

TYPE(S) OF WASTE HANDLED

Ignitables (D001) F or K listed wastes Used Oil
 Corrosives (D002) P or U listed wastes CT Regulated Wastes
 Reactives (D003) Precious Metals Unknown Wastes
 TCLP (D004 – D043) Hazardous Scrap Metals
 Universal Wastes, type: _____
 Other: _____
Comments: _____

HANDLING METHOD (actual)

Containers Tanks - aboveground
 Wastewater Treatment Tanks - underground
 Drip pads Containment building
 Other: _____
Comments: _____

SITE DESCRIPTION

Proximity to residential areas/surface water/recharge zone: _____
Water supply (if wells, give approximate location): _____
Types of waste/water discharges: _____
Evidence of on-site disposal: Yes No. If yes, give specifics: _____
Groundwater monitoring wells on-site: Yes No. Groundwater classification: _____
If yes: RCRA (complete GWM checklist) Non-RCRA (briefly describe why installed and any information available): _____
Comments: _____

SITE ACTIVITY

Number employees/shifts: _____ Type of activity: _____.

Products: _____.

Process description: _____.

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Sample
Not for official use

WASTE PROFILE

WASTE STREAM	EPA WASTE CODE(S)	EST. GENERATION RATE	HANDLING METHODS	TRANSPORTER	RECEIVING FACILITY

Comments: _____

40 CFR 262.11, 262.40(c) **HAZARDOUS WASTE DETERMINATIONS** (GHW) 22a,449(c)-102(a)
 40 CFR 265.1050, 265.1080

Determination conducted for all waste streams (including Subparts BB and CC, if applicable: Yes No
 (explain): _____

Determination updated annually (documentation on-site): Yes No (explain): _____

Comments: _____

SHIPPING RECORDS (GMR)

Dates/months of shipping records reviewed: _____.

Manifests used for all hazardous waste shipments: Yes No (explain): _____.

Shipping records used for universal wastes: Yes No (explain): _____.

Shipping records used for used oil: Yes No: (explain): _____.

Appropriate copy(ies) on-site: Yes No: (explain): _____.

Any exception reports: Yes No: (explain): _____.

Comments: _____.

LAND DISPOSAL RESTRICTIONS (GLB)

Has the generator determined whether the waste **meets** **doesn't meet** the treatment standard(s) by testing the waste and/or knowledge of waste: Yes No N/A: (explain): _____.

If the waste or contaminated soil **does not meet** the treatment standard(s), has the generator sent a one-time written notification (or subsequent notification(s) if the waste changes) to each receiving facility: Yes No N/A: (explain): _____.

If the waste or contaminated soil **meets** the treatment standard(s) at the original point of generation, has the generator sent a one time written certification (or subsequent notification(s) if the waste changes) to each receiving facility: Yes No N/A: (explain): _____.

If the generator's waste is subject to a case-by-case extension, no-migration petition, or national capacity variance, has the generator sent a one time written notification (or subsequent certification(s) if the waste changes) to each receiving facility: Yes No N/A: _____.

If the generator is managing and treating a restricted waste or contaminated soil in tanks, containers, or containment buildings to meet the applicable treatment standards, has the generator developed and followed a waste analysis plan: Yes No N/A

Has the generator retained on-site a copy of all LDR documentation for 3 years: Yes No

Comments: _____.

_____.

_____.

Reports filed on a biennial basis: ___Yes ___No

Comments: _____

IGNITABLES/REACTIVES/INCOMPATIBLES (GSC)

Ignitable & reactive wastes separated from sources of ignition or reaction & handled per 265.17: ___Yes ___No

No smoking signs (for ignitable & reactive wastes): ___Yes ___No

Comments: _____

PREPAREDNESS & PREVENTION (GPP)

Arrangements with local authorities: _____

Immediate accessible to internal communications/alarm system: _____

Telephone/hand-held two-way radio: _____

Emergency equipment (fire extinguishers, spill control decon equip) _____

Equipment maintenance: _____

Access to emergency equipment: _____

Adequate aisle space: _____

Source of water in the event of a fire: _____

Comments: _____

PRE-TRANSPORT REQUIREMENTS (GPT)

Packaging: _____

Labeling (if applicable, DOT hazard class): _____

Marking (words "Hazardous Waste", generator information if being shipped): _____

Contents described: _____

Proper DOT shipping name: _____

Accumulation date: _____

Inventory system (universal waste): _____

Comments: _____

Approximate number of satellite accumulation areas: _____.

Less than 55 gallons (or 1 quart acutely hazardous waste) per waste stream per satellite accumulation area: Yes No

Containers marked and contents described: Yes No. Containers closed when not in use: Yes No.

Comments: _____.

_____.

_____.

40 CFR 264.175(b); 40 CFR 265.170-178;

CONTAINERS (GMC)

22a-449(c)-102(a);

40 CFR 273.13 & 273.33 for transport vehicle/ vessel

22a-449(c)-113(a)(1)

Number of areas: _____.

Location(s): _____.

_____.

Impermeable base: _____.

Secondary containment: _____.

Approximate number & sizes of containers: _____.

Type(s): steel poly fiber bag/sack lab pack roll-off, Other: _____.

Management of containers:

Condition (leaks, ruptures, corrosion, heat, pressure): _____.

Containers closed when not in use: _____.

50 foot buffer zone for ignitable and reactive waste: _____.

Incompatibles separated by dike/wall, etc.: _____.

