

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		M I D 0 0 5 3 5 6 7 9 5	
Consolidated Permits Program		(Read the "General Instructions" before starting.)		D	
I. EPA I.D. NUMBER		MID 005 356 795		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		16	17	18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		22	23	24	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		28	29	30	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		34	35	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY		MARK 'X'		MARK 'X'	
C SKIP GENERAL MOTORS CORP BOC WILLOW RUN		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
15 16 - 20 20		16 17 18		19 20 21	
IV. FACILITY CONTACT		22 23 24		25 26 27	
A. NAME & TITLE (last, first, & title)		28 29 30		31 32 33	
2 RANDALL MICHAEL ENVIR ENGINEER		34 35 36		37 38 39	
15 16		40 41 42		43 44 45	
V. FACILITY MAILING ADDRESS		46 47 48		49 50 51	
A. STREET OR P.O. BOX		52 53 54		55 56 57	
3 2625 TYLER ROAD		58 59 60		61 62 63	
15 16		64 65 66		67 68 69	
B. CITY OR TOWN		70 71 72		73 74 75	
4 YPSILANTI		76 77 78		79 80 81	
15 16		82 83 84		85 86 87	
VI. FACILITY LOCATION		88 89 90		91 92 93	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		94 95 96		97 98 99	
5 2625 TYLER ROAD		100 101 102		103 104 105	
15 16		106 107 108		109 110 111	
B. COUNTY NAME		112 113 114		115 116 117	
WASHTENAW		118 119 120		121 122 123	
45 46		124 125 126		127 128 129	
C. CITY OR TOWN		130 131 132		133 134 135	
6 YPSILANTI		136 137 138		139 140 141	
15 16		142 143 144		145 146 147	
D. STATE		148 149 150		151 152 153	
MI		154 155 156		157 158 159	
41 42		160 161 162		163 164 165	
E. ZIP CODE		166 167 168		169 170 171	
48197		172 173 174		175 176 177	
47 48		178 179 180		181 182 183	
F. COUNTY CODE (if known)		184 185 186		187 188 189	
		190 191 192		193 194 195	
32 33		196 197 198		199 200 201	

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Y P S I L A N T I															M I		4 8 1 9 7		Is the facility located on Indian lands?	
																			☐ YES ☒ NO 52	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

BUICK OLDSMOBILE CADILLAC DIVISION, WILLOW RUN, IS ENGAGED IN THE FINAL ASSEMBLY OF COMPLETE PASSENGER AUTOMOBILES. SPOT AND FUSION WELDING PROCESSES ARE USED TO ASSEMBLE AUTOMOBILE BODIES. PRIME AND COLOR PAINT PROCESSES ARE UTILIZED PRIOR TO FINAL ASSEMBLY OF NUMEROUS FABRICATED COMPONENTS HELD TOGETHER USING MECHANICAL FASTENERS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE <i>(type or print)</i> FRANK D. FAGA, PLANT MANAGER	B. SIGNATURE 	C. DATE SIGNED OCT 24 '84
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COMMENTS FOR OFFICIAL USE ONLY	
C	
C	

SUPPLEMENT 1

Facilities which appeared on the original Part A, submitted in November 1980, that are no longer regulated under RCRA, or are to be closed:

SO1, Storage in Containers, 154,280 gallons. Our actual operation experience indicates that although some hazardous waste have been stored more than 90 days under interim status, we have generally transported hazardous waste off-site within the 90 day limit and it is feasible under existing controls and plant procedures to remove these wastes in less than 90 days under the accumulation provisions of 40CFR262.34. We have submitted, with our amended Part A application, the closure plan covering these storage facilities being converted to the facilities of a generator accumulating waste for less than 90 days.

