C, D, B*

b. FLAMMABLE = *C, D, B*

c. CORROSIVE BASES = *E*

d. CORROSIVE ACIDS = *F*

4. WHY IS THE FLOOR RECESSES FOUR/SIX INCHES BELOW STEMWALL?

To Contain Spills

5. LIST 4 PRECAUTIONS WHICH ARE BUILT INTO THE ACT FACILITY TO PREVENT SOIL CONTAMINATION SHOULD A HAZARDOUS WASTE SPILL OCCUR.

a. PRECAUTION 1 = *Sealed Floors*

b. PRECAUTION 2 = *Recessed Floors*

c. PRECAUTION 3 = *Sealed Seams*

d. PRECAUTION 4 = *concrete*



Advanced Chemical Transport

NO2 10/30/12

ALBUQUERQUE WAREHOUSE – FACILITY ORIENTATION QUIZ

1. ON THE DIAGRAM PROVIDED, INDICATE THE LOCATIONS OF THE FOLLOWING SAFETY EQUIPMENT AS INDICATED:

F – 13 FIRE EXTINGUISHERS

S – 8 SHOWER/EYEWASH STATIONS

P – 1 PULL STATIONS (FOR SETTING OFF ALARMS)

W – 1 HAZARDOUS WASTE SPILL PACKS

A – 1 FIRST AID STATION

2. SPECIFY WHERE THE FOLLOWING AREAS ARE LOCATED:

a. NO SMOKING ALLOWED *outside gated area*

b. SAFETY GLASSES REQUIRED *Inside gated area + warehouse.*

3. SPECIFY WHERE a) COMBUSTIBLE, b) FLAMMABLE, c) CORROSIVE BASES, AND d) CORROSIVE ACIDS ARE TO BE STORED WITHIN THE WAREHOUSE.

a. COMBUSTIBLE = *C, D, B*

b. FLAMMABLE = *C, D, B*

c. CORROSIVE BASES = *E*

d. CORROSIVE ACIDS = *F*

4. WHY IS THE FLOOR RECESSES FOUR/SIX INCHES BELOW STEMWALL?

To Contain Spills

5. LIST 4 PRECAUTIONS WHICH ARE BUILT INTO THE ACT FACILITY TO PREVENT SOIL CONTAMINATION SHOULD A HAZARDOUS WASTE SPILL OCCUR.

a. PRECAUTION 1 = *Sealed floors*

b. PRECAUTION 2 = *Recessed Floors*

c. PRECAUTION 3 = *Sealed Seams*

d. PRECAUTION 4 = *Concrete.*

Yuman Melrose
11-05-12



ALBUQUERQUE WAREHOUSE – FACILITY ORIENTATION QUIZ

1. ON THE DIAGRAM PROVIDED, INDICATE THE LOCATIONS OF THE FOLLOWING SAFETY EQUIPMENT AS INDICATED:

F – 13 FIRE EXTINGUISHERS

S – 8 SHOWER/EYEWASH STATIONS

P – 1 PULL STATIONS (FOR SETTING OFF ALARMS)

W – 1 HAZARDOUS WASTE SPILL PACKS

A – 1 FIRST AID STATION

2. SPECIFY WHERE THE FOLLOWING AREAS ARE LOCATED:

a. NO SMOKING ALLOWED *anywhere on site*

b. SAFETY GLASSES REQUIRED *anywhere in the warehouse or dock areas*

3. SPECIFY WHERE a) COMBUSTIBLE, b) FLAMMABLE, c) CORROSIVE BASES, AND d) CORROSIVE ACIDS ARE TO BE STORED WITHIN THE WAREHOUSE.

a. COMBUSTIBLE = *Room C, D*

b. FLAMMABLE = *Room C, D*

c. CORROSIVE BASES = *Room E*

d. CORROSIVE ACIDS = *Room F*

4. WHY IS THE FLOOR RECESSES FOUR/SIX INCHES BELOW STEMWALL?

In case a spill occurs.

5. LIST 4 PRECAUTIONS WHICH ARE BUILT INTO THE ACT FACILITY TO PREVENT SOIL CONTAMINATION SHOULD A HAZARDOUS WASTE SPILL OCCUR.

a. PRECAUTION 1 = *Raised stem walls*

b. PRECAUTION 2 = *sealed floors*

c. PRECAUTION 3 = *sloped the threshold*

d. PRECAUTION 4 = *downsize tank under ground*

Attachment 2A
PAIS Form Safety Talk



SAFETY TALK – Pre-Acceptance Inspection Sheet



Attachment 1

PRE-ACCEPTANCE INSPECTION SHEET FOR HAZARDOUS, TOXIC AND SPECIAL WASTE (RCRA, TSCA AND SWMR Regulated)

Generator Name:
Manifest Document Number (if blank, use # in Block 4):

Note: Read each line item and verify that it is acceptable before checking off.

- Enter the generator name
- Enter the manifest document #

- Before signing the manifest, confirm the number of containers of each stream
- Check manifest for information filled out according to instructions (dates & signatures)
- Check for appropriate DOT hazard labels and markings
- Ensure all inappropriate labeling and marking are removed or painted out
- Check drums/containers for the following:
 - DOT approved containers with proper UN markings only (check for DOT stamp on odd looking drums - Hazmat only)
 - Appropriateness for material (closed head drum - liquids, metal drum - organics, polypropylene drum - corrosives, bags/boxes - solids)
 - No leaks or stains, bungs or mgs sealed, no deep dents or creases, no open bags/boxes, generator states (and no evidence to contrary) filled at least 24 hours before pickup of shipment. (Hazmat only)
 - No liquids or dried waste on exterior (including top)
 - No evidence of inadequate headspace. (Hazmat only)
- Check wooden pallet condition for broken boards/protruding nails

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

- Read each line item and confirm by placing a check in the corresponding block

| Inspector Name (Print) | CSC | Date | Time In/Out |
|------------------------|-----|------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Type of Transfer | Initial Pickup | CSC load & count | CSC load & count | CSC load & count |
|------------------|----------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- The person inspecting the load must enter their name
- The CSC is the branch of the individual making the entry
- Enter the date
- Enter the time in/out
- Enter the type of transfer – inspector must sign their name to the line item they have completed
- The CSC load count is used when the load is transferred from one truck to another or when the load is received at ACT Treatment



SAFETY TALK – *Pre-Acceptance Inspection Sheet*

PRACTICAL:

Complete the PAIS form for the following scenario:

- JOHNNY TECH IS GIVEN A PICK UP PACK FOR WIDGET MASTER. THE MANIFEST IS TO TERMINATE AT ACT TREATMENT. JOHNNY CHECKS THAT A PAIS FORM IS INCLUDED WITH HIS PACKET.
- JOHNNY ARRIVES AT WIDGET MASTER. HE INSPECTS ALL THE CONTAINERS HE'S TO LOAD ONTO HIS TRUCK. BEFORE HE COMPLETES HIS MANIFEST HE REVIEWS HIS PAIS FORM. HE WRITES HIS NAME IN THE "INSPECTOR NAME (PRINT) SECTION THAN STARTS WITH LINE NUMBER 1, ENDING IN LINE 6. AFTER READING AND CONFIRMING EACH LINE HE PUTS A CHECK MARK IN EACH BOX TO THE FAR RIGHT OF THE FORM. ONCE COMPLETED HE SIGNS HIS NAME IN THE BOX MARKED INITIAL PICKUP. HE COMPLETES THE MANIFEST AND INCLUDES THE FORM WITH THE MANIFEST.
- JOHNNY ARRIVES BACK AT THE BRANCH. STEVE IRONBACK IS THE GUY WHOSE JOB IT IS TO REMOVE THE DRUMS FROM THE ROUTE TRUCK AND LOAD THEM ONTO THE CONSOLIDATION TRUCK AT THE END OF THE DAY. STEVE REVIEWS THE MANIFEST AND PAIS FORM TO MAKE SURE EVERYTHING MADE IT TO THE BRANCH SAFE AND SOUND. STEVE ENTERS HIS NAME UNDER JOHNNY'S AND REVIEWS LINES 1-6 BASED UPON WHAT HE SEES AND CHECKS OFF THAT CORRESPONDING BOX. HE THEN CHECKS OFF THE BOX UNDER CSC LOAD & COUNT AND SIGNS THE BOX
- THE CONSOLIDATION TRUCK ARRIVES IN ESCONDITO WHERE WILLIAM TRUCKMASTER OFFLOADS THE TRUCK TO PUT IN ON THE FINAL TRUCK TO THE TSDF. WILLIAM PULLS THE WASTE OFF THE TRUCK AND CONFIRMS WITH THE MANIFEST THAT THE WASTE IS GOING TO THE TSDF. WILLIAM PUTS HIS NAME IN THE NEXT LINE OF INSPECTORS UNDER STEVE IRONBACK, AND COMPLETES LINES 1-6 AND PUTS A CHECKMARK IN EACH CORRESPONDING BOX , CHECKS THE CSC LOAD AND COUNT BOX THEN SIGNES HIS NAME IN THE BOX. WILLIAM THEN PLACES THE PAIS FORM WITH THE MANIFEST AND GIVES IT TO THE DRIVER HAULING THE LOAD TO ALBUQUERQUE
- THE TRUCK ARRIVES AT ALBUQUERQUE. THE TRUCK IS OFFLOADED AND PLACED INTO GROUPS BY MANIFEST. ROB GOFF REVIEWS EACH MANIFEST AND GROUP TO MAKE SURE EVERYTHING IS RECEIVED CORRECTLY. HE PUTS HIS NAME UNDER WILLIAMS NAME IN THE INSPECTOR NAME COLUMN AND PROCEEDS DOWN LINES 1-6 PLACING A CHECK IN EACH COMPLETED BOX. WHEN HE FINISHES THE CHECKS HE CHECKS THE CSC LOAD & COUNT BOX AND SIGNS HIS NAME. THE FORM IS INCLUDED WITH THE MANIFEST WHERE IT IS TAKEN TO RECEIVING. RECEIVING INCLUDES THE COMPLETED FORM WITH THE TSDF COPY ON FILE FOR REVIEW BY AN AUDITOR.