Storage less than 90 days (**hazardous waste**): _____.

Storage less than one year (**universal waste**): _____.

Does the generator store **F006** hazardous waste for up to 180 days follow 262.34(g): Yes No N/A

Does the generator store **F006** hazardous waste for up to 270 days follow 262.34(h): Yes No N/A

Comments: _____.

_____.

_____.

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_____.

WASTE TANKS (GTM)

Tank inventory/description (note above/underground, location, age, construction, ancillary equipment, capacity & waste type): _____

Adequate secondary containment for tanks and ancillary equipment: Yes No N/A: explain: _____

Describe leak detection system (including ancillary equipment): _____

Describe corrosion protection system: _____

Special requirements for ignitable and reactive waste: Yes No N/A: explain: _____

Labeling:

-Hazardous waste tanks, words "Hazardous Waste" and description of contents: Yes No N/A

-Universal waste tanks, marked to describe contents (pesticides): Yes No N/A

Storage less than 90 days (LQG): Yes No: explain: _____

Storage less than one year for universal wastes: Yes No N/A: explain: _____

Evidence of releases/leaks: Yes No: if yes describe: _____

Was release reported: Yes No: if yes, date (if known): _____

Certification of major repairs to tank: Yes No N/A. Any out of service tanks: Yes No: if yes, describe: _____

Comments: _____

Existing Tank Systems (installed before January 12, 1987)

Written tank integrity assessment on-site (P.E. certified): Yes No N/A

Does assessment address all required items: Yes No: if no, explain: _____

New Tank Systems (installed after January 12, 1987)

Written tank design, construction/installation assessment on-site(P.E. certified): Yes No N/A

Does assessment address all required items: Yes No: if no, explain: _____

Documented installation & tightness test on-site: Yes No.

Comments: _____

USED OIL-GENERATOR REQUIREMENTS

Does the facility generate used oil at this site: Yes No

Does the facility generate used oil at other sites in CT: Yes No (if yes, list other sites in "Additional Comments" section)

Is the generator's used oil mixed with other waste(s): Yes No

If yes, what type of waste is it mixed with: Listed Characteristic Non-hazardous waste

If mixture is with characteristic hazardous waste, is the combined waste tested for characteristics: Yes No

Explain: _____.

Has the total halogen content of the used oil been determined: Yes No

Was the total halogen content determined by Testing or Generator knowledge

Does the generator retain documentation demonstrating the halogen content for at least three years: Yes No

Are the total halogens: less than 1,000 ppm greater than 1,000 ppm

If the total halogens are greater than 1,000 ppm, did the generator:

Manage as a hazardous waste, or adequately rebut the presumption of mixing with hazardous waste

Explain: _____.

Is used oil accumulated on-site in: Container(s) Aboveground tank(s) Underground tank(s)

Describe type method and storage: _____.

Are containers and tanks in good condition and not leaking: Yes No

Are tank(s) and/or container(s) marked with the words "Used Oil": Yes No

For each container or above-ground tank storing greater than 55 gallons of used oil:

Stored on an impervious surface: Yes No

Stored within an enclosed building: Yes No

If not stored within an enclosed building, has adequate secondary containment been provided: Yes No

Comments: _____.

Are all underground tanks for used oil registered with DEP's UST Program: Yes No

Does the facility store more than 1320 gallons of oil or other petroleum products in above-ground tanks, process equipment, or containers that are over 55 gallons in size: Yes No

If yes, does the facility have an SPCC plan: Yes No

Has the facility had any known releases of used oil: Yes No

If yes, did the generator: Report the spill to DEP, and Comply with "response to release" requirements

Explain: _____.

Does the generator ship used oil via transporters that are permitted and that have notified EPA: Yes No

If no, Explain: _____.

List off-site destination(s) for used oil generated at this site: _____.

SUBPART BB APPLICABILITY

Does the generator have equipment (valve, pump, compressor, flange, pressure relief device, sampling connection system, or open-ended valve or line) that contacts hazardous waste with greater than 10% organic concentration: Yes¹ No _____.

If yes, does the generator claim that any of this equipment is exempt from Subpart BB due to <300-hour annual use, being in vacuum service, or operating as a recycling unit: Yes No¹ _____.

If an exemption is claimed, does the generator have documentation to support this claim, in accordance with 265.1064(k): Yes (describe) No N/A _____.

Has the facility implemented a leak detection and repair (LDAR) program required by the Clean Air Act: Yes No N/A _____.

If yes, has the facility chosen to demonstrate compliance with Subpart BB by documenting compliance with the Clean Air Act, in accordance with 265.1064(m): Yes No N/A _____.

¹ If the answer to question 1 is YES and the generator does not claim any exemptions, complete and attach the Subpart BB Checklist.

SUBPART CC APPLICABILITY

Tanks:

Does the generator manage hazardous waste with volatile organic concentrations \geq 500 ppm/wt (on an average annual basis) in tanks: Yes² No _____.

If yes, does the generator claim any exemptions from the requirements of this subpart: No² Yes (explain): _____.

² If the answer to question 1 is YES and no exemptions are claimed, complete and attach the Subpart CC Checklist.

Containers:

Does the generator manage in **containers (>26 gallons in size, non-satellite)** hazardous waste with volatile organic concentrations equal or greater than 500 ppm/wt (on an average annual basis): Yes³ No _____.

Do the containers meet Department of Transportation ("DOT") requirements: Yes³ No _____.

