



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

JUN 20 2013

County JOHNSON

Information on file as of: 5/28/2013

Instructions at [www.in.gov/ldem/5027.htm](http://www.in.gov/ldem/5027.htm)

RCRA ID

NAME

Changes needed

IND006414783 PILKINGTON NORTH INCORPORATED

LOCATION ADDRESS

Changes needed

1001 HURRICANE ST

If you move you may  
not use your old RCRA ID.  
You must apply for a new  
ID# for the new location

FRANKLIN

IN

46131

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 ☒ SQG \_\_\_\_ CESQG  
\_\_\_\_ did not generate haz waste all year  
\_\_\_\_ generated waste but did not ship offsite

Status in 2013 (select one status only)

\_\_\_\_ LQG ☒ 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If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.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](mailto: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@nsg.com](mailto:gary.connor@nsg.com)

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](mailto:gary.connor@nsg.com)

Phone # 317-392-7087

Signature Gary Connor

Date 6-19-2013

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

### Changes needed

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### Changes needed

Effective: 02/01/2012 Expiration:

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### Changes needed

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**Current codes** 327215

**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)

\_\_\_\_\_

\_\_\_\_\_

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

Large handler: accumulates  $\geq 11,000$  pounds

Batteries: \_\_\_\_ manage      Thermostats \_\_\_\_ manage  
Pesticides: \_\_\_\_ manage      Lamps \_\_\_\_ manage  
Other: \_\_\_\_ manage

Specify other \_\_\_\_\_

UW destination facility \_\_\_\_\_

UW transporter \_\_\_\_\_

### Current activities

Changes \_\_\_\_\_ Mix \_\_\_\_\_ Commingle  
Needed: \_\_\_\_\_ 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](mailto: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<br>LOCATION CITY AND STATE        | QUANTITY SHIPPED<br>AND UOM | MGMT CODE | # OF SHIPMENTS | REJECTED   | RETURNED   |
|--|-----------------------------|---|-----------------------------|-----------|----------------|--|--|
|  | IND093219012                | HERITAGE ENVIRONMENTAL SERVICES<br>INDIANAPOLIS, IN | 1,698.00 POUNDS             | H141      | 1              | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|  |                             |   |                             |           |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |                             |   |                             |           |                | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |                             |   |                             |           |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |

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



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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<br>LOCATION CITY AND STATE        | QUANTITY SHIPPED<br>AND UOM | MGMT CODE | # OF SHIPMENTS | REJECTED   | RETURNED   |
|--|-----------------------------|---|-----------------------------|-----------|----------------|--|--|
|  | IND093219012                | HERITAGE ENVIRONMENTAL SERVICES<br>INDIANAPOLIS, IN | 472.00 POUNDS               | H061      | 1              | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|  |                             |   |                             |           |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |                             |   |                             |           |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
|  |                             |   |                             |           |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |

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

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|--|--|
| <b>SEND COMPLETED FORM TO:</b><br><br>The Appropriate State or EPA Regional Office | <br><br><b>United States Environmental Protection Agency</b><br><br><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2012)</b>  |
| <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 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 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>   | EPA ID Number: IND006414783  |
| <b>3. Site Name</b>  | Name: PILKINGTON NSG   |
| <b>4. Site Location Information</b>  | Street Address: 1001 HURRICANE ST<br>City, Town, or Village: FRANKLIN County: IN081<br>State: IN Country: US Zip Code: 46131   |
| <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. 327215                          B.                          C.                          D.  |
| <b>7. Site Mailing Address</b>   | Street or P. O. Box: 300 NORTHRIDGE<br>City, Town, or Village: SHELBYVILLE<br>State: IN Country: US Zip Code: 46176  |
| <b>8. Site Contact Person</b>  | First Name: GARY MI: R Last Name: CONNOR<br>Title: EHS MANAGER<br>Street or P. O. Box: 300 NORTHRIDGE DRIVE<br>City, Town, or Village: SHELBYVILLE<br>State: IN Country: US Zip Code: 46176<br>Email: gary.connor@nsg.com<br>Phone: 3173927087 Ext: Fax: 3173927000  |
| <b>9. Operator and Legal Owner of the Site</b>                                     | A. Name of Site's Owner: PILKINGTON NORTH AMERICA Date Became Owner: 01/01/2012<br>Type: <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>Street or P. O. Box: 300 NORTHRIDGE DRIVE<br>City, Town, or Village: SHELBYVILLE Phone: 3173927087<br>State: IN Country: US Zip Code: 46176  |
|  | B. Name of Site's Operator: PILKINGTON NORTH AMERICA Date Became Operator: 01/01/2012<br>Type: <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.****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               |
|   |   |                          |
|   |   |                          |
|   |   |                          |