SAFETY TALK – Pre-Acceptance Inspection Sheet

ANSWER SHEET:



Attachment 1

PRE-ACCEPTANCE INSPECTION SHEET FOR HAZARDOUS, TOXIC AND SPECIAL WASTE (RCRA, TSCA AND SWMR Regulated)

Generator Name: WIDGET MASTERS
Manifest Document Number (If blank, use # in Block 4): 000999221 JJK

Note: Read each line item and verify that it is acceptable before checking off.

1. Before signing the manifest, confirm the number of containers of each stream
2. Check manifest for information filled out according to instructions (dates & signatures)
3. Check for appropriate DOT hazard labels and markings
4. Ensure all inappropriate labeling and marking are removed or painted out
5. Check drums/containers for the following:
 - a. DOT approved containers with proper UN markings only (check for DOT stamp on odd looking drums - Hazmat only)
 - b. Appropriateness for material (closed head drum - liquids, metal drum - organics, poly/poly-lined drum - corrosives, bags/boxes - solids)
 - c. No leaks or stains, bungs or rings sealed, no deep dents or creases, no open bags/boxes, generator states (and no evidence to contradict) filled at least 24 hours before pickup of shipment. (Hazmat only)
 - d. No liquids or dried waste on exterior (including top)
 - e. No evidence of inadequate headspace. (Hazmat only)
3. Check wooden pallet condition for broken boards/protruding nails

Line item record of problems and resolution (use other side if necessary):

It is vital to be firm but very courteous when dealing with customers regarding suspected discrepancies. If they don't readily agree that changes are necessary, ask for permission to contact your supervisor. We do not reject shipments without every effort to rectify non-compliance and we do not accept shipments until they comply.

| Type of Transfer | Initial Pickup | CSC load & count | CSC load & count | CSC load & count |
|------------------|----------------|------------------|------------------|------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |

| | | | | |
|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ |

| Inspector Name (Print) | CSC | Date | Time In/Out |
|------------------------|-----|----------|-------------|
| JOHNNY TEE | 10 | 11/16/10 | 0900-1600 |
| STEVE FERRER | 10 | 11/16/10 | 1600 |
| BILL TRULLWISSE | 50 | 11/16/10 | 0800 |
| BOB GUFF | 60 | 11/16/10 | 1300 |

Attachment 2B
Job Packet QC Inspection Form



Advanced Chemical Transport

Job Packet QC Inspection Form

Check each item as either yes, no or NA (whether or not it is in the job packet) and provide comments as appropriate.

Inspected by: _____ Date: _____

Job #: _____

| | ITEM | Comments | Yes | No | NA |
|-----|--------------------------------------------------------------------------|----------|-----|----|----|
| 1. | Work order signed by Customer | | | | |
| 2. | Manifest | | | | |
| 3. | Bill of Lading | | | | |
| 4. | Medical Waste Tracking Document | | | | |
| 5. | PAIS form complete and signed by all parties | | | | |
| 6. | Weight Logs | | | | |
| 7. | Copy of Purchase Order (if new client) | | | | |
| 8. | Copy of Proposal (if new client) | | | | |
| 9. | Credit Application (if new client) | | | | |
| 10. | New Client AR Sheet (if new client) | | | | |
| 11. | Vendor invoices for the project | | | | |
| 12. | Credit card receipts for the project | | | | |
| 13. | Health & Safety Plan (HASP) I, II, or III – completed and signed by crew | | | | |

Inspector Print Name

Inspector Signature

Date

Attachment 3A
Daily Inspection Training Documentation

Attachment 4A
Daily Inspection Checklist



Advanced Chemical Treatment

DAILY INSPECTION SHEET

Inspector: _____ Inspector Signature: _____

Date: _____ Time: _____

| ITEM | CRITERIA/OBSERVATIONS | STATUS (A) Acceptable (U) Unacceptable | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| Container Loading / Unloading Area | <ul style="list-style-type: none">- Check that no containers of hazardous waste are left open or exposed overnight- Check for evidence of spilled material on concrete below truck and on dock- Check for debris and refuse | _____ | _____ |
| Container Storage Area | <ul style="list-style-type: none">- Check for evidence of spilled material on concrete floor and drains- Check for debris and refuse- Check for adequacy of aisle space | _____ | _____ |
| Stored Containers | <ul style="list-style-type: none">- Check for container leaks or swelling- Check that containers are not open- Check for proper placement | _____ | _____ |
| Security Equipment | <ul style="list-style-type: none">- Check that alarm is working- Check that the gates close properly and locks are in working order | _____ | _____ |
| Communication Equipment | <ul style="list-style-type: none">- Check that access to telephones is not blocked- Check that access to pull stations are not blocked | _____ | _____ |



Advanced Chemical Treatment

DAILY INSPECTION SHEET

| ITEM | CRITERIA/OBSERVATIONS | STATUS (A) Acceptable (U) Unacceptable | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| Emergency Equipment | - Check that access to fire extinguishers are not blocked - Check that access to eyewash/shower stations are not blocked - Check that access to emergency exits are not blocked | | |
| Safety Equipment | - Check water pressure in eyewash/shower stations (check weekly) - Check for leaks in eyewash/shower stations | | |
| Fire Safety | - Check for overgrown weeds that would create a fire hazard | | |

I certify that the above recommended action has been taken on items mentioned above and/or defective items are now satisfactory.

Supervisor: _____

Date: _____

Attachment 6A
Permit Renewal Modification Request



December 10, 2012

Mr. John Kieling
 Chief, Hazardous Waste Bureau,
 New Mexico Environment Department
 2905 Rodeo Park Drive East, Building 1
 Santa Fe, NM 87505

RE: Amendment for Part B Permit Renewal Application– NMD002208627:

Dear Mr. Kieling:

Advanced Chemical Treatment, Inc. (ACT Treatment) would like to submit an amendment request to the RCRA Part B renewal application for the TSDf located at 6133 Edith Blvd. NE – EPA ID #NMD002208627. ACT Treatment would like to make the following modifications:

1. Update the allowable amount of waste stored onsite from 55,000 gallons to 261,780 gallons.
2. Update container storage requirements to be able to stack containers five gallons in size up to three high.

To address Item #1, ACT Treatment would like to increase the allowable amount of waste stored at the Facility to 293,460 gallons (261,780 gallons indoors and 31,680 gallons in the 10-day temporary storage area outdoors). The amount requested for indoor storage is 75% of the maximum allowable waste per storage unit. The table below summarizes the maximum volume of wastes (per gallons) and the requested amount in the last column by storage area. Note, the amounts for outdoor storage previously submitted to the Department will remain the same.

| Type of Storage Unit / Area | Waste Description | Area (square feet) | Maximum Volume of Wastes (gallons) | Requested amount per room (gallons) |
|-----------------------------------------------|------------------------------------------------------------------|--------------------|------------------------------------|-------------------------------------|
| A | Inorganic Chemicals | 1250 | 15,840 | 11,880 |
| B | Organic Chemicals | 1250 | 15,840 | 11,880 |
| C | Organic Chemicals | 5000 | 79,860 | 59,895 |
| D | Organic Chemicals | 5000 | 73,900 | 55,425 |
| E | Organic Chemicals | 5500 | 81,800 | 61,350 |
| F | Inorganic Chemicals | 5500 | 81,800 | 61,350 |
| Dry-Van Truck Parking & Roll-Off Storage Area | <i>10-day temporary storage before being moved to any of the</i> | NA | 31,680 | 31,680 (same) |



Advanced Chemical Treatment

| Type of Storage Unit / Area | Waste Description | Area (square feet) | Maximum Volume of Wastes (gallons) | Requested amount per room (gallons) |
|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|------------------------------------|-------------------------------------|
| | <i>storage rooms A through F.</i> | | | |
| Special Waste Storage Area – <i>Southern yard</i> | Special Waste is stored here prior to being moved to a TSDf that accepts and treats it. | NA | 200 cubic yards | NA |
| TOTAL WASTE | | | | 293,460 gallons |

To address Item #2, ACT Treatment would like to change the language in the permit in order to be able to stack containers five gallons in size up to three high. The maximum recommended stacking height is 6.5 feet. Containers stored up to this height are still easily inspected and three five gallon containers stacked one on top of another are approximately 3.5 feet in height. These containers are built to DOT specifications and are able to withstand a drop test greater than three feet when full.

