

Attachment 1

WASTE ANALYSIS PLAN

**Appendix C
FORMS**

**MIXED WASTE FACILITY
RCRA/TSCA PERMIT APPLICATION**

**PERMA-FIX NORTHWEST RICHLAND, INC.
RICHLAND, WASHINGTON**

Mixed Waste Facility

EXMPLE PROCESS DATA SHEET

PDS Number _____ Date _____ Page ___ of _____

MIXED WASTE FACILITY PROCESS DATA SHEET

A Process Data Sheet (PDS) must be developed before processing a waste stream for chemical Adjustment, stabilization, or macro-encapsulation. The data sheet must specify step-by-step Procedures to be implemented by the operator to achieve the treatment objectives safely.

1. Waste Characteristics: *Specify information used to develop the process data sheet.*

A. Container Type: _____, **Gross Volume** _____,
Gross weight: _____

B. Chemical composition and concentration:

C. Waste profile ID number:

D. Facility waste stream designation:

E. Treatability test information:

2. LDR Treatment Requirements: *Give treatment designation for the waste stream.*

3. Disposal Requirement: *Specify the site or plant where the treated waste will be sent.*

4. Treatment Process Designation: *List the specific treatment process and system/equipment used for treating the waste stream.*

5. Batch Size Selection: *Select treatment batch size consistent with the reaction chemistry Control, worker handling, equipment and vent system operation and other safety issues.*

Mixed Waste Facility

EXMPL E PROCESS DATA SHEET

PDS Number _____ Date _____ Page ___ of _____

6. Equipment Inspection: *Inspect integrity of each piece of equipment and list any restrictions and/or equipment maintenance requirements.*

7. Equipment Calibration: *Review, calibration and testing requirements of each piece of Equipment and instrument, if applicable..*

8. Preventative Measures: *List preventative health and safety procedures to be used during the process operation. Review waste and reagent characteristics and determine: 1) compatibility with tanks, mixers, piping, valves, pumps, and TICs; 2) enclosure inerting requirements; 3) volatility of compounds in waste and compatibility of vapors with the STB process vent system material construction; 4) worker safety and personnel protective equipment requirements considering the flammability, toxicity, and other hazard characteristics of the waste.*

A. Equipment Protection Measures:

B. Reaction Control: *Identify conditions causing violent reactions, temperature surges, and splashing of the chemical and provide instructions to prevent such hazards.*

C. Worker Protective Equipment:

9. Equipment and Consumable Requirements: *List consumables and equipment needed for the selected process.*

10. Container Selection: *Specify the transportable in-process container (TICs) and disposal Containers to be used for the process.*

11. Process Performance Parameter and Measurement Method: *List the required performance parameters and methods for measuring compliance with the selected parameters.*

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EXMPL E PROCESS DATA SHEET

PDS Number _____ Date _____ Page ___ of _____

These parameters are normally determined taking into account two considerations: 1) the parameters that must be measured to indicate the given hazards characteristics of the waste have been properly removed and treatment is complete, 2) the requirements imposed by the next step of treatment step are met, if applicable.

12. Reagent Requirements: *Reagents required to perform the process are specified. For D002 and D003, provide the stochiometry reaction including the weight and volume of chemicals used.*

13. Transferring Waste to Smaller Reaction Containers: *Provide instructions for transfer operations for waste streams in containers larger than the selected batch size.*

14. Waste Treatment Operations Procedure: *Specify detailed steps for executing the waste treatment process.*

15. Treatment Verification. *List steps for measuring compliance with the treatment performance requirements.*

16. Equipment Cleaning and Rinse: *List steps for post-process rinsing and/or cleaning of equipment.*

17. Disposition of Spent Rinse Solution: *List the steps and methods for treatment and disposition of the spent rinse solution.*

Prepared by: _____ **Signature:** _____

Date: _____

Mixed Waste Facility

EXMPL E PROCESS DATA SHEET

Approved by: Production Supervisor Signature: _____

Date: _____

Approved by: Analytical Lab Supervisor Signature: _____

Date: _____

Approved by: Regulatory Comp. Officer Signature: _____

Date: _____

Mixed Waste Facility

EXAMPLE CERTIFICATION OF REPRESENTATIVE SAMPLE

GENERAL INSTRUCTIONS: In order to determine whether we can accept the special waste described in the above-numbered profile sheet, we must obtain a representative sample of the waste. We will analyze the sample to verify the information you have provided us, so it is particularly important that the sample be truly representative. In most circumstances you will be obtaining the sample. However, in those cases in which we obtain the sample, we must ask that one of your employees be present to direct the particular source to be sampled and to witness the sampling. In such case, your employee must sign this certification as a witness.

