EPA Copy

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	PAD005028642	EIN	
Handler Name	The Electric Materials Co		
Street	50 S. Washington St		
City	North East	State: PA	Zip Code: 16428

Actual Generator Status *Check only if different from Notified Status.* LQG ☐ SQG ☐ CESQG ☐ Closed ☐ Non-Handler ☐

Universe Change Required? *(Generator Status Change Required)* YES ☐ NO ☒ If **YES**, complete the Universe Change Section (on reverse side of this form).

RCRA Non-Notifier? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

Other Facility Information Changes? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

EVALUATION** ☒ **Add** ☐ **Update** ☐ **Delete** ***You must provide an Evaluation Identifier (also known as the Sequence Number).

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
	CEI	05/18/2007	S	RAS	WM

Day Zero (mm/dd/yyyy): *You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.* 5/18/07

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes:

Evaluation Indicator Field *(Check all that apply)*

☐ **Citizen Complaint** ☐ **Multimedia Inspection** ☐ **Sampling** ☐ **Not Subtitle C**

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐

THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Update/Delete a Violation?	YES ☒	NO ☐	***If Yes, fill in the Violations Section(s) on page 2 of this form.***
Does this Evaluation link to a Commitment?	YES ☐	NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Does this Evaluation link to a 3007 Request?	YES ☐	NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☐ NO ☒ ***If Yes, fill in information below.***

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

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ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

*Required Fields

NW

EPA ID Number	Handler Name
PAD005028642	Electric Materials

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	05/18/2007	A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes: No accumulation date on two drums of caustic wastes

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation
FR	40CFR 262.34(a)(2)		

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	05/18/2007	A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes: Haz waste tank not labelled "hazardous waste"

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation
FR	40CFR 262.34(a)(3)		

HANDLER SECTION ***(Fill out if RCRA Non-Notifier)***

Handler Name		**Contact**			
Street					
City		**State**		**Zip Code**	
County					

UNIVERSE CHANGE SECTION (***Fill out if Universe Change Required***)

i. Indicate the Facility's current Universe(s):

ii. Indicate the new RCRAInfo Generator Universe:
Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.

LQG ☐ SQG ☐ CEG ☐
Non-Handler ☐ Closed ☐

iii. Indicate the new transporter status:
(*Only fill out if the facility requires a transporter status change*)

Transporter ☐
If the transporter box is checked, you must check at least one mode of transportation below:
☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

Non-Transporter ☐
Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

2500-FM-LRWM0276 Rev. 10/2003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 5/18/07

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

#1623101

☒ GENERATOR ☐ S Q GENERATOR

Company name Elec. Materials

EPA I.D. Number PAD005028642 Employer I.D. Number (EIN) _____

Site Address 50 S. Washington St.

County Erie Municipality North East Zip 16428

Name of Inspector Rich Sheriff

Name & Title of Responsible Official _____

Person Interviewed Loren Meeder Telephone (814) 725-9621 x 269

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: >2200 Pounds _____ Kgs

1. **Site Characterization:**

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☒ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. **Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types Fluorescents, Batteries, Mercury Devices

3. **Hazardous Waste Transporters:**

Transporter Name Midwest Environmental Transport ~~License Number~~ OH0000000539

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. **Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001	Waste Flammable Liquid (Isopropanol)	Environmental Enterprises Inc.
D008	Waste Solid (Lead) EDM Filters	Cincinnati, OH
D005 D011	Waste Solid (Barium, Silver) Plating Sludge	
D001	Waste Liquid (Mineral Spirits)	
D002	Waste Liquid (Zinc Chloride)	
D002	Waste Liquid (Sulfuric Acid)	
D002	Waste Liquid (Nitric Acid)	
F001 D040	Waste Trichloroethylene	
D002	Waste Liquid (Sodium Hydroxide)	
D001, F003, F005 D035	Waste Liquid (Paint Waste)	