If NMED requires further information or documents to process this amendment request, please contact myself, Krista Harsono at 619-571-5737 or kwood@advancedchemical.net and I will respond in a timely manner.

Regards,

Krista W. Harsono

Krista W. Harsono
Compliance Director
Advanced Chemical Transport/Treatment

Enclosures

cc: P. Paduano, Advanced Chemical Transport/Treatment
S. Moudy, Advanced Chemical Transport/Treatment
C. Amindyas, NMED HW
S. Pullen, NMED HW

Attachment 7A
Incident Report Form

**Advanced Chemical Transport, Inc.
Injury, Illness, Incident and/or Near Miss Form**

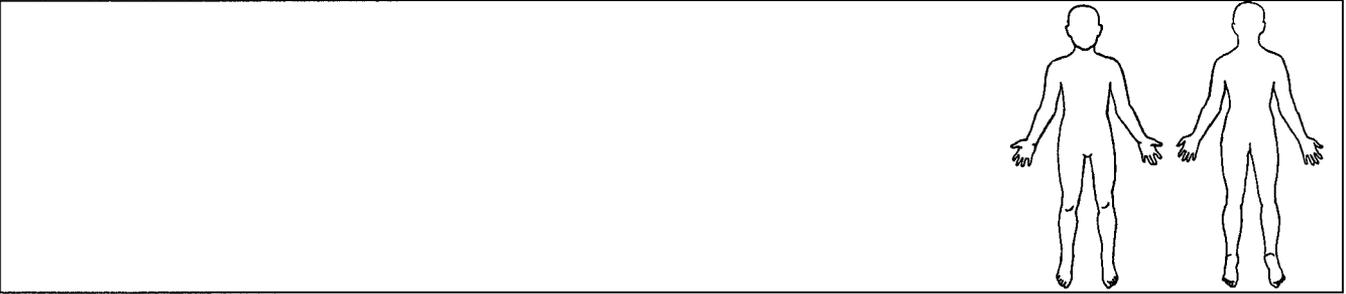
Date/Time of Incident: _____ AM PM Date/Time Incident Report Completed: _____ AM PM
 Gender: Male Female Time Employee Began Work: _____ AM PM

Basic Information of Person Involved in the Incident

Name: _____ Home Telephone: _____
 Home Address: _____ Work Extension: _____
 Affiliation: Employee (position) _____ Contract Employee Vendor Other: _____
 Full-Time Part-Time
 Experience: _____ Months with ACT _____ Months doing this job
 Have there been similar incidents prior to this one? No Yes (describe): _____

Location where incident occurred (include address of ACT facility or client site):

Supervisor description of the incident including **Who, What, Where and How** and include the nature of the injury (*if applicable*). Describe step-by-step the events that led up to the incident. List parts of body affected and type of injury, i.e., sprained right ankle. Also on the figures below, circle the location of any bruises, cuts, scratches, injuries or other marks that occurred as a result of the incident:



Employee statement of incident (including the suspected cause of the incident):

Witness Information (*if applicable*) Describe the incident including Who, What, Where and How (please just list the facts as you know them; do not speculate as to the cause of the incident)

Medical Treatment Information (*if applicable*)

Was First Aid administered? Yes No If yes, by whom? _____
 Did the injured party receive medical treatment beyond first aid? Yes No If yes, date and time injured party sought medical attention: _____ AM PM
 Medical Care Provider Name (hospital/physician): _____
 Address: _____ Telephone: _____

Property Damage/Loss Information (*if applicable*)

Property Owner's Name: _____ Home Telephone: _____

**Advanced Chemical Transport, Inc.
Injury, Illness, Incident and/or Near Miss Form**

Property Owner's Address: _____ Work Telephone: _____

Property Owner's Affiliation: Employee Contract Employee Vendor Other: _____

Nature and extent of damage/loss (please attach photographs or diagrams if available):

Root Cause Analysis – check all that apply (to be completed by supervisor)

Unsafe Acts

- Improper work technique
- Safety rule violation
- Improper PPE or PPE not used
- Operating without authority
- Failure to warn or secure
- Operating at improper speeds
- By-passing safety devices
- Guards not used
- Improper loading or placement
- Improper lifting
- Servicing machinery in motion
- Horseplay
- Drug or alcohol use
- Unnecessary haste
- Unsafe act of others
- Other: _____

Unsafe Conditions

- Poor workstation design or layout
- Congested work area
- Hazardous substances
- Fire or explosion hazard
- Inadequate ventilation
- Improper material storage
- Improper tool or equipment
- Insufficient knowledge of job
- Slippery conditions
- Poor housekeeping
- Excessive noise
- Inadequate guarding of hazards
- Defective tools/equipment
- Insufficient lighting
- Inadequate fall protection
- Other: _____

Management Deficiencies

- Lack of written procedures or policies
- Safety rules not enforced
- Hazards not identified
- PPE unavailable
- Insufficient worker training
- Insufficient supervisor training
- Improper maintenance
- Inadequate supervision
- Inadequate job planning
- Inadequate hiring practices
- Inadequate workplace inspection
- Inadequate equipment
- Unsafe design or construction
- Unrealistic scheduling
- Poor process design
- Other: _____

Incident Analysis – Why did the Unsafe Acts Occur (if applicable)?

Why did the Unsafe Condition Exist (if applicable)? If so, were the unsafe acts or conditions reported prior to the incident?

Why was Management Deficient in Their Practices (if applicable)?

**Advanced Chemical Transport, Inc.
Injury, Illness, Incident and/or Near Miss Form**

Preventative Actions – Describe actions that will be taken to prevent recurrence. Ensure corrective actions are completed within four weeks of incident!

| | Preventative Action | Due Date | By Whom | Date Complete |
|----|---------------------|----------|---------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Reporting Party Identification

| | |
|----------------------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
| Supervisor Signature: _____ | Date: _____ |
| Safety Representative Signature: _____ | Date: _____ |
| HR Representative Signature _____ | Date: _____ |

If injury was recordable was employee provided with DWC Form 1 and signed form given to employee and insurance claims administrator within one day or receipt of the form?

Yes NA

*If injury was recordable was form 5020 completed within 5 days and submitted to insurance claims administrator? Note: If an employee subsequently dies as a result of a previously reported injury or illness, ACT must file within **five days** of knowledge an amended report indicating death.*

Yes NA

NOTE: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Attachment 7B
Drum Vendor Audit Checklist



DRUM VENDOR SELF AUDIT CHECKLIST

Vendor Name: _____ Date: _____

Vendor Address: _____

Completed by: _____ Signature: _____ Title: _____

- ACT Location to which Drums are Supplied
- 1210 Elko Drive, Sunnyvale, CA 94089
 - 2010 Mission Road, Escondido, CA 92029
 - 265 Riggs Ave. Merced, CA 95341
 - 13722 Carmenita Road, Santa Fe Springs, CA 90670
 - 6137 Edith Blvd. N.E., Albuquerque, New Mexico 87107
 - 511 Highway 213, Chaparral, New Mexico 88081
 - KM 28.5 Carr. Pan Americana CD., Juarez Chi Hua Hua, Mexico 32695

- Container Condition:
- New
 - Reconditioned

- Types of Drums Supplied:
- CYB
 - Poly
 - Pails / Carboy
 - Special Order
 - Fiber
 - Steel
 - Lab Pack
 - Other

- Attach the following documents to this checklist:
- Certificates to demonstrate that each container conforms with the performance testing provisions in 48 CFR §178.600
 - Drum assembly instructions
 - Drum closure/torque instructions

| | ITEM | Comments | Yes | No | NA |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|----|
| 1. | Does packaging conform to the test provisions located in 49 CFR §178.600? | | | | |
| 2. | Does vendor use a DOT approved third party testing facility to perform the design qualification and the periodic retests? <i>If yes, please include the name of the third party in the 'comments' section.</i> | | | | |
| 3. | Do markings on drums contain the information outlined in 49 CFR §178.503? | | | | |
| 4. | Is the drum marking "readily visible" and not applied to a removable cover? | | | | |
| 5. | Are drums with a capacity greater than 26.5 gallons only reused after proper reconditioning if | | | | |



