

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN  
EPA ID: NCD986229227  
Facility Name: KURZ TRANSFER PRODUCTS  
Document Group: General (G)  
Document Type: Hazardous Waste Report (HWR)  
Description: 2015 B-REPORT  
Date of Doc: 2/2/2016  
Author of Doc: GARY L. BUTLER, EHS MANAGER

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
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NCD986229227

Scanner's Initials:

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| <b>Send completed form to this address:</b>                       | <p>U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2016)</b></p> <p>The Appropriate State or EPA Regional Office</p> <div style="text-align: right;">  <p>RECEIVED<br/>FEB 2016<br/>Hazardous Waste Section</p> </div>   |
| <b>1. Reason for Submittal</b><br><br>MARK ALL BOX(ES) THAT APPLY | <b>Reason for Submittal:</b><br><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)<br><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).<br><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.<br><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).<br><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below)<br><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) |
| <b>2. Site EPA ID Number</b>                                      | <b>EPA ID Number:</b> NCD986229227   |
| <b>3. Site Name</b>   | <b>Name:</b> KURZ TRANSFER PRODUCTS  |
| <b>4. Site Location Information</b>                               | <b>Street Address:</b> 3200 WOODPARK BLVD<br><b>City, Town, or Village:</b> CHARLOTTE<br><b>State:</b> NC <b>Country:</b> US<br><b>County:</b> NC119<br><b>Zip Code:</b> 28206   |
| <b>5. Site Land Type</b>  | <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other  |
| <b>6. NAICS Code(s) for the Site</b>                              | A. 323111      B.      C.      D.  |
| <b>7. Site Mailing Address</b>                                    | <b>Street or P. O. Box:</b> 3200 WOODPARK BLVD<br><b>City, Town, or Village:</b> CHARLOTTE<br><b>State:</b> NC <b>Country:</b> US<br><b>Zip Code:</b> 28206  |
| <b>8. Site Contact Person</b>                                     | <b>First Name:</b> GREG <b>MI:</b> S <b>Last Name:</b> DELLINGER<br><b>Title:</b> EHS MGR<br><b>Street or P. O. Box:</b> 3200 WOODPARK BLVD<br><b>City, Town, or Village:</b> CHARLOTTE<br><b>State:</b> NC <b>Country:</b> US<br><b>Zip Code:</b> 28206<br><b>Email:</b> greg.dellinger@kurzusa.com<br><b>Phone:</b> 7049273851 <b>Ext:</b> <b>Fax:</b>   |
| <b>9. Operator and Legal Owner of the Site</b>                    | <b>A. Name of Site's Owner:</b> KURZ TRANSFER PRODUCTS LP <b>Date Became Owner:</b> 01/01/1992<br><b>Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other<br><b>Street or P. O. Box:</b> 3200 WOODPARK BLVD<br><b>City, Town, or Village:</b> CHARLOTTE<br><b>State:</b> NC <b>Country:</b> US<br><b>Phone:</b> 7049273700<br><b>Zip Code:</b> 28206  |
|   | <b>B. Name of Site's Operator:</b> KURZ TRANSFER PRODUCTS LP <b>Date Became Operator:</b> 01/01/1992<br><b>Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other   |

**10. Type of Regulated Waste Activity**

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 1-7.**

**1. Generator of Hazardous Waste**

If Yes, choose 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
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

2 Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

3. United States Importer of Hazardous Waste

4. Mixed Waste (hazardous and radioactive) Generator

5. Transporter of Hazardous Waste  
If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

6. Treater, Storer, or Disposer of Hazardous Waste (at your site)

Note: A hazardous waste permit is required for this activity.

7. Recycler of Hazardous Waste (at your site)

8. Exempt Boiler and/or Industrial Furnace  
If Yes, mark each that applies.

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

9. Underground Injection Control

10. Receives Hazardous Waste from Off-site

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

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

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) \_\_\_\_\_
- f. Other (specify) \_\_\_\_\_
- g. Other (specify) \_\_\_\_\_

2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this

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

1. Used Oil Transporter  
If Yes, mark each that applies.

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner  
If Yes, mark each that applies.

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer  
If Yes, mark each that applies.

- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

**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.

D001, D002, D003, D005, D007, U210

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.**

Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

**12. Notification of Hazardous Secondary Material (HSM) Activity**

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**

GARY BUTLER EHS MANAGER REPLACING GREG DELLINGER.  
 MANAGER REPLACING DREW BERRINGER.  
 CLEAN OUT.

THOMAS HERTLEIN GENERAL  
 ADDITIONAL WASTE CODE U210 ADDED DUE TO LAB

**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.

| Signature of Operator, Owner, or an Authorized Representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|   | GARY L. BUTLER, EHS MANAGER             | 02/02/2016               |
|   |   |                          |
|   |   |                          |
|   |   |                          |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER  
 SITE NAME: KURZ TRANSFER PRODUCTS  
 EPA ID NO: NCD986229227

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

**FORM GM**

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE FLAMMABLE LIQUIDS (METHYL ETHYL KETONE, TOLUENE) 80-3480 LIQUID WASTE  |   |                                   |
| B. EPA hazardous waste code<br>D001 D003 D005                       |  | C. State hazardous waste code   |                                   |
| D. Source code<br>G06<br>Management method code for source code G25 | E. Form code<br>W209   | F. Quantity generated in 2015<br>100640.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minization code<br>A     |
| <b>SEC. 2</b>   | A. Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                              |   |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015   |                                   |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |   |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to   | D. Total quantity shipped in 2015 |
| SITE 1  | NCD061263315   | H061  | 100,640.00                        |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>Comments:</b>  |  |   |                                   |

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EPA ID NO: NCD986229227

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2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

**FORM GM**

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|  |  |   |  |
|--|--|---|--|
| <b>SEC. 1</b>  | A. Waste description<br>WASTE FLAMMABLE LIQUIDS (METHYL ETHYL KETONE, TOLUENE) 80-3481 WASTE SOLIDS  |   |  |
| B. EPA hazardous waste code<br>D001 D003 D005                                  |  | C. State hazardous waste code                                 |  |
| D. Source code           G24<br><br>Management method code for source code G25 |  | E. Form code<br><br>W002                                      | F. Quantity generated in 2015<br>20261.0<br><br>UOM   Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density |
| G. Waste minimization code<br>A  |  |   |  |
| <b>SEC. 2</b>  | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |   |  |
|  | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015 |  |
|  |  |   |  |
|  |  |   |  |
| <b>SEC. 3</b>  | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |   |  |
|  | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to                 | D. Total quantity shipped in 2015  |
| <b>SITE 1</b>  | NCD061263315   | H061  | 20,261.00  |
|  |  |   |  |
|  |  |   |  |
| <b>Comments:</b>   |  |   |  |

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2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

**FORM GM**

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>HAZARDOUS WASTE LIQUID (WASTEWATER WITH CHROME 80-4674)  |  |                                   |
| B. EPA hazardous waste code<br>D007                                 |  | C. State hazardous waste code  |                                   |
| D. Source code<br>G01<br>Management method code for source code G25 | E. Form code<br>W101   | F. Quantity generated in 2015<br>11750.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minization code<br>A     |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |  |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015  |                                   |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to  | D. Total quantity shipped in 2015 |
| SITE 1  | NCD061263315   | H110   | 11,750.00                         |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>Comments:</b>  |  |  |                                   |

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SITE NAME: KURZ TRANSFER PRODUCTS

EPA ID NO: NCD986229227

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE SOLIDS CONTAINING FLAMMABLE LIQUID 80-7867 ACCUDYNE MARKER TUBES   |  |                                   |
| B. EPA hazardous waste code<br>D001                                 |  | C. State hazardous waste code  |                                   |
| D. Source code<br>G04<br>Management method code for source code G25 | E. Form code<br>W004   | F. Quantity generated in 2015<br>8.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minimization code<br>A   |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |  |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015  |                                   |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to  | D. Total quantity shipped in 2015 |
| SITE 1  | NCD061263315   | H061   | 8.00                              |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>Comments:</b>  |  |  |                                   |