This certification must be returned, with representative waste sample to:

The undersigned certifies that he/she obtained a representative sample of the waste material described in the above-referenced "Generator's Waste Material Profile Sheet", and that the following representations are true and correct:

1. Hour and date of sampling: _____
2. Source from which sample was taken: _____
3. Equipment and sampling method used: _____
4. Amount of sample obtained: _____
5. Type of container into which sample was placed: _____
6. The sampling equipment used and the container into which the sample was placed were themselves uncontaminated before use.
7. At the time of sampling, I affixed a label to the container in the following form with the following information (fill in this portion, including your signature, just as it appears on the label you prepared):

Generator: Waste Name: Sample Hour/Date: Profile Sheet Code: Sampler Signature:
--

WITNESS VERIFICATION: I was personally present during the sampling described. I directed the waste source to be sampled and I verify the information noted above.

WITNESS: _____

SIGNATURE: _____

TITLE: _____

EMPLOYER: _____

DATE: _____

SAMPLER NAME: _____

SIGNATURE: _____

TITLE: _____

EMPLOYER: _____

DATE: _____

Mixed Waste Facility

EXAMPLE INCOMING SHIPMENT ACCEPTANCE PROCEDURE AND CHECKLIST

ACCEPTED

REJECTED

EPA ID# _____
Waste Name: _____
Manifest No. _____

Generator: _____
Date: _____
Tracking No: _____

ARRIVAL CHECKLIST: Check Y or N below for the incoming waste. Inform the site manager of any items marked "N". Once the waste is accepted or rejected, check the corresponding box above.

1. Y N Is a complete copy of the Waste Profile Record in the site files?
2. Y N Is the Waste Profile Record updated to within one year of today's date?
3. Y N Is a completed copy of the Acceptance Sample Information form in the files?
4. Y N Was the previous shipment accepted without special consideration?
5. Y N Is the hazardous waste manifest complete and comparable to previous manifests?
6. Y N Does the manifest accurately match the wastes on the shipment?
7. Y N Do the EPA Waste ID numbers match the numbers on the Acceptance Sample Information Form?
8. Y N Do the shipping papers indicate that the waste is not land-disposal restricted?
9. _____ Prepare to safely inspect and sample the waste. Review the Acceptance Sample Information Form, the Waste Profile Record and the manifest for potential health and safety hazards. Wear safety eye wear, gloves, protective clothing and footwear.
10. Y N Are the containers in acceptable condition? (Check Y if not applicable.)
11. _____ Visually inspect the contents of each container. Use #12 for this inspection result.
12. Y N Does the waste match the general description provided on the Waste Profile Record?
13. _____ Sample and analyze the waste according to the Waste Analysis Plan for incoming shipments.
14. Y N Was the sampling procedure followed? (If no, the Laboratory Supervisor or Site Manager must sign this form and reasons for the waiver must be noted below.)
15. Y N Was the onsite analysis carried out? (If no, the Site Manager must sign this form and the reasons for the waiver must be noted below.)
16. _____ Record the results of analysis on the Acceptance Sample Information form.
17. Y N Are all of the results within the established tolerances?
18. _____ If accepted, sign the manifest and record the tracking and manifest numbers.
19. _____ Replace all lids on the containers. Label each container with the tracking number. Make the shipment ready for movement.

NOTE ANY DISCREPANCIES OBSERVED DURING THE ACCEPTANCE PROCEDURE: (If discrepancies are corrected and the shipment is accepted, note the discrepancies, cite the measures taken to correct the problem, use additional form if necessary, and attach this form to it. Use the reverse side of this form for more space if necessary.)

Inspector's Signature

Laboratory Supervisor's or Site Manager's Signature, if applicable

Mixed Waste Facility

EXAMPLE CERTIFICATION FROM TREATMENT FACILITY TO DISPOSAL FACILITY FOR WASTES MEETING RCRA CONCENTRATION-BASED TREATMENT STANDARDS IN §§268.32, 268.40, OR RCRA §3004(d)

The wastes identified on manifest number _____ and bearing the EPA Hazardous Waste Number(s) _____ are subject to the land disposal restrictions of 40 CFR Part 268. The wastes comply with the contamination-based treatment standards specified in Part §268.40 or RCRA Section 3004(d). The required information applicable to each waste is identified below (check all boxes that apply):

