SE CO FO The Sta	<u>ND</u> MPLETED RM TO: e Appropriate	United States RCRA SUBTIT	s Environn LE C SITE	nental F E IDEN	Protect	ion Ag ATION	ency FORM		STATE STATE				
Off	ice.								AL PROTEC				
1. E	Reason for Submittal MARK ALL 30X(ES) THAT APPLY	Reason for Submittal: □ To provide an Initial Notification for this location) □ To provide a Subsequent Notification for this location) □ To provide a Subsequent Notification for this location □ As a component of a First RC □ As a component of a Revised □ As a component of the Hazard □ Site was a TSD facility and the state of the the state of t	 Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent 										
		LQG regulations)	ius waste spin	cleanup		morem		year (01 3					
2.	Site EPA ID Number	EPA ID Number											
3.	Site Name	Name:											
4.	Site Location	Street Address:											
	Information	City, Town, or Village:	1					County	/:				
		State:	Country:					Zip Co	de:				
5.	Site Land Type	Private County Dist	rict 🛛 Fe	deral	Trib	al [State	Other				
6.	NAICS Code(s)	A.				с.							
	(at least 5-digit	В.				D.							
7.	Site Mailing	Street or P.O. Box:											
	Address	City, Town, or Village:											
		State:	Country:					Zip Co	de:				
8.	Site Contact	First Name:	MI:	Last:									
	Person	Title:											
		Street or P.O. Box:											
		City, Town or Village:											
		State:	Country:					Zip Co	de:				
		Email:		_									
		Phone:		Ext.:				Fax:					
9.	Legal Owner	A. Name of Site's Legal Owner:						Date B Owner	ecame :				
	of the Site	Owner Type: Private County	District	□ _{Fed}	_{eral} [] _{Tribal}	Municipal		e Other				
		Street or P.O. Box:											
		City, Town, or Village:						Phone:					
		State:	Country:					Zip Code	9:				
		B. Name of Site's Operator:	- <u>-</u>					Date Be	came r:				
		Operator Type: Private County		□ _{Fed}	eral] _{Tribal}	Municipal		e D _{Other}				

EPA ID Number		OMB#: 2050-0024; Expires 01/31/2017
10. Type of Regulated Wast Mark "Yes" or "No" for	e Activity (at your site) all current activities (as of the date submitting t	he form); complete any additional boxes as instructed.
A. Hazardous Waste Activi	ties; Complete all parts 1-10.	
Y N N I. Generator If "Yes," m	of Hazardous Waste ark only one of the following – a, b, or c.	Y N N S. Transporter of Hazardous Waste If "Yes," mark all that apply.
a. LQG:	Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	 a. Transporter b. Transfer Facility (at your site) Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N T. Recycler of Hazardous Waste
b. SQG: c. CESQG:	100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste. Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply.
If "Yes" above, indica Y N N 2. Short-Term event and no explanation in	te other generator activities in 2-10. Generator (generate from a short-term or one-time t from on-going processes). If "Yes," provide an in the Comments section.	 a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption
Y N 3. United State	es Importer of Hazardous Waste	Y N N 9. Underground Injection Control
Y N N 4. Mixed Wast	e (hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Off-site
B. Universal Waste Activiti	es; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N N 1. Large C accumu regulati types o mark al	Quantity Handler of Universal Waste (you late 5,000 kg or more) [refer to your State ons to determine what is regulated]. Indicate f universal waste managed at your site. If "Yes, I that apply.	Y N N I. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)
a. Batte b. Pesti c. Merc d. Lamp e. Othe f. Othe g. Othe	ries	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply.
Note: A activity.	hazardous waste permit may be required for this	 Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number								
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D. Eligible wastes p	Academic Entities with oursuant to 40 CFR Part	Laboratories—Notifi 262 Subpart K	cation for opting in	to or withdrawing fr	om managing labor	atory hazardous								
✤ Yo	u can ONLY Opt into Sub	opart K if:												
•	 you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND 													
•	you have checked with y	our State to determine	e if 40 CFR Part 262	Subpart K is effective	e in your state									
Y N	1. Opting into or currently	y operating under 40	CFR Part 262 Subpa	rt K for the managem	ent of hazardous wa	stes in laboratories								
	See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:													
	ுa. College or University													
	L. reaching Hospital that is owned by or has a formal written affiliation agreement with a college or university													
	LC. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university													
	Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories													
11. Descript	1. Description of Hazardous Waste													
A. Waste C your site spaces a	 Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. 													
B. Waste C hazardou spaces a	odes for State-Regulate us wastes handled at you re needed.	ed (i.e., non-Federal) r site. List them in the	Hazardous Wastes.	Please list the wast ented in the regulation	e codes of the State- ns. Use an additiona	Regulated I page if more								