Advanced Chemical Transport

DRUM VENDOR SELF AUDIT CHECKLIST

| | ITEM | Comments | Yes | No | NA |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|----|
| | the steel thickness is a minimum of 0.0362 inch? | | | | |
| 6. | Are drums which are constructed after January 1, 1997 and intended for reuse have a minimum of 0.0323 inch body and 0.0437 inch head and bottom? | | | | |
| 7. | Are 1A2 salvage drums marked "T" tested as Packing Group II packagings for solids where water is the test substance filled to not less than 98% of maximum capacity, and do the drums pass a leak proofness test of 30 kPa? | | | | |
| 8. | Are 1A2 salvage drums tested and marked for Packing Group III or higher for liquids or solids and do the drums pass a leak proofness test of 20 kPa (3psi)? | | | | |
| 9. | Are drums embossed that meet the 1.11/.82/1.11 mm thickness as a nominal marking of 1.2/.9/1.2mm as required by the D.O.T? | | | | |
| 10. | Do you recondition drums onsite to resell? If yes, please complete the following: <ul style="list-style-type: none"> - Are containers inspected upon arrival at the facility? - How are containers cleaned? - What happens to waste from the cleaning process? - Do you have the necessary permits and insurance in place? - Do you maintain a compliance training program? - Do you have a closure plan? | | | | |
| 11. | Do you purchase reconditioned drums from other vendors and resell these drums to ACT? If yes, please complete the following for each vendor used: <ul style="list-style-type: none"> - Are containers inspected upon arrival at the facility? - How are containers cleaned? - What happens to waste from the cleaning process? - Does vendor have the necessary permits and insurance in place? - Does vendor maintain a compliance training program? - Does vendor have a closure plan? | | | | |

TO BE COMPLETED BY ACT



Advanced Chemical Transport

DRUM VENDOR SELF AUDIT CHECKLIST

Approved

*Not Approved

Actions needed to approve vendor:

Attachment 8A
Picture of Vented Bung used by ACTreatment



Attachment 9A
Pictures of Clearance Around Emergency Eyewash



Attachment 10A
Hazardous Waste Manifesting Procedure

Hazardous Waste Manifesting Procedures

Advanced Chemical Transport, Inc.

September 2012

Policy As a transporter of hazardous wastes, Advanced Chemical Transport (ACT) is required to manifest all hazardous wastes being transported. Because of the regulatory issues involved, it is important that ACT fill out the manifests accurately and as detailed as necessary to maintain compliance.

Purpose This manual is designed to inform employees about ACT's procedure for properly preparing manifests for hazardous waste shipments.

ACT complies with all applicable federal, state and local environmental health and safety regulations. ACT employees are required to understand and to comply with the policies and procedures stated in this manual, as well as, all regulations pertaining to their operations.

Contents This document contains the following topics:

| Topic | See Page |
|---------------------------------------------------------------|----------|
| Section 1 – General Information | 2-5 |
| Section 2 – Instructions for International Shipment Block | 5 |
| Section 3 – Instructions for Transporters | 5 |
| Section 4 – Instructions for Owners and Operators of TSDFs | 5-7 |
| Section 5 – Manifest Continuation Sheet U.S EPA Form 8700-22A | 7 |
| Section 6 – Generator Information | 7-8 |
| Section 7 – Transporter Information | 8 |
| Section 8 – Owner and Operators of TSDFs | 8 |
| Attachment A – Training Verification Form | 9 |

1 General Information

Item 1 Generators U.S. EPA ID Number: Enter the generator’s U.S. EPA twelve digit identification number. If the generator site does not have an EPA identification number and one is necessary, it may be obtained by contacting N.M.E.D (New Mexico Environment Department). If the Generator is a small quantity generator or a conditionally exempt small quantity generator then you may enter in CESQG or SQG in this area.

Item 2 Page 1 of _ : Enter the total number of pages used to complete this Manifest. For example, if 3 Manifest Continuation Sheets were used you would write down Page 1 of 4.

Item 3 Emergency Response Phone: Enter a phone number for which emergency response information can be obtained in the event of an incident during transportation. The emergency response number must:

- Be the number of the generator or the number of an agency or organization who is capable of and accepts responsibility for providing detailed information about the shipment;
- Reach a phone that is monitored 24 hours a day at all times the waste is in transportation (including transportation related storage); and
- Reach someone who is either knowledgeable of the hazardous waste being shipped and has comprehensive emergency response and spill cleanup/incident mitigation information for the material being shipped or has immediate access to a person who has that knowledge and information about the shipment. Note: Emergency Response phone number information should only be entered in Item 3 when there is one phone number that applies to all the waste materials described in Item 9b. If a situation (e.g., consolidated shipments) arises where more than one Emergency Response phone number applies to the various wastes listed on the manifest, the phone numbers associated with each specific material should be entered after its description in Item 9b.

Item 4 Manifest Tracking Number: This unique tracking number must be pre-printed on the manifest by an authorized forms printer, i.e. Label master.

Item 5 Generator’s Mailing Address, Phone Number and Site Address: Enter the name of the generator, the mailing address to which the completed manifest signed by the designated facility should be mailed, and the generator’s telephone number. Note: the telephone number (including area code) should be the normal business number for the generator or the number where the generator or his authorized agent may be reached to provide instructions in the event the designated and/or alternate (if any) facility rejects some or all of the shipment. Also enter the physical site address from which the shipment originates only if this address is different than the mailing address.

| | | | |
|---------------------------------------------------|----------------------------------|--------------------------------|------------------|
| Prepared By: Advanced Chemical Transport, Inc. | Issue date: September 5, 2012 | Replaces: NA – New Document | Page: 2 of 10 |
|---------------------------------------------------|----------------------------------|--------------------------------|------------------|

Item 6 Transporter 1 Company Name, and U.S. EPA ID Number: Enter the company name and U.S. EPA ID number of the first transporter who will transport the waste. Vehicle or driver information may not be entered here.

Item 7 Transporter 2 Company Name and U.S. EPA ID Number: If applicable, enter the company name and U.S. EPA ID number of the second transporter who will transport the waste. Vehicle or driver information may not be entered here. If more than two transporters are needed, use a continuation sheet(s) (EPA form 8700-22A)

Item 8 Designated Facility Name, Site Address, and U.S. EPA ID Number: Enter the company name and site address of the facility designated to receive the waste listed on the manifest. Also enter the facility's phone number and the U.S. EPA twelve-digit identification number of the facility.

Item 9 U.S DOT Description (Including Proper shipping name, Hazard class or Division, Identification number and packing group.

9a. If the wastes identified in Item 9b consist of both hazardous and nonhazardous materials, then identify the hazardous materials by entering the "X" in this item next to the corresponding hazardous material identified in Item 9b.

9b. Enter the U.S. DOT Proper Shipping Name, Hazard Class or Division, Identification Number (UN/NA) and Packing Group for each waste as identified in 49 CFR 172. Include technical name(s) and reportable quantity references, if applicable. Note: if additional space is needed for waste descriptions, enter these additional descriptions in Item 27 on the continuation sheet (EPA Form 8700-22A). Also, if more than one Emergency Response phone number applies to the various wastes described in either Item 9b or Item 27, enter applicable Emergency Response phone numbers immediately following the shipping descriptions for those items.

Item 10 Containers (Number and Type): Enter the number of containers for each waste and appropriate abbreviation from the list (below) for the type of container.

| Types of Containers | |
|--------------------------------------------------------|----------------------------------|
| BA = Burlap, cloth, paper or plastic bags | DT = Dump truck |
| CF = Fiber or plastic boxes, cartons, cases | DW = Wooden drums, barrels, kegs |
| CM = Metal boxes, cartons, cases (including Roll-offs) | HG = Hopper or gondola cars |
| CW = Wooden boxes, cartons, cases | TC = Tank cars |
| CY = Cylinders | TP = Portable tanks |
| DF = Fiberboard or plastic drums, barrels, kegs | TT = Cargo tanks (tank trucks) |
| DM = Metal drums, barrels, kegs | |

Item 11 Total Quantity: Enter, in designated boxes, the total quantity of waste. Round partial units to the nearest whole unit, and do not enter decimals or fractions. To the extent practical, report quantities using appropriate units of measure that will allow you to

| | | | |
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report quantities with precision. Waste quantities entered should be based on actual measurements or reasonably accurate estimates of actual quantities shipped. Container capacities are not acceptable as estimates.

Item 12 Units of Measure (Weight/Volume): Enter, in designated boxes, the appropriate abbreviation from the list below for the unit of measure.

- G = Gallons (Liquids only)
- P = Pounds
- Y = Cubic Yards
- T = Tons (2000 pounds)
- K = Kilograms*
- L = Liter (Liquids Only)
- M = Metric Tons (1000 kg.)
- N = Cubic Meters

*When transporting PCB's the weight must be in Kilograms. The above abbreviations are the only ones allowed.

Note: Tons, Metric Tons, Cubic Meters and Cubic Yards should only be reported in connection with very large bulk shipments, such as rail cars, tank trucks, or barges.

