

## **ATTACHMENT 2-PERMIT APPLICATION PART A**

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or State equivalent LQG regulations)</p>		
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/></p>		
<p><b>3. Site Name</b></p>	<p>Name: NASA White Sands Test Facility</p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: 12600 NASA Rd</p> <p>City, Town, or Village: Las Cruces County: Dona Ana</p> <p>State: New Mexico Country: United States of America Zip Code: 88012</p>		
<p><b>5. Site Land Type</b></p>	<p><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</p>		
<p><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>B. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>C. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>D. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>		
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: P.O. Box 20</p> <p>City, Town, or Village: Las Cruces</p> <p>State: NM Country: United States of America Zip Code: 88004</p>		
<p><b>8. Site Contact Person</b></p>	<p>First Name: Radel MI: L Last: Bunker-Farrah</p> <p>Title: NASA Environmental Office Chief</p> <p>Street or P.O. Box: P.O. Box 20</p> <p>City, Town or Village: Las Cruces</p> <p>State: NM Country: United States of America Zip Code: 88004</p> <p>Email: radel.l.bunker-farrah@nasa.gov</p> <p>Phone: 575-524-5733 Ext.: Fax: 575-524-5798</p>		
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: U.S. Army-WSMR Date Became Owner:</p> <p>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</p> <p>Street or P.O. Box: P.O. Box 20</p> <p>City, Town, or Village: Las Cruces Phone:</p> <p>State: NM Country: U.S.A. Zip Code: 88004</p> <p>B. Name of Site's Operator: NASA White Sands Test Facility Date Became Operator: 07/07/1962</p> <p>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</p>		

**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; Complete all parts 1-10.**

- Y  N  **1. Generator of Hazardous Waste**  
 If "Yes", mark only one of the following - a, b, or c.
- 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.
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-4.

- Y  N  **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y  N  **3. United States Importer of Hazardous Waste**
- Y  N  **4. Mixed Waste (hazardous and radioactive) Generator**

- Y  N  **5. Transporter of Hazardous Waste**  
 If "Yes", mark all that apply.
- 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  **7. Recycler of Hazardous Waste**
- Y  N  **8. Exempt Boiler and/or Industrial Furnace**  
 If "Yes", mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y  N  **9. Underground Injection Control**
- Y  N  **10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

- Y  N  **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) \_\_\_\_\_
- f. Other (specify) \_\_\_\_\_
- g. Other (specify) \_\_\_\_\_
- Y  N  **2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**

- Y  N  **1. Used Oil Transporter**  
 If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- 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.
- a. 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

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

◆ You can **ONLY** Opt into Subpart 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 your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y  N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the **item-by-item** Instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. 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. Description of Hazardous Waste**

**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.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D018	D019	D022
D023	D024	D025	D026	D027	D028	D035
D036	D038	D039	D040	F001	F002	F003
F005	P003	P068	P078	P082	U002	U003
U006	U012	U020	U037	U057	U098	U099
U121	U122	I125	U133	U134	U147	U151
U162	U196	U210	U226			

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated 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.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

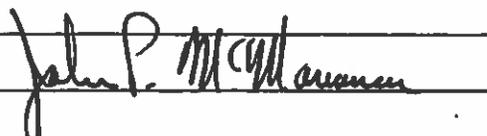
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

Site already has an EPA Identification Number and would like to change site information (e.g., generator status, new site contact person, new owner, new mailing address, new regulated waste activity, etc.).

**14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Brian M. Michelson, COL, CA	12/18/2013
	Garrison Commander, WSMR John McManamen, Manager White Sands Test Facility	10/17/13

**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/statesof.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.

**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 has stopped managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy) and is notifying as required.

**2. Description of excluded HSM activity. Please list the appropriate codes and quantities in short tons to describe your excluded HSM activity ONLY (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 the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

**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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**United States Environmental Protection Agency  
HARDOUS WASTE PERMIT INFORMATION FORM**