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U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE ACETIC ACID, GLACIAL   |  |                                   |
| B. EPA hazardous waste code<br>D002                                 |  | C. State hazardous waste code  |                                   |
| D. Source code<br>G02<br>Management method code for source code G25 | E. Form code<br>W004   | F. Quantity generated in 2015<br>5.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minimization code<br>A   |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |  |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015  |                                   |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to  | D. Total quantity shipped in 2015 |
| SITE 1  | IND000646943   | H061   | 5.00                              |
|   |  |  |                                   |
|   |  |  |                                   |
| Comments:   |  |  |                                   |

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EPA ID NO: NCD986229227

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2015 HAZARDOUS WASTE REPORT

**WASTE GENERATION AND MANAGEMENT**

**FORM GM**

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE CORROSIVE LIQUID (SODIUM HYDROXIDE)  |   |                                   |
| B. EPA hazardous waste code<br>D002                                 |  | C. State hazardous waste code   |                                   |
| D. Source code<br>G04<br>Management method code for source code G25 | E. Form code<br>W001   | F. Quantity generated in 2015<br>12.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minimization code<br>A   |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |   |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015   |                                   |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |   |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to   | D. Total quantity shipped in 2015 |
| SITE 1  | IND000646943   | H061  | 12.00                             |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>Comments:</b>  |  |   |                                   |

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|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE TETRACHLOROETHYLENE  |   |                                   |
| B. EPA hazardous waste code<br>U210                                 |  | C. State hazardous waste code   |                                   |
| D. Source code<br>G22<br>Management method code for source code G25 | E. Form code<br>W004   | F. Quantity generated in 2015<br>22.5<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minimization code<br>A   |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |   |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015   |                                   |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |   |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to   | D. Total quantity shipped in 2015 |
| SITE 1  | IND000646943   | H061  | 12.50                             |
|   |  |   |                                   |
|   |  |   |                                   |
| <b>Comments:</b>  |  |   |                                   |

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|   |  |   |  |
|---|--|---|--|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE RESIN SOLUTION (DESMODUR N75) 80-9642  |   |  |
| B. EPA hazardous waste code<br>D001                                 |  | C. State hazardous waste code                                 |  |
| D. Source code<br>G08<br>Management method code for source code G25 |  | E. Form code<br>W209  | F. Quantity generated in 2015<br>350.0<br>UOM Pounds<br>Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg |
| G. Waste minimization code<br>A                                     |  |   |  |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |   |  |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015 |  |
|   |  |   |  |
|   |  |   |  |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |   |  |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to                 | D. Total quantity shipped in 2015  |
| <b>SITE 1</b>   | NCD061263315   | H141  | 350.00   |
|   |  |   |  |
|   |  |   |  |
| <b>Comments:</b>  |  |   |  |

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SITE NAME: KURZ TRANSFER PRODUCTS

EPA ID NO: NCD986229227

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE RESIN SOLUTION (DESMODUR PL340) 80-9643  |  |                                   |
| B. EPA hazardous waste code<br>D001                                 |  | C. State hazardous waste code  |                                   |
| D. Source code<br>G08<br>Management method code for source code G25 | E. Form code<br>W209   | F. Quantity generated in 2015<br>350.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minization code<br>A     |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |  |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015  |                                   |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to  | D. Total quantity shipped in 2015 |
| SITE 1  | NCD061263315   | H141   | 350.00                            |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>Comments:</b>  |  |  |                                   |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

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|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>SEC. 1</b>   | A. Waste description<br>WASTE RESIN SOLUTION (DESMOPHEN 670A-80) 80-9644   |  |                                   |
| B. EPA hazardous waste code<br>D001                                 |  | C. State hazardous waste code  |                                   |
| D. Source code<br>G08<br>Management method code for source code G25 | E. Form code<br>W209   | F. Quantity generated in 2015<br>350.0<br>UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg<br>Density | G. Waste minization code<br>A     |
| <b>SEC. 2</b>   | Was any of this waste managed on site?<br><input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)                                 |  |                                   |
|   | On-site management method code   | Total quantity treated, disposed, or recycled On-site in 2015  |                                   |
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| <b>SEC. 3</b>   | A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |                                   |
|   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site management method code shipped to  | D. Total quantity shipped in 2015 |
| <b>SITE 1</b>   | NCD061263315   | H141   | 350.00                            |
|   |  |  |                                   |
|   |  |  |                                   |
| <b>Comments:</b>  |  |  |                                   |