- This shipment includes F001-F005 spent solvents, as identified on the attached sheet. [If this box is checked, attach Figure 3.17(b), check the hazardous waste number(s) that apply, and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes F039 multi-source leachate, as identified on the attached sheet(s). [If this box is checked, attach Figure 3.17(c) and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes D012-D017 nonwastewaters and/or D018-D043 characteristics wastes prohibited under §268.38, as identified on the attached sheet(s). The wastes will not be managed in CWA/CWA-equivalent/ Class I SDWA systems. [If this box is checked, attach Figure 3.17(c) and, for each waste, identify the hazardous waste number, treatability group, and subcategory in the spaces provided. Then circle or otherwise identify the underlying hazardous constituents, as defined in §268.2(I).]
- This shipment includes RCRA Section 3004(d) California list wastes, as identified on the attached sheet. [If this box is checked, attach Figure 3.17(d) and circle or otherwise indicate individual constituents likely to be present in the waste.]

The wastes included in this shipment are identified below:

<i>Container ID #</i>	<i>Hazardous Waste #</i>	<i>Treatability Group</i>	<i>Subcategory</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A waste analysis for these wastes is attached, where available.

As required by 40 CFR §268.7(b)(5)(i), the following certification is made for these restricted wastes:

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR §268.32 or RCRA §2004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Signature: _____

Mixed Waste Facility

EXAMPLE CERTIFICATION FROM TREATMENT FACILITY TO DISPOSAL FACILITY FOR ORGANIC CONSTITUENTS AT THE ANALYTICAL DETECTION LIMIT FOR WASTES BURNED IN COMBUSTION UNITS PER §268.40(d)

The wastes identified on manifest number _____ and bearing the EPA Hazardous Waste Number(s) _____ are subject to the land disposal restrictions of 40 CFR Part 268. The wastes comply with the contamination-based treatment standards specified in Part §268.40 or RCRA Section 3004(d). The required information applicable to each waste is identified below (check all boxes that apply):

- This shipment includes F001-F005 spent solvents, as identified on the attached sheet. [If this box is checked, attach Figure 3.17(b), check the hazardous waste number(s) that apply, and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes F039 multi-source leachate, as identified on the attached sheet(s). [If this box is checked, attach Figure 3.17(c) and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes D012-D043 nonwastewaters prohibited under §268.38, as identified on the attached sheet(s). [If this box is checked, attach Figure 3.17(c) and, for each waste, identify the hazardous waste number, treatability group, and subcategory in the spaces provided. Then circle or otherwise identify the underlying hazardous constituents, as defined in §268.2(i).]
- The wastes included in this shipment are identified below:

<i>Container ID #</i>	<i>Hazardous Waste #</i>	<i>Treatability Group</i>	<i>Subcategory</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A waste analysis for these wastes is attached, where available.

As required by 40 CFR §268.7(b)(5)(ii), the following certification is made for these restricted wastes:

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR §264, Subpart O, or 40 CFR §265, Subpart O, by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Signature: _____

Mixed Waste Facility

EXAMPLE ONE-TIME NOTIFICATION TO BE SENT TO EPA OR STATE BY GENERATORS OR TREATERS WHO FIRST CLAIM THAT HAZARDOUS DEBRIS IS EXCLUDED FROM THE DEFINITION OF HAZARDOUS WASTE UNDER §261.3(f)(1)

On _____ (date), a shipment of debris that formerly met the definition of "hazardous debris" [§268.2(h)] was made from the "Originating Facility" identified below to the "RCRA Subtitle D Facility" identified below. At the time of shipment, the debris was excluded from the definition of hazardous waste under §261.3(f).

Originating Facility:	_____	RCRA Subtitle D Facility:	_____
EPA ID #:	_____	Name:	_____
Name:	_____	Address:	_____
Address:	_____		_____

The hazardous debris (which is a nonwastewater), as initially generated, consisted of _____ (described debris), had the following EPA Hazardous Waste Number(s) _____, and belonged in the following subcategory (if any) _____.

- The debris is excluded from the definition of hazardous waste under §261.3(f)(1) and was treated using the following technology described in §268.45 Table 1: _____.
- The debris was excluded from the definition of hazardous waste via a case-by-case "no longer contains" determination by the EPA Regional Administrator [§261.3(f)(2)].
- The debris was identified as D001, D002, and/or D012-D043 and was prohibited under §268.37 and 268.38. [If this box is checked, attach Figure 3.17(c) and, for each waste, identify the underlying hazardous constituents originally present in the debris, as defined in §268.2(i).] A waste analysis for these wastes is attached, where available.

