

10-20
ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

a. Greater than 1000 kg/mo (2,200 lbs.)

b. 100 to 1000 kg/mo (220 - 2,200 lbs.)

c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

a. For own waste only

b. For commercial purposes

Mode of Transportation

1. Air

2. Rail

3. Highway

4. Water

5. Other - specify _____

3. (Treater, Storage, Disposer, at installation)
Note: permit is required for this activity; see instructions

4. Hazardous Waste Fuel

a. Generator Marketing to Burner

b. Other Marketers

c. Burner - indicate device(s) - Type of Combustion Device

1. Utility Boiler

2. Industrial Boiler

3. Industrial Furnace

5. Underground Injection Control

B. Uses Oil Fuel Activities

1. Specification Used Oil Fuel

a. Generator Marketing to Burner

b. Other Marketer

c. Burner - indicate device(s) - Type of Combustion Device

1. Utility Boiler

2. Industrial Boiler

3. Industrial Furnace

2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. EP Toxic (D000)

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: *Sharon A. Adams*

Name and Official Title (type or print): SHARON A. ADAMS DIRECTOR OF ENV.

Date Signed: 4/20/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)