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Elec. Materials ID Number PAD005028642 Date 5/18/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS 1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
✓				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
✓				Identification Number	262a.10	262.12	H002
✓				Authorized transporters only	262a.10	262.12(c)	H003
✓				Subsequent notification requirements met	262a.12(b)		H004
✓				Proper manifest used	262a.10	262.21	H005
✓				Manifests filled out correctly and completely	262a.20		H006
✓				Manifests signed and routed properly	262a.23(a)	262.23	H007
✓				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	✓			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	✓			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
✓				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
✓				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
✓				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
✓				Specified records retained for three years	262a.10	262.40(c)	H014
✓				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
✓				Exception reporting procedures followed	262a.42	262.42	H016
✓				Spill reporting procedures followed	262a.10	262.34(d)	H017
✓				PPC plan developed and implemented	262a.10	262.34(a)	H018
✓				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
✓				Source reduction strategy prepared and available (LQG only)	262a.100		H020
✓				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name Elec. Materials ID Number PAD005028642 Date 5/18/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS 1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
			✓	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
✓				Containers of hazardous waste in good condition	265a.1	265.171	H026
✓				Containers and stored waste compatible	265a.1	265.172	H027
✓				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
✓				Containers managed to prevent leaks	265a.1	265.173(b)	H029
✓				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
✓				Container storage areas inspected at least weekly	265a.1	265.174	H031
✓				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
✓				Proper containment and collection systems in place	265a.179		H033
✓				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
			✓	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
✓				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
✓				Containers labeled accurately identify contents	SWMA 6018.403(b)(2)		H037

2540-FM-LRWM0406 Rev. 10/2001

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 5/18/07 Identification Number PAD005028642

Company/Facility/Site Name Elec. Materials.

A site inspection and records review were completed. A PBR wastewater treatment inspection was completed, as well.

TEMCO uses a hazardous waste storage tank to store plating wastewaters prior to on-site treatment. This tank was not labelled "hazardous waste". Mr. Meeder agreed to provide proper labelling as soon as possible.

Two drums of caustic waste materials were inspected in the hazardous waste storage area. Neither drum was labelled to reflect an accumulation start date. Mr. Meeder agreed to provide proper labelling as soon as possible.

Copies of current regulations covering hazardous waste storage tanks and Permit-by-rule wastewater treatment will be forwarded to TEMCO.

Accumulation of plating sludge at the facility filter press is now done in 55 gallon poly drums, instead of plastic-lined cardboard boxes. This will allow easier compliance with labeling requirements and the standard of keeping containers closed except during addition or removal of waste. As well, the 55 gallon size could allow for satellite accumulation, if deemed appropriate. Accumulation is fast enough that using a start date of the first occurance of waste entering the container should not create an issue of 90 day storage.

A follow-up inspection will be scheduled as soon as possible.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed Tom R. Meeder (Signature) Date 5/18/2007

Inspector Richard A. Smith (Signature) Date 5/18/07

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March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	PAD005028642	EIN	
Handler Name	The Electric Materials Co		
Street	50 S. Washington St.		
City	North East	State: PA	Zip Code: 16428

Actual Generator Status *Check only if different from Notified Status.* LQG ☐ SQG ☐ CESQG ☐ Closed ☐ Non-Handler ☐

Universe Change Required? *(Generator Status Change Required)* YES ☐ NO ☒ If **YES**, complete the Universe Change Section (on reverse side of this form).

RCRA Non-Notifier? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

Other Facility Information Changes? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

EVALUATION** ☒ **Add** ☐ **Update** ☐ **Delete** ***You must provide an Evaluation Identifier (also known as the Sequence Number).