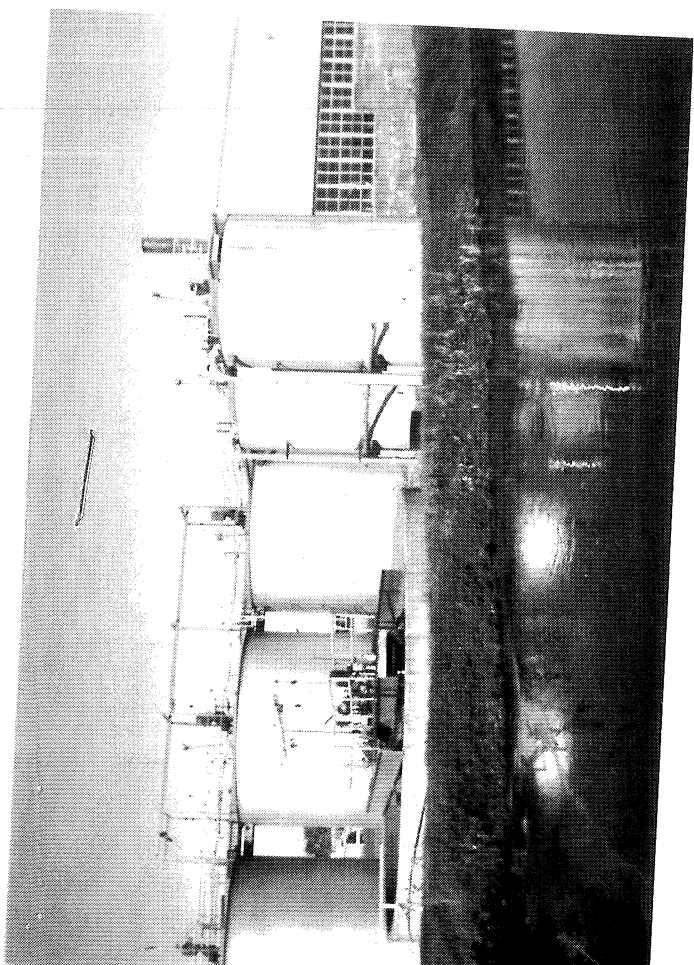
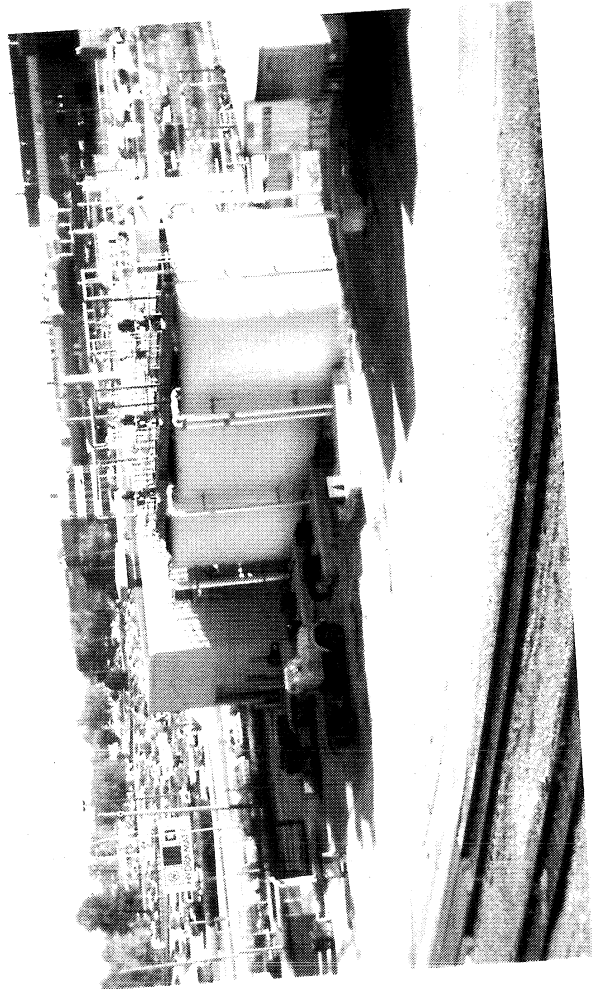
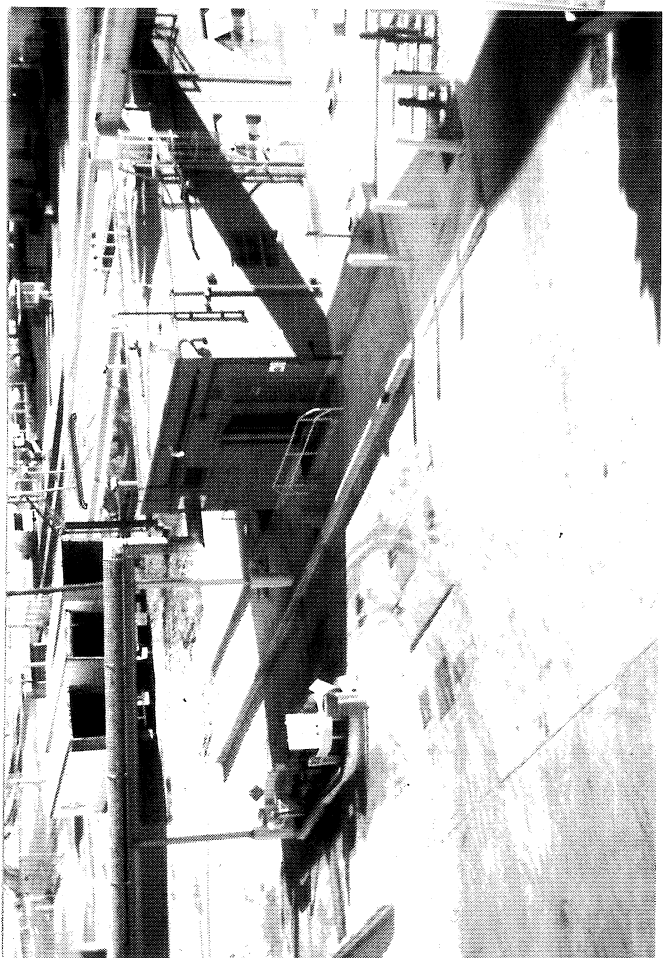
TO1, Treatment Tanks, 73,169,600 Gallons; TO4 Other Treatment, 723,000 gpd and; SO2, Storage in Tanks, 1,941,000 Gallons. On November 17, 1980, the EPA promulgated amendments that suspend the applicability of the requirements of the hazardous waste regulations in 40CFR Parts 122,164 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store and treat wastewater from hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulations under Section 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.).