2. Notificat	ion of Hazardous Secondary Mat	erial (HSM) Activity	
Y □ N ✓	Are you notifying under 40 CFR 26 secondary material under 40 CFR	60.42 that you will begin managing, are managing 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25	g, or will stop managing hazardous)?
	If "Yes," you must fill out the Adden Material.	ndum to the Site Identification Form: Notification f	for Managing Hazardous Secondary
3. Comme	nts		
his Form is	being submitted as part of the F	RCRA Hazardoùs Waste Facility Permit rene	ewal application
Permit No.	NM6213820974 Expiring 12/01/	2015) for Fort Wingate Depot Activity, Gallup	o, NM.
 Certifica accordar on my in informati penalties Hazardo 	tion. I certify under penalty of law ince with a system designed to assui quiry of the person or persons who on submitted is, to the best of my kit for submitting false information, ind us Waste Part A Permit Application	that this document and all attachments were prep re that qualified personnel properly gather and ev manage the system, or those persons directly res nowledge and belief, true, accurate, and complete cluding the possibility of fines and imprisonment f , all owner(s) and operator(s) must sign (see 40 C	pared under my direction or supervision in valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant or knowing violations. For the RCRA CFR 270.10(b) and 270.11).
Signature of authorized r	legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Mina	m filsts amell	William J. O'Donnell, II, Chief, Reserve, Industrial and Medical Branch	June 11, 2015

EPA Form 8700-12, 8700-13 A/B, 8700-23

Page 4 of 4

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY													
ONLY fill out this form if:													
 You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See http://www.epa.gov/epawaste/hazard/dsw/statespf.htm for a list of eligible states; AND You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section. 													
waste activities in this section.													
1. Indicate reason for notification. Include dates where requested.													
Facility will begin managing excluded HSM as of (mm/dd/yyyy).													
Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.													
Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.													
 Description of excluded HSM activity. Please list the appropriate codes and quantities in short tons to describe your excluded HSM activity <u>ONLY</u> (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed. 													
a. Facility code (answer using codes listed in the Code List section of 													
3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))													
Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?													

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	НА	ZA	RD	Un)O l	itec US	d St G W	ate	s E ST	nvii E l	roni PE	mer RN	nta ///	P 	rote NF	ecti 50	on Ager RMAT	ncy TION FORM	
1. Facility Permit Contact	Fir	st Na	me:								М	:		La	ast I	Name:		
	Contact Title:												I					
	Ph	one:											Ext	.:			Email:	
2. Facility Permit Contact Mailing	Str	eet o	or P.C	<u>Э. В</u>	ox:													
Address	Cit	City, Town, or Village:																
	Sta	State:																
	Co	untry	/:													Zip Cod	e:	
3. Operator Mailing	Str	eet o	or P.C	Э. В	ox:													
Telephone Number	Street or P.O. Box: r City, Town, or Village:																	
	Sta	ate:														Phone:		
	Co	untry	/:													Zip Cod	e:	
4. Facility Existence	F -		F wie	4)	(a /ala	J/6							-		
Date	Га		EXIS	sten	ceL	Jate	(m	n/ac	луу	<u>yy):</u>								
A. Facility Type	Peri	mits		B.	Perr	nit I	Num	ber									C. Description	
(Enter code)																		
											ĺ							
													İ.					
													†					
6. Nature of Business:			1	<u> </u>		<u> </u>			<u> </u>	<u>I</u>	[]		<u> </u>					

7. Process Codes and Design Capacities - Enter information in the Section on Form Page 3

A. <u>PROCESS CODE</u> – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.

B. <u>PROCESS DESIGN CAPACITY</u> - For each code entered in Item 7.A; enter the capacity of the process.

- 1. <u>AMOUNT</u> Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
- 2. <u>UNIT OF MEASURE</u> For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.
- C. <u>PROCESS TOTAL NUMBER OF UNITS</u> Enter the total number of units for each corresponding process code.

