IDEM

JUN 2 0 2013

County JOHNSON

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

Information on file as of: 5/28/2013

Instructions at www.in.gov/idem/5027.htm

RCRA ID	NAME	Changes needed
IND006414783	PILKINGTON NORTH INCORPORATED	

LOCATION ADDRESS — Changes needed

1001 HURRICANE ST

FRANKLIN IN 46131

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 ACTIVITY

OLQ records
Small Quantity Generator (SQG)

Status in 2012 *(select one status only)*
___ LQG _X_ SQG ___ CESQG
___ did not generate haz waste all year
___ generated waste but did not ship offsite

Status in 2013 *(select one status only)*
___ LQG _X_ SQG ___ CESQG
___ will no longer generate haz waste and wish to have this number deactivated

If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.

MAILING ADDRESS — Changes needed

1001 HURRICANE ST

FRANKLIN IN 46131

CONTACT FOR HAZARDOUS WASTE ACTIVITIES — Changes needed

ROBERT HORNER
VA OPS TEAM LDR
1001 HURRICANE ST

FRANKLIN IN 46131
Phone 317-401-0010 ext:
fax:
e-mail: ROBERT.HORNER@NSG.COM

GARY CONNOR
EHS MANAGER
gary.connor@nsg.com

CONTACT FOR ANNUAL/BIENNIAL REPORT QUESTIONS *(if different from above contact)*

Last Name CONNOR First Name GARY Title EHS MANAGER

E-mail address gary.connor Phone # ____

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 CONNOR First name Gary Title EHS MANAGER

E-mail address gary.connor@nsg.com Phone # 317-392-7087

Signature Gary Connor Date 6-19-2013

Log ___ Scan ___ Enter ___ Review ___

IND006414783 PILKINGTON NORTH INCORPORATED

HW FEES CONTACT (for LQGs) *Fee invoices will be sent to this address* **Changes needed**

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

PILKINGTON NORTH AMERICA INC
PO BOX 799
TOLEDO OH 43697-0799
EMAIL

Phone: 419-247-3731
Owner type: P
Did the owner change? ___yes ___no
Effective: 02/01/2012 Expiration:

PROPERTY OWNER *(if different from above)* **Changes needed**

NAICS CODES *(go to www.naics.com to find a list)*

Current codes 327215 _____ _____ _____ _____ _____

OTHER HAZARDOUS WASTE ACTIVITIES

_____ BIF:smelting,melting, refining exemption

_____ BIF: small quantity on site burner exemption

Transporter: _____
___ We no longer are a transporter

TSD Facility:

___ US Importer of Hazardous Waste

___ Mixed Waste Generator (hazardous and radioactive)

Waste codes (list top 4)

_____ _____
_____ _____

USED OIL ACTIVITIES

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

_____ Processor: _____ Transporter:

_____ Rerefiner: _____ Transfer facility:

_____ Off-spec used oil burner

_____ Marketer who directs shipment to off-spec burner

_____ Marketer who first claims oil meets specs

UNIVERSAL WASTE ACTIVITY

_____ Large handler: accumulates > or = 11,000 pounds

Batteries: ___ manage Thermostats ___ manage
Pesticides: ___ manage Lamps ___ manage
Other: ___ manage

Specify other _____

UW destination facility _____

UW transporter _____

TRANSFER FACILITY

Current activities

Changes Needed:
___Mix ___Commingle
___Bulk ___Repackage
___Pump ___Open containers
___Combine ___Transfer between vehicles

COMMENTS _____

_____

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

ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)
Indiana Department of Environmental Management

FORM OS

RCRA ID: IND006414783
GENERATOR NAME PILKINGTON NSG

OFF-SITE SHIPMENTS
REPORT YEAR: 2012

Hazardous Waste Description	PRIMER CONTAMINATED DEBRIS - SOLID
Waste Codes	D001, F003, F005

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	IND093219012	HERITAGE ENVIRONMENTAL SERVICES INDIANAPOLIS, IN	1,698.00 POUNDS	H141	1	☐ Yes ☒ No	☐ Yes ☒ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
	IND058484114	HERITAGE TRANSPORT. LLC-TS INDIANAPOLIS

ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)
Indiana Department of Environmental Management

FORM OS

RCRA ID: IND006414783
GENERATOR NAME PILKINGTON NSG

OFF-SITE SHIPMENTS
REPORT YEAR: 2012

Hazardous Waste Description	PRIMER WASTE - LIQUID
Waste Codes	D001, F003, F005

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	IND093219012	HERITAGE ENVIRONMENTAL SERVICES INDIANAPOLIS, IN	472.00 POUNDS	H061	1	☐ Yes ☒ No	☐ Yes ☒ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
	IND058484114	HERITAGE TRANSPORT, LLC-TS INDIANAPOLIS

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM (2012)**
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application. ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). ☒ As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) ☐ 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)
2. Site EPA ID Number	**EPA ID Number:** IND006414783
3. Site Name	**Name:** PILKINGTON NSG
4. Site Location Information	**Street Adress:** 1001 HURRICANE ST **City, Town, or Village:** FRANKLIN **County:** IN081 **State:** IN **Country** US **Zip Code:** 46131
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site	A. 327215 B. C. D.
7. Site Mailing Address	**Street or P. O. Box:** 300 NORTHRIDGE **City, Town, or Village:** SHELBYVILLE **State:** IN **Country:** US **Zip Code:** 46176
8. Site Contact Person	**First Name:** GARY **MI:** R **Last Name:** CONNOR **Title:** EHS MANAGER **Street or P. O. Box:** 300 NORTHRIDGE DRIVE **City, Town, or Village:** SHELBYVILLE **State:** IN **Country:** US **Zip Code:** 46176 **Email:** gary.connor@nsg.com **Phone:** 3173927087 **Ext:** **Fax:** 3173927000
9. Operator and Legal Owner of the Site	**A. Name of Site's Owner:** PILKINGTON NORTH AMERICA **Date Became Owner:** 01/01/2012 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other **Street or P. O. Box:** 300 NORTHRIDGE DRIVE **City, Town, or Village:** SHELBYVILLE **Phone** 3173927087 **State:** IN **Country:** US **Zip Code:** 46176 **B. Name of Site's Operator:** PILKINGTON NORTH AMERICA **Date Became Operator:** 01/01/2012 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ 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.

Y☒ N☐ **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,

Y☐ N☒ d. 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

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.

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

Y☐ N☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)**
Note: A hazardous waste permit is required for this activity.

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

Y☐ N☒ **5. 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

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 (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) _____ ☐

Y☐ N☒ **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.

Y☐ N☒ **1. Used Oil Transporter**
If Yes, mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y☐ N☒ **2. Used Oil Processor and/or Re-refiner**
If Yes, mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

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

Y☐ N☒ **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, F003, F005

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.

EPA ID Number: IND006414783

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

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 R. CONNOR, EHS MANAGER	06/19/2013

DECLARATION OF ELECTRONIC FILING OF THE 2012 ANNUAL HAZARDOUS WASTE REPORT

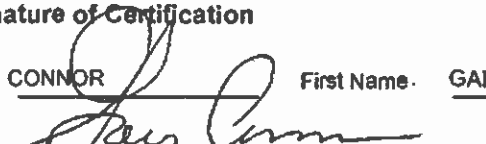
For the calendar year January 1, 2012, through December 31, 2012

EPA ID	IND006414783				
Site/Company Name	PILKINGTON NSG				
Site Address	1001 HURRICANE ST				
City	FRANKLIN	State	IN	Zip	46131
Mailing Address	300 NORTHRIDGE				
City	SHELBYVILLE	State	IN	Zip	46176
Contact Name	GARY R. CONNOR	Phone No	3173927087	Ext	
Contact Title	EHS MANAGER				

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2012 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	CONNOR	First Name	GARY	Title	EHS MANAGER
Signature				Date	06/19/2013

Part III - Method of File Transmittal

____CD X ARM Web Site

** Note: This is not the 2012 Annual Hazardous Waste Report. Only file this form if you submitted your 2012 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2012 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 06/19/2013

JUN 2 0 2013

PILKINGTON
NSG Group Flat Glass Business

June 19, 2014

Pilkington North America
300 Northridge Drive
Shelbyville, IN 46176

Indiana Department of Environmental Management
Office of Land Quality
Attention: Jenny Ranck Dooley
100 N Senate Ave. Room 1101
Indianapolis, IN 46204-2251

RE: 2012 Hazardous Waste Manifest Summary Report
IND006414783
Pilkington NA

Ms. Dooley:

Please find enclosed for our Franklin IN facility, the 2012 Hazardous Waste Manifest Summary, Declaration of Electronic Filing, and the Waste Handler ID form sent to me via Dan Gates. Subsequent to my earlier conversation with Dan, I had discovered that the Franklin facility had not operated all of 2012; my earlier estimates of monthly hazardous waste generation were not correct. The Franklin facility is a small quantity generator and should have filed a Hazardous Waste Manifest Summary Report for 2012.

I have filed the report electronically and it is also attached. I have also updated site records to reflect that I am the contact person, as correspondence was not going directly to my office.

If you have any questions regard the report, please call me at 317-401-0039 or 317-392-7087. Thank you.

Sincerely,

Gary R. Connor, P.E.
EH&S Manager
Pilkington North America, Inc.

Attachments: Declaration of Electronic Filing and Report(s)