Are the containers closed: Yes³ No _____.

3 If the generator manages this waste **only in containers** and the containers are closed and meet DOT requirements, **stop here**.
Otherwise, **complete and attach** the Subpart CC Requirements Checklist

INSPECTION SCHEDULE AND LOG (GIS)

Does contact claim inspections are conducted: _____.
Written inspection schedule (including Subparts BB and CC, if applicable.): _____.
Inspection log (adequacy of contents: date, time, items inspected, corrective action): _____.

Documentation:

Daily

All Loading/unloading areas subject to spills (when in use): _____.
Tanks Containment, detection, ancillary equipment: _____.
Trtmt Treatment equipment: _____.

Weekly

Containers Physical condition: _____.
Containers Containment system: _____.
Batteries Storage area: _____.

Other

All Safety and emergency equipment (monthly): _____.
Tanks Cathodic protection (within six months, then yearly): _____.
Tanks Impressed current (every other month) _____.
Comments: _____.

CONTINGENCY PLAN (GCP)

Plan on-site: Yes No. Date of plan: _____ Prepared by: _____.
Plan to local authorities: (police, fire, hospital, emergency response teams): _____.
Emergency procedures (fire, explosions, releases/spills): _____.
Emergency coordinator(s) name, address, home and office phone: _____.
Emergency equipment list location, description, capabilities: _____.
Evacuation plan (signal, primary and alternate routes): _____.
Comments: _____.

40 CFR 262.34(a)(4); 265.16
40 CFR 273.16 & 36

PERSONNEL TRAINING RECORDS (GPR)

22a-449(c)-102(a)(2)(K)
22a 449(c)-113(a)(1)

Training conducted: Yes No: _____
Last annual review (date): _____ New employees: _____
Written description of training: _____
Job title, description, and name of employee: _____
Records maintained on-site until closure/3 years for former employees: _____
Comments: _____

40 CFR 262.34 & 265.111 & 114

GENERATOR CLOSURE STANDARD (GOR)

22a-449(c)-102(a)(2)(k)

Has the generator closed or stopped using any drum or tank accumulation/storage areas: Yes No
If yes, has all hazardous waste been removed from area and/or unit: Yes No
Hazardous waste management unit(s) decontaminated and/or equipment, structures and soil removed for proper disposal: Yes No
Describe precautions instituted to control, minimize or eliminate escape of hazardous waste or hazardous constituents to the environment once "closure" is complete (i.e., during "post closure"): _____

Comments: _____

40 CFR 263
40 CFR 273 Subpart D

HAZARDOUS WASTE TRANSPORTATION (TOR)

22a-449(c)-11 & 103
22a-449(c)-113(a)(1)

Does the handler transport waste: Yes No Does the transporter have a 22a-449(c)-11 permit: Yes No
If yes, and permit is not required:
Shipping documents maintained on-site (**hazardous waste**): _____
Less than 1,000 kg/mo using handler's vehicle (**hazardous waste**): _____
Universal waste transported to: another handler destination facility other: _____
Comments: _____

WASTE MINIMIZATION PROGRAM

Is a program in place: Yes No (if written program, obtain a copy)

If yes, briefly describe the elements of the program and identify waste types and any reduction achieved: _____

If no, did the inspector recommend that the company:

Assess their processes and waste streams for potential reductions in waste quantities: Yes No

Assess their raw materials for less hazardous alternatives: Yes No

Assess their water usage for potential reductions: Yes No

Assess their energy usage for better efficiency: Yes No

Evaluate the potential for closed loop processes: Yes No

Comments: (Identify specific areas for further assessments: _____

PHOTOS TAKEN

(number, location and brief description or attach photocopy of log)

SAMPLES TAKEN

COMMENTS ON OTHER AREAS OF ENVIRONMENTAL CONCERN

(AIR, WATER, WASTE)

ATTACHMENTS

(If generator's operations include the following regulatory areas, please check-off the appropriate subject and attach to report)

NO ATTACHMENTS APPLICABLE

ATTACHMENT A: Import/Export requirements

ATTACHMENT B: Spent Lead Acid Batteries Being Recycled

ATTACHMENT C: Recycle/Reclaim

ATTACHMENT D: Use Constituting Disposal

ATTACHMENT E: Accumulation for Recycling

ATTACHMENT F: Scrap Metals

ATTACHMENT G: Precious Metal Recovery

ATTACHMENT H: Used Oil – Collection Center & Aggregation Point Requirements.

ATTACHMENT I: Used Oil – Transfer Facility Requirements

ATTACHMENT J: Used Oil – Processor & Re-refiner Requirements

ATTACHMENT K: Used Oil – Marketer Requirements

ATTACHMENT L: Used Oil – Burner Requirements

ATTACHMENT M: Used Oil – Used Oil That Is Disposed Of or Used As a Dust Suppressant

ATTACHMENT N: Land Disposal Restriction – Treatment Facility Standards

ATTACHMENT O: Surface Impoundments

ATTACHMENT P: Waste Piles

ATTACHMENT Q: Landfills

ATTACHMENT R: Subpart BB Requirements

ATTACHMENT S: Subpart CC Requirements

ATTACHMENT AO: Facility Permit Requirements – Active Oil, Inc., New Haven, CT

OTHER: _____.

EXIT MEETING

Closing meeting held at conclusion of inspection: Yes No

List attendees and their titles: _____.

_____.

Areas reviewed: _____.

