STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

RCRA (HAZARDOUS WASTE) INSPECTION REPORT
TREATMENT/STORAGE/DISPOSAL FACILITY

Name(s) of Inspector(s): ____________________________.
Date(s) of Inspection: _____________________________ Complaint Number: ____________________.
Previous RCRA inspection: __________________________ Active RCRA enforcement: ____________________.

SITE INFORMATION
EPA ID Number: CT ________________________.
Site Name: ____________________________.
Street Address: ____________________________.
Mailing Address: ____________________________.
Contact Name(s) and Title: ____________________________.
Contact Phone Number: ____________________________ Date established at present location: ____________________.
Property owned/leased: ____________________________ Previous occupants of site: ____________________.

STATUS (actual operating)
__ CESQG  __ Storage  Interim Status
__ SQG  __ Treatment  __ Permitted Facility
__ Lg. Quantity Generator  __ Disposal  __ CT Regulated Facility
__ Transporter  __ Post Closure Units  __ Commercial Facility
__ Recycle/Reclaim  __ Used Oil Processor/Refiner  __ Small Quantity Universal Waste Handler
__ Universal Waste Destination Facility  __ Large Quantity Universal Waste Handler
__ Other: ____________________________.
Notified as: ____________________________.
Any discrepancies between notification/Part A/B & actual operations: ___ Yes ___ No: ____________________________.

If yes, has a status change been requested: ___ Yes ___ No: ____________________________.

Comments: ____________________________.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
FORM REVISED December 20, 2007
TYPES OF WASTE HANDLED

__ Ignitables (D001) __ F or K listed wastes __ Used Oil
__ Corrosives (D002) __ P or U listed wastes __ CT Regulated Waste
__ Reactive (D003) __ Precious Metals __ Haz. Scrap Metal
__ TCLP (D004 – 43) __ Universal Waste (list type): ____________
__ Other: ____________

HANDLING METHODS

__ Containers __ Containment Building __ Waste Piles
__ Aboveground Tanks Wastewater Treatment __ Landfill
__ Underground Tanks Incinerator/Thermal Treatment __ Drip Pad
__ Surface Impoundment Chemical, Physical, Biological Treatment
__ Other: ____________

SITE DESCRIPTION

Proximity to residential areas/surface water/recharge zone, etc: ____________.

Water supply (if wells, give approximate locations): ____________.

Types of waste/water discharges: ____________.

Evidence of on-site disposal: ___ Yes ___ No (if yes, give specifics): ____________.

Groundwater monitoring wells on-site: ___ Yes ___ No. Groundwater classification: ________.
   If yes: (briefly describe why installed and any information available): ____________.

Comments: ____________.
SITE ACTIVITY

Number of employees/shifts: ___________________ Type of activities: ___________________.
Products: _____________________________________________.
Describe processes (particularly those that involve chemical and generate waste): ___________________.

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FORM REVISED December 20, 2007
# WASTE PROFILE

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<tr>
<th>WASTE STREAM</th>
<th>EPA WASTE CODE</th>
<th>ESTIMATED GENERATION RATE</th>
<th>HANDLING METHOD</th>
<th>TRANSPORTER</th>
<th>DESTINATION FACILITY</th>
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**Comments:**

**HAZARDOUS WASTE DETERMINATIONS (GHW)**

Determination conducted for all waste streams: ___ Yes ___ No (explain): ____________________________________________________________________________

Determination updated annually (documentation on-site): ___ Yes ___ No: ____________________________________________________________________________

Comments: ____________________________________________________________________________________
Date/months of shipping records reviewed: ________________________________.

Manifests used for all hazardous waste shipments: ___ Yes ___ No (explain): ________________________________.

Shipping records used for universal waste: ___ Yes ___ No (explain): ________________________________.

Shipping records used for used oil: ___ Yes ___ No (explain): ________________________________.

Appropriate copy(ies) on-site: ___ Yes ___ No (explain): ________________________________.

