
Memorandum

To:	Reneé Holmes, MS3 AR Coordinator, MS78	Date:	July 17, 2000
Location:	Various	Reference:	NA
From:	Betsy Brucken, ^{RB} MS65-2	Fernald #:	M:ESHQ(EC):2000-0045
Location:	Fernald	Client:	DOE DE-AC24-92OR21972
Extension:	5254	Subject:	REVISIONS TO FERNALD ENVIRONMENTAL MANAGEMENT PROJECT (FEMP) 1999 RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) ANNUAL REPORT

c: File Record Subject: Resource Conservation and Recovery Act Annual Report -
1999 - Revisions
T. Poff

Enclosed are revised pages of the Fernald Environmental Management Project's 1999 RCRA Annual Report. These pages were revised based on comments received in a July 17, 2000 telephone conversation with Paula Canter of Ohio EPA and reflect minor changes in reporting off-site shipment and waste stream information.

Please replace the appropriate pages of the 1999 RCRA Annual Report with these revised pages. If you have any questions, please contact me at extension 5254.

EAB:jes
Attachments



State of Ohio Environmental Protection Agency
1999 Annual Hazardous Waste Report



PLACE PREPRINTED LABEL HERE OR
ENTER GENERATOR ID NUMBER

0 | H | 6 | 8 | 9 | 0 | 0 | 0 | 8 | 9 | 7 | 6 |

Form OI - Off-site Transporter and Receiving Facility Information

1	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	S C D 9 8 7 5 7 4 6 4 7	SAFETY-KLEEN (TG), INC.
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)
<input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____

2	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	T N D 0 0 0 6 4 5 7 7 0	SAFETY-KLEEN (TG), INC.
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)
<input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		Street 2815 OLD GREENBRIER PIKE City GREENBRIER State TN ZIP Code 37073 - _____

3	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	_____	_____
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____

4	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	_____	_____
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ City _____ State _____ ZIP Code _____ - _____

5	A. EPA ID of transporter or receiving facility	B. Name of transporter or receiving facility (40 characters max.)
	_____	_____
C. Handler type (check all that apply)		D. Address of receiving facility (address not required for transporters)
<input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		Street _____ 000002 City _____ State _____ ZIP Code _____ - _____

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State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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OH6890008976

Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) <p style="text-align: center;">CLEAR DISPERSANT</p>					
B. Hazardous waste codes <p style="text-align: center;">D001</p>						
More... <input type="checkbox"/>						
C. SIC Code <p style="text-align: center;">4953</p>	D. Origin code/System type <p style="text-align: center;">1 M</p>	E. Source code <p style="text-align: center;">A59</p>	F. Point of measurement <p style="text-align: center;">1</p>	G. Waste form code <p style="text-align: center;">B203</p>	H. RCRA-radioactive mixed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

SECTION 2	A. Quantity generated in 1998 <p style="text-align: center;">0</p>	B. Quantity generated in 1999 <p style="text-align: center;">55</p>	C. UOM Density <p style="text-align: center;">P</p>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
On-site system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled in 1999 M			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled M	

SECTION 3	A. Was any of this waste shipped off site in 1999 <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped <p style="text-align: center;">TND000645770</p>	C. System type <p style="text-align: center;">M141</p>	D. Off-site availability code <p style="text-align: center;">1</p>	E. Total quantity shipped in 1999 <p style="text-align: center;">55</p>
Site 2		M		
Site 3		M		

Form GM (Continued)

SECTION 4		On-site Waste Storage and Inactive Disposal Units																						
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%;"></td> <td style="text-align: center; width:10%;">YES</td> <td style="text-align: center; width:10%;">NO</td> <td style="width:10%;"></td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">X</td> </tr> </table>				YES	NO		1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X	<input type="checkbox"/> a. generated during 1999				<input type="checkbox"/> b. generated prior to 1999				2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X
	YES	NO																						
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X																					
<input type="checkbox"/> a. generated during 1999																								
<input type="checkbox"/> b. generated prior to 1999																								
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X																					
B. Storage or disposal method	Handling code	Amount	UOM	Density																				
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>																				

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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OR ENTER GENERATOR ID NUMBER
OH6890008976

Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.)					LAB PACKS - NON-RADIOLOGICALLY CONTAMINATED
B. Hazardous waste codes						
D001 D039 U226						
More... <input type="checkbox"/>						
C. SIC Code	D. Origin code/System type		E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed
4953	1	M	A59	1	B009	Yes <input type="checkbox"/> No X

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM Density	D. Was this waste treated, disposed of, or recycled ON-SITE	
	0	540	P	Yes <input type="checkbox"/> (continue to system 1) No X (skip to SEC3)	
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site system type Quantity treated, disposed or recycled in 1999			On-site system type Quantity treated, disposed or recycled in 1999		
			M		

SECTION 3	A. Was any of this waste shipped off site in 1999 X Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)				
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999	
	TND000645770	M141	1	540	
Site 2		M			
Site 3		M			

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX G: B009 - PHOTOCHEMICAL WASTES

Extra Waste Codes:



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) MICROMELTER SHELL				
B. Hazardous waste codes D007					
More... <input type="checkbox"/>					
C. SIC Code 4953	D. Origin code/System type 2 M	E. Source code A61	F. Point of measurement 1	G. Waste form code B319	H. RCRA-radioactive mixed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SECTION 2	A. Quantity generated in 1998 0	B. Quantity generated in 1999 0	C. UOM Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
On-site system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site system type Quantity treated, disposed or recycled in 1999 M		On-site system type Quantity treated, disposed or recycled in 1999 M		

SECTION 3	A. Was any of this waste shipped off site in 1999 <input type="checkbox"/> Yes (continue to box B) <input checked="" type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type M	D. Off-site availability code	E. Total quantity shipped in 1999
Site 2		M		
Site 3		M		

Form GM (Continued)

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input checked="" type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input checked="" type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1	S01	869	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX G: B319 - BRICKS

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report



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Form GM - Generation and Management

SECTION 1		A. Hazardous waste description (60 characters max.)				SURROGATE SLURRY CONTAMINATED METALLIC DEBRIS FROM VIT PILOT PLANT	
B. Hazardous waste codes							
D005 D008							
More... <input type="checkbox"/>							
C. SIC Code	D. Origin code/System type		E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed	
4953	2	M	A61	1	B307	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	2054	0	P	Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
On-site system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On-site system type Quantity treated, disposed or recycled in 1999			On-site system type Quantity treated, disposed or recycled	
M			M	

SECTION 3	A. Was any of this waste shipped off site in 1999			
	<input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	14631
		M		
Site 3		M		

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> <input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report



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Form GM - Generation and Management

SECTION 1		A. Hazardous waste description (60 characters max.)			
		EXCESS SLURRY FROM OU4 VIT PILOT PLANT			
B. Hazardous waste codes					
D005 D008					
More... <input type="checkbox"/>					
C. SIC Code	D. Origin code/System type	E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed
4953	2 M	A61	1	B319	Yes <input type="checkbox"/> No X

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	296	0	P	Yes <input type="checkbox"/> (continue to system 1) No X (skip to SEC3)
	Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	On-site system type Quantity treated, disposed or recycled in 1999		On-site system type Quantity treated, disposed or recycled in 1999	
	M		M	

SECTION 3	A. Was any of this waste shipped off site in 1999 X Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	4325
		M		
Site 3		M		

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; width: 10%;">YES</td> <td style="text-align: center; width: 10%;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX G: B319 - SURROGATE FEED MATERIAL FROM VITRIFICATION PILOT PLANT

Extra Waste Codes:

000013



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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OH6890008976

Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) VIT. PILOT PLANT OFF-GAS SYSTEM PIPING
------------------	--

B. Hazardous waste codes D007		More... <input type="checkbox"/>
---	--	----------------------------------

C. SIC Code 4953	D. Origin code/System type 2 M	E. Source code A61	F. Point of measurement 1	G. Waste form code B307	H. RCRA-radioactive mixed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
----------------------------	--	------------------------------	-------------------------------------	-----------------------------------	--

SECTION 2	A. Quantity generated in 1998 4790	B. Quantity generated in 1999 0	C. UOM Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
------------------	--	---	--	---

Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled in 1999 M	On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled M
---	--

SECTION 3	A. Was any of this waste shipped off site in 1999 <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
------------------	---	--	--	--

Site 1	B. EPA ID number of facility waste was shipped TXD988088464	C. System type M132	D. Off-site availability code 1	E. Total quantity shipped in 1999 20782
		M		
Site 3		M		

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td> <input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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OR ENTER GENERATOR ID NUMBER
OH6890008976

Form GM - Generation and Management

SECTION 1		A. Hazardous waste description (60 characters max.) <p style="text-align: right;">DUST COLLECTOR RESIDUE</p>				
B. Hazardous waste codes <p style="text-align: center;">D008</p> <p style="text-align: center;">More... <input type="checkbox"/></p>						
C. SIC Code	D. Origin code/System type	E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed	
4953	2 M	A61	1	B319	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

SECTION 2	A. Quantity generated in 1998 <p style="text-align: center;">24</p>	B. Quantity generated in 1999 <p style="text-align: center;">0</p>	C. UOM Density <p style="text-align: center;">P</p> <p style="text-align: center;">lbs/gal <input type="checkbox"/> sq <input type="checkbox"/></p>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled in 1999 <p style="text-align: center;">M</p>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/> On-site system type Quantity treated, disposed or recycled in 1999 <p style="text-align: center;">M</p>		

SECTION 3	A. Was any of this waste shipped off site in 1999 <input type="checkbox"/> Yes (continue to box B) <input checked="" type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type <p style="text-align: center;">M</p>	D. Off-site availability code	E. Total quantity shipped in 1999
Site 2		<p style="text-align: center;">M</p>		
Site 3		<p style="text-align: center;">M</p>		

SECTION 4		On-site Waste Storage and Inactive Disposal Units		
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in:		
			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
		1. a greater than 90 day storage unit.....		
		<input type="checkbox"/> a. generated during 1999		
		<input checked="" type="checkbox"/> b. generated prior to 1999		
		2. an inactive disposal unit undergoing closure		
		<input type="checkbox"/>		
		<input checked="" type="checkbox"/>		
B. Storage or disposal method	Handling code	Amount	UOM	Density
UNIT 1	S01	24	P	lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>

Comments: SECTION 1, BOX G: B319 - DUST COLLECTOR RESIDUES

SECTION 4, BOX A: WASTE WILL BE TREATED IN ACCORDANCE WITH SCHEDULES ESTABLISHED IN THE FEMP'S FEDERAL FACILITY COMPLIANCE ACT (FFCAct) SITE TREATMENT PLAN.

Extra Waste Codes:



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Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.)					OFF-GAS HEPA FILTERS FROM OU4 VIT PILOT PLANT
B. Hazardous waste codes						
D005 D007 D008						
More... <input type="checkbox"/>						
C. SIC Code	D. Origin code/System type		E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed
4953	1	M	A78	1	B310	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM	Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	0	0	P		Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site system type			Quantity treated, disposed or recycled in 1999		
M			M		

SECTION 3	A. Was any of this waste shipped off site in 1999			
<input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)				
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	2613
Site 2		M		
Site 3		M		

Form GM (Continued)

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; width: 10%;">YES</td> <td style="text-align: center; width: 10%;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:



State of Ohio Environmental Protection Agency

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Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.)					VIT PILOT PLANT GLASS CONTACT BRICK
B. Hazardous waste codes						
D007						
More... <input type="checkbox"/>						
C. SIC Code	D. Origin code/System type		E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed
4953	2	M	A61	1	B319	Yes <input type="checkbox"/> No X

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM	Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	16216	0	P		Yes <input type="checkbox"/> (continue to system 1) No X (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
On-site system type Quantity treated, disposed or recycled in 1999			On-site system type Quantity treated, disposed or recycled in 1999		
M			M		

SECTION 3	A. Was any of this waste shipped off site in 1999			
	<input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	17882
		M		
Site 3		M		