TO2, Treatment in Surface Impoundments, 600,000 gallons per day. B.O.C. Willow Run has submitted and received approval to begin closure of our existing lagoons. Closure is scheduled for October, 1984.

EPA GENERAL INFORMATION
FOR CONSOLIDATED PERMIT PROGRAM
FORM 1 ITEM 10E SUPPLEMENT SHEET 2

EXISTING AIR PERMITS
GENERAL MOTORS CORPORATION
GENERAL MOTORS ASSEMBLY DIVISION
WILLOW RUN PLANT
EPA I.D. NUMBER MID005356795

<u>PERMIT DESCRIPTION</u>	<u>NUMBER</u>
Centrally located Paint Shop Facility	246-84
Body Shop Permits -- Mig Weld Booths Body Frame, Right and Left Front Pillar Right and Left Center Pillar, Door Hinge and 85 ft. Body Mig Weld Booth	601-78
Solder Booth System	602-78
Gas/Oil Fired Boiler	605-78
Final Paint Repair System	247-78
Oleum Wipe-Off Booth	248-78
Vinyl Top Booth	249-78
Wheel Paint Spray Booth	250-78
Undercoat Booth	251-78
Steering Column Booth	252-78
Anti Rust Booth	253-78
Final Repair Wash Deck and Spoven	600-78
Erie City Gas/Oil Boiler	387-73
Erie City Gas/Oil Boiler	388-73



FORM
1
GENERAL



ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FMIDD053567953D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

MIDD05356795

GENERAL MOTORS CORPORATION HYDRA-MATIC DIV.
2625 TYLER RD
YPSILANTI, MI 48197

2625 TYLER RD
YPSILANTI, MI 48197

GENERAL INSTRUCTIONS

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II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GENERAL MOTORS CORP. - GMAD WILLOW RUN

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 RANDALL MICHAEL - ENVIRENG		313 485 6200	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 2625 TYLER ROAD		4 YPSILANTI		MI	48197

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 2625 TYLER ROAD		WASHTENAW		YPSILANTI		MI	48197	161

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	7	C	7	N	A
(specify) MOTOR VEHICLES AND CAR BODIES				(specify) N.A.			
C. THIRD				D. FOURTH			
C	7	N	A	C	7	N	A
(specify) N.A.				(specify) N.A.			