Any exception (generators), discrepancy or unmanifested waste reports (facilities): ___ Yes ___ No: ________________________________.

Comments: ____________________________________________________________________________________

______________________________________________________________________________________________

WASTE MINIMIZATION PROGRAM

Is a program in place: ___ Yes ___ No (if written program, obtain a copy)

If yes, briefly describe the elements of the program, identify waste types and any reduction achieved: __________.

______________________________________________________________________________________________

If no, did the inspector recommend that the company:

Assess their processes and waste streams for potential reductions in waste quantities: ___ Yes ___ No

Assess their raw materials for less hazardous alternatives: ___ Yes ___ No

Assess their water usage for potential reductions: ___ Yes ___ No

Assess their energy usage for better efficiency: ___ Yes ___ No

Evaluate the potential for closed loop processes: ___ Yes ___ No

Comments: Identify specific areas for further assessments: ________________________________________________________________________________________

______________________________________________________________________________________________
Has the generator determined whether the waste ___ meets ___ doesn’t meet the treatment standard(s) by ___ testing the waste ___ using knowledge of waste: ___ Yes ___ No: ________________________________.

If the waste or contaminated soil does not meet the treatment standard(s), has the generator sent a one-time written notification (or subsequent notification(s) if the waste changes) to each receiving facility: ___ Yes ___ No ___ N/A (explain): __________.

If the waste or contaminated soil meets the treatment standard(s) at the original point of generation, has the generator sent a one-time certification (or subsequent notification(s) if the waste changes) to each receiving facility: ___ Yes ___ No (explain): ________________________________.

If the generator's waste is subject to a case-by-case extension, no-migration petition, or national capacity variance, has the generator sent a one-time written notification (or subsequent notification(s) if the waste changes) to each receiving facility: ___ Yes ___ No ___ N/A (explain): __________.

If the generator is managing and treating a restricted waste or contaminated soil in tanks, containers, or containment building to meet applicable treatment standards, has the generator sent a one time notification (or subsequent certification(s) if the waste changes) to each receiving facility: ___ Yes ___ No ___ N/A (explain): __________.

Has the generator retained on-site a copy of all LDR documentation for 3 years: ___ Yes ___ No: ________________________________.

Comments: __________________________________________________________________________.

If site is a treatment facility, complete and attach, "Attachment H: Land Disposal Restrictions – Treatment Facility Requirements".

40 CFR 265.75

**BIENNIAL HAZARDOUS WASTE REPORT**

(DEX) 22a-449(c)-105(a)(2)(M)

Reports filed on a biennial basis: ___ Yes ___ No. Date received at DEP: ________________________________.

Comments: __________________________________________________________________________.

40 CFR 265.17

**IGNITABLES/REACTIVES/INCOMPATIBLES**

(DSC) 22a-449(c)-105(a)(1)

Ignitable & reactive wastes separated from sources of ignition or reaction & handled per 265.17: ___ Yes ___ No "No Smoking" signs posted in areas of ignitable or reactive hazardous waste: ___ Yes ___ No

Comments: __________________________________________________________________________.
Approximate number of satellite storage areas: ____________________________.

Less than 55 gallons (or 1 quart acutely hazardous waste) per waste stream per satellite accumulation area: ___ Yes ___ No

Containers marked and contents described: ___ Yes ___ No. Containers closed when not in use: ___ Yes ___ No

Comments: ____________________________

Number of areas: ____________________________.

Location(s): ____________________________.

Impermeable base: ____________________________.

Secondary containment: ____________________________.

Approximate number & sizes of containers: ____________________________.

Type(s): __ steel __ poly __ fiber __ bag/sack __ lab pack __ roll-off, Other: ____________________________.

Management of containers:

Condition (leaks, ruptures, corrosion, heat, pressure): ____________________________.

Containers closed when not in use: ____________________________.

50 foot buffer zone for ignitable and reactive waste: ____________________________.

Incompatibles separated by dike/wall, etc.: ____________________________.