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
	FUI	05/29/2007	S	RAS	WM

Day Zero (mm/dd/yyyy): *You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.* 5/18/07

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes: Violations from 5/18/07 Corrected

Evaluation Indicator Field *(Check all that apply)*

☐ **Citizen Complaint** ☐ **Multimedia Inspection** ☐ **Sampling** ☐ **Not Subtitle C**

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐

THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Update/Delete a Violation?	YES ☒	NO ☐	***If Yes, fill in the Violations Section(s) on page 2 of this form.***
Does this Evaluation link to a Commitment?	YES ☐	NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Does this Evaluation link to a 3007 Request?	YES ☐	NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☐ NO ☒ ***If Yes, fill in information below.***

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

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ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

*Required Fields

NW

EPA ID Number	Handler Name
PAD005028642	Electric Materials

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☐ Add ☒ Update ☐ Delete | **Link to Above Evaluation** ☐

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	05/18/2007	O (A RTC Qualifier is **required** if entering an Actual RTC Date.)	05/29/2007

Notes: accumulation dates in place

LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ | ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation

VIOLATION ☐ Add ☒ Update ☐ Delete | **Link to Above Evaluation** ☐

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	05/18/2007	O (A RTC Qualifier is **required** if entering an Actual RTC Date.)	05/29/2007

Notes: "Hazardous Waste" labelled on tank

LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ | ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation

HANDLER SECTION ***(Fill out if RCRA Non-Notifier)***

Handler Name		**Contact**			
Street					
City		**State**		**Zip Code**	
County					

UNIVERSE CHANGE SECTION (***Fill out if Universe Change Required***)

i. Indicate the Facility's current Universe(s):

ii. Indicate the new RCRAInfo Generator Universe:
Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.

LQG ☐ SQG ☐ CEG ☐
Non-Handler ☐ Closed ☐

iii. Indicate the new transporter status:
(*Only fill out if the facility requires a transporter status change*)

Transporter ☐
If the transporter box is checked, you must check at least one mode of transportation below:
☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

Non-Transporter ☐
Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

1625173

2540-FM-BWM0313 6/2005

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

GENERAL INSPECTION REPORT

Type of Inspection	WM Identification Number	Entry Time/Date	Exit Time/Date
Follow-Up	PAD005028642	5/29/07	

Facility/Incident Name and Location	Municipality
Elec. Materials 50 S. Washington St. North East PA 16428	North East
	County Erie

Name, Address of Responsible Official	Title	Telephone	Interviewed
Loren Meeder	Facilities Engineer	725-9621 x269	Yes ☑ No ☐

REMARKS:

All violations observed during the 5/18/07 inspection have been corrected.

One drum of used caustic cleaner and one drum of potassium caustic waste were observed with proper labelling, including accumulation date. One drum of waste acid and three drums of Oakite CN waste were also inspected in storage. These four containers were generated since the 5/18/07 inspection.

The facility PBR wastewater treatment system was re-inspected. The tank containing hazardous waste was labelled "hazardous waste".

Hazardous waste storage tank and PBR treatment standards were again discussed. Applicable regs were referenced and discussed through e-mail attachments and links provided previously.

Inspector Name	Inspector Signature	Headquarters	Date
Rich Sheriff	Richard A. Sheriff	Warren District Office	5/29/07
Loren Meeder	Loren R. Meeder		Telephone 723-0973
Person Interviewed Name	**Signature of Person Interviewed**	**Title**	**Telephone**

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

☐ White - File Copy ☐ Yellow - Facility Copy ☐ Pink - Inspector Copy

EPA Copy

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

SEP 2 0 2006

*EPA ID Number	PAD005028642	EIN	
Handler Name	Electric Materials Co.		
Street	50 S Washington St		
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001	CEI	07/10/2006	S	RAS	WM

Day Zero (mm/dd/yyyy): *You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.* 7/10/06

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes:

Evaluation Indicator Field *(Check all that apply)*

☐ ~~Citizen Complaint~~ ☐ Multimedia Inspection ☐ Sampling ☐ ~~Not Subtitle C~~

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐

THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

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ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

*Required Fields

EPA ID Number	Handler Name
PAD005028642	Electric Materials Co.

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☒ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	262.C	S	07/10/2006	A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes: Waste stored longer than 90 days.