Item 13 Waste Codes: Enter up to six federal and state waste codes to describe each waste stream identified in Item 9b. State waste codes that are not redundant with federal codes must be entered here, in addition to the federal waste codes which are most representative of the properties of the waste.

Item 14 Special Handling Instructions and Additional Information:

Generators may enter any special handling or shipment-specific information necessary for the proper management or tracking of the materials under the generator's or other handler's business processes, such as waste profile numbers, container codes, bar codes, or response guide numbers. Generators also may use this space to enter additional descriptive information about their shipped materials, such as chemical names, constituent percentages, physical state, or specific gravity of wastes identified with volume units in Item 12.

This space may be used to record limited types of federally required information for which there is no specific space provided on the manifest, including any alternate facility designations; the manifest tracking number of the original manifest for rejected wastes and residues that are re-shipped under a second manifest; and the specification of PCB waste descriptions and PCB out-of-service dates required under 40 CFR 761.207. Generators, however, cannot be required to enter information in this space to meet state regulatory requirements.

Item 15 Generator's/Officer's Certifications

The generator must read, sign, and date the waste minimization certification statement. In signing the waste minimization certification statement, those

| | | | |
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generators who have not been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002(b) of RCRA are also certifying that they have complied with the waste minimization requirements. The Generator's Certification also contains the required attestation that the shipment has been properly prepared and is in proper condition for transportation (the shipper's certification). The content of the shipper's certification statement is as follows: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent." When a party other than the generator prepares the shipment for transportation, this party may also sign the shipper's certification statement as the offeror of the shipment.

Generator or Offeror personnel may preprint the words, "On behalf of" in the signature block or may hand write this statement in the signature block prior to signing the generator/offeror certification, to indicate that the individual signs as the employee or agent of the named principal. Note: All of the above information except the handwritten signature required in Item 15 may be pre-printed.

2 Instructions for International Shipment Block

- Item 16** International Shipments:
For export shipments, the primary exporter must check the export box, and enter the point of exit (city and state) from the United States. For import shipments, the importer must check the import box and enter the point of entry (city and state) into the United States. For exports, the transporter must sign and date the manifest to indicate the day the shipment left the United States. Transporters of hazardous waste shipments must deliver a copy of the manifest to the U.S. Customs when exporting the waste across U.S. borders.

3 Instructions for Transporters

- Item 17** Transporters' Acknowledgments of Receipt

Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt. Only one signature per transportation company is required. Signatures are not required to track the movement of wastes in and out of transfer facilities, unless there is a change of custody between transporters. If applicable, enter the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the

| | | | |
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waste described on the manifest by signing and entering the date of receipt. Note: Transporters carrying imports, who are acting as importers, may have responsibilities to enter information in the International Shipments Block. Transporters carrying exports may also have responsibilities to enter information in the International Shipments Block. See above instructions for Item 16.

4 Instructions for Owners and Operators of TSDFs

Item 18 - Discrepancies

18a. Discrepancy Indication Space

The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancies between the waste described on the manifest and the waste actually received at the facility. Manifest discrepancies are: significant differences (as defined by §§ 264.72(b) and 265.72(b)) between the quantity or type of hazardous waste designated on the manifest or shipping paper, and the quantity and type of hazardous waste a facility actually receives, rejected wastes, which may be a full or partial shipment of hazardous waste that the TSDF cannot accept, or container residues, which are residues that exceed the quantity limits for "empty" containers set forth in 40 CFR 261.7(b). 2. For rejected loads and residues (40 CFR 264.72(d), (e), and (f), or 40 CFR 265.72(d), (e), or (f)), check the appropriate box if the shipment is a rejected load (i.e., rejected by the designated and/or alternate facility and is sent to an alternate facility or returned to the generator) or a regulated residue that cannot be removed from a container. Enter the reason for the rejection or the inability to remove the residue and a description of the waste. Also, reference the manifest tracking number for any additional manifests being used to track the rejected waste or residue shipment on the original manifest. Indicate the original manifest tracking number in Item 14, the Special Handling Block and Additional Information Block of the additional manifests. 3. Owners or operators of facilities located in unauthorized states (i.e., states in which the U.S. EPA administers the hazardous waste management program) who cannot resolve significant differences in quantity or type within 15 days of receiving the waste must submit to their Regional Administrator a letter with a copy of the manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72(c) and 265.72(c)). 4. Owners or operators of facilities located in authorized states (i.e., those states that have received authorization from the U.S. EPA to administer the hazardous waste management program) should contact their state agency for information on where to report discrepancies involving "significant differences" to state officials.

18b. Alternate Facility (or Generator) for Receipt of Full Load Rejections

Enter the name, address, phone number, and EPA Identification Number of the Alternate Facility which the rejecting TSDF has designated, after consulting with the generator, to receive a fully rejected waste shipment. In the event that a fully rejected shipment is being returned to the generator, the rejecting TSDF may enter

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the generator's site information in this space. This field is not to be used to forward partially rejected loads or residue waste shipments.

18c. Alternate Facility (or Generator) Signature

The authorized representative of the alternate facility (or the generator in the event of a returned shipment) must sign and date this field of the form to acknowledge receipt of the fully rejected wastes or residues identified by the initial TSDF.

Item 19 Hazardous Waste Report Management Method Codes

Enter the most appropriate Hazardous Waste Report Management Method code for each waste listed in Item 9. The Hazardous Waste Report Management Method code is to be entered by the first treatment, storage, or disposal facility (TSDF) that receives the waste and is the code that best describes the way in which the waste is to be managed when received by the TSDF.

Item 20 Designated Facility Owner or Operator Certification of Receipt (Except As Noted in 18a)

Enter the name of the person receiving the waste on behalf of the owner or operator of the facility. That person must acknowledge receipt or rejection of the waste described on the manifest by signing and entering the date of receipt or rejection where indicated. Since the Facility Certification acknowledges receipt of the waste except as noted in the Discrepancy Space in Item 18a, the certification should be signed for both waste receipt and waste rejection, with the rejection being noted and described in the space provided in Item 18a. Fully rejected wastes may be forwarded or returned using Item 18b after consultation with the generator. Enter the name of the person accepting the waste on behalf of the owner or operator of the alternate facility or the original generator. That person must acknowledge receipt or rejection of the waste described on the manifest by signing and entering the date they received or rejected the waste in Item 18c. Partially rejected wastes and residues must be re-shipped under a new manifest, to be initiated and signed by the rejecting TSDF as offeror of the shipment.

5 Manifest Continuation Sheet

US EPA Form 8700-22A The form must be used as a continuation sheet to U.S. EPA Form 8700-22 if: More than two transporters are to be used to transport the waste; or, More space is required for the U.S. DOT descriptions and related information in Item 9 of U.S. EPA Form 8700-22. Federal regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the uniform hazardous waste manifest (EPA Form 8700-22) and, if necessary, the continuation sheet (EPA Form 8700-22A) for both interstate and intrastate transportation.

| | | | |
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6 Generator Information

- Item 21** Generator's ID Number: Enter the generator's U.S. EPA twelve-digit identification number or, the state generator identification number if the generator site does not have an EPA identification number.
- Item 22** Page ___ : Enter the page number of the continuation sheet.
- Item 23** Manifest Tracking Number: Enter the Manifest Tracking Number from Item 4 of the manifest form to which the continuation sheet is attached.
- Item 24** Generator's Name: Enter the generator's name as it appears in Item 5 on the first page of the manifest.
- Item 25** Transporter—Company Name
If additional transporters are used to transport the waste described on the manifest, enter the company name of each additional transporter in the order in which they will transport the waste. Enter after the word "Transporter" the order of the transporter. For example, Transporter 3 Company Name. Also enter the U.S. EPA twelve-digit identification number of the transporter described in Item 25.
- Item 26** Transporter—Company Name
If additional transporters are used to transport the waste described on the manifest, enter the company name of each additional transporter in the order in which they will transport the waste. Enter after the word "Transporter" the order of the transporter. For example, Transporter 4 Company Name. Each continuation sheet can record the names of two additional transporters. Also enter the U.S. EPA twelve-digit identification number of the transporter named in Item 26.
- Item 27** U.S. D.O.T. Description Including Proper Shipping Name, Hazardous Class, and ID Number (UN/NA)
For each row enter a sequential number under Item 27b that corresponds to the order of waste codes from one continuation sheet to the next, to reflect the total number of wastes being shipped. Refer to instructions for Item 9 of the manifest for the information to be entered.
- Item 28** Containers (No. And Type) Refer to the instructions for Item 10 of the manifest for information to be entered.
- Item 29** Total Quantity: Refer to the instructions for Item 11 of the manifest form.
- Item 30** Units of Measure (Weight/Volume): Refer to the instructions for Item 12 of the manifest form.
- Item 31** Waste Codes: Refer to the instructions for Item 13 of the manifest form.

| | | | |
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- Item 32** Special Handling Instructions and Additional Information: Refer to the instructions for Item 14 of the manifest form.