Storage less than 90 days (LQG) (hazardous waste): ____________________________.

Storage less than one year (universal waste): ____________________________.

Does the generator storing F006 hazardous waste for up to 180 days follow 262.34(g): ___ Yes ___ No

Does the generator storing F006 hazardous waste for up to 270 days follow 262.34(h): ___ Yes ___ No

Comments: ____________________________.
WASTE TANKS (DTR)  40 CFR 265.190-202 & 40 CFR 262.34(generators)  22a-449(c)(105)(a)(1); 105(a)(2)(S)-(W); 22a-449(c)(105)(e) & 113(a)(1)

Tank inventory/description (note above/underground, location, age, construction, ancillary equipment, capacity & waste type): __________.

Adequate secondary containment for tanks and ancillary equipment: __ Yes __ No __ N/A: __________.

Describe leak detection system (including ancillary equipment): __________

Describe corrosion protection system: __________

Special requirements for ignitable and reactive waste: __ Yes __ No __ N/A: __________

Labeling:
Hazardous waste tanks, words “Hazardous Waste” and description of contents: __ Yes __ No __ N/A
Universal waste tanks, marked to describe contents (pesticides): __ Yes __ No __ N/A

Storage less than 90 days (LQG): __ Yes __ No: __________
Storage less than one year for universal waste: __ Yes __ No __ N/A: __________
Evidence of releases/leaks: __ Yes __ No: if yes, describe: __________

Was release reported: __ Yes __ No: if yes, date (if known): __________
Certification of major repairs to tank: __ Yes __ No __ N/A. Any out of service tanks: __ Yes __ No: if yes, describe: __________
Comments: __________

Existing Tank Systems (installed before January 12, 1987)
Written tank integrity assessment on-site (P.E. certified): __ Yes __ No __ N/A
Does assessment address all required items: __ Yes __ No: if no, explain: __________

Written tank design, construction/installation assessment on-site (P.E. certified): __ Yes __ No __ N/A
Does assessment address all required items: __ Yes __ No: if no, explain: __________

Documented installation & tightness test on-site: __ Yes __ No
Comments: __________

FORM REVISED December 20, 2007
USED OIL-GENERATOR REQUIREMENTS

Does the facility generate used oil at this site: ___ Yes ___ No

Does the facility generate used oil at other sites in CT: ___ Yes ___ No (if yes, list other sites in "Additional Comments" section)

Is the generator’s used oil mixed with other waste(s): ___ Yes ___ No

If yes, what type of waste is it mixed with: ___ Listed ___ Characteristic ___ Non-hazardous waste

If mixture is with characteristic hazardous waste, is the combined waste tested for characteristics: ___ Yes ___ No

Explain: ____________________________________________________________.

Has the total halogen content of the used oil been determined: ___ Yes ___ No

Was the total halogen content determined by ___ Testing or ___ Generator knowledge

Does the generator retain documentation demonstrating the halogen content for at least three years: ___ Yes ___ No

Are the total halogens: ___ less than 1,000 ppm ___ greater than 1,000 ppm

If the total halogens are greater than 1,000 ppm, did the generator: ___ Manage as a hazardous waste, or ___ adequately rebut the presumption of mixing with hazardous waste

Explain: ____________________________________________________________.

Is used oil accumulated on-site in: ___ Container(s) ___ Aboveground tank(s) ___ Underground tank(s)

Describe type method and storage: ____________________________________________.

Are containers and tanks in good condition and not leaking: ___ Yes ___ No

Are tank(s) and/or container(s) marked with the words "Used Oil": ___ Yes ___ No

For each container or above-ground tank storing greater than 55 gallons of used oil:

   Stored on an impervious surface: ___ Yes ___ No
   Stored within an enclosed building: ___ Yes ___ No

   If not stored within an enclosed building, has adequate secondary containment been provided: ___ Yes ___ No

Comments: ____________________________________________________________.