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 262.34(a)		

VIOLATION ☐ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☐

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation

HANDLER SECTION ***(Fill out if RCRA Non-Notifier)***

Handler Name		**Contact**			
Street					
City		**State**		**Zip Code**	
County					

UNIVERSE CHANGE SECTION ***(Fill out if Universe Change Required)***

i. Indicate the Facility's current Universe(s):

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Non-Handler ☐ Closed ☐

iii. Indicate the new transporter status:
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Transporter ☐
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☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

Non-Transporter ☐
Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

#1548167

2500-FM-LRWM0276 Rev. 10/2003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND [redacted]

Inspection Date 7/10/06

Time Start _____

Time Finish _____

HAZARDOUS WASTE [redacted]

☒ GENERATOR ☐ S Q GENERATOR

Company name [redacted]tric [redacted] Co.

EPA I.D. Number PAD005028642 Employer I.D. Number (EIN) _____

Site Address 50 S. Washington St.

[redacted] Erie [redacted] North East Zip 18428

Name of Inspector Rich Sheriff

Name & Title of Responsible Official _____

Person Interviewed Loren Meeder Telephone (814) 725-9621 x 269

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: >2200 Pounds _____ Kgs

1. **Site Characterization:**

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☒ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. **Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types Fluorescent Bulbs, Batteries

3. **Hazardous Waste Transporters:**

Transporter Name Midwest Environmental Transport License Number PA-AH0368

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. **Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D001	Waste Flammable Liquid (Isopropanol)	Environmental Enterprises, Inc. Cincinnati OH
D002	Waste Corrosive Liquid (Sodium Hydroxide)	" "
D002	Waste Corrosive Liquid (Zinc Chloride)	" "
D001	Waste Flammable Liquid (Mineral Spirits)	" "
D008	Hazardous Waste Solid (Lead)	" "
F001 D040	Waste Toxic Liquid (Trichloroethylene)	" "
D005 D011	Hazardous Waste Solid (Barium/Silver)	" "

2500-FM-LRWM0276a Rev. 10/2003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Electric Materials Co. ID Number PAD005028642 Date 7/10/06

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS 1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
			X	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

2500-FM-LRWM0276b Rev. 10/2003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name Electric Materials Co ID Number PAD005028642 Date 7/10/06

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS 1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b)(2)		H037

2540-FM-LRWM0406 Rev. 10/2001

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 7/10/06 Identification Number PAD005028642

Company/Facility/Site Name Electric Materials Co.

Routine inspection in company with Loren Meeder, for Electric Materials.

Facility inspection and records review completed.

During the facility inspection, three drums of corrosive hazardous waste were observed with accumulation dates indicating storage longer than 90 days. Two drums were dated 4/3/06 and one was dated 4/6/06. Shipment of these drums is scheduled for this week due to July 4 Holiday. Mr. Meeder will confirm shipment by FAX

Accumulation of plating wastewater treatment sludge is likely to change to satellite accumulation in a poly drum from storage in lined Gaylord box.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed Loren R. Meeder (Signature) Date 7/10/2006

Inspector Richard A. Shuffs (Signature) Date 7/10/06

EPA Copy

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

SEP 28 2006

*EPA ID Number	PAD005028642	EIN	
Handler Name	Electric Materials Co.		
Street	50 S. Washington St.		
City	North East	State: PA	Zip Code: 16428

Actual Generator Status *Check only if different from Notified Status.* LQG ☐ SQG ☐ CESQG ☐ Closed ☐ Non-Handler ☐

Universe Change Required? *(Generator Status Change Required)* YES ☐ NO ☒ If **YES**, complete the Universe Change Section (on reverse side of this form).

RCRA Non-Notifier? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

Other Facility Information Changes? YES ☐ NO ☒ If **YES**, complete the Handler Section (on reverse side of this form).

EVALUATION** ☒ **Add** ☐ **Update** ☐ **Delete** ***You must provide an Evaluation Identifier (also known as the Sequence Number).

