OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (See instructions on page 13.)

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- [x] To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- [ ] To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- [ ] As a component of a First RCRA Hazardous Waste Part A Permit Application
- [ ] As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- [ ] As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 14)

EPA ID Number: IAR000506105

3. Site Name (page 14)

Name: Relco Locomotive

4. Site Location Information (page 14)

Street Address: 1 Relcoway

City, Town, or Village: Albia | State: Iowa

County Name: MONROE | Zip Code: 52531

5. Site Land Type (page 14)

Site Land Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)

A.

B.

C.

D.

463839

RCRA RECORDS

7. Site Mailing Address (page 15)

Street or P. O. Box: One RELCO Way

City, Town, or Village: Albia

State: Iowa

Country: Monroe County/USA | Zip Code: 52531

8. Site Contact Person (page 15)

First Name: Kurt | MI: | Last Name: Detwiller

Phone Number: 641-932-3030 | Extension: | Email address:

9. Operator and Legal Owner of the Site (pages 15 and 16)

A. Name of Site's Operator: Relco Locomotive | Date Became Operator (mm/dd/yyyy): 1/1/05

Operator Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

B. Name of Site's Legal Owner: Relco Land Holdings of IA | Date Became Owner (mm/dd/yyyy): 1/1/04

Owner Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

RCRAINFO data entered
by SJH
on 3/23/06

EPA ID NO: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☐ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous Waste

Y ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☐ **2. Transporter of Hazardous Waste**

Y ☐ N ☐ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☐ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☐ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☐ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
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
Mark all boxes that apply.

Y ☐ N ☐ **1. Used Oil Transporter**
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☐ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☐ **3. Off-Specification Used Oil Burner**

Y ☐ N ☐ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
☐ 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

EPA ID NO: [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 20.)

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						

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 for waste codes.

12. Comments (See instructions on page 20.)

13. 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 fine and imprisonment for knowing violations. **(See instructions on page 20.)**

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Donald L Bachman	DONALD L. BACHMAN CEO	3/22/06