Are all underground tanks for used oil registered with DEP’s UST Program: ___ Yes ___ No

Does the facility store more than 1320 gallons of oil or other petroleum products in above-ground tanks, process equipment, or containers that are over 55 gallons in size: ___ Yes ___ No

   If yes, does the facility have an SPCC plan: ___ Yes ___ No

Has the facility had any known releases of used oil: ___ Yes ___ No

   If yes, did the generator: ___ Report the spill to DEP, and ___ Comply with “response to release” requirements

   Explain: ____________________________________________________________.

Does the generator ship used oil via transporters that are permitted and that have notified EPA: ___ Yes ___ No

   If no, Explain: ________________________________________________________

List off-site destination(s) for used oil generated at this site: ____________________________.

If facility is a Used Oil Processor or Re-Refiner, they are also responsible for complying with the standards, regarding used oil, in the following sections of this report: Preparedness & Prevention, Contingency Plan, Shipping Record, Waste Analysis Plan, Operating Records and Closure.
Does the generator have equipment (valve, pump, compressor, flange, pressure relief device, sampling connection system, or open-ended valve or line) that contacts hazardous waste with greater than 10% organic concentration:

Yes\(^1\)  No
____________________________________________________________________.

If yes, does the generator claim that any of this equipment is exempt from Subpart BB due to <300-hour annual use, being in vacuum service, or operating as a recycling unit:  Yes  No\(^1\)
____________________________________________________________________.

If an exemption is claimed, does the generator have documentation to support this claim, in accordance with 265.1064(k):  Yes (describe)  No  N/A
____________________________________________________________________.

Has the facility implemented a leak detection and repair (LDAR) program required by the Clean Air Act:  Yes  No  N/A
____________________________________________________________________.

If yes, has the facility chosen to demonstrate compliance with Subpart BB by documenting compliance with the Clean Air Act, in accordance with 265.1064(m):  Yes  No  N/A
____________________________________________________________________.

\(^1\) If the answer to question 1 is YES and the generator does not claim any exemptions, complete and attach the Subpart BB Checklist.

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**Tanks:**

Does the generator manage hazardous waste with volatile organic concentrations ≥ 500 ppm/wt (on an average annual basis) in tanks:  Yes\(^2\)  No
____________________________________________________________________.

If yes, does the generator claim any exemptions from the requirements of this subpart:  No\(^2\)  Yes (explain):
____________________________________________________________________.

\(^2\) If the answer to question 1 is YES and no exemptions are claimed, complete and attach the Subpart CC Checklist.

**Containers:**

Does the generator manage in **containers (>26 gallons in size, non-satellite)** hazardous waste with volatile organic concentrations equal or greater than 500 ppm/wt (on an average annual basis):  Yes\(^3\)  No
____________________________________________________________________.

Do the containers meet Department of Transportation (“DOT”) requirements:  Yes\(^3\)  No
____________________________________________________________________.

Are the containers closed:  Yes\(^3\)  No
____________________________________________________________________.

If the generator manages this waste **only in containers** and the containers are closed and meet DOT requirements, **stop here.** Otherwise, complete and attach the Subpart CC Requirements Checklist.
Packaging: ________________________________.
Labeling (if applicable, DOT hazard class): ________________________________.
Marking (Words "Hazardous Waste", generator name & address, manifest document number if being shipped): ________________________________.

Contents described (e.g. chemical name): ________________________________.
Proper DOT shipping name: ________________________________.
Accumulation date: ________________________________.
Inventory system (universal waste): ________________________________.
Comments: ________________________________.

Arrangements with local authorities: ________________________________.
Immediately accessible to internal communications/alarm system: ________________________________.
Telephone/hand-held two-way radio: ________________________________.
Emergency equipment (fire extinguisher/control, spill control, decontamination equip.): ________________________________.

Equipment maintenance: ________________________________.
Access to emergency equipment: ________________________________.
Adequate aisle space: ________________________________.
Source of water in the event of a fire: ________________________________.
Comment: ________________________________.