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
001	FUI	07/19/2006	S	RAS	WM

Day Zero (mm/dd/yyyy): 7/10/06

You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes:

Evaluation Indicator Field *(Check all that apply)*

☒ **Citizen Complaint** ☐ **Multimedia Inspection** ☐ **Sampling** ☐ **Not Subtitle C**

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐

THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Update/Delete a Violation?	YES ☒ NO ☐	***If Yes, fill in the Violations Section(s) on page 2 of this form.***
Does this Evaluation link to a Commitment?	YES ☐ NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Does this Evaluation link to a 3007 Request?	YES ☐ NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☐ NO ☐ ***If Yes, fill in information below.***

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

RECEIVED
JUL 20 2006
ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

*Required Fields

JRC

EPA ID Number	Handler Name
PAD005028642	Electric Materials Co.

VIOLATIONS SECTION
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION ☐ Add ☒ Update ☐ Delete — **Link to Above Evaluation** ☒

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
NA	262.[illegible]	S	07/10/2006	D — *A RTC Qualifier is **required** if entering an Actual RTC Date.*	07/14/2006

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES ☒ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation
FR	262.34(a)		

VIOLATION ☐ Add ☐ Update ☐ Delete — **Link to Above Evaluation** ☐

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				*A RTC Qualifier is **required** if entering an Actual RTC Date.*	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES ☐ NO ☐ — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation

HANDLER SECTION ***(Fill out if RCRA Non-Notifier)***

Handler Name		**Contact**			
Street					
City		**State**		**Zip Code**	
County					

UNIVERSE CHANGE SECTION ***(Fill out if Universe Change Required)***

i. Indicate the Facility's current Universe(s):

ii. Indicate the new RCRAInfo Generator Universe:
Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.

LQG ☐ SQG ☐ CEG ☐
Non-Handler ☐ Closed ☐

iii. Indicate the new transporter status:
(*Only fill out if the facility requires a transporter status change*)

Transporter ☐
If the transporter box is checked, you must check at least one mode of transportation below:
☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

Non-Transporter ☐
Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

2540-FM-BWM0313 6/2005

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

#1550022

GENERAL INSPECTION REPORT

Type of Inspection	WM Identification Number	Entry Time/Date	Exit Time/Date
Follow-Up	PAD005028642	7/19/06	

Facility/Incident Name and Location	Municipality
Elec Materials 50 S. Washington St. North East PA 16428	North East
	County: Erie

Name, Address of Responsible Official	Title	Telephone	Interviewed
Loren Meeder	Facilities Engineer	725-9621 x 269	Yes ☐ No ☑

REMARKS:

Your FAX of Manifest # PAG 233349 has been received and reviewed. It appears that this document provides proof of a return to compliance for the violation documented during the 7/10/06 inspection of your facility.

Inspector Name	Inspector Signature	Headquarters	Date
Rich Sheriff	Richard A. Sheriff	Warren District Office	7/19/06
			Telephone: 723-0973
Person Interviewed Name	**Signature of Person Interviewed**	**Title**	**Telephone**
	Mailed		

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

☐ White - File Copy ☐ Yellow - Facility Copy ☐ Pink - Inspector Copy

ISO 9001 ELECTRIC MATERIALS

Box 390, 45 Loomis Street
North East, PA 16428-0390

(814) 725-9621
fax (814) 725-0136

1-800-356-2211
lmeeder@elecmat.com

A UNITED STARS

FAX COVER SHEET

DATE: July 18, 2006 **# OF PAGES:** 2 (Including cover sheet)

TO: PA Dept. of Environmental Protection **FROM:** Loren R. Meeder

Loren R. Meeder

ATTN: Rich Sheriff

FAX #: (814) 723-0964

SUBJECT: Waste Manifest

Following please find the waste manifest (PAG 233349) for three drums of corrosive hazardous waste which were shipped out on July 14, 2006.

If you should have any questions, please don't hesitate to call.

2500-FM-LRWM0051 REV. 7/99

Bureau of Land Recycling and Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550

Form approved.
OMB No. 2050-0039

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: PAD005028642 | Manifest Document No.: M1570

2. Page 1 of 1

Information within the bold red border is not required by Federal law but may be required by State law.

