I. EPA/STATE Hazardous Waste I.D.#
W A D 9 8 1 7 7 0 1 1 8

II. Waste Designated By:
___ RCRA/State ___ SQ/RCRA
___ 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) 459-6369/6305

DATE IN TO DEPARTMENT
Init: ___ Date: ___ Region: ___
EPA: ___ Date: ___ Copy: ___
Input: ___ Update: ___ Ack.: ___

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. [x] A. FIRST NOTIFICATION (no previous application has been made for this site)
[ ] B. REVISED NOTIFICATION date revisions effective: mm dd yy (Enter existing site I.D. # in Part 1F. List sections you revised)
[ ] C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)
[ ] D. REACTIVATE SITE I.D. # (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)
[ ] E. CANCEL SITE I.D. # (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)
[ ] F. EXISTING I.D. # (Complete for items 1B, C, D, & E only) WA

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER
N/A

2.B. SIC CODE(S)
PRIMARY N/A SECONDARY OTHER

3. NAME OF COMPANY
WDOE-NWRO-DRUM-CEDAR HILLS LANDFILL

4. MAILING ADDRESS
STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.
4350 150 AVE NE.
CITY OR TOWN: REDMOND
STATE: WA ZIP CODE: 98052-

5. LOCATION OF WASTE ACTIVITIES (Installation)
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)
16645 228TH AVE. SE

6. COUNTY WHERE THIS INSTALLATION IS LOCATED
KING

CITY OR TOWN: MAPLE VALLEY
STATE: WA ZIP CODE: 98038-

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).
[x] 1. GENERATOR
[ ] 2. TRANSPORTER 2a. [ ] Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) [ ] Highway (2) [ ] Air (3) [ ] Rail (4) [ ] Water (5) [ ] Other
[ ] 3. MANAGEMENT FACILITY (TSD) 3a. [ ] Facility accepts wastes from OFF-SITE Generators
3b. Processes conducted or available at this facility;
(1) [ ] Treatment (2) [ ] Storage (>90 days) (3) [ ] Disposal
(4) [ ] Other (specify in comments).
[ ] 4. UNDERGROUND INJECTION OF WASTE(S).
[ ] 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. [ ] Generator Marketing to Burner 5b. [ ] Other Marketer
5c. [ ] Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

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DEC 03 1987
HAZARDOUS WASTE DIVISION

7B. USED-OIL FUEL ACTIVITIES.
[ ] 1. OFF-SPECIFICATION USED-OIL FUELS-1a. [ ] Generator Marketing to Burner 1b. [ ] Other Marketer 1c. [ ] Burner (Complete 7C)
[ ] 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.
(see instructions for definitions of combustion devices) 1. [ ] Utility Boiler 2. [ ] Industrial Boiler 3. [ ] Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:
Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.
___ (continue in Comments).

USEPA RCRA
3015014

8. CONTACT PERSON
NAME (last): DORIGAN (first): LEE
TITLE: INSPECTOR
PHONE NO. (area code & number): 206-867-7030

9A. OWNERSHIP (Legal Owner(s) of this Company)
STATE OF WASHINGTON

9B. OWNERSHIP (Legal Owner(s) of site (Property)) (If ownership is different than 9A, provide address in section 13)

10A. TYPE OF OWNERSHIP (enter letter code in box) SEE INSTRUCTIONS: S

10B. IS SITE LOCATED ON INDIAN TRUST LANDS? Y=Yes N=No: N

ECY 030-5 (6/86) ECLS 985 CONTINUED ON REVERSE 12/3/87 12/15/87 Page 1 of 2

11. WASTE IDENTIFICATION (Copy this page if you have more than 10 waste streams; other information (sections 12-15) not needed on continuation sheets)

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	WEIGHT CODE
1	PESTICIDES, DIAZANON, ETHION, MALATHION	WT02		
2				
3				
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. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE

12B. PER MONTH QUANTITY WEIGHT CODE

12C. Amount to be Accumulated on-site prior to shipment QUANTITY WEIGHT CODE

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

PESTICIDES LEFT AT FACTORIA TRANSFER STATION, WHERE THEY CAUSED ILLNESS. PESTICIDES WERE THEN TAKEN TO CEDAR HILLS LANDFILL.

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 (MUST BE SIGNED IN INK TO BE PROCESSED)

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: Lee Dorigan

PRINTED NAME: LEE DORIGAN

OFFICIAL TITLE (Print): INSPECTOR

DATE SIGNED: 12/4/87

ECLS 1104

State of Washington
Department of Ecology

TELECOPY TRANSMITTAL

DATE 12/3/87
TIME 0827
NO. OF PAGES 2 + Cover

TO (NAME / AGENCY)
Dave Milko
EPA

FROM (NAME / DIVISION)
Lee Dorsey
NWRO

REMARKS

Page 2 will come on a
Second copy

THIS MACHINE IS A HARRIS/3M 2110 FACSIMILE. THIS MACHINE RECEIVES GROUP I (SIX-MINUTE MACHINES), GROUP II (THREE-MINUTE MACHINES) AND GROUP III (SUB-MINUTE MACHINES).

LOCATION: DEPT OF ECOLOGY
NORTHWEST REGIONAL OFFICE
4350 - 150TH AVENUE N.E.
REDMOND, WA 98052-5301

MACHINE TELEPHONE: (206)885-7098
OPERATOR TELEPHONE: (206)885-1900
(SCAN PREFIX 731)

LCY 010 52 (h)