Is claim made that contact/disturbance of waste would not cause injury/a violation of 40 CFR265.14(a): ___ Yes ___ No:
If no, is there: ___ 24-hr surveillance system or ___ barrier completely surrounding active portion
Means to control entry: ___ Yes ___ No. “Danger – Unauthorized Personnel Keep Out” signs posted: ___ Yes ___ No
Comments: ________________________________.
INSPECTION SCHEDULE & LOG  (DIS)  22a 449(c)-105(a)

Does contact claim inspections are conducted: ________________________________.

Written inspection schedule: ________________________________.

Inspection log (comment on adequacy of contents: date, time, items inspected, corrective action): ________________________________.

Documentation:

Daily

All Loading/unloading areas subject to spills (when in use): ________________________________.

Tanks Containment, detection, ancillary equipment: ________________________________.

Trtmt Treatment equipment: ________________________________.

Weekly

Containers Physical condition: ________________________________.

Containers Containment system: ________________________________.

Batteries Storage area: ________________________________.

Other

All Safety and emergency equipment (monthly): ________________________________.

Tanks Cathodic protection (within six months, then yearly): ________________________________.

Tanks Impressed current (every other month): ________________________________.

Comments: ________________________________.

PERSONNEL TRAINING RECORDS  (DPR)  22a-449(c)-105(a)

Training conducted: ___ Yes ___ No: ________________________________.

Last annual review (date): ________________________________ New employees: ________________________________.

Written description of training: ________________________________.

Job title, description and name of employee: ________________________________.

Records maintained on-site until closure/3 years for former employees: ________________________________.

Comments: ________________________________.
CONTINGENCY PLAN (DCP)

Plan on-site: __ Yes __ No. Date of plan: __________________________ Prepared by: __________________________.

Plan sent to local authorities: (police, fire, hospital, emergency response teams): __________________________.

Emergency procedures (fire, explosions, releases/spills): __________________________.

Emergency coordinator(s) name, address, home and office phone: __________________________.

Emergency equipment list location, description, capabilities: __________________________.

Evacuation plan (signal, primary and alternate routes): __________________________.

Comments: __________________________.

OPERATING RECORDS (DRR)

Are the following records maintained on-site:

Wastes received from off-site: __________________________ Wastes from on-site: __________________________.

Waste description: __________________________.

Waste quantity: __________________________.

Methods of and dates of storage/treatment/disposal: __ Yes __ No: __________________________.

Waste inventory (including type, volume & location):

in storage: __________________________.

disposed of on-site (recorded on map): __________________________.

cross-referenced to specific manifest: __________________________.

Analytical results for:

permitted waste: __________________________.

monitoring wells: __________________________.

trial test (to assure compatibility with tanks, impoundments, or waste piles): __________________________.

Report/summary of any incidents requiring implementation of the contingency plan: __________________________.

Records and results of inspections: __________________________.

Closure/Post Closure cost estimates: __________________________.

Does the facility maintain a copy of the LDR notification or certification for each waste received: __ Yes __ No

Comments: __________________________.
**WASTE ANALYSIS PLAN** (DWA) 22a-449(c)-105(a)(2)(f) & 119(a)(1)

Plan on-site: __ Yes __ No  Date of plan: __________________________  Prepared by: __________________________.

Does plan include:

- Testing parameters: __ Yes __ No: __________________________
- Test methods: __ Yes __ No: __________________________
- Sampling methods: __ Yes __ No: __________________________
- Testing frequency: __ Yes __ No: __________________________

Copy of results on-site: __________________________

Comments: __________________________

**CLOSURE PLAN** (DCL) 22a-449(c)-105(a)(1)(F)(I) & 119(a)(1)

Have any regulated units closed: __ Yes __ No: __________________________

- If yes, is closure certified by owner/P.E.: __ Yes __ No  Date of closure certification: __________________________
- Is closure certification on-file at the DEP: __ Yes __ No

Closure plan on-site: __ Yes __ No  Date of plan: __________________________  Prepared by: __________________________.