3. Generator's Name and Mailing Address: THE ELECTRIC MATERIALS CO.
50 S. WASHINGTON ST.
NORTHEAST PA 16428

4. Generator's Phone (814-725-9621

A. State Manifest Document Number: PAG 233349

B. State Gen. ID: SAME

5. Transporter 1 Company Name: MIDWEST ENVIRONMENTAL TRANSPORT

6. US EPA ID Number: OH0000000539

C. State Trans. ID: PA-AH 0368

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone: 513-772-1145

E. State Trans. ID: PA-AH

9. Designated Facility Name and Site Address: ENVIRONMENTAL ENTERPRISES, INC.
4650 SPRING GROVE. AVE.
CINCINNATI OH 45232

10. US EPA ID Number: OHD083377010

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone: 513-541-1825

GENERATOR

	HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	X	RQ, WASTE FLAMMABLE LIQUID, NOS 3, UN1993, PGII, (XYLENE/TOLUENE) (D001)	001	DM	00050	P	D001
b.	X	RQ, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, NOS 8, UN3266, PGII, (SODIUM HYDROXIDE) (D002)	001	DM	00150	P	D002
c.	X	RQ, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, NOS 8, UN3264, PGII, (STANNOUS CHLORIDE) (D002)	001	DM	00150	P	D002
d.							

J. Additional Descriptions for Materials Listed Above
A: XYLENE/TOLUENE
B: SODIUM HYDROXIDE
C: STANNOUS CHLORIDE

K. Handling Codes for Wastes Listed Above
a. T
b. T
c. T
d.

15. Special Handling Instructions and Additional Information
A: ERG:128/X81422/LABPACK TREAT/LINE-11A/55GAL
B: ERG:154/X81422/LAB PACK TREAT/LINE-11B/55GAL
C: ERG:154/X81422/LAB PACK TREAT/LINE-11C/55GAL

EMERGENCY RESPONSE:
INFOTRAC:
1-800-535-5053
CALLER MUST ID AES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DALE H. WILKINSON | Signature: [signature] | MONTH 07 DAY 14 YEAR 06

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Richard Stutz | Signature: [signature] | MONTH 07 DAY 14 YEAR 06

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | MONTH DAY YEAR

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | MONTH DAY YEAR

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

COPY 6 - GENERATOR: RETAIN THIS COPY

6

4/2004

RCRAINFO EVALUATION – VIOLATION FORM

*EPA ID Number	PAD005028642				
Handler Name	Electric Materials Co				
Street					
City	NorthEast	State	PA	Zip Code	
RCRA Non-Notifier	YES ☐ NO ☐	If **YES**, the Handler Section (on reverse side of this form) must be completed.			
Universe Change Required	YES ☐ NO ☐	If **YES**, the Universe Change Section (on reverse side of this form) must be completed.			

*EVALUATION ☐ Add ☐ Change ☐ Delete — *If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo*

Seq No.	*Type	*Date (mm/dd/yyyy)	*Agency	Responsible Person	Branch
	CEI	04/20/2004	EPA	JAD	

Comments:

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? (Y/N) — *If Yes, fill in information below*

Seq No.	Agency	Area	Date Determined (mm/dd/yyyy)	Seq No.	Agency	Area	Date Determined (mm/dd/yyyy)

VIOLATION Add ☒ Change ☐ Delete ☐ (*If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo*) — Link to Above Evaluation ✓

Seq No.	Agency	Area	Regulation Type	Regulation Citation
005	E	GMR		40 CFR 262.40

Date Determined (mm/dd/yyyy)	Branch	Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/20/04			A RTC Qualifier is **required** if entering a RTC Actual Date.	1/13/04

Comments: Failure to maintain final copies of 3 manifests

VIOLATION Add ☒ Change ☐ Delete ☐ (*If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo*) — Link to Above Evaluation? ☐

Seq No.	Agency	Area	Regulation Type	Regulation Citation
001	E	GLB		40 CFR 268.7(a)(2)

Date Determined (mm/dd/yyyy)	Branch	Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/20/04			A RTC Qualifier is **required** if entering a RTC Actual Date.	1/13/04

Comments: Failure to maintain LDR forms

EPA ID Number	Handler Name

VIOLATION Add ☒ Change ☐ Delete ☐
(If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo)
Link to Above Evaluation? ☐

Seq No.	Agency	Area	Regulation Type	Regulation Citation
003	E	GRR		40 CFR 265.17(d)(1-4)

Date Determined (mm/dd/yyyy)	Branch	Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/20/04			A RTC Qualifier is **required** if entering a RTC Actual Date.	