<b>1. Facility Permit Contact</b>	<b>First Name:</b> Radel	<b>MI:</b> L	<b>Last Name:</b> Bunker-Farrah					
	<b>Contact Title:</b> NASA Environmental Office Chief							
	<b>Phone:</b> 575-524-5733	<b>Ext.:</b>	<b>Email:</b> radel.l.bunker-farrah@nasa.gov					
<b>2. Facility Permit Contact Mailing Address</b>	<b>Street or P.O. Box:</b> P.O. Box 20							
	<b>City, Town, or Village:</b> Las Cruces							
	<b>State:</b> NM							
	<b>Country:</b> U.S.A.	<b>Zip Code:</b> 88004						
<b>3. Operator Mailing Address and Telephone Number</b>	<b>Street or P.O. Box:</b> P.O. Box 20							
	<b>City, Town, or Village:</b> Las Cruces							
	<b>State:</b> NM	<b>Phone:</b> 575-524-5733						
	<b>Country:</b> U.S.A.	<b>Zip Code:</b> 88004						
<b>4. Facility Existence Date</b>	<b>Facility Existence Date (mm/dd/yyyy):</b> 07/07/1962							
<b>5. Other Environmental Permits</b>								
<b>A. Facility Type (Enter code)</b>	<b>B. Permit Number</b>							<b>C. Description</b>
E	D	P	-	5	8	4		Discharge Plan- Sewer
E	D	P	-	1	1	7	0	Discharge Plan- Salt Ponds
E	D	P	-	6	9	7		Discharge Plan- Cooling Water
E	D	P	-	3	9	2		Discharge Plan- Sewage
E	6	2	9	A	R	E	A	4 0 0 - M 1 Area 400 Air Permit
E	6	2	9	-	M	1		Area 700 Air Permit
E	6	2	9	A	R	E	A	8 0 0 Area 800 Air Permit
E	0	6	2	9	M	3	R	3 Area 300 Air Permit
E	D	P	-	1	2	5	5	Discharge Plan- Groundwater Remediation System
<b>6. Nature of Business:</b> The NASA White Sands Test Facility (WSTF) is an organizational element of The Johnson Space Center, Houston, Texas. WSTF provides testing and evaluation of potentially hazardous materials, space flight components, and rocket propulsion systems.								

**7. Process Codes and Design Capacities – Enter Information in the Section on Form Page 3**

- A. PROCESS CODE** – 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. PROCESS DESIGN CAPACITY** – For each code entered in Item 7.A; enter the capacity of the process.
- AMOUNT** – 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.
  - UNIT OF MEASURE** – 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. PROCESS TOTAL NUMBER OF UNITS** – Enter the total number of units for each corresponding process code.

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity	Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
<b>Disposal</b>			<b>Treatment (Continued) (for T81 – T94)</b>		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day	T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour;
D80	Landfill	Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards	T82	Lime Kiln	Kilograms Per Hour; or Million BTU Per Hour
D81	Land Treatment	Acres or Hectares	T83	Aggregate Kiln	
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T84	Phosphate Kiln	
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards	T85	Coke Oven	
D99	Other Disposal	Any Unit of Measure Listed Below	T86	Blast Furnace	
<b>Storage</b>			T87	Smelting, Melting, or Refining Furnace	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards	T88	Titanium Dioxide Chloride Oxidation Reactor	
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards	T89	Methane Reforming Furnace	
S03	Waste Pile	Cubic Yards or Cubic Meters	T90	Pulping Liquor Recovery Furnace	
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards	T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
S05	Drip Pad	Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards	T92	Halogen Acid Furnaces	
S06	Containment Building Storage	Cubic Yards or Cubic Meters	T93	Other Industrial Furnaces Listed in 40 CFR 260.10	
S99	Other Storage	Any Unit of Measure Listed Below	T94	Containment Building Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour
<b>Treatment</b>			<b>Miscellaneous (Subpart X)</b>		
T01	Tank Treatment	Gallons Per Day; Liters Per Day	X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
T02	Surface Impoundment	Gallons Per Day; Liters Per Day	X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; or Million BTU Per Hour	X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; or Million BTU Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour	X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour	X99	Other Subpart X	Any Unit of Measure Listed Below
<b>Unit of Measure</b>		<b>Unit of Measure Code</b>	<b>Unit of Measure</b>		<b>Unit of Measure Code</b>
Gallons.....	G	Short Tons Per Hour.....	D	Cubic Yards.....	Y
Gallons Per Hour.....	E	Short Tons Per Day.....	N	Cubic Meters.....	C
Gallons Per Day.....	U	Metric Tons Per Hour.....	W	Acres.....	B
Liters.....	L	Metric Tons Per Day.....	S	Acre-feet.....	A
Liters Per Hour.....	H	Pounds Per Hour.....	J	Hectares.....	Q
Liters Per Day.....	V	Kilograms Per Hour.....	X	Hectare-meter.....	F
		Million BTU Per Hour.....	X	BTU Per Hour.....	I



**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	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

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 Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES														
	(1) PROCESS CODES (Enter Code)						(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))														
X	1	K	0	5	4	900	P	T	0	3	D	8	0								
X	2	D	0	0	2	400	P	T	0	3	D	8	0								
X	3	D	0	0	1	100	P	T	0	3	D	8	0								
X	4	D	0	0	2																Included With Above



**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**

1. Permit Revision
2. FTU indicates Fuel Treatment Unit.