_____.

_____.

Field citation issued: Yes No; if yes, citation number: _____.

INSPECTOR: _____ **DATE:** _____.

ATTACHMENT A

40 CFR 262.20 & 50-58
40 CFR 265.12
40 CFR 273.20, 40 & 56

IMPORT/EXPORT REQUIREMENTS (GEX)

22a-449(c)-102(a)
22a-449(c)-105(a)(1)
22a-449(c)-113(a)(1)

Has any waste been exported/imported during the last 3 years: Yes No

Exports:

Current "Acknowledgement of Consent" form attached to manifest for each export shipment: Yes No

Annual report filed with EPA's administrator by March 1st of each year: Yes No

Any exception reports on file: Yes No N/A: if yes, explain: _____

Completed special manifest requirements(i.e.: additional language): Yes No

Imports:

Are wastes received from a foreign source: Yes No

If yes, has notice been filed with EPA: Yes No

Comments: _____

Sample
Not for official use

ATTACHMENT B

40 CFR 266 Subpart G
40 CFR 273

SPENT LEAD ACID BATTERIES BEING RECYCLED (GRC)

22a-449(c)-106(a) & (c)
22a -449(c)-113

Storage & Handling:

Does the facility manage lead-acid batteries being reclaimed: Yes No

If yes, does the facility: generate receive from off-site reclaim on-site

Batteries open or closed: _____.

Evidence of leaks, ruptures, spills or poor handling procedures: _____.

Separation from incompatibles: _____.

Stored on an impermeable surface: _____.

Inspected weekly (schedule and log): Yes No

Accumulation over 20,000 kg: Yes No

If yes, has a "Recycling Registration" been filed: Yes No

Treatment:

Are batteries cracked or processed on-site: Yes No

Do they have a permit for this activity: Yes No

Comments: _____.

_____.

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_____.

Not for official use

ATTACHMENT C

40 CFR 266 Subparts C-G

RECYCLE/RECLAIM (GRC)

22a-449(c)-101(c) & 106

Is hazardous waste recycled on-site: ___ Yes ___ No.

If yes, does the closed loop exemption apply: _____.

Or, has a "Recycling Registration" been filed: _____.

Comments: _____.

_____.

_____.

_____.

Sample
Not for official use

ATTACHMENT D

40 CFR 266 Subpart C

USE CONSTITUTING DISPOSAL (GRC)

22a-449(c)-106(a)

Are any recyclable materials used in a manner constituting disposal: Yes No N/A

If yes, explain: _____.

_____.

Comments: _____.

Sample
Not for official use

ATTACHMENT E

40 CFR 261.1(c)(8) & 261.6

ACCUMULATION FOR RECYCLING (GRC)

22a-449(c)-101(a) &(c)

40 CFR 273 subparts B & C

22a-449(c)-113(a)(1)

Accumulation in tanks: Yes No (if yes, also complete tank section)

Approximate number of containers: _____.

Type of material: _____.

Contents identified: _____.

Accumulation date present: _____.

Or, inventory system (universal waste): _____.

Less than one year storage: _____.

Is documentation available that the material:

Is potentially recyclable and has a feasible means of being recycled: Yes No: (explain) _____.

_____.

all recycled within one year of accumulation dates: Yes No: (explain) _____.

_____.

Comments: _____.

_____.

Sample
Not for official use

ATTACHMENT F
SCRAP METALS (GRC)

Does the facility generate, accept, store, treat, or dispose of any waste scrap metals which are ignitable or reactive: Yes No. If yes, are the materials being handled as hazardous waste: Yes No.

Comments: _____.

Sample
Not for official use

ATTACHMENT G

40 CFR 266 Subpart F

PRECIOUS METAL RECOVERY (DRC)

22a-449(c)-106(a)

Are precious metals: generated stored treated disposed.

If yes, are all shipments manifested: Yes No: (if no, explain): _____.

Are inventories maintained: Yes No.

Are all wastes recycled within one year of accumulation dates: Yes No.

Is material potentially recyclable: Yes No.

Does the material have a means of being recycled: Yes No.

Does the contact claim it is economically feasible to recycle it: Yes No.

Comments: _____.

_____.

Sample
Not for official use

ATTACHMENT H
USED OIL--COLLECTION CENTER &
AGGREGATION POINT REQUIREMENTS

Does the facility receive used oil from off-site: Yes No (If no, skip remainder of section)

If yes, does the facility only receive used oil that is:

- From facilities that it owns or operates;
- In shipments of 55 gallons or less;
- In vehicles owned by the generator or an employee of the generator.

(If all three conditions apply, the facility is regulated as an aggregation point. If only conditions two and three apply, the facility is regulated as a collection center. In all other cases, the facility is a used oil transfer facility (see separate section below.)

If the facility is a collection center, does it have a permit for this activity: Yes No

List the site(s) shipping used oil to this location: _____.

_____.

List off-site destination(s) for used oil stored at this site: _____.

_____.

Comments: _____.

_____.

Sample
Not for official use

ATTACHMENT I

40 CFR 279.45

USED OIL--TRANSFER FACILITY REQUIREMENTS

22a-449(c)-119(a), (c), &

(e)

Does the facility receive used oil from off-site: Yes No (If no, skip remainder of section)

Is the facility's only off-site receipt of used oil from collection centers and/or aggregation points as described in the above section for these types of facilities: Yes No (If yes, skip remainder of section.)