VIII. OPERATOR INFORMATION

A. NAME										B. (Is the name listed in Item VIII-A also the owner?)	
C	8	GENERAL MOTORS CORP. - GMAD WILLOW RUN								☒ YES ☐ NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) N.A. S = STATE O = OTHER (specify)										3 1 3 4 8 5 6 2 0 0	
E. STREET OR P.O. BOX											
2 6 2 5 TYLER ROAD											
F. CITY OR TOWN					G. STATE		H. ZIP CODE		IX. INDIAN LAND		
B Y P S I L A N T I					M I		4 8 1 9 7		Is the facility located on Indian lands? ☐ YES ☒ NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C	9	N	A	C	9	P	N
(specify)				(specify)			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C	9	U	N	C	9	SEE LIST	
(specify)				(specify) SEE LIST			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C	9	R	A	C	9	N A	
(specify) APPLYING				(specify) N.A.			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

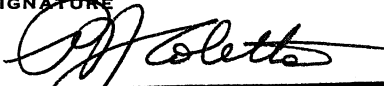
XII. NATURE OF BUSINESS (provide a brief description)

General Motors Assembly Division, Willow Run is engaged in the final assembly of complete passenger automobiles. Spot and fusion welding processes are used to assemble automobile bodies. Prime and color paint processes are utilized. The final car assembly involves numerous fabricated components held together using mechanical fasteners.

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P. J. Coletta - GM Assembly Division Vice-President and General Manager		11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C	
C	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04	Central Sludge Dewatering Coil	200,000 000 U
T04	Wastewater Treatment Dewatering Coil	523,000 000 U

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 char

/inch).

Form Approved OMB No. 158-S80004

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S F M I D 0 0 5 3 5 6 7 9 5 3 1
1 2 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	A	5	T 0 4	723,000 gph	U
X-2	T 0 3	20	E	6			
1	S 0 1	154,280 gph	G	7			
2	S 0 2	1,941,000 gph	G	8			
3	T 0 1	73,169,600 gph	U	9			
4	T 0 2	600,000 gph	U	10			

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
S W M I D 0 0 5 3 5 6 7 9 5 3 1													S W 1 2 13 14 15 23 26											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES											
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
				27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29											
1	F 0 0 1	55.0 0 0	T	S 0 1																				
003	F 0 1 7	137.5 0 0	T	S 0 1																				
003	F 0 0 3	137.5 0 0	T	S 0 1											Included with above									
003	F 0 0 4														Included with above									
003	F 0 0 5														Included with above									
006	F 0 1 7	390 0 0 0	T	S 0 2	T 0 1	T 0 4																		
000	U 2 3 8	390 0 0 0	T	S 0 2	T 0 1	T 0 4									Included with above									
000	F 0 0 7														Included with above									
000	F 0 0 9														Included with above									
000	D 0 0 2														Included with above									
000	D 0 0 8														Included with above									
12	D 0 0 1	500 0 0 0	T	S 0 1	S 0 2																			
13	D 0 0 2	24 0 0 0	T	S 0 1																				
14	D 0 0 8	240 0 0 0	T	S 0 1																				
15	F 0 0 8	12.0 0 0	T	S 0 1																				
116	F 0 1 8	1500 0 0 0	P	T 0 2	S 0 1																			
010	F 0 0 6	1500 0 0 0	P	T 0 2	S 0 1										Included with above									
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 2

NA

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	3	5	6	7	9	5	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). F 6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). F 6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

42 14 ION 100

083 33 ION 100

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

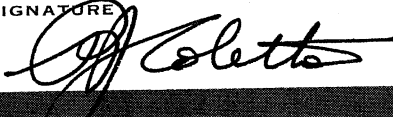
1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE																																																		

IX. OWNER 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.

A. NAME (print or type) P. J. Coletta - GM Assembly Division Vice-President and General Manager	B. SIGNATURE 	C. DATE SIGNED 11/17/89
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X. OPERATOR 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.

