MAD046128559

|✓| ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

RDMS DocID 110033

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING |__|

(2) FORM 3 MISSING |__|

B. POSTMARK after NOVEMBER 19, 1980 |__| Valid |__|

C. (1) DATE of OPERATION MISSING |__|

(2) DATE of OPERATION after NOVEMBER 19, 1980 |__|

(1) Non Notifier

D. (2) NOTIFIED after AUGUST 18, 1980 |__| Valid |__|

E. (1) FORM 1, VIII B SIGNATURE missing |__|

(2) FORM 3, IX B SIGNATURE missing |__|

2. A. HANDLER |✓|

B. NONREGULATED |__|

C. UNSURE |__|

D. UNKNOWN FACILITY (missing name and address on Form 3) |__|

E. NEW FACILITY |__|

F. CORE ITEM(S) MISSING |__|

G. NON-CORE ITEM(S) MISSING |__|

H. OTHER |__|

Coded
027-county code
4206380-lat
07140000-longs

3/25

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER

II. Pollutant Characteristics |__|

*III. Name of Facility |__|

IV. Facility Contact |__|

V. Facility Mailing Address

A. Street or P.O. Box |__|

B. City or Town |__|

C. State |__|

D. Zip Code |__|

VI. Facility Location

*A. Street, Route Number |__|

B. County Name |__|

*C. City or Town |__|

*D. State |__|

E. Zip Code |__|

F. County Code (if known) |__|

VII. SIC Codes (other than Process and Hazardous Waste) |__|

VIII. Operator Information

*A. Name |__|

*B. Is the name listed in VIII-A also the owner |__|

C. Status of operator |__|

D. Phone |__|

*E. Street or P.O. Box |__|

*F. City or Town |__|

*G. State |__|

H. Zip Code |__|

IX. Indian Land ☐

X. Existing Environmental Permits ☐

XI. Map ☐

XII. Nature of Business ☐

XIII. Certification

A. *1. Name and ☐

2. Official Title ☐

*B. Signature ☐

*C. Date Signed ☐

Comments:

Form 1 is missing ☐

Items preceded by * must be submitted by _____.

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) |__|

2. New Facility Date (after November 19, 1980) |__|

*III. Processes

A. Process Code |__|

B. Process Design Capacity-Amount

1. Amount |__|

2. Unit of Measure |__|

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number |__|

B. Estimated Annual Quantity |__|

C. Unit of Measure |__|

D. Processes

1. Process Codes |__|

2. Process Description |__|

V. Facility Drawing |__|

VI. Photographs |__|

VII. Facility Geographic Location |__|

VIII. Facility Owner

*1. Name of Facility's Legal Owner |__|

2. Phone |__|

*3. Street or P.O. Box |__|

*4. City or Town |__|

*5. State |__|

6. Zip Code |__|

*IX. Owner Certification

A. Name ☐

B. Signature ☐

C. Date Signed ☐

*X. Operator Certification

A. Name ☐

B. Signature ☐

C. Date ☐

Comments:

Form 3 is missing ☐

Items preceded by * must be submitted by _____.