Process Code	Process	Appropria Proces	te Unit of Measure for s Design Capacity	Process Code	Proces	SS	Appropriate Unit of Measure for Process Design Capacity				
	Dis	osal		Tre	eatment (Continu	ued)		(for T81 – T94)			
D79	Underground Injection Well Disposal	Gallons; Lite Liters Per D	ers; Gallons Per Day; or lay	T81	Cement Kiln		Gallons Pe Per Hour;	er Day; Liters Per Day; Pounds Short Tons Per Hour;			
D80	Landfill	Acre-feet; H Cubic Mete Yards	lectares-meter; Acres; rs; Hectares; Cubic	T82	Lime Kiln		Rilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilkerse Per Hours Alliles PTH Per				
D81	Land Treatment	Acres or He	ctares	T83	Aggregate Kiln		Kilograms Per Hour; or Million BTU F Hour				
D82	Ocean Disposal	Gallons Per	Day or Liters Per Day	T84	Phosphate Kiln						
D83	Surface Impoundment Disposal	Gallons; Lite Cubic Yards	ers; Cubic Meters; or	T85	Coke Oven						
D99	Other Disposal	Any Unit of	Measure Listed Below	T86	Blast Furnace						
	Sto	rage		T87	Smelting, Meltin	ig, or Refining	g Furnace				
S01	Container	Gallons; Lite Cubic Yards	ers; Cubic Meters; or S	T88	Titanium Dioxide	e Chloride Ox	idation Rea	ctor			
S02	Tank Storage	Gallons; Lite Cubic Yards	ers; Cubic Meters; or s	Т89	Methane Reform	ning Furnace					
S03	Waste Pile	Cubic Yards	s or Cubic Meters	Т90	Pulping Liquor F	Recovery Furi	nace				
S04	Surface Impoundment	Gallons; Lite Cubic Yards	ers; Cubic Meters; or	T91	Combustion Dev Sulfuric Acid	vice Used in t	he Recover	y of Sulfur Values from Spent			
S05	Drip Pad	Gallons; Lite Hectares; o	ers; Cubic Meters; r Cubic Yards	T92	Halogen Acid F	urnaces					
S06	Containment Building Storage	Cubic Yards	s or Cubic Meters	Т93	Other Industrial	Furnaces Lis	ted in 40 CF	R 260.10			
S99	Other Storage	Any Unit of	Measure Listed Below	T94	Containment Bu Treatment	uilding	Cubic Yards; Cubic Meters; Short Ton Per Hour; Gallons Per Hour; Liters Per				
	Trea	tment		-			Hour; BTU	Per Hour; Pounds Per Hour;			
T01 T02	Tank Treatment Surface Impoundment	Gallons Per Gallons Per	Day; Liters Per Day				Hour; Metr Day; Liters	s Per Day, Riograms Fer s Per Day; Metric Tons Per lillion BTU Per Hour			
	•					Miscellaneo	us (Subnar				
Т03	Incinerator	Short Tons Per Hour; G Per Hour; B Per Hour; S	Per Hour; Metric Tons allons Per Hour; Liters TUs Per Hour; Pounds hort Tons Per Day;	X01 Open Burning/Open Detonation			Any Unit of Measure Listed Below				
		Kilograms F Day; Metric Million BTU	Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour		Mechanical Processing		Short Tons Per Hour; Metric Tons F Hour; Short Tons Per Day; Metric T Per Day; Pounds Per Hour; Kilogra				
104	Other Treatment	Gallons Per Pounds Per Hour; Kilogr Tons Per D BTUs Per H Liters Per H Hour	Day; Liters Per Day; Hour; Short Tons Per ams Per Hour; Metric ay; Short Tons Per Day; Iour; Gallons Per Day; Iour; or Million BTU Per	X03	Thermal Unit		Hour; or G Gallons Pe Per Hour; Kilograms Day; Metri Per Day; E	allons Per Day er Day; Liters Per Day; Pounds Short Tons Per Hour; Per Hour; Metric Tons Per c Tons Per Hour; Short Tons BTU Per Hour; or Million BTU			
Т80	Boiler	Gallons; Lite Liters Per H Million BTU	ers; Gallons Per Hour; lour; BTUs Per Hour; or Per Hour	X04	Geologic Repos	itory	Per Hour Cubic Yard Hectare-m	ds; Cubic Meters; Acre-feet; eter: Gallons: or Liters			
				X99	Other Subpart X	(Any Unit o	f Measure Listed Below			
Unit of Me	easure Unit of Me	asure Code	Unit of Measure	Unit of I	Measure Code	Unit of Mea	asure	Unit of Measure Code			
Gallons		G	Short Tons Per Hour .		D	Cubic Yard	ls	Y			
Gallons P	er Hour	E	Short Tons Per Day		N	Cubic Mete	ers	C			
Galions P	er Day	U	Metric Tons Per Hour		vv S	Acres		В А			
Liters Per	Hour	E	Pounds Per Hour		J	Hectares		Q			
Liters Per	Day	V	Kilograms Per Hour		X	Hectare-me	eter	F			
	-		Million BTU Per Hour.		X	BTU Per He	our	I			

