

Date 02/19/2021

Amber M. Kenney
Chief Safety Officer

Mr. Richard K. Verhaagen
Site Manager
Fermi Site Office
U.S. Department of Energy
P. O. Box 2000
Batavia, Illinois 60510-5011
U.S.A.

ES&H Section
P.O. Box 500, MS 119
Kirk Road and Pine Street
Batavia, Illinois 60510-5011
USA

Office: 630.840.2977
Fax: 630.840.3390
tamber@fnal.gov

2020 IEPA Annual Hazardous Waste Report

Dear Mr. Verhaagen,

Enclosed please find the 2020 Illinois Environmental Protection Agency (IEPA) Annual Hazardous Waste Report. Your signature is required on page 6 of the RCRA Subtitle C Site Identification Form. Please send signed report to the IEPA at the address below. An additional copy of the entire submission is provided for your records.

Illinois Environmental Protection Agency
Bureau of Land #24
Post Office Box 19276
Springfield, Illinois 62794-9276

If you have any questions, please contact Dave Hockin at ext. 4498.

Sincerely,

**Digitally signed by
Amber Kenney
Date: 2021.02.22
12:14:29 -06'00'**

Amber M. Kenney
Chief Safety Officer

cc: K. Gregory, w/o encl.
D. Hockin, w/o encl.
B. Iverson, w/o encl.
N. Lockyer, w/o encl.
A. Pavnica, w/o encl.
L. Reger, w/o encl.

Doc.DB #3040-v2



Department of Energy
Office of Science
Fermi Site Office
Post Office Box 2000
Batavia, Illinois 60510

February 24, 2021

Illinois Environmental Protection Agency
Bureau of Land #24
Annual Reports and Data Collection Unit
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Dear Sir/Madam:

SUBJECT: HAZARDOUS WASTE ANNUAL REPORT FOR 2020, FERMI NATIONAL
ACCELERATOR LABORATORY, IEPA # 0890105010

Reference: Email, H. Wright to R. Hersemann, dated January 25, 2021, Subject: "Hazardous
Waste Annual Report", Fermi National Accelerator Laboratory (Fermilab), Batavia,
IL, IEPA # 0890105010"

Enclosed is Fermilab's hazardous waste annual report for 2020.

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 "Mark E. Bollinger".

Mark E. Bollinger
Deputy Site Manager

Enclosures:
As Stated

cc: N. Lockyer, Fermilab, w/o encl.
A. Kenney, Fermilab, w/o encl.

RCRA SUBTITLE C ACTIVITIES FORMS

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for <u>2020</u> (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities.
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

I	L	6	8	9	0	0	3	0	0	4	6
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3. Site Name

Fermi National Accelerator Laboratory
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4. Site Location Address

Street Address	PO Box 500 Kirk and Pine St		
City, Town, or Village	Batavia	County	Kane
State	IL	Country	USA
		Zip Code	60510

5. Site Mailing Address

Same as Location Address

Street Address	PO Box 2000 Kirk and Pine St		
City, Town, or Village	Batavia		
State	IL	Country	USA
		Zip Code	60510

6. Site Land Type

<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 541720	C.
B.	D.

8. Site Contact Information

Same as Location Address

First Name Rick	MI	Last Name Hersemann
Title Physical Scientist		
Street Address Kirk and Pine St. MS 118		
City, Town, or Village Batavia		
State IL	Country USA	Zip Code 60510
Email rick.hersemann@science.doe.gov		
Phone 630-840-4122	Ext	Fax 630-840-3285

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name US Department of Energy	Date Became Owner (mm/dd/yyyy) 11/21/1967
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address PO Box 2000 Kirk and Pine	
City, Town, or Village Batavia	
State IL	Country USA Zip Code 60510
Email mark.bollinger@science.doe.gov	
Phone 630-840-8130	Ext Fax 630-840-3285
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name Nigel Lockyer	Date Became Operator (mm/dd/yyyy)
Operator Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address PO Box 500 Kirk and Pine St. MS 105	
City, Town, or Village Batavia	
State IL	Country USA Zip Code 60510
Email lockyer@fnal.gov	
Phone 630-840-6723	Ext Fax
Comments	

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D001	F003				
D002	F005				
D007	U080				
D008					
D039					

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.	
	<input checked="" type="checkbox"/>	a. Batteries
	<input type="checkbox"/>	b. Pesticides
	<input checked="" type="checkbox"/>	c. Mercury containing equipment
	<input checked="" type="checkbox"/>	d. Lamps
	<input type="checkbox"/>	e. Other (specify) _____
	<input type="checkbox"/>	f. Other (specify) _____
	<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Processor
	<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.	
	<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator?
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

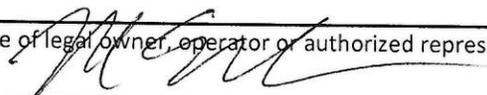
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

19. Certification 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 2/24/2021
Printed Name (First, Middle Initial Last) Mark E. Bollinger	Title Deputy Site Office Manager
Email mark.bollinger@science.doe.gov	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Corrosive Acid Rinse Water						
B. EPA Hazardous Waste Code(s)		D002				
C. State Hazardous Waste Code(s)						
D. Source Code G02		Management Method (G25)		Country Code (G62)		
E. Form Code W105		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 210		UOM 5	Density 8.3		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	210
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2020 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Corrosive Electrolyte Etch						
B. EPA Hazardous Waste Code(s)		D002				
C. State Hazardous Waste Code(s)						
D. Source Code G02		Management Method (G25)		Country Code (G62)		
E. Form Code W103		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 2,643		UOM 1	Density 14.9		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity	
Process System 2	Management Method Code	Quantity	

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?	
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	2,643
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Miscellaneous Small Quantities Lab Pack						
B. EPA Hazardous Waste Code(s)	LABP					
C. State Hazardous Waste Code(s)						
D. Source Code G11	Management Method (G25)		Country Code (G62)			
E. Form Code W001	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 1,570	UOM 1	Density 7.6	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg			

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	H141	1,193	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
ILD098642424	H040	377	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Toxic Lead Contaminated Debris						
B. EPA Hazardous Waste Code(s)		D008				
C. State Hazardous Waste Code(s)						
D. Source Code G15		Management Method (G25)		Country Code (G62)		
E. Form Code W002		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 382		UOM 1	Density		1	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	382
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Toxic Lead Contaminated Machine Coolants						
B. EPA Hazardous Waste Code(s)	D008					
C. State Hazardous Waste Code(s)						
D. Source Code G19	Management Method (G25)		Country Code (G62)			
E. Form Code W119	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 832	UOM 1	Density 8.3		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
WID003967148	H141	832
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

Source Code G19: Coolant change out from machine tools i.e., grinders, mills, lathes used to machine metals containing lead.

Form Code W119: Waste contains water and synthetic coolant.

United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2020 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Flammable, Toxic, Miscellaneous Aerosols						
B. EPA Hazardous Waste Code(s)	D001					
	U080					
C. State Hazardous Waste Code(s)						
D. Source Code G11	Management Method (G25)			Country Code (G62)		
E. Form Code W801	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 200	UOM 1	Density 5.5		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	H141	200	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Flammable Propane						
B. EPA Hazardous Waste Code(s)	D001					
C. State Hazardous Waste Code(s)						
D. Source Code G11	Management Method (G25)		Country Code (G62)			
E. Form Code W801	F. Waste Minimization Code		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity	1	UOM	1	Density	4.2	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	H141	1	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

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United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Flammable, Toxic, Rags Containing Non-Halogenated Solvents						
B. EPA Hazardous Waste Code(s)	D001	F005				
	F003					
C. State Hazardous Waste Code(s)						
D. Source Code G19	Management Method (G25)			Country Code (G62)		
E. Form Code W002	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 638	UOM 1	Density		1	<input checked="" type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	H141	638	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

Source Code G19: Rags generated from cleaning machined parts, glassware, and bench tops.