3107



State of Ohio Environmental Protection Agency

1999 Annual Hazardous Waste Report

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Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.)					
	VIT PILOT PLANT BRICK					
B. Hazardous waste codes						
D005 D007 D008						
More... <input type="checkbox"/>						
C. SIC Code	D. Origin code/System type		E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed
4953	2	M	A61	1	B319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	21396	0	P	Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On-site system type Quantity treated, disposed or recycled in 1999			On-site system type Quantity treated, disposed or recycled in 1999	
M			M	

SECTION 3	A. Was any of this waste shipped off site in 1999			
	<input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	21396
Site 2		M		
Site 3		M		

Form GM (Continued)

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX G: B319 - BRICK

Extra Waste Codes:

000023



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Form GM - Generation and Management

SECTION 1	A. Hazardous waste description (60 characters max.) MISCELLANEOUS VIT. PILOT PLANT MELTER COMPONENTS				
B. Hazardous waste codes D007					
More... <input type="checkbox"/>					
C. SIC Code 4953	D. Origin code/System type 2 M	E. Source code A61	F. Point of measurement 1	G. Waste form code B307	H. RCRA-radioactive mixed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION 2	A. Quantity generated in 1998 2536	B. Quantity generated in 1999 0	C. UOM Density P lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>	D. Was this waste treated, disposed of, or recycled ON-SITE Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>			On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On-site system type Quantity treated, disposed or recycled in 1999 M			On-site system type Quantity treated, disposed or recycled M	

SECTION 3	A. Was any of this waste shipped off site in 1999 <input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped TXD988088464	C. System type M132	D. Off-site availability code 1	E. Total quantity shipped in 1999 3013
Site 2		M		
Site 3		M		

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
<p>If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A.</p> <p>Otherwise, skip Section 4.</p>		<p>A. As of December 31, did any of this waste remain on-site in:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments:

Extra Waste Codes:



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SECTION 1		A. Hazardous waste description (60 characters max.)					
		VIT. PILOT PLANT MELTER INSULATION					
		B. Hazardous waste codes					
		D007 D008					
		More... <input type="checkbox"/>					
C. SIC Code	D. Origin code/System type	E. Source code	F. Point of measurement	G. Waste form code	H. RCRA-radioactive mixed		
4953	2 M	A61	1	B319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

SECTION 2	A. Quantity generated in 1998	B. Quantity generated in 1999	C. UOM Density	D. Was this waste treated, disposed of, or recycled ON-SITE
	1369	0	P	Yes <input type="checkbox"/> (continue to system 1) No <input checked="" type="checkbox"/> (skip to SEC3)
	Onsite system 1 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		On-site system 2 RCRA-exempt unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	On-site system type Quantity treated, disposed or recycled in 1999		On-site system type Quantity treated, disposed or recycled	
	M		M	

SECTION 3	A. Was any of this waste shipped off site in 1999			
	<input checked="" type="checkbox"/> Yes (continue to box B) <input type="checkbox"/> No (skip to SEC. 4)			
Site 1	B. EPA ID number of facility waste was shipped	C. System type	D. Off-site availability code	E. Total quantity shipped in 1999
	TXD988088464	M132	1	2004
2		M		
Site 3		M		

SECTION 4		On-site Waste Storage and Inactive Disposal Units																	
If the site has a storage permit or is undergoing a formal closure of storage or disposal units, and waste remained in the unit(s) as of December 31, complete Box A. Otherwise, skip Section 4.		A. As of December 31, did any of this waste remain on-site in: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. a greater than 90 day storage unit.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> a. generated during 1999</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> b. generated prior to 1999</td> <td></td> <td></td> </tr> <tr> <td>2. an inactive disposal unit undergoing closure</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>				YES	NO	1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> a. generated during 1999			<input type="checkbox"/> b. generated prior to 1999			2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	YES	NO																	
1. a greater than 90 day storage unit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<input type="checkbox"/> a. generated during 1999																			
<input type="checkbox"/> b. generated prior to 1999																			
2. an inactive disposal unit undergoing closure	<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
B. Storage or disposal method	Handling code	Amount	UOM	Density															
UNIT 1				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 2				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 3				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															
UNIT 4				lbs/gal <input type="checkbox"/> sg <input type="checkbox"/>															

Comments: SECTION 1, BOX G: B319 - MELTER INSULATION

Extra Waste Codes: