



County Allen

OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION FORM: ID FORM

Information on file as of : 2/20/2018

Instructions at <http://www.in.gov/idem/landquality/2373.htm>

RCRA ID	NAME	Changes needed
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IN0001036680	MIDWEST RAIL INC	
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LOCATION ADDRESS	Changes needed
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1539 Estella Ave

Fort Wayne, IN 46803

*If you move you may
not use your old RCRA ID.
You must apply for a new
ID# for the new location*Land type for facility location P
P-private M-municipal C-county S-state
F-federal D-district I-Indian O-Other

We moved _____ Post Office change _____

HAZARDOUS WASTE GENERATOR ACTIVITYOLQ records

Conditionally Exempt SQG

Current Generator Status (mark one)

<input type="checkbox"/>	Large Quantity Generator
<input type="checkbox"/>	Small Quantity Generator
<input checked="" type="checkbox"/>	Conditionally Exempt SQG
<input type="checkbox"/>	No longer generate hazardous waste

Highest Status in 2017 (mark one)

<input type="checkbox"/>	Large Quantity Generator
<input checked="" type="checkbox"/>	Small Quantity Generator
<input type="checkbox"/>	Conditionally Exempt SQG
<input type="checkbox"/>	Did not generate any hazardous waste

* If you mark no longer generate haz waste, the ID# number is no longer valid and you must renotify before using it again.
* Both Current Generator Status and Highest Status in the Reporting year are required fields to fill out.

CONTACT FOR HAZARDOUS WASTE ACTIVITIES	Changes needed
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Jim Ruhl
1539 Estella Ave
Fort Wayne, IN 46803

Phone 209-493-3106

fax:

Email:

Leatha L. Blazetic

317 Blue Jacket Run

Fort Wayne, IN 46825

Phone: 866-888-7911

HW FEES CONTACT (for LQGs) Fee invoices will be sent to this address	Changes needed:
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EnviroForensics, LLC

825 Capitol Avenue

Indianapolis, IN 46204

Phone: 866-888-9711

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 ensure 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.

Last Name Powell First name R. ScottTitle Senior Project ManagerE-mail address rspowell@enviroforensics.comPhone # 866-888-7911Signature R. Scott PowellDate 2/25/18

IN0001036680 MIDWEST RAIL INC

BUSINESS OWNER (P-private M-municipal C-county S-state F-federal D-district I-Indian O-Other)

Changes needed

Midwest Rail Incorporated
1539 Estella Ave
Fort Wayne, IN 46803
EMAIL

Phone: 209-493-3106
Owner type: P
Did the owner change? ☐ yes ☐ no
Effective: 1/23/1995 Expiration:

PROPERTY OWNER (if different from above)

Changes needed

NAICS CODES

Current codes

WASTE CODES

D001

OTHER HAZARDOUS WASTE ACTIVITIES

<input type="checkbox"/> BIF: smelting, melting, refining exemption	<input type="checkbox"/> Transporter	<input type="checkbox"/> Recycler	<input type="checkbox"/> Mixed Waste Generator
<input type="checkbox"/> BIF: small quantity on site burner exemption	<input type="checkbox"/> TSD	<input type="checkbox"/> US Importer of haz waste	<input type="checkbox"/> Short term generator
	<input type="checkbox"/> Receives waste from off site	<input type="checkbox"/> Lead Acid Battery Storage	<input type="checkbox"/> Underground injection

USED OIL ACTIVITIES**UNIVERSAL WASTE ACTIVITY**

If you are just a generator of used oil this section does not apply to you.

<input type="checkbox"/> Processor:	<input type="checkbox"/> Transporter:	<input type="checkbox"/> UW Destination facility
<input type="checkbox"/> Rerefiner:	<input type="checkbox"/> Transfer facility:	<input type="checkbox"/> Large handler: accumulates > or = 11,000 pounds
<input type="checkbox"/> Marketer who directs shipment to off-spec burner	<input type="checkbox"/> Off-spec used oil burner	<input type="checkbox"/> Lamps
<input type="checkbox"/> Marketer who first claims oil meets specs		<input type="checkbox"/> Batteries
		<input type="checkbox"/> Pesticides
		<input type="checkbox"/> Thermostats
		<input type="checkbox"/> Other

TRANSFER FACILITY

Current activities

Changes Needed: ☐ Mix ☐ Commingle
☐ Bulk ☐ Repackage
☐ Pump ☐ Open containers
☐ Combine ☐ Transfer between vehicles

MANAGING LAB HAZARDOUS WASTES (SUBPART K)**MANAGING HAZARDOUS SECONDARY MATERIAL**

Currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

EPA Site ID form 8700-12 Addendum for HSM activity should be used to make an initial notification and for the updates due every even numbered year. It should be submitted along with this Handler ID form. Addendum and instructions for it are available here:
<https://www.epa.gov/hwgenerators/how-hazardous-waste-generatortransporters-and-treatment-storage-and-disposal>

☐ College/University
☐ Teaching Hospital
☐ Non-profit research institute

☐ Withdrawing from 40 CFR Part 262 Subpart K

☐ Facility is currently managing excluded HSM
☐ Facility has stopped managing excluded HSM as of (mm/dd/yyyy)

COMMENTS

Return to:
 Regulatory Reporting Section
 IDEM Office of Land Quality
 100 North Senate Avenue, Room 1101
 Indianapolis, IN 46204-2251
olcregulatoryreporting@idem.in.gov

**DECLARATION OF ELECTRONIC FILING OF
THE 2017 ANNUAL HAZARDOUS WASTE REPORT**


For the calendar year January 1, 2017, through December 31, 2017

EPA ID	IN0001036680				
Site/Company Name	MIDWEST RAIL, INC.				
Site Address	1539 ESTELLA AVENUE				
City	FORT WAYNE	State	IN	Zip	46803
Mailing Address	317 BLUE JACKET RUN				
City	FORT WAYNE	State	IN	Zip	46825
Contact Name	LEATHA BLAZETIC	Phone No	8668887911	Ext	
Contact Title	PRESIDENT				

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2017 Hazardous Waste Report, which I filed electronically, and 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, is correct and current. Based on my inquiry of the person or persons who manage the system or those 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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for known violations.

Part II- Signature of Certification

Last Name	POWELL	First Name	R SCOTT	Title	SENIOR PROJECT MANAGER
Signature				Date	2/23/18

Part III - Method of File Transmittal

☐ CD

☒ ARM Web Site

**** Note:** This is not the 2017 Annual Hazardous Waste Report. Only file this form if you submitted your 2017 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2017 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date:



ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

**FORM
OS**

RCRA ID: IN0001036680

GENERATOR MIDWEST RAIL, INC.

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2017

Hazardous Waste Description	NA 3082, HAZARDOUS WASTE LIQUID, M.O.S., 9, PGLLL (TETRACHLOROETHYLENE)
Waste Codes	D039, F002

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	MID092947928	DRUG & LABORATORY DISPOSAL, INC. PLAINWELL, MI	350.00 POUNDS	H141	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
	MID092947928	DRUG & LABORATORY DISPOSAL, INC.



ANNUAL MANIFEST SUMMARY REPORT

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REPORT YEAR: 2017

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Waste Codes	D039, F001, F002

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	MID980991566	E.Q. DETROIT INCORPORATED DETROIT, MI	170.00 POUNDS	H141	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
	IND985046499	LIQUID WASTE REMOVAL INCORPORATED
	MIK435642742	E.Q. INDUSTRIAL SERVICES