Does the facility store used oil for more than 10 days: Yes No (If yes, stop here and go to processor section.)

Is used oil that is received from off-site managed in accordance with the following transfer facility requirements:

Total halogen determinations and rebuttable presumption: Yes No

Retention of total halogen determination records for at least three years: Yes No

Storage in tanks or containers that are in good condition and not leaking: Yes No

Provided with impervious base and secondary containment: Yes No

Labeled or marked with the words "used oil": Yes No

Shipped off-site via transporters that are permitted and have notified EPA: Yes No

Is the facility also in compliance with the following used oil *transporter* requirements (see above section):

Notification and obtaining an EPA ID Number: Yes No

Records of used oil shipments: Yes No

Secondary containment for transfers from one transport vehicle to another: Yes No

Has the facility had any known releases of used oil: Yes No

If yes, did the facility: Report the spill to DEP, and Comply with "response to release" requirements

Explain: _____

Is the facility engaged in the business of storage of used oil: Yes No

If yes, does the facility have a 22a-454 storage permit: Yes No

List the site(s) shipping used oil to this location: _____

List off-site destination(s) for used oil stored at this site: _____

Comments: _____

Not for official use

ATTACHMENT J

40 CFR 279 Subpart F

USED OIL--PROCESSOR & RE-REFINER REQUIREMENTS

22a-449(c)-119(a), (d), & (e)

Is the facility either of the following:

A used oil transfer facility which stores used oil on-site for greater than ten days: Yes No

A processor or re-refiner of used oil at the site: Yes No (If no to both questions, skip remainder of section)

Is the facility's used oil processing limited to one or more of the following activities: (If yes, skip remainder of section)

Allowed generator processing activities as specified in 40 CFR 279.20(b)(2)(ii)(A)-(E): Yes No

Incidental processing by transporters that occurs in the normal course of transportation (e.g., settling and water separation), but that is not designed to produce used oil products: Yes No

Filtration of used oil that is removed from electrical transformers and/or turbines by a transporter or transfer facility prior to being returned to its original use: Yes No

Incidental processing conducted by burners during the normal course of used oil management prior to being burned on-site: Yes No

Is the facility in compliance with the following processor requirements:

Total halogen determinations and rebuttable presumption: Yes No

Retention of total halogen determination records for at least three years: Yes No

Storage in tanks or containers that are in good condition and not leaking: Yes No

Tank and container storage areas provided with impervious base and secondary containment: Yes No

Tanks and containers labeled or marked with the words "used oil": Yes No

Notification/obtaining an EPA ID Number (40 CFR 279.51): Yes No

Preparedness and Prevention (40 CFR 279.52(a) and RCSA Section 22a-449(c)-119(a)(2)(II)): Yes No

Contingency Plan and Emergency Procedures (40 CFR 279.52(b)): Yes No

Closure (40 CFR 279.55(h) and RCSA Section 22a-449(c)-119(d)): Yes No

Waste Analysis Plan (40 CFR 279.55): Yes No

Tracking records (40 CFR 279.56): Yes No

Operating Records and Reporting (40 CFR 279.57 and RCSA Section 22a-449(c)-119(a)(2)(AAA)):

Yes No

If no to any of the above, explain: _____

Is used oil shipped off-site via transporters that are permitted and have notified EPA: Yes No

Does on-site processing of used oil produce any wastes or residues: Yes No

If yes, are these materials properly managed as used oil(s) or hazardous waste(s): Yes No

Explain: _____

Is the facility engaged in the business of storage and/or processing of used oil: Yes No

If yes, does the facility have a 22a-454 permit for these activities: Yes No

List the site(s) shipping used oil to this facility: _____.

_____.

List off-site destination(s) for used oil stored or processed at this facility: _____.

_____.

Comments: _____.

_____.

Sample
Not for official use

ATTACHMENT K

40 CFR 279 Subpart H

USED OIL--MARKETER REQUIREMENTS

22a-449(c)-

119(a)

Does the generator market used oil: Yes No

If yes, which of the following marketer activities is the generator engaged in:

Sending off-spec oil directly to a burner First declaring used oil to be on-spec

Has the facility notified EPA and obtained an EPA ID Number: Yes No

Does all used oil fuel (whether on- or off-spec) have a fuel value of at least 5000 btu/lb: Yes No

If the facility is the first to claim that used oil is on-specification:

Is the used oil tested for the specification by approved methods: Yes No

Are copies of analyses kept for at least three years: Yes No

Are records of all shipments of on-spec used oil to a burner retained for at least three years: Yes No

Do these records include:

The name and address of the facility receiving the shipment: Yes No

The quantity of used oil delivered: Yes No

The date of the shipment: Yes No

A cross-reference to the on-spec fuel analysis: Yes No

If the facility sends off-spec used oil directly to a burner:

Are records of all shipments of off-spec used oil to burners retained for at least three years: Yes No

Do these records include:

The name, address, and EPA ID Number of the transporter shipping the oil to the burner: Yes No

The name, address, and EPA ID Number of the burner the oil is being sent to: Yes No

The quantity of the off-spec used oil that is shipped: Yes No

The date of shipment: Yes No

Does the facility obtain a burner certification from each burner that it ships off-spec used oil to, and are these records retained for at least three years: Yes No

Comments: _____

Not for official use

ATTACHMENT L

40 CFR 279 Subpart G

USED OIL--BURNER REQUIREMENTS

22a-449(c)-119(a)

Does the generator burn used oil on-site: Yes No (If no, skip remainder of section)

List that facilities that supply used oil for burning: _____

Does on-site burning consist only of the burning of used oil in an on-site *space heater*: Yes No

If yes, is the space heater operated in compliance with 40 CFR 279.23: Yes No

(If yes, skip remainder of section.)