Transporter Information

- Item 33** **Transporter—Acknowledgment of Receipt of Materials**
Enter the same number of the Transporter as identified in Item 25. Enter also the name of the person accepting the waste on behalf of the Transporter (Company Name) identified in Item 25. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.
- Item 34** **Transporter—Acknowledgment of Receipt of Materials**
Enter the same number of the Transporter as identified in Item 26. Enter also the name of the person accepting the waste on behalf of the Transporter (Company Name) identified in Item 26. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

8 Owner and Operators of Treatment, Storage, or Disposal Facilities

- Item 35** **Discrepancy Indication Space: Refer to Item 18.**
This space may be used to more fully describe information on discrepancies identified in Item 18a of the manifest form.
- Item 36** **Hazardous Waste Report Management Method Codes**
For each field in Item 36, enter the sequential number that corresponds to the waste materials described under Item 27, and enter the appropriate process code that describes how the materials will be processed when received. If additional continuation sheets are attached, continue numbering the waste materials and process code fields sequentially, and enter on each sheet the process codes corresponding to the waste materials identified on that sheet.

| | | | |
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ATTACHMENT A
TRAINING VERIFICATION FORM

I have received a copy of ACT's Uniform Hazardous Waste Manifest Work Instructions and I have read, understand and will fully comply with the rules outlined in this program. I understand it is my responsibility to minimize the risk to the equipment and personnel from handling hazardous wastes. I agree that I will review every shipment to protect ACT from liability and damage to the equipment due to improper manifesting.

If I violate this program I may be subject to disciplinary actions per the ACT Employee Manual. This acknowledgement is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations of the Uniform Hazardous Waste Manifest. I further agree to abide by all the rules, regulations and guidelines required by ACT and all state and federal laws.

I have been given an opportunity to ask questions concerning these issues.

| | | |
|--------------------|-----------|------|
| Print Name | Signature | Date |
| ACT Representative | Title | Date |

RETURN THIS FORM TO THE OFFICE MANAGER

| | | | |
|---------------------------------------------------|----------------------------------|--------------------------------|-------------------|
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Attachment 10B
Manifest QC Inspection Form



Hazardous Waste Manifest Inspection Form

Check each item as either yes, no or NA and provide comments as appropriate.

Inspected by: _____ Date: _____

Manifest #: _____

| ITEM | Comments | Yes | No | NA |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 1. | Manifest inspected for printing errors | | | |
| 2. | TSDf, transporter information and EPA ID# verified | | | |
| 3. | # containers, quantity, RCRA codes and units checked for accuracy | | | |
| 4. | Shipping description matches RCRA codes and matches liquid or solid state of material, UN number correct | | | |
| 5. | # containers agrees with number in box 14 | | | |
| 6. | Containers in Box all have id numbers , match drum size and type, all have profile numbers | | | |
| 7. | Printed name and signatures are in the correct place, dates are checked | | | |
| 8. | Manifest is legible | | | |
| 9. | LDR is signed, RCRA codes not used were lined out, LDR is attached to manifest | | | |
| 10. | Drums lined out and piece count checked before loading them onto truck. | | | |
| 11. | Lining out information performed by standard protocols, initialed by tech | | | |
| 12. | BOL's state pail, drum, box on 1 st column? # units written, total volume weight written, used correct Universal waste description | | | |

Inspector Print Name _____ Inspector Signature _____ Date _____

Attachment 11A
Daily Inspection Training Documentation

Attachment 11B
Daily Inspection Checklist



DAILY INSPECTION SHEET

Inspector: _____ Inspector Signature: _____

Date: _____ Time: _____

| ITEM | CRITERIA/OBSERVATIONS | STATUS | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|
| | | (A) Acceptable | |
| | | (U) Unacceptable | |
| Container Loading / Unloading Area | <ul style="list-style-type: none"> - Check that no containers of hazardous waste are left open or exposed overnight - Check for evidence of spilled material on concrete below truck and on dock - Check for debris and refuse | | |
| Container Storage Area | <ul style="list-style-type: none"> - Check for evidence of spilled material on concrete floor and drains - Check for debris and refuse | | |
| Stored Containers | <ul style="list-style-type: none"> - Check for adequacy of aisle space - Check for container leaks or swelling - Check that containers are not open | | |
| Security Equipment | <ul style="list-style-type: none"> - Check for proper placement - Check that alarm is working - Check that the gates close properly and locks are in working order | | |
| Communication Equipment | <ul style="list-style-type: none"> - Check that access to telephones is not blocked - Check that access to pull stations are not blocked | | |



DAILY INSPECTION SHEET

| ITEM | CRITERIA/OBSERVATIONS | STATUS (A) Acceptable (U) Unacceptable | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Emergency Equipment | <ul style="list-style-type: none"> - Check that access to fire extinguishers are not blocked - Check that access to eyewash/shower stations are not blocked - Check that access to emergency exits are not blocked | | |
| Safety Equipment | <ul style="list-style-type: none"> - Check water pressure in eyewash/shower stations (check weekly) - Check for leaks in eyewash/shower stations | | |
| Fire Safety | <ul style="list-style-type: none"> - Check for overgrown weeds that would create a fire hazard | | |

I certify that the above recommended action has been taken on items mentioned above and/or defective items are now satisfactory.

Supervisor: _____

Date: _____

Attachment 12A
Picture of Hospital



Attachment 13A
Picture of Weeds Being Maintained



Attachment 13B
Daily Inspection Checklist



DAILY INSPECTION SHEET

Inspector: _____ Inspector Signature: _____

Date: _____ Time: _____

| ITEM | CRITERIA/OBSERVATIONS | STATUS | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| | | (A) Acceptable (U) Unacceptable | |
| Container Loading / Unloading Area | <ul style="list-style-type: none"> - Check that no containers of hazardous waste are left open or exposed overnight - Check for evidence of spilled material on concrete below truck and on dock - Check for debris and refuse | _____ | _____ |
| Container Storage Area | <ul style="list-style-type: none"> - Check for evidence of spilled material on concrete floor and drains - Check for debris and refuse - Check for adequacy of aisle space | _____ | _____ |
| Stored Containers | <ul style="list-style-type: none"> - Check for container leaks or swelling - Check that containers are not open - Check for proper placement | _____ | _____ |
| Security Equipment | <ul style="list-style-type: none"> - Check that alarm is working - Check that the gates close properly and locks are in working order | _____ | _____ |
| Communication Equipment | <ul style="list-style-type: none"> - Check that access to telephones is not blocked - Check that access to pull stations are not blocked | _____ | _____ |



DAILY INSPECTION SHEET

| ITEM | CRITERIA/OBSERVATIONS | STATUS (A) Acceptable (U) Unacceptable | DATE AND NATURE OF REPAIRS/ REMEDIAL ACTION AND COMMENTS |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Emergency Equipment | <ul style="list-style-type: none"> - Check that access to fire extinguishers are not blocked - Check that access to eyewash/shower stations are not blocked - Check that access to emergency exits are not blocked | | |
| Safety Equipment | <ul style="list-style-type: none"> - Check water pressure in eyewash/shower stations (check weekly) - Check for leaks in eyewash/shower stations | | |
| Fire Safety | <ul style="list-style-type: none"> - Check for overgrown weeds that would create a fire hazard | | |

I certify that the above recommended action has been taken on items mentioned above and/or defective items are now satisfactory.

Supervisor: _____

Date: _____

Attachment 14A
Quality Assurance / Quality Inspection Form

Advanced Chemical Treatment Quality Assurance/Quality Control Report

| | |
|------------------------------------------------|---------------------------------|
| GENERATOR: Impax Laboratories, Inc. B#2 | DATE: 28-OCT-13 |
| ADDRESS: 31153 San Antonio Street | PHONE: (510) 240-6000 |
| CITY/STATE: Hayward, CA 94544 | MANIFEST #: 006773321FLE |
| TRANSPORTEF Advanced Chemical Treatment | SALES ORDER: 37659 |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|-------------------------|-------------|-----------------|
| Profile #: ACT25230 | Product: AR/L1 | Manifest Line: 1 | Quantity: 3 | | |
| Waste Name: ISOPROPYL ALCOHOL,DIRT AND OIL | | | | | |
| EPA Waste Codes: D001;F003 | | | | | |
| Proper Shipping Name: UN2924, Waste Flammable liquids, corrosive, n.o.s. (Isopropyl Alcohol), 3 (8), PGII | | | | | |
| Notes: QC ALL DRUMS RECEIVED FOR FUEL. DRUM IN/DRUM OUT TO RINECO. | | | | | |
| Waste Characteristics (According to Profil | | Discrepancies: | | | |
| PH: <= 12 PH | Specific Gravity: = 1 SP.GR. | PH: _____ | Specific Gravity: _____ | | |
| Flash Point: < 73 F | Layers: ONE | Flash Point: _____ | Layers: _____ | | |
| Color: BROWN | BTUs: 5000 - 10000 BTU/LB | Color: _____ | BTUs: _____ | | |
| Container # | Weight | Location | Size | Type | Comments |
| D42824 - 1 | | | 5 | DF | |
| D42824 - 2 | | | 5 | DF | |
| D42824 - 3 | | | 5 | DF | |

