Form Approved,	OMB No.	2050-0034	Expires	10/31/02
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For EPA R Use O	inly	United St	tates Environm Washington	Naste	Pern			NO. 0240-EFA-O1
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V. Facility Conta	act <i>(Person to be d</i>	contacted regardii	ng waste acti	vities at fac	ility)		- Constitution of the Cons	
Name (Last)				(First)				
Job Title				Phone Nur	nber <i>(Area</i>	a Code and Numi	ber)	
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VI. Facility Contact Address	act Address <i>(See l</i>							
Location Mailing Ot	B. Street or	P.O. Box						
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Form Approved, OMB No. 2050-0034 Expires 10/31/02 GSA No. 0248-EPA-OT

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XI. Na	ture of Business <i>(Pr</i>	ovide a brief	description											
XII. Pr	ocess Codes and De	esign Capacit	ies											
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X	IV. C	esci	riptic	on of	Haz	ardo	us V	Vaste	.														

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	Τ	METRIC TONS	М

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- 1. Enter the first two as described above.
- 2. Enter "000" in the extreme right box of item XIV-D(1).
- Use additional sheet, enter line number from previous sheet, and enter additional code(s) in item XIV-E.
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste.
 In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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			A. E			B. ESTIMATED										D. 1	PROCESS
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Form Approved, OMB No. 2050-0034 Expires 10/31/02 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only EPA ID Number (Enter from page 1) Secondary ID Number (Enter from page 1) XV. Map Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (See instructions for more detail). XVII. Photographs All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). XVIII. Certification(s) i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Dased on my inquiry of the person or persons who manage the system, or those persons directly responsible tor gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Owner Signature Date Signed Name and Official Title (Type or print) Owner Signature Date Signed Name and Official Title (Type or print) Operator Dignature Date Signed Name and Official Little (Type or print) Operator Signature Date Signed Name and Official Title (Type or print) XIX. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)

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