I. EPA/STATE Hazardous Waste I.D.#

WAD980836951

II. Waste Designated By:
- X RCRA/State
- ___ SQ
- ___ State Only
- ___ Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:
- ___ RCRA Exempt Recycler
- ___ State Exempt Recycler
- ___ Below QEL
- ___ Other ___

IV. Handling
- ___ Emergency
- ___ Remedial Action
- ___ One-Time-Only
- ___ Other ___

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT
00 FEB 19 P1:18
DEPT OF ECOLOGY
OLYMPIA, WA.

Init.: BA Date: 2/19 Region: N
EPA: ___ Date: ___ Copy: ___
Input: ___ Update: ___ Ack.: ___
DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION
☒ B. REVISED NOTIFICATION (enter current I.D.# in upper left)
revisions effective: ___ MO. / ___ DAY / ___ YR.
☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☒ D. REACTIVATE OUR NOTIFICATION (complete all sections)
☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER
916-001-025

2.B. SIC CODE(S)
PRIMARY: ok ~~4199~~ 9199
SECONDARY:
OTHER:

3. NAME OF COMPANY
PORT OF SEATTLE
TERMINAL 105

4. MAILING ADDRESS
STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.
PO BOX 1209
CITY OR TOWN: SEATTLE
STATE: WA
ZIP CODE: 98111-

5. LOCATION OF WASTE ACTIVITIES (Installation)
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)
4260 W MARGINAL WY
CITY OR TOWN: SEATTLE
STATE: WA
ZIP CODE: 98134-

6. COUNTY WHERE THIS INSTALLATION IS LOCATED
KING

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING
(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)
(1) ☐ We Transport Waste For Hire
(2) Modes of Transport YOU Operate
(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL
(d) ☐ WATER (e) ☐ OTHER ___

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)
(1) ☐ TREATMENT
(2) ☐ STORAGE
(3) ☐ DISPOSAL
(4) ☐ WE ACCEPT OFF-SITE WASTES

D. ☐ UNDERGROUND INJECTION

RECEIVED
FEB 26 REC'D
TECHNICAL OPERATIONS SECTION

8. CONTACT PERSON
NAME (last), (first): FARR ANN
TITLE: ENVIRONMENTAL PLANNER
PHONE NO. (area code & number): 206-728-3191

9A. OWNERSHIP (Legal Owner(s) of this Company)
PORT OF SEATTLE

9B. OWNERSHIP (Legal Owner(s) of site (Property))
PORT OF SEATTLE

10. TYPE OF OWNERSHIP (enter letter code in box)
O

11. WASTE IDENTIFICATION

A. LINE NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	WEIGHT	E. CODE
1	Water contaminated with solvents and/or oil	D001	2000		P
2	Flammable solvents	D001	1000		P
3	Paint wastes N.O.S.	D001	2000		P
4					
5					
6					
7					
8					
9					
10					

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. ☐ Batch Frequency N/A — QUANTITY — WEIGHT — CODE

B. ☐ PER MONTH — QUANTITY — WEIGHT — CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

A.____ ☐ NOTIFICATION FORM
B.____ ☐ PART A PERMIT FORM FOR TSD FACILITIES
C.____ ☐ BIOLOGICAL TEST PROCED.
D.____ ☐ GENERATOR ANNUAL REPORT FORM
E.____ ☐ CHEMICAL TEST PROCED.
F.____ ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G.____ ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H.____ ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I.____ ☐ OTHER (specify)____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE:	OFFICIAL TITLE (Print)	DATE SIGNED:
Ann K. Farr	Environmental Planner II	Feb 14, 1986
PRINTED NAME: Ann K. Farr		