I. EPA/STATE Hazardous Waste I.D.#: WAD173274499

II. Waste Designated By:
- X 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

RECEIVED FEB 16 1988 WASTE MANAGEMENT BRANCH

DATE IN TO DEPARTMENT
Init.: JB Date: 2/12 Region: N
EPA: ___ Date: ___ Copy: ___
Input: ___ Update: ___ Ack.: ___
RECEIVED FEB 10 1988
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 (Enter existing site I.D. # in Part 1F. List sections you revised: ___. date revisions effective: mm ___ / dd ___ / yy ___
[ ] 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: 178-000-514

2.B. SIC CODE(S): PRIMARY 4231; SECONDARY; OTHER

3. NAME OF COMPANY: PUGET SOUND FREIGHT LINES

4. MAILING ADDRESS
STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.: PO BOX 24526
CITY OR TOWN: SEATTLE
STATE: WA
ZIP CODE: 98124-

5. LOCATION OF WASTE ACTIVITIES (Installation)
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully): 7303 8TH AVE SO
CITY OR TOWN: SEATTLE
STATE: WA
ZIP CODE: 98108-

6. COUNTY WHERE THIS INSTALLATION IS LOCATED: KING

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 C303=1

[ ] 2. TRANSPORTER 2a. [ ] Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) [ ] Highway (2) [ ] Air (3) [ ] Rail (4) [ ] Water (5) [ ] Other (specify in comments).

[ ] 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)

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).

8. CONTACT PERSON
NAME (last), (first): GRAEBKE PAUL
TITLE: MARINE SUPT.
PHONE NO. (area code & number): (b) (6)

9A. OWNERSHIP (Legal Owner(s) of this Company): PUGET SND. FRT. LINES, INC.

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: P

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

CONTINUED ON REVERSE
2/24/88 2/29/88

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. LINE 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	CAUSTIC SOAK TANK	D007 D008 WT02 D002	678	P
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. [X] (Batch Frequency _____) QUANTITY 678 WEIGHT P CODE

12B. [ ] PER MONTH QUANTITY WEIGHT CODE

12C. Amount to be Accumulated on-site prior to shipment QUANTITY 678 WEIGHT P CODE

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

11. THIS IS A ONE TIME DISPOSAL. WE WILL NO LONGER USE A CAUSTIC SOAK TANK.

9b. PROPERTY OWNERS ARE:

MR. TALBOT CAMPBELL
12659 - MANZANITA RD. N.E.
BAINBRIDGE, ISLAND, WA. 98110

&

MR. ROBERT THOMPSON
2477 SO. EDMONDS ST.
SEATTLE, WA. 98108

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.__1__ [✓] GENERATOR ANNUAL REPORT FORM
E.____ [ ] CHEMICAL TEST PROCED.
F.____ [ ] TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPO
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:	OFFICIAL TITLE (Print)	DATE SIGNED:
Paul D. Graebke	MARINE SUPT.	1-22-88
PRINTED NAME: PAUL D. GRAEBKE		