Mixed Waste Facility

EXAMPLE CERTIFICATION TO BE RETAINED IN GENERATOR'S OR TREATER'S FILES FOR EACH SHIPMENT WHEN DEBRIS IS EXCLUDED FROM THE DEFINITION OF HAZARDOUS WASTE UNDER §261.3(f)

On _____ (date), a shipment of debris that formerly met the definition of "hazardous debris" [§268.2(h)] was made from the "Originating Facility" identified below to the "RCRA Subtitle D Facility" identified below. At the time of shipment, the debris was excluded from the definition of hazardous waste under §261.3(f)(1).

Originating Facility:	_____	RCRA Subtitle D Facility:	_____
EPA ID #:	_____	Name:	_____
Name:	_____	Address:	_____
Address:	_____		_____

The hazardous debris (which is a nonwastewater), as initially generated, consisted of _____ (described debris), had the following EPA Hazardous Waste Number(s) _____, belonged in the following subcategory (if any) _____, and was subject to the alternative treatment standards in §268.45 Table 1.

The debris is excluded from the definition of hazardous waste under §261.3(f)(1) and was treated using the following technology described in §268.45 Table 1: _____. As required by §268.7(d)(3)(iii), the following certification is made for this debris:

I certify under penalty of law that the debris has been treated in accordance with the requirements of 40 CFR §268.45. I am aware that there are significant penalties for making a false certification, including the possibility of fine and imprisonment.

Authorized Representative: _____

Mixed Waste Facility

EXAMPLE ONE-TIME NOTICE FOR GENERATOR'S FILES WHEN WASTE IS EXCLUDED FROM THE DEFINITION OF HAZARDOUS OR SOLID WASTE OR EXEMPT FROM SUBTITLE C REGULATION

The wastes identified below are restricted wastes that are excluded from the definition of hazardous or solid waste or are exempt from RCRA Subtitle C regulations (under §§261.2 - 261.6) subsequent to the point of generation.

The restricted wastes, as initially generated, consisted of _____ (describe hazardous waste), had the following EPA Hazardous Waste Number(s) _____, and belonged in the following subcategory (if any) _____. Subsequent to generation, the waste was excluded or exempt from further RCRA regulations because it was:

[Describe conditions of exclusion or exemption; for example, exempt under the domestic sewage exclusion of §261.4(a)(1).]

The current disposition of the wastes is as follows (e.g., waste was discharged to POTW):

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EXAMPLE NOTIFICATION AND CERTIFICATION APPLICABLE TO LAB PACKS

The wastes identified on manifest number _____ and bearing the EPA Hazardous Waste Number(s) _____ are part of a lab pack and are subject to the land disposal restrictions of 40 CFR Part §268. The wastes do not meet the treatment standards specified in §268, Subpart D or do not meet the applicable prohibition levels specified in §268.32 or RCRA §3004(d). The alternative lab pack treatment standards under §268.42(c) will be used. The required information applicable to each waste is identified below (check all boxes that apply):

- This shipment includes F001-F005 spent solvents, as identified on the attached sheet. [If this box is checked, attach Figure 3.17(b), check the hazardous waste number(s) that apply, and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes F-039 multi-source leachate, as identified on the attached sheet(s). [If this box is checked, attach Figure 3.17(c) and circle or otherwise identify individual constituents likely to be present in the waste.]
- This shipment includes D001-D002, and/or D012-D043 characteristic wastes prohibited under §§268.37 or 268.38, as identified on the attached sheet (s). [If this box is checked, attach Figure 3.17(c) and, for each waste, identify the hazardous waste number, treatability group, and subcategory in the spaces provided. *However, underlying hazardous constituents, as defined in §268.2(I), need not be determined.*]
- This lab pack includes RCRA Section 3004(d) California list wastes, as identified on the attached sheet. [If this box is checked, attach Figure 3.17(d) and circle or otherwise indicate individual constituents likely to be present in the waste.]

The wastes included in this shipment are identified below:

<i>Container ID #</i>	<i>Hazardous Waste #</i>	<i>Treatability Group</i>	<i>Subcategory</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A waste analysis for these wastes is attached, where available.