Does on-site burning consist only of the burning of *on-spec* used oil: Yes No (If yes, skip remainder of section.)

Is on-site burning solely for the purposes of processing used oil (i.e., burning incidental to processing):

Yes No (If yes, skip remainder of section.)

What types of units are used to burn off-spec used oil: Industrial furnace(s) Boiler(s)

Other unit(s)

Describe number and types of combustion units: _____

Is the facility in compliance with the following off-spec used oil burner requirements:

Total halogen determinations and rebuttable presumption: Yes No

Retention of total halogen determination records for at least three years: Yes No

Storage in tanks or containers that are in good condition and not leaking: Yes No

Tank and container storage areas provided with impervious base and secondary containment: Yes No

Tanks and containers labeled or marked with the words "used oil": Yes No

Notification/obtaining an EPA ID Number (40 CFR 279.51): Yes No

Are records of all shipments of off-spec used oil accepted by the burner kept for at least three years:

Yes No

Do these records include:

The name, address, and EPA ID Number of the transporter(s) that shipped the oil to the burner:

Yes No

The name, address, and EPA ID Number of the generator(s) or processor(s) that sent the used oil:

Yes No

The quantity of the off-spec used oil that was shipped: Yes No

The date of shipment: Yes No

Does the facility send a burner certification to each generator or processor that it accepts off-spec used oil from, and are these records retained for at least three years: Yes No

Comments: _____

ATTACHMENT M

40 CFR 279 Subpart I **USED OIL THAT IS DISPOSED OF OR USED AS A DUST SUPPRESSANT** 22a-449(c)-119(a)

Is used oil used as a dust suppressant (on or off-site): Yes No

If yes, list locations: _____.

Is any of the used oil managed by the facility disposed of rather than recycled: Yes No

Explain: _____.

Is used oil that is disposed of subjected to a hazardous waste determination and properly managed as a hazardous or Connecticut-regulated waste: Yes No

Comments: _____.

_____.

Sample
Not for official use

ATTACHMENT N

40 CFR 268

LAND DISPOSAL RESTRICTIONS

22a-449(c)-108

TREATMENT FACILITY STANDARDS

Did the treatment facility perform EPA test method 1311 for wastes or contaminated soil with treatment standards expressed in the waste extract (TCLP): Yes No N/A

If yes, did the treatment residue extract meet the applicable treatment standard: Yes No

Did the treatment facility test waste residue (not extract) for wastes or contaminated soil with treatment standards expressed as concentration in the waste: Yes No

If yes, did the test results confirm that the waste meets the applicable treatment standard: Yes No

Did the treatment facility send a one time notice to the land disposal facility: Yes No

If yes, did the notice include:

EPA waste codes & manifest document number: Yes No

Constituents of concern for F001-F005 & F039 and underlying hazardous constitutions: Yes No

Applicable wastewater/non-wastewater category & subdivisions based on waste specific criteria: Yes No

Waste analysis date: Yes No Not available

For contaminated soil, the constituents subject to treatment per 268.49(d) and statement "this contaminated soil (does/does not) exhibit a characteristic of hazardous waste and (is subject to/complies with) the soil treatment standards as provided by 268.49(c)" Yes No N/A

A certification statement by an agent of the business, applicable to the appropriate section: Yes No

Does the treatment facility retain copies of this information in its files for a minimum of 3 years: Yes No

If the waste or treatment residue will be further managed at a different facility, has the required notices and certifications been sent to the facility: Yes No N/A

Comments: _____

Not for official use

ATTACHMENT Q

40 CFR 265.220 – 231

SURFACE IMPOUNDMENTS (DSI) 22a-449(c)-105(a)(1)(L) & 105(a)(2)(W) – (FF)

(Pits, ponds & lagoons. If closed as a landfill, complete **Attachment Q** "Landfill's" attachment)

Description (number, approximate dimensions, types of waste, etc): _____.

_____.

_____.

Protective cover on dike: _____ 2 foot freeboard: _____.

Special requirements for ignitable and/or reactive wastes: _____.

Evidence of fire, explosion, leak: _____.

Liners or alternative designs: _____.

Leachate collection system (for new/expanded impoundments): _____.

Comments: _____.

_____.

_____.

_____.

Sample
Not for official use

ATTACHMENT P

40 CFR 265.250 – 260

WASTE PILES (DWP) 22a-449(c)-105(a)(1) & 105(a)(2)(GG) & (HH)

(If closed as a landfill, complete **Attachment Q** "Landfills" attachment)

Description (number, approximate size, type of waste, location, etc): _____.

Wind erosion control: _____.

Impermeable base: _____.

Run-on/run-off control & prevention: _____.

Special requirements for ignitable and reactive waste: _____.

Separation of incompatible waste: _____.

Comments: _____.