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7. Process Codes and Design Capacities (Continued)

EX	EXAMPLE FOR COMPLETING Item 7 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.													
Lii	ne	A. Process			B. PROCESS DESIGN CAPAC	C. Process Total	For Official Llos Only							
Number		(Fro	n list a	bove)	(1) Amount (Specify)	(2) Unit of Measure	Number of Units	Tor Official Ose Only						
х	1	S	0 2		533.788	G	001							
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
1	0													
1	1													
1	2													
1	3													

Note: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the line sequentially, taking into account any lines that will be used for "other" process (i.e., D99, S99, T04, and X99) in Item 8.

8. Other Processes (Follow instructions from Item 7 for D99, S99, T04, and X99 process codes)

Line Number (Enter #s in sequence with Item 7)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY (1) Amount (Specify)	(2) Unit of Measure	C. Process Total Number of Units	For Official Use Only						
Х	2	т	0	4	100.00	U	001							

9. Description of Hazardous Wastes - Enter Information in the Sections on Form Page 5

- 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 Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.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 Item 9.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	Р	KILOGRAMS	К
TONS	Т	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 Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all listed hazardous wastes.

For non-listed waste: For each characteristic or toxic contaminant entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.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 9.D(1).
- 3. Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.
- 2. PROCESS DESCRIPTION: If code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.E(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:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.
- 2. In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.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 9 (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 operations. 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.

Line		Α.	EPA H Waste	lazard	lous	B. Estimated Annual	C. Unit of Measure	D. PROCESSES								
Nun	nber (Enter code)					Qty of Waste	(Enter code)	(1) PROCESS CODES (Enter Code)								(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
Х	1	К	0	5	4	900	Р	Т	0	3	D	8	0			
Х	2	D	0	0	2	400	Р	Т	0	3	D	8	0			
Х	3	D	0	0	1	100	Р	Т	0	3	D	8	0			
Х	4	D	0	0	2											Included With Above

EPA	ID	Num	bei
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		A. EPA Hazardous				B. Estimated	C. Unit of							D.	PRO	CESS	SES
Line Number		(Waste No. (Enter code)			Annual Qty of Waste	Measure (Enter code)	(1) PROCESS CODES (Enter Code)									(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
	9																
1	0																
1	1																
1	2																
1	3																
1	4																
1	5																
1	6																
1	7																
1	8																
1	9																
2	0																
2	1																
2	2																
2	3																
2	4																
2	5				<u> </u>			1									
2	6			1				1									
2	7			1				1									
2	8				<u> </u>			1									
2	9			1				1									
3	0																
3	1																
3	2																
3	3							1		l	l						
3	4							1									
3	5			1													
3	6			-													

9. D	escript	ion o	f Haza	ardou	is Wa	stes	(Continued	I. Use additiona	al sh	eet(s) as i	nece	ssar	y; πι	ımbe	r pag	ges a	ns 5a, etc.)
			A. EPA Hazardous B.				B. Estimated C. Un	C. Unit of	nit of D. PROCESSES								ES	
Line Number		A. (Waste No. (Enter code)			Annual Qty of Waste	Measure (Enter code)		(1) P	ROCI	ESS (CODE	ES (Ei		(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)			
															<u> </u>			
	1																	

EPA I	D Nur	nber
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10. Map

Attach to this application a topographical 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 intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

11. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

12. 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).

13. Comments