| | | | | | |
|----------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|-------------------------|-------------|-----------------|
| Profile #: ACT6118 | Product: AR/S2 RCRA* | Manifest Line: 2 | Quantity: 1 | | |
| Waste Name: INK, FLAMMABLE IN PLASTIC BOTTLES | | | | | |
| EPA Waste Codes: D001 | | | | | |
| Proper Shipping Name: UN1993, Waste Flammable liquids, n.o.s. (Isopropyl Alcohol), 3 , PGII | | | | | |
| Notes: PAINTS FOR POUR OFF | | | | | |
| Waste Characteristics (According to Profil | | Discrepancies: | | | |
| PH: N/A | Specific Gravity: SP.GR. | PH: _____ | Specific Gravity: _____ | | |
| Flash Point: 74 - 140 F | Layers: multi-layered | Flash Point: _____ | Layers: _____ | | |
| Color: black | BTUs: N/A | Color: _____ | BTUs: _____ | | |
| Container # | Weight | Location | Size | Type | Comments |
| D42824 - 4 | | | 55 | DM | |

Attachment 15A
Waste Tracking Report

Tracking of Waste Locations

Manifest Generation

- Manifests are assigned a “D” number when they are generated (e.g. D44642). The “D” number follows the waste on the manifest through the system from the time it is:
 - picked up at the customer site,
 - received as 10 day at a ten day site
 - received at the Albuquerque TSD
 - processed outbound to the final TSD

Document

Document: **D44642** (circled in red)

Uniform Manifest: 00059370FL

Customer Manifest: [Blank]

Profile: [Blank]

Type: Sales Order

Load ID/Stop: [Blank]

Status: A APPROVED

Pick-Up: 08-NOV-2013 06:57

Received: 12-NOV-2013 06:50

7 Day Date: 19-NOV-2013

10 Day Date: 22-NOV-2013 06:50

Owner: DMATTOS

Owner Site: [Blank]

Manifest Returned: 15-NOV-2013

Delivery Order: [Blank]

Generator Information

EPA: 0600002816

Original EPA: [Blank]

Name: DMCORE CORPORATION INC.

Contact: Bruce Yates

Receiving Site Information

EPA: 0000220027

Name: Advanced Chemical Treatment

Contact: [Blank]

Document Line Items

| Manifest Doc | Line | City | Type | Site | Description | Volume | UM | Weight | Process |
|--------------|------|----------|------|------|-------------|--------|----|--------|-----------------|
| 1 | 1 | ACT17634 | 1 | 2 | TP 275 | 550 | D | 0 | EMCORECORROSIVE |
| 1 | 2 | RC1132 | 2 | 0 | TP 275 | 0 | D | 0 | ASHROVE-RED |
| 1 | 3 | RC1132 | 3 | 1 | CVE | 0 | G | 250 | ICYSOLDFUELS |

Figure 1 - EWare Manifest Screen and Data

Waste Receiving

- During the receiving process, each individual container is assigned a number based on the “D” number (D44642-1, D44642-2, D44642-3) and the container is managed in inventory from that number.
- The suffix (-1, -2, -3) is created sequentially, in order based on the number of containers received from the manifest. It is seen on this screen as “Item”.
- Labels are applied to each container with the corresponding container number and a bar code along with other management information.

Inventory

Document: **D44642** (circled in red)

Item No.: 1

Item: 1

Item Description: ACT17634

PCB Stored: CLB:

Outbound Manifest: [Blank]

Rolloff: [Blank]

Send Date: [Blank]

Ship Date: [Blank]

Facility: [Blank]

Facility Description: [Blank]

Accepted: 12-09-2013

Rejected: [Blank]

Inventory Date: 12-09-2013

Dates Expired: [Blank]

Destroyed: [Blank]

Outbound Profile: 1303-03047

Details

Container Type: TP

Container Size: 275

Lab Analysis: [Blank]

Precedent: EMCORECORROSIVEFUEL

Roll/Drum No: D44642-1

Location: C102

Original Weight: 1859.00

UM Weight: P

Grouping: [Blank]

Volume: 248.32

UM Volume: G

Product: ACT17634

Box Count: [Blank]

Piece Count: [Blank]

Ref Explosive Wt: [Blank]

Drum Status: [Blank]

DOT Desc: 00, UN0204, Waste Flammable liquids, corrosive, n.o.s. (Acetone, Allylbenzene, Sulfonic Acid, 3 (9), P01 (2001), D002)

DOT: [Blank]

UM Billing: EA

Customer Name: LABORATORY SOLVENTS WITH LOW PH

Invoice: 42114

Note: [Blank]

Date: [Blank]

Invoice Date: 03-NOV-2013

Final Location: [Blank]

Figure 2 – Inventory Screen and Container Data for D44642-1

Tracking Waste Moves within the TSD

- The waste is assigned the appropriate location in the warehouse and is tracked by bar-code scanner or by manual entry.
- Anytime the location of a waste has physically changed, the location data is updated in the system by bar-code scanner or manual entry.
- Inventory can be audited using a bar-code scanner also and the location of drums will be automatically updated.

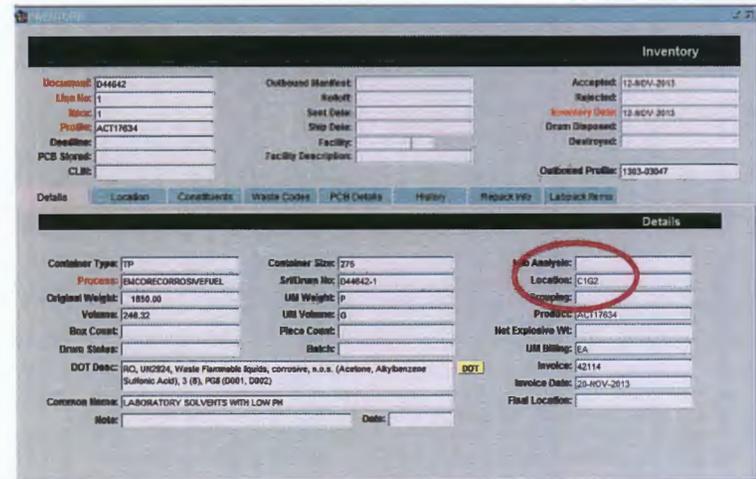


Figure 3 - Inventory Screen and Location Data for D44642-1

Waste Movement History within the TSD

- The history of each drum can be audited using an audit report generated by the EWare system. The report shows the location history of the drum (from TEN DAY, to C1G2) with the associated date it was moved, and who moved the drum. The drum is still currently in inventory.

The screenshot shows the 'Audit' window with a table of waste movement history. The table has columns: Table, Column, Logit, Date, Value, Key, Action, and Transaction. The data is as follows:

| Table | Column | Logit | Date | Value | Key | Action | Transaction |
|---------|----------|--------|-------------------|--------|-----------------------------------------|--------|-------------|
| | DOCUMENT | KGWASH | 12-NOV-2013 08:50 | D44642 | EW - D44642 - 1 - 1968113 - TEN DAY - 0 | V | 1968114 |
| HISTORY | DOCUMENT | KGWASH | 12-NOV-2013 08:50 | D44642 | EW - D44642 - 2 - 1968113 - TEN DAY - 0 | V | 1968116 |
| HISTORY | DOCUMENT | KGWASH | 12-NOV-2013 08:50 | D44642 | EW - D44642 - 3 - 1968113 - TEN DAY - 0 | V | 1968119 |
| HISTORY | DOCUMENT | KGWASH | 14-NOV-2013 09:30 | D44642 | EW - D44642 - 1 - 1975914 - C1G2 - 0 | V | 1975915 |
| HISTORY | DOCUMENT | KGWASH | 14-NOV-2013 09:30 | D44642 | EW - D44642 - 2 - 1975923 - C1G2 - 0 | V | 1975916 |
| HISTORY | DOCUMENT | KGWASH | 14-NOV-2013 09:30 | D44642 | EW - D44642 - 2 - 1975923 - C1G2 - 0 | V | 1975924 |
| HISTORY | DOCUMENT | KGWASH | 14-NOV-2013 09:30 | D44642 | EW - D44642 - 3 - 1975935 - C3J3 - 0 | V | 1975936 |