Status of closure plan (approved and date): __________________________

Does plan include all regulated units (compare plan with Part A & on-site operations): __________________________

Does plan include (indicate presence/absence, comment on adequacy):

- Estimate of maximum inventory: __ Yes __ No: __________________________
- Description of how each unit will be closed & methods to be used during closure: __ Yes __ No: __________________________
- Description of steps needed to remove/decontaminate equipment/structures/soil: __ Yes __ No: __________________________
- Schedule for closure of each unit & for final closure (time-frames & milestones): __ Yes __ No: __________________________

*Estimate of expected year of final closure: __ Yes __ No __ N/A: __________________________

Comments (e.g., operations do not match plan, amendments needed): __________________________

*Only needed for facilities without approved closure plans and for facilities, using a trust fund for financial assurance whose remaining operating life is < 20 years
Plan on-site: __ Yes __ No  Date of plan: ______________________________ Prepared by: __________________________.

Status of Post-Closure plan (e.g., approved & date): ______________________________.

Does plan include description & frequency of:

monitoring activities: __ Yes __ No: ______________________________.

maintenance & inspection activities (e.g., integrity of cap, ground water monitoring): __ Yes __ No: ______________________________.

name, address, telephone number of post-closure contact: __ Yes __ No: ______________________________.

length of post-closure period: __ Yes __ No: ______________________________.

Certification to the Commissioner that notation on deed has been recorded: __ Yes __ No: ______________________________.

Record sent to the Commissioner of the type, location & quantity of hazardous waste disposed of in each cell/disposal unit: __ Yes __ No: ______________________________.

Comments: ______________________________.

FINANCIAL REQUIREMENTS FOR CLOSURE AND POST-CLOSURE (DFR)

40 CFR 264.142 & 265.142  CLOSURE COST ESTIMATE  22a-449(c)-(104(a)(1)&(2) & 105(a)(1)&(2)

Estimate on-site: __ Yes __ No.  Amount of estimate: $ ____________.  Date of most recent adjustment: ____________.

Comments: ______________________________.

40 CFR 264.143 & 265.143  FINANCIAL ASSURANCE FOR CLOSURE  22a-449(c)-(104(a)(1)&(2) & 105(a)(1)&(2)

Type(s) of mechanism(s) (circle all): trust fund, surety bond*, letter of credit*, insurance, financial test/corporate guarantee

Amount of coverage: $ ____________.  Comments: ______________________________.

40 CFR 264.144 & 265.144  POST-CLOSURE COST ESTIMATE  22a-449(c)-(104(a)(1)&(2) & 105(a)(1)&(2)

Estimate on-site: __ Yes __ No.  Amount of estimate: $ ____________.  Date of most recent adjustment: ____________.

Comments: ______________________________.

40 CFR 264.145 & 265.145  FINANCIAL ASSURANCE FOR POST-CLOSURE  22a-449(c)-(104(a)(1)&(2) & 105(a)(1)&(2)

Type(s) of mechanism(s) (circle all): trust fund, surety bond*, letter of credit*, insurance, financial test/corporate guarantee

Amount of coverage: $ ____________.  Comments: ______________________________.

* NOTE: Surety bonds and letters of credit require the establishment of a standby trust agreement.
FINANCIAL REQUIREMENTS CONTINUED (DFR)

40 CFR 264.147 & 265.147  3rd PARTY LIABILITY INSURANCE 22a-449(c)-104(a)(1)&(2) & 105(a)(1)&(2)

Sudden accidental occurrences (all TSDF’s)
Type(s) of mechanism(s) (circle all): trust fund, surety bond*, letter of credit*, Insurance: Certificate of Insurance or HW Facility Liability Endorsement, financial test/corporate guarantee
Does the financial mechanism provide at least $1 million coverage per occurrence with an annual aggregate amount of at least $2 million: ___ Yes ___ No