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Toxic, Combustible, Parts Washer Solution						
B. EPA Hazardous Waste Code(s)	D039					
C. State Hazardous Waste Code(s)						
D. Source Code G01	Management Method (G25)		Country Code (G62)			
E. Form Code W211	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 30	UOM 5	Density	6.7	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
ILD000805911	H141	30
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Corrosive Sodium Hydroxide						
B. EPA Hazardous Waste Code(s)	D002					
C. State Hazardous Waste Code(s)						
D. Source Code G11	Management Method (G25)		Country Code (G62)			
E. Form Code W110	F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
H. Quantity 355	UOM 1	Density 12.7		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	H141	355	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Corrosive Sodium Hydroxide and Water						
B. EPA Hazardous Waste Code(s)		D002				
C. State Hazardous Waste Code(s)						
D. Source Code G01		Management Method (G25)		Country Code (G62)		
E. Form Code W110		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 0		UOM 1	Density 8.3		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	250
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

Waste was generated in 2019 and shipped in 2020.

United States Environmental Protection Agency HAZARDOUS WASTE REPORT <u>2020</u> (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Corrosive Sulfamic Acid						
B. EPA Hazardous Waste Code(s)		D002				
C. State Hazardous Waste Code(s)						
D. Source Code G02		Management Method (G25)		Country Code (G62)		
E. Form Code W105		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 0		UOM 5	Density 10		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity	
Process System 2	Management Method Code	Quantity	

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?	
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	30
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

<p>Waste was generated in 2019 and shipped in 2020.</p>
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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2020 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Corrosive Sulfuric Acid						
B. EPA Hazardous Waste Code(s)		D002				
C. State Hazardous Waste Code(s)						
D. Source Code G11		Management Method (G25)		Country Code (G62)		
E. Form Code W103		F. Waste Minimization Code N		G. Radioactive Mixed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
H. Quantity 117		UOM 1	Density 15.3		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID003967148		H141	117
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

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United States Environmental Protection Agency HAZARDOUS WASTE REPORT 2020 (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description Toxic, Mixed Waste, Lead Containing Accelerator Components						
B. EPA Hazardous Waste Code(s)	D008					
C. State Hazardous Waste Code(s)						
D. Source Code G15	Management Method (G25)		Country Code (G62)			
E. Form Code W319	F. Waste Minimization Code N		G. Radioactive Mixed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
H. Quantity 8,892	UOM 1	Density	25	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
UTD982598898	H132	9,052	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

Form Code W319: Radioactive Accelerator Components Containing Lead

160 lbs of this waste was generated prior to 2020.

EPA ID Number

I L 6 8 9 0 0 3 0 0 4 6

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			NJD080631369
B. Name of Off-site Installation or Transporter			Veolia ES Technical Solutions LLC
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			1 Eden Lane
City, Town, or Village			Flanders
State	NJ	Zip Code	07836
Country		USA	

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			TXR000081205
B. Name of Off-site Installation or Transporter			Safety-Kleen Systems Inc.
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			2600 N. Central Expressway
City, Town, or Village			Richardson
State	TX	Zip Code	75080
Country		USA	

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			FLR000067157
B. Name of Off-site Installation or Transporter			Landstar Ranger Inc.
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			13410 Sutton Park Drive
City, Town, or Village			Jacksonville
State	FL	Zip Code	241572
Country		USA	

4. Comments

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EPA ID Number

I	L	6	8	9	0	0	3	0	0	4	6
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OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			WID003967148
B. Name of Off-site Installation or Transporter			Veolia ES Technical Solutions LLC
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			W214 N9451 Boundary Rd,
City, Town, or Village Menomonee Falls			
State	WI	Zip Code	53051 Country USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			ILD098642424
B. Name of Off-site Installation or Transporter			Veolia ES Technical Solutions LLC
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			7 Mobile Ave
City, Town, or Village Sauget			
State	IL	Zip Code	62201 Country USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			ILD000805911
B. Name of Off-site Installation or Transporter			Safety Kleen Systems
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			1500 E. Villa St.
City, Town, or Village Elgin			
State	IL	Zip Code	60120 Country USA

4. Comments

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EPA ID Number

I L 6 8 9 0 0 3 0 0 4 6

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			UTD982598898
B. Name of Off-site Installation or Transporter			EnergySolutions LLC
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address Clive Disposal Site I-80 Exit 49			
City, Town, or Village Grantsville			
State	UT	Zip Code	84029
Country		USA	

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			
B. Name of Off-site Installation or Transporter			
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			
City, Town, or Village			
State		Zip Code	
Country			

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			
B. Name of Off-site Installation or Transporter			
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation			
Street Address			
City, Town, or Village			
State		Zip Code	
Country			

4. Comments

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