Figure 4 - Location History Data for D44642-1

Attachment 16A
Picture of Warning Signs



Attachment 17A
Manifests for Totes



Form type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

| | | | |
|-----------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|
| 1. Generator ID Number NMD002208627 | 2. Page 1 of 1 | 3. Emergency Response Phone 505-681-0869 | 4. Manifest Tracking Number 004683515 FLE |
|-----------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Generator's Name and Mailing Address Advanced Chemical Treatment 6135 Edith Blvd. NE Albuquerque, NM 87107 | Generator's Site Address (if different than mailing address) Advanced Chemical Treatment 6135 Edith Blvd. NE Albuquerque, NM 87107 |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------|-------------------------------------------|
| 6. Transporter 1 Company Name Wald Transport, Inc. | U.S. EPA ID Number OKD981588791 |
|--------------------------------------------------------------|-------------------------------------------|

| | |
|-------------------------------|--------------------|
| 7. Transporter 2 Company Name | U.S. EPA ID Number |
|-------------------------------|--------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 8. Designated Facility Name and Site Address RINCO 1007 Vulcan Road Benton, AR 72015 Facility's Phone: 501-778-9089 | U.S. EPA ID Number ARD981057870 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| No. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit WL/Vol. | 13. Waste Codes | | |
|--------|---------------------------------------------------------------------------------------------------------------------|----------------|------|--------------------|------------------|-----------------|------|------|
| | | No. | Type | | | D001 | D008 | D021 |
| 1 | NO. UN1993 Waste Flammable Liquids, N.O.S. (Methyl Ethyl Ketone, Acetone), J, PG II, (D001 & 100lbs) | 19 | TP | 42609 | 6 | D001 | D008 | D021 |
| 2 | | | | | | D022 | D028 | D035 |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

| |
|-----------------------------------------------------------------------------------------------------------------|
| 14. Special Handling Instructions and Additional Information 1208-11926 BRG# 128 Lean Water for Fuels |
|-----------------------------------------------------------------------------------------------------------------|

Pickup: 09/19/2012 10:00 AM LOAD # 215660

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

| | | |
|------------------------------------------------------------|---------------|-----------------------------------|
| Generator's/Offor's Printed/Typed Name Con Stark | Signature | Month Day Year 09 19 12 |
|------------------------------------------------------------|---------------|-----------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. | Port of entry/exit: Date leaving U.S.: |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name DAK Bredlove | Signature | Month Day Year 9 19 12 |
|-------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|

| | | |
|----------------------------------|-----------|----------------|
| Transporter 2 Printed/Typed Name | Signature | Month Day Year |
|----------------------------------|-----------|----------------|

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|--------------------|
| 18b. Alternate Facility (or Generator) Facility's Phone: | Manifest Reference Number: | U.S. EPA ID Number |
|-------------------------------------------------------------|----------------------------|--------------------|

| | |
|-----------------------------------------------------|----------------|
| 18c. Signature of Alternate Facility (or Generator) | Month Day Year |
|-----------------------------------------------------|----------------|

| |
|---------------------------------------------------------------------------------------------------------------------------------|
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) |
|---------------------------------------------------------------------------------------------------------------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name | Signature | Month Day Year |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|

Attachment 17B
Hazardous Waste 10-Day Inspection Form



Hazardous Waste 10-Day Inspection Form

Initial each item as being inspected and provide comments as appropriate.

Inspected by: _____ Week: _____

| | ITEM | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|----|----------------------------------------------|-----|------|-----|------|-----|-----|-----|
| 1. | 10-Day tracking / log review | | | | | | | |
| 2. | Container count, log & manifest verification | | | | | | | |
| 3. | Container Condition | | | | | | | |
| 4. | Container marking & labeling | | | | | | | |
| 5. | Drum / container staging area | | | | | | | |
| 6. | Roll-off staging area | | | | | | | |
| 7. | Spill kits & emergency equipment | | | | | | | |
| 8. | Handling equipment & tools | | | | | | | |
| 9. | General housekeeping / yard cleanliness | | | | | | | |

| NOTES / DISCREPANCIES / CORRECTIVE ACTIONS | |
|--------------------------------------------|----------|
| DAY | COMMENTS |
| | |
| | |
| | |
| | |
| | |

Inspector Print Name

Inspector Signature

Date

Supervisor Print Name

Supervisor Signature

Date

Attachment 19A
Consultant Opinion on Definition of Treatment as it Applies to Consolidation of Similar Wastes
Prior to Fuel Blending



November 27, 2013

Via Email: svarco@envirolawyer.com

Cardno ATC

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Arden Hills, MN 55112-3923

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RE: Opinion on Definition of Treatment as it Applies to Consolidation of Similar Wastes Prior to Fuel Blending

www.cardnoatc.com

Dear Ms. Varco:

This letter summarizes my opinion regarding the definition of treatment in the New Mexico hazardous waste regulations and whether the definition includes a specific type of consolidation of similar wastes.

Based on information you provided, a client that operates as a permitted hazardous waste storage facility in the State of New Mexico has engaged in the practice of consolidating hazardous wastes based on energy content measured in BTUs prior to shipping to a TSD facility. Any waste that is profiled by the generator as having a BTU greater than 5,000, is less than 5% halogens, and is less than 40% water is selected for consolidation prior to shipment to the final TSD facility. The storage facility does perform a quality control test on the waste when it is received to confirm the generator profile claims regarding the percents of halogens and water to ensure that all consolidated waste is similar. Waste streams that meet the criteria mentioned above are accepted by the final TSD facility for its own on-site fuel blending and burning for energy recovery regardless of consolidation. The act of consolidation itself does not impact the ability to send this waste to the final TSD facility for fuel blending and burning. Consolidation is only performed to reduce the cost of handling and transportation.

The question has been raised as to whether or not this consolidation practice is a type of fuel blending that would constitute treatment of hazardous waste as defined in the regulations. The answer to this question could impact the regulatory status of the consolidation process; if it does meet the definition of treatment, then a treatment permit is required under State hazardous waste requirements. The New Mexico hazardous waste regulations adopt the federal definition of "treatment" found in 40 CFR 260.10, without modification. The definition reads as follows:

Treatment means any method, technique, or process, including neutralization, designed to change the physical, chemical, or biological character or composition of any hazardous waste so as to neutralize such waste, or so as to recover energy or material resources from the waste, or so as to render such waste non-hazardous, or less hazardous; safer to transport, store, or dispose of; or amenable for recovery, amenable for storage, or reduced in volume.

Fuel blending is considered treatment by the EPA and authorized State hazardous programs because it is a process that is intended to make some wastes more amenable for burning for energy recovery. However, fuel blending is not defined in the regulations. Typically, fuel blending involves the mixing of wastes of varying BTUs where some of the wastes that are blended would not be amenable for burning for energy recovery on their own. Typically, the fuel blender will mix materials with higher BTU with wastes that have lower BTU and monitor the process to ensure the final product has the necessary characteristics for burning for energy recovery.



There is no specific guidance at the federal level or in New Mexico that specifically addresses the distinction between fuel blending and consolidation. However, there is guidance from the federally authorized Ohio hazardous waste program administered by the Ohio EPA that specifically addresses the distinction.¹ Like New Mexico, Ohio adopts the federal definition of "treatment" without modification. The Ohio EPA guidance explains that mere consolidation of similar wastes that does not meet the definition of treatment can be performed by any generator, transporter, or TSD facility without requiring a permit that covers the consolidation process. The guidance clarifies that fuel blending is treatment and describes fuel blending as a process designed to mix various hazardous wastes with commercial fuels to meet the specifications required for an incinerator, cement kiln, or industrial furnace. The guidance provides an example of fuel blending as mixing a low-BTU waste with a high-BTU material to make the lower BTU waste more amenable for energy recovery.

In this specific situation, the facility is not consolidating the waste materials for any other purpose than to facilitate storage and transportation to the receiving TSD facility. The process is not designed to change the physical, chemical, or biological character or composition of any of the hazardous waste that is consolidated. The facility is merely consolidating wastes with a similar physical and chemical composition. The process does not:

- Neutralize any of the consolidated waste;
- Recover energy or material resources from the consolidated waste;
- Render any of the consolidated waste non-hazardous or less hazardous;
- Render any of the consolidated waste safer to transport, store, or dispose of;
- Render any of the consolidated waste more amenable for recovery or storage; or
- Reduce the volume of the consolidated waste.

This process may be confused with fuel blending at first glance. However, the process used by this particular facility only involves the consolidation of similar wastes, all of which are already amenable for fuel blending and energy recovery by the destination TSD facility on their own.

Based on my experience as an environmental compliance consultant, it is my opinion that the process described in this letter at the permitted New Mexico storage facility does not meet the definition of treatment based on the plain language of the regulations. The practice of consolidating similar wastes prior to shipment to a TSD facility for fuel blending and burning does not require a treatment permit.

Sincerely,

A handwritten signature in blue ink that reads "Brett Godsey".

Brett Godsey
Senior Project Manager
for Cardno ATC
Direct Line 651 635 9050
Email: brett.godsey@cardno.com

¹ *Hazardous Waste Consolidation*, Ohio EPA Division of Hazardous Waste Management, May 2003.