Comments: Failure to maintain training records

VIOLATION Add ☒ Change ☐ Delete ☐
(If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo)
Link to Above Evaluation? ☐

Seq No.	Agency	Area	Regulation Type	Regulation Citation
004	E	GGR		40 CFR 265.17(c)

Date Determined (mm/dd/yyyy)	Branch	Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/20/04			A RTC Qualifier is **required** if entering a RTC Actual Date.	1/13/04

Comments: Failure to provide annual training

VIOLATION Add ☒ Change ☐ Delete ☐
(If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo)
Link to Above Evaluation? ☐

Seq No.	Agency	Area	Regulation Type	Regulation Citation
003	E	GGR		40 CFR 265.54 (d)

Date Determined (mm/dd/yyyy)	Branch	Person	Return to Compliance (RTC) Qualifier	RTC Actual Date (mm/dd/yyyy)
4/20/04			A RTC Qualifier is **required** if entering a RTC Actual Date.	1/13/04

Comments: Failure to update contingency plan

HANDLER SECTION *(Fill out if RCRA Non-Notifier)*

Handler Name			Contact		
Street					
City		State		Zip Code	

UNIVERSE CHANGE SECTION *(Fill out if Universe Change Required)*

i. Indicate the Facility's current Universe(s):

ii. Indicate the new RCRAInfo Generator Universe:
Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.

☐ LQG ☐ SQG ☐ CEG
☐ Non-Handler ☐ Closed

iii. Indicate the new transporter status:
(Only fill out if the facility requires a transporter status change)

☐ **Transporter**
If the transporter box is checked, you must check at least one mode of transportation below:
☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

☐ **Non-Transporter**
Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

4/2004

RCRAInfo ENFORCEMENT and SUPPLEMENTAL ENVIRONMENTAL PROJECT FORM

*EPA ID Number	Handler Name
PAD005028642	Electric Materials

*ENFORCEMENT ☒ Add ☐ Change ☐ Delete — *If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo*

Seq No.	*Date Determined (mm/dd/yyyy)	*Agency	*Type	Branch	Responsible Person	Attorney Initials
	12/13/2004	E	120		K. Cox	

Docket Number:

Enforcement Notes:

Multimedia Enforcement Actions (Check all that apply)

☐ AIR ☐ FIFRA ☐ TSCA PCB ☐ UIC ☐ WETLANDS
☐ EPCRA ☐ SPCC ☐ UST ☐ WATER

*VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION

*Seq No.	*Agency	*Area	Date Determined (mm/dd/yyyy)	Scheduled RTC Date (mm/dd/yyyy)l	RTC Qualifier	RTC Actual Date (mm/dd/yyyy)
					An RTC Qualifier is required if entering a RTC Actual Date	
001	E					
005						

td

PENALTY

(If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo)

	Seq No.	Penalty Type	Penalty Amount	Penalty Notes
☐ Add ☐ Change ☐ Delete			$	
☐ Add ☐ Change ☐ Delete			$	

PENALTY PAYMENT

(If Changing or Deleting, please provide the Seq No. assigned by RCRAInfo)

☐ Add ☐ Change ☐ Delete	Scheduled Date (mm/dd/yyyy)	Scheduled Amount	☐ Add ☐ Change ☐ Delete	Scheduled Date (mm/dd/yyyy)	Scheduled Amount
		$			$
Seq No.	Paid Date (mm/dd/yyyy)	Paid Amount	Seq No.	Paid Date (mm/dd/yyyy)	Paid Amount
		$			$
Penalty Notes:			Penalty Notes:		