Non-sudden accidental occurrences (impoundments landfills & land treatment facilities)
Type(s) of mechanism(s) (circle all): trust fund, surety bond*, letter of credit*, Insurance: Certificate of Insurance or HW Facility Liability Endorsement, financial test/corporate guarantee
Does the financial mechanism provide at least $3 million coverage per occurrence with an annual aggregate amount of at least $6 million: ___ Yes ___ No
If the owner/operator must meet both liability standards and chooses to combine both coverage levels, does the financial mechanism provide at least $4 million coverage per occurrence with an annual aggregate of at least $8 million: ___ Yes ___ No

Comments: __________________________________________.

Was the facility released of its RCRA closure / post-closure financial obligations? ___ Yes ___ No Identify__________.

FINANCIAL ASSURANCE FOR CORRECTIVE ACTION 22a-449(c)-104(a)(1)&(2)(O)

Type(s) of mechanism(s) (circle all): trust fund, surety bond, letter of credit, insurance, financial test/corporate guarantee
Amount of coverage: $. Comments: ________________________________.

HAZARDOUS WASTE TRANSPORTATION (TOR) 22a-449(c)-103; 113(a)(1); 22a-449(c)-11

Does the handler transport waste: ___ Yes ___ No  Does the transporter have a 22a-449(c)-11 permit: ___ Yes ___ No
If a permit is not required:
Shipping documents maintained on-site (hazardous waste): __________________________________________.
Less than 1,000 kg/mo shipped using handler’s vehicle (hazardous waste): ____________________________.
Universal waste transported to: ___ another handler ___ destination facility ___ other: _______________________.
Comments: _____________________________________________________________________________.

40 CFR 263 & 273 Subpart D

FORM REVISED December 20, 2007

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PHOTOS TAKEN (include: number taken, location, brief description or attach copy of photo log)


SAMPLES TAKEN (attach copy of lab invoice and chain-of-custody form and describe sample collection below)


COMMENTS ON OTHER AREAS OF ENVIRONMENTAL CONCERN


ATTACHMENTS
(If the facility's operations include the following regulatory areas, please check-off the appropriate subject and attach to report)

__ NO ATTACHMENTS APPLICABLE
__ ATTACHMENT A: Import/Export requirements
__ ATTACHMENT B: Spent Lead Acid Batteries Being Recycled
__ ATTACHMENT C: Recycle/Reclaim
__ ATTACHMENT D: Use Constituting Disposal
__ ATTACHMENT E: Accumulation for Recycling
__ ATTACHMENT F: Scrap Metals
__ ATTACHMENT G: Precious Metal Recovery
__ ATTACHMENT H: Used Oil – Collection Center & Aggregation Point Requirements.
__ ATTACHMENT I: Used Oil – Transfer Facility Requirements
__ ATTACHMENT J: Used Oil – Processor & Re-refiner Requirements
__ ATTACHMENT K: Used Oil – Marketer Requirements
__ ATTACHMENT L: Used Oil – Burner Requirements
__ ATTACHMENT M: Used Oil – Used Oil That Is Disposed Of or Used As a Dust Suppressant
__ ATTACHMENT N: Land Disposal Restriction – Treatment Facility Standards
__ ATTACHMENT O: Surface Impoundments
__ ATTACHMENT P: Waste Piles
__ ATTACHMENT Q: Landfills
__ ATTACHMENT R: Subpart BB Requirements
__ ATTACHMENT S: Subpart CC Requirements
__ ATTACHMENT AO: Facility Permit Requirements
__ OTHER: ____________________________________________
EXIT MEETING

Closing meeting held at conclusion of inspection: ___ Yes ___ No
List attendees and their titles: ___________________________________________.

___________________________________________.

Areas reviewed: ___________________________________________.

___________________________________________.

Field citation issued: ___ Yes ___ No, if yes, citation number: ___________________________

INSPECTOR: ___________________________________________ DATE: _________________________.

Sample Not for official use