


<p>SEND THE COMPLETED FORM TO: The Appropriate State or Regional Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number: MID005356860</p>		
<p>3. Site Name</p>	<p>Name: COLDWATER ROAD LANDFILL</p>		
<p>4. Site Location Information</p>	<p>Street Address: 1245 EAST COLDWATER ROAD</p> <p>City, Town, or Village: FLINT County: GENESEE</p> <p>State: MI Country: US Zip Code: 48505-1701</p>		
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 52592</p>		<p>B.</p>
	<p>C.</p>		<p>D.</p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 500 WOODWARD AVENUE SUITE 1510</p> <p>City, Town, or Village: DETROIT</p> <p>State: MI Country: US Zip Code: 48226-</p>		
<p>8. Site Contact Person</p>	<p>First Name: DAVID MI: Last: FAVERO</p> <p>Title: PROJECT MANAGER</p> <p>Street or P.O. Box: 500 WOODWARD AVENUE SUITE 1510</p> <p>City, Town, or Village: DETROIT</p> <p>State: MI Country: US Zip Code: 48226-</p> <p>Email: dfavero@racertrust.org</p> <p>Phone: (734) - 87 Ext: Fax: (734) 879-9537</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: RACER PROPERTIES, LLC Date Became Owner: 05/02/2011</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: 500 WOODWARD AVE</p> <p>City, Town, or Village: DETROIT Phone: (313) 486-2908</p> <p>State: MI Country: US Zip Code: 48226-</p> <p>B. Name of Site's Operator: RACER PROPERTIES, LLC Date Became Operator: 03/31/2011</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.

Y N **1. Generator of Hazardous Waste**

If "Yes" mark only one of the following - a, b, or c.

a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

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

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

If "Yes" above, indicate other generator activities.

Y N d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y N e. United States Importer of Hazardous Waste

Y N f. Mixed Waste (hazardous and radioactive) Generator

Y N **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- Transporter
- Transfer Facility

Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:**

A hazardous waste permit is required for these activities

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

Note: A hazardous waste permit may be required for this activity.

Y N **5. Exempt Boiler and/or Industrial Furnace**

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, Refining Furnace Exemption

Y N **6. Underground Injection Control**

Y N **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities Complete all parts 1 - 2.

Y N **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- | | <u>Manage or Accumulate</u> |
|---------------------------------|-----------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other _____ | <input type="checkbox"/> |
| f. Other _____ | <input type="checkbox"/> |
| g. Other _____ | <input type="checkbox"/> |

Y N **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities -Complete all parts 1-4.

Y N **1. Used Oil Transporter**
If "Yes", mark all that apply.

- a. Transporter
- b. Transfer Facility

Y N **2. Used Oil Processor and/or Re-refiner -**
If "Yes", mark all that apply.

- a. Processor
- b. Re-refiner

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

Y N **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- 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

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

a. College or University

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

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.

F006	F039					

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.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?


If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for providing comments.

dfavero@racertrust.org

14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	DAVID FAVERO Deputy Cleanup Manager - Michigan	02/17/2014

U.S. ENVIRONMENTAL PROTECTION AGENCY

2013 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME COLDWATER ROAD LANDFILL
1245 EAST COLDWATER ROAD
FLINT, MI 485051701

EPA ID NO: **MID005356860**

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1	A. Waste Description ACCUMULATED LIQUIDS FROM THE LANDFILL SUMPS.		
B. EPA Hazardous Waste Code(s) F006 F039		C. State Hazardous Waste Code(s)	
D. Source Code <u>G41</u> Management Method code for Source code G25	E. Form Code <u>W101</u>	F. Quantity Generated in 2013 UOM <u>5</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code <u>A</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2013	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2013

Sec. 3	A. Was any of this waste shipped off site in 2013 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2013
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2013
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2013

Comments Very dilute aqueous waste containing more than 99% water (Land Ban defined wastewater, not exempted) FROM: Closure of hazardous waste management unit under RCRA Waste Min: BAD Waste Minimization CODE