As required by 40 CFR §268.7(b)(5)(ii), the following certification is made for these restricted wastes:

I certify under penalty of law that I have personally examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under Appendix IV to 40 CFR §268 or solid wastes not subject to regulation under 40 CFR §261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Authorized Signature: _____

Mixed Waste Facility

EXAMPLE ONE-TIME NOTIFICATION AND CERTIFICATION TO BE SENT TO EPA OR STATE FOR WASTES NO LONGER EXHIBITING A CHARACTERISTIC BUT THAT DO NOT MEET THE TREATMENT STANDARDS FOR UNDERLYING HAZARDOUS CONSTITUENTS

On _____ (date), a shipment of wastes that formerly exhibited one or more characteristics of a hazardous waste (D001, D002, or D012-D043 only) was made from the "Originating Facility" identified below to the "RCRA Subtitle D Facility" identified below. At the time of shipment, the wastes no longer exhibited a characteristic of a hazardous waste, but one or more underlying hazardous constituents did not meet the universal treatment standards in §268.48.

Originating Facility:	_____	RCRA Subtitle D Facility:	_____
EPA ID #:	_____	Name:	_____
Name:	_____	Address:	_____
Address:	_____		_____

The characteristic waste as initially generated had the following EPA Hazardous Waste Number(s), belonged in the following treatability group and subcategory, and (for D001, D002, and D012-D043 only) contained the underlying hazardous constituents [as defined in §268.2(I)] and as identified on the attached Figure 3.17(c):

Hazardous waste number(s) before treatment (e.g., D003)	Treatability group and subcategory (e.g., reactive cyanides nonwastewater)	Underlying hazardous constituents <input type="checkbox"/> This waste contained the underlying hazardous constituents as identified
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For wastes that have been treated to remove the characteristic, but one or more underlying hazardous constituents do not meet the universal treatment standards in §268.48, the following certification is required:

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR §268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Representative: _____

Mixed Waste Facility

EXAMPLE ONE-TIME NOTIFICATION AND CERTIFICATION TO BE SENT TO EPA OR STATE FOR WASTES NO LONGER EXHIBITING A CHARACTERISTIC AND THAT ARE SENT TO SUBTITLE D FACILITIES

On _____ (date), a shipment of wastes that formerly exhibited one or more characteristics of a hazardous waste was made from the "Originating Facility" identified below to the "RCRA Subtitle D Facility" identified below. At the time of shipment, the wastes no longer exhibited a characteristic of a hazardous waste.

Originating Facility:	_____	RCRA Subtitle D Facility:	_____
EPA ID #:	_____	Name:	_____
Name:	_____	Address:	_____
Address:	_____		_____

The characteristic waste as initially generated had the following EPA Hazardous Waste Number(s), belonged in the following treatability group and subcategory, and (for D001, D002, and D012-D043 only) contained the underlying hazardous constituents [as defined in §268.2(I)] and as identified on the attached Figure 3.17(c):

Hazardous waste number(s) before treatment (e.g., D003)	Treatability group and subcategory (e.g., reactive cyanides nonwastewater)	Underlying hazardous constituents
		<input type="checkbox"/> This waste contained the underlying hazardous constituents as identified on the attached Figure 3.17(c). The waste meets the treatment standard for the underlying hazardous constituents. (If the waste does not meet the treatment standards for underlying hazardous constituents, use Figure 3.21 in lieu of this form.)

For wastes with concentration-based treatment standards in §268.40 (or California list wastes), the following certification is required:

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR §268 Subpart D, and all applicable prohibitions set forth in 40 CFR §268.32 or RCRA §3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Representative: _____

For wastes with treatment standards expressed as technologies in §268.40, the following certification is required:

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR §268.42. I am aware that there are significant penalties for making a false certification, including the possibility of fine and imprisonment.

Authorized Representative: _____

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For wastes with concentration-based treatment standards in §268.40 based on total composition, if compliance with the treatment standards is based, in part or in whole, on the analytical detection limit alternative specified in §268.40(d), the following certification is required:

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR §264, Subpart O or 40 CFR §265, Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Representative: _____

Authorized Signature: _____

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**EXAMPLE CERTIFICATION FROM TREATMENT FACILITY TO
GENERATOR FOR TOXIC SUBSTANCES CONTROL ACT
REGULATED PCB WASTES PER
40 CFR 761.3**

Disposal was completed for wastes identified on manifest number _____
and bearing the EPA Hazardous Waste Number(s) _____ containing
Toxic Substances Control Act (TSCA)-regulated polychlorinated biphenyls (PCB) and
subject to the disposal restrictions of 40 CFR §761, Subpart K.

Disposal Facility: _____

EPA ID #: _____

Name: _____

Address: _____

Date of Disposal: _____

Disposal Process Used: _____

A waste analysis for these wastes is attached, where applicable.

<i>Container ID #</i>	<i>Hazardous Waste #</i>	<i>Treatability Group</i>	<i>Subcategory</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As required by 40 CFR §761.3, the following certification is made for these restricted wastes:

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

Authorized Signature: _____