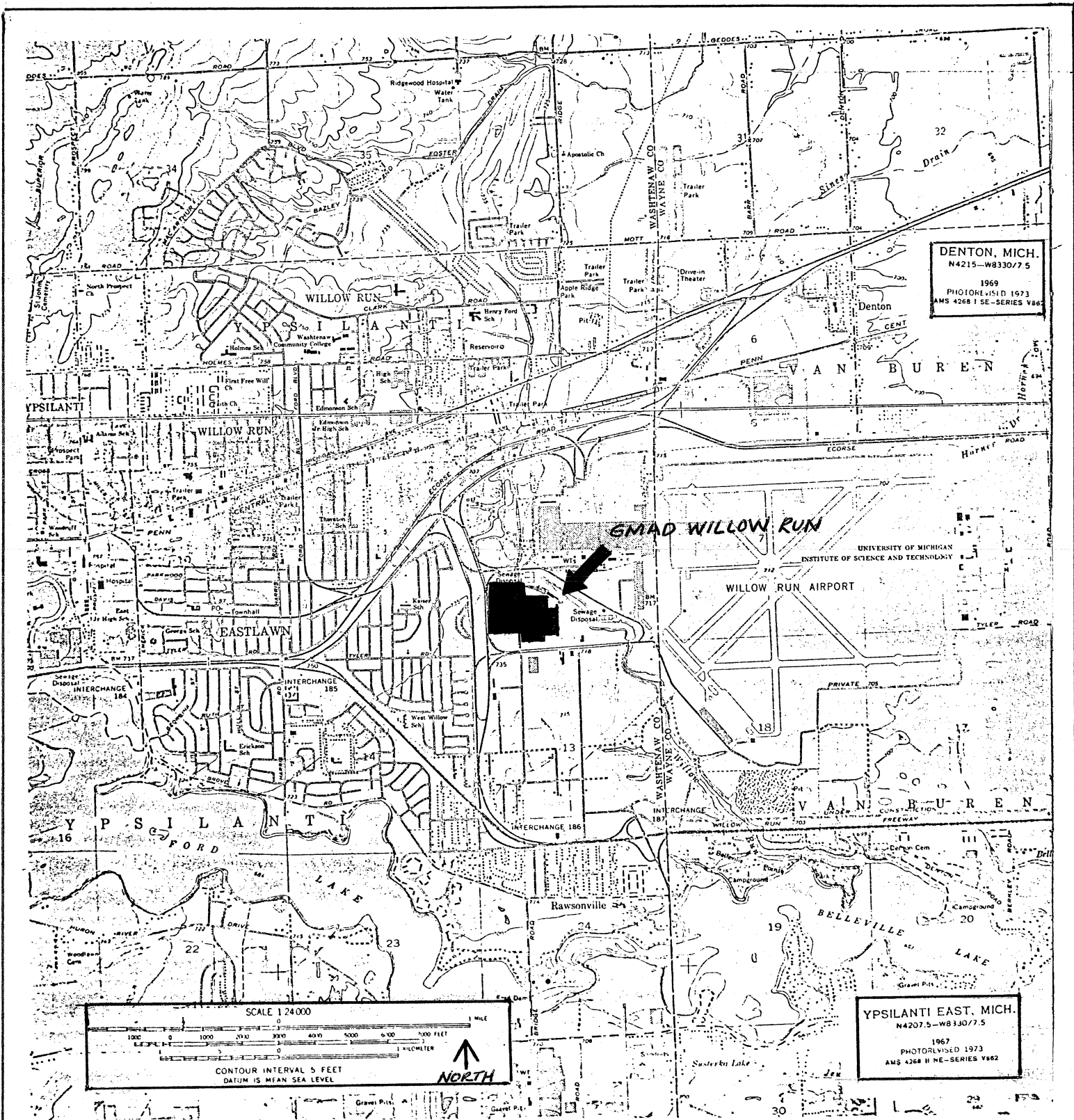
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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GM Assembly Division

General Motors Corporation

Willow Run Plant
2625 Tyler Road
Ypsilanti, Michigan 48197



V. FACILITY DRAWING (see page 4)

T04 Dewatering Filter
 S01 15 CY Container
 T01, S02 Tanks 100' x 100'
 T02 Surface Impoundment 200' x 300'
 S02 Tank 1500 gallon
 S02 Tanks }
 T04 Dewatering Filters } 100' x 125'
 T01 Tanks }
 S01 Drum Storage 100' x 75'

S01 Drum storage 50' x 100'

S02 1000 gallon tank

