



## Department of Energy

Fermi Site Office  
Post Office Box 2000  
Batavia, Illinois 60510

APR 26 2011

CAA 608 Enforcement Contact  
U.S. Environmental Protection Agency Region V  
Mail Code AE-17J  
77 West Jackson Boulevard  
Chicago, IL 60604

To Whom It May Concern:

SUBJECT: U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) REFRIGERANT  
RECOVERY OR RECYCLING DEVICE ACQUISITION CERTIFICATION FORM  
FOR FERMI NATIONAL ACCELERATOR LABORATORY (FERMILAB)

Fermilab recently purchased refrigerant recovery equipment for its Vehicle Maintenance Department. Enclosed, please find completed EPA Form 7610-31 that certifies the purchase of this equipment.

If you have any questions, please contact Rick Hersemann, of my staff, at (630) 840-4122.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Weis".

Michael J. Weis  
Site Manager

Enclosure:  
As Stated

cc: P. Oddone, Fermilab, w/o encl.  
Y.-K. Kim, Fermilab, w/o encl.  
B. Chrisman, Fermilab, w/o encl.  
N. Grossman, Fermilab, w/encl.



## ENVIRONMENTAL PROTECTION AGENCY REFRIGERANT RECOVERY OR RECYCLING DEVICE ACQUISITION CERTIFICATION FORM

EPA regulations require establishments that service or dispose of refrigeration or air-conditioning equipment to certify that they have acquired recovery or recycling devices that meet EPA standards for such devices. To certify that you have acquired equipment, please complete this form according to the instructions and **mail it to the appropriate EPA Regional Office. BOTH THE INSTRUCTIONS AND MAILING ADDRESSES CAN BE FOUND ON THE REVERSE SIDE OF THIS FORM.**

### PART 1: ESTABLISHMENT INFORMATION

Name of Establishment <div style="border: 1px solid black; padding: 2px;">Fermi National Accelerator Laboratory</div> (Area Code) Telephone Number <div style="border: 1px solid black; padding: 2px;">630-840-3309</div> Number of Service Vehicles Based at Establishment <div style="border: 1px solid black; padding: 2px;">220</div>	Street <div style="border: 1px solid black; padding: 2px;">Pine Street &amp; Kirk Road</div> City State Zip Code <div style="border: 1px solid black; padding: 2px;">Batavia, Illinois 60510</div> County <div style="border: 1px solid black; padding: 2px;">DuPage &amp; Kane</div>
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### PART 2: REGULATORY CLASSIFICATION

Identify the type of work performed by the establishment. **Check all boxes that apply.**

- Type A - Service small appliances
- Type B - Service refrigeration or air-conditioning equipment other than small appliances
- Type C - Dispose of small appliances
- Type D - Dispose of refrigeration or air-conditioning equipment other than small appliances

### PART 3: DEVICE IDENTIFICATION

	Name of Device(s) Manufacturer	Model Number	Year	Serial Number (if any)	Check Box if Self-Contained
1.	KoolKare Plus + Snap-On	EEAC325B	2010	200462	<input checked="" type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

### PART 4: CERTIFICATION SIGNATURE

I certify that the establishment in Part 1 has acquired the refrigerant recovery or recycling device(s) listed in Part 2, that the establishment is complying with Section 608 regulations, and that the information given is true and correct.

Signature of Owner/Responsible Officer	Date	Name (Please Print)	Title
	4/25/2011	Michael J. Weis	Fermi Site Office Manager