_____.

_____.

_____.

Sample
Not for official use

ATTACHMENT Q

40 CFR 265.300 – 316

LANDFILLS (DLF)

22a-449(c)-105(a)(1)(Q) & (R)

22a-449(c)-105(a)(2)(JJ) – (MM)

Description (number, capacity, approximate dimensions, type of waste, monofill, etc): _____

Run-on control and run-off collection (treat if necessary): _____

Wind dispersal control: _____

Special requirements for ignitable/reactive wastes: _____

Records of dimensions, contents and locations of each waste type: _____

Liners and Leachate collection systems for new/replacement/lateral expansion units or alternative design and operating practices: _____

Maintenance of cap/cover integrity (i.e., protect from erosion, woody plant growth, access by heavy vehicles, etc.): _____

Maintenance and protection of survey benchmarks: _____

Comments: _____

sample
Not for official use

ATTACHMENT R

40 CFR 262.34(a)(1)
40 CFR 265.1050 - 265.1064

SUBPART BB REQUIREMENTS

22a-449(c)-102(a)(1)
22a-449(c)-105(a)(1)

GENERAL

Does the facility have a list of each piece of equipment that is subject to Subpart BB: Yes No

If yes, does the list include all required items: Yes No: _____.

Did the facility mark all required equipment in such a manner that it can be distinguished readily from other pieces of equipment: Yes No _____.

Does the facility have an analysis determining whether the hazardous wastes in units subject to 265.1052 through 265.1060 are heavy liquids: Yes No _____.

Does the facility operate a closed-vent system with control device: Yes No _____.

If YES, does the facility have a written design analysis: Yes No _____.

If YES, does the design analysis contain all of the items required in accordance with 265.1035(b)(4):

Yes No (explain) _____.

Does the facility have a certification signed and dated by the owner or operator that the control device is designed to operate at the performance level designated in the design analysis: Yes No

EQUIPMENT IN LIGHT LIQUID OR GAS/VAPOR SERVICE

Are any pumps or valves in light liquid or gas/vapor service: Yes No

If yes, identify equipment and type of service: _____.

Is each pump in light liquid service checked by visual inspection each calendar week for indications of liquids dripping from the pump seal? Yes No _____.

Designated as operating at no detectable emissions:

Does the facility designate any pump, compressor or valve to be operating at no detectable emissions (i.e., less than 500 ppm above background): Yes No

If yes, is the pump, compressor or valve operating in compliance with the requirements of 265.1052(e), 265.1053(i) and/or 265.1057(f): Yes No (explain): _____.

NOT designated as operating at no detectable emissions:

Is each pump or valve in light liquid service NOT designated as operating at no detectable emissions air-monitored monthly to detect leaks? Yes No _____.

If YES, does the facility record monthly air monitoring inspections of each pump or valve in light liquid service: Yes No _____.

Are leaks (>10,000 ppm) from each pump or valve repaired on the 5-day/15-day requirement:

Yes No N/A(explain) _____.

Is the air monitoring instrument calibrated before use each day: Yes No

Does the facility designate any valves in light liquid service as unsafe-to-monitor or difficult-to-monitor:

Yes (identify) No _____.

If yes, are such valves monitored using the alternative methods specified in 265.1057(g) and (h):

Yes No _____.

Does the facility have any dual mechanical seal pumps with a barrier fluid system? Yes No

If yes, is the dual mechanical seal system operated in accordance with the requirements of 265.1052(d):

Yes No _____.

Does the facility have any pumps that are equipped with a closed vent system capable of capturing and transporting any leakage from the seal/seals to a control device: Yes No NA

If YES, such pumps are exempt from the requirements of 265.1052(a) through (e).

Comments: _____.

EQUIPMENT IN HEAVY LIQUID SERVICE

Are pumps or valves in heavy liquid service and flanges and other connectors in light or heavy liquid service inspected for leaks by visual, olfactory, or any other detection method: Yes No N/A

If evidence of a potential leak is detected, is the potential leak air monitored within 5 days of discovery: Yes No N/A

Are leaks (>10,000 ppm) repaired on the 5-day/15-day requirement: Yes No N/A

Comments: _____.

LEAK DOCUMENTATION

Was any leaking equipment identified and marked as required in accordance with 265.1064(c):

Yes (describe) No N/A _____.

If a leaking valve in light liquid or gas/vapor service had been repaired, was it air monitored for two consecutive months following the repair to verify that it no longer leaked: Yes No N/A

Does the facility have a record of each leak detected under the requirements of 265.1052, 265.1053, 265.1057 and 265.1058: Yes No

If YES, does the record contain all required items in accordance with 265.1064(d): Yes No

_____.

ATTACHMENT S

SUBPART CC REQUIREMENTS

40 CFR 262.34(a)(1)
 40 CFR 265.1080 – 265.1090
 105(a)(2)

22a-449(c)-102(a)(1)
 22a-449(c)-

Did the facility determine the average volatile organic concentration of the hazardous waste in each container or tank exempted from this subpart in accordance with 265.1083(c)(1): Yes No (explain) N/A _____.

If yes, did the facility determine the volatile organic concentration using: direct measurement, or knowledge of the waste

If using knowledge of the waste, is there documentation of the information used as the basis for this determination: Yes No N/A: _____.

If using direct measurement, does it have a written sampling and analysis plan that describes the procedures by which representative samples will be collected and handled: Yes No N/A: _____.

Does the facility operate a closed-vent system with control device: Yes (describe) No _____.

If yes, does the facility have a written design analysis: Yes No: _____.

If yes, does the design analysis contain all of the items required in accordance with 265.1035(b)(4): Yes No: (explain) _____.

Does the facility have a certification signed and dated by the owner or operator that the control device is designed to operate at the performance level designated in the design analysis: Yes No

TANKS

If the facility manages hazardous waste with volatile organic concentrations equal or greater than 500 ppm/wt (on an average annual basis) **in tanks**, complete the following table for the tanks managing this waste.

TANK ID	TANK CAPACITY (gallons)	WASTE TYPE	DESIGN (fixed or floating roof)	LEVEL OF CONTROL (1,2 or 3)

For a fixed-roof tank using Level 1 Controls, did the facility determine the maximum vapor pressure of the waste: Yes No N/A

If yes, did the facility record the results of the maximum vapor pressure determination:

Yes No N/A _____.

Did the facility inspect the fixed roof and its closure devices immediately upon putting the tank into service and at least once per year: Yes No N/A _____.

In the event of a defect involving a tank system, did the facility make first repairs no later than 5 calendar days after detection and complete repairs no later than 45 calendar days after detection:

Yes No N/A _____.

If a floating roof tank is used, has the facility notified the Regional Administrator 30 days prior to a planned inspection and as soon as possible in the case of an unplanned inspection:

Yes No N/A _____.

Are tank(s) used for waste stabilization utilizing a Level 2 control: Yes No N/A

Comments: _____.

_____.

CONTAINERS

If the facility manages hazardous waste with volatile organic concentrations equal or greater than 500 ppm wt (on an average annual basis) in containers, check the appropriate boxes for the level(s) of control utilized:

Level 1 Controls (>26 gal. to 122 gal. and >122 gal. container **NOT** in light material service)

Level 2 Controls (>122 gal. container **IN** light material service)

Level 3 Controls (>26 gal. container used for a waste stabilization process)

For containers greater than 122 gallons that **do not** meet DOT requirements, does the facility maintain a copy of the procedure(s) used to determine that such containers are not managing hazardous waste in light material service: Yes No N/A _____.

_____.

In the event of a defect involving a container using Container Level 1 or Level 2 controls, did the facility make first repairs no later than 24 hours after detection and complete repairs no later than 5 calendar days after detection:

Yes No (explain) N/A _____.

_____.

Monitoring Status

Is the facility currently conducting RCRA groundwater monitoring? Yes No

If yes, complete rest of the checklist. If no, skip checklist and state the contact's reason for not monitoring: _____

Documents

Are documents kept on-site: Yes No Documents are kept at _____

Monitoring plan:

Monitoring Plan on-site: Yes No

Plan includes map with wells: Yes No

Monitoring Reports:

Quarterly/Semi-annual reports on file: Yes No

Annual reports on file: Yes No

Quarterly/Semi-annual report submittals:

Last sampling date: _____

Date DEP received report: _____

Previous sampling date: _____

Date DEP received report: _____

Annual report submittals:

Latest year: _____

Date DEP received report: _____

Previous year: _____

Date DEP received report: _____

Site conditions

Actual well locations agree with facility map: Yes No Not determined

Wells in overall good condition with caps and locks: Yes No Not determined

If no, which wells are not an why: _____

Identify any new wells installed: _____

Comments: _____

ATTACHMENT AO
22a 454 FACILITY PERMIT REQUIREMENTS

--Has any incoming/outbound vehicles containing used oil, waste oil, oily wastewater or oily waste solids remained at the site for greater than 72 hours? Yes No N/A

Comments: _____.

--Is sampling of any vehicle containing used oil, waste oil, virgin oil or oily wastewater only performed in the contained used oil unloading area? Yes No N/A

Comments: _____.

--Are there less than fifty 55 gallon drums, not to exceed 2,750 gallons total capacity in the warehouse container storage area? Yes No N/A

Comments: _____.

--Are non-hazardous oily waste solids generated on-site oily waste solids being shipped to a permitted disposal facility within 180 days? Yes No N/A

Comments: _____.

--Is bulking of oily waste solids taking place on-site? Yes No N/A

Comments: _____.

--Are all the generators' waste profile sheets on file Yes No N/A

Comments: _____.

--Are all generator waste profile sheets updated or re-certified within one year of receipt of such waste or used oil? Yes No N/A

Comments: _____.

--Is tank capacity verified before the addition of used oil? Yes No N/A

Comments: _____.

--Are the tanks inspected each day and the levels of used oil/oily waste water in each tank recorded? Yes No N/A

Comments: _____.

--Has any spilled or released used oil, waste oil or accumulated precipitation been removed from the secondary containment within 24 hours? Yes No N/A

Comments: _____.

--Has each tank containing used oil been inspected annually for the presence of accumulated tank bottom sludge when such solids comprise greater than 25% of the tank's total operating capacity and the results entered in the facility's operating record? Yes No N/A

Comments: _____.

--Has a hazardous waste determination been performed on the contents of Tank # 21119 using the TCLP test method to check for toxic characteristics? Yes No N/A

Comments: _____.

--Has any repairs been made to the surface of any secondary containment structure and the results entered into the facility's operating record? Yes No N/A

Comments: _____.

--Is there a minimum of 30 inches of aisle space between rows of containers in the container warehouse? Yes No N/A

Comments: _____.

--Are all the containers having contents in the container warehouse on containment pallets?
Yes No N/A

Comments: _____.

--Are containers or pallets stacked more than two high? ___ Yes ___ No ___ N/A

Comments: _____.

--Are the labels or markers on the containers readable from the floor without having to move the containers? ___ Yes ___ No ___ N/A

Comments: _____.

Sample
Not for official use