



County JOHNSON

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

FEB 28 2014

Information on file as of: 12/2/2013

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

RCRA ID

NAME

Changes needed

IND006414783

PILKINGTON NORTH INCORPORATED

PILKINGTON NORTH AMERICA
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)

Current Generator Status (mark one)

☐ LQG☒ SQG☐ CESQG☐ no longer generate hazardous waste

Highest Status in 2013 (mark one)

☐ LQG at least one month in 2013☒ SQG at least one month in 2013☐ CESQG at least one month in 2013☐ did not generate haz waste all year

If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.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

GARY CONNER
EHS MANAGER
1001 HURRICANE ST

Gary Connor

FRANKLIN IN 46131

Phone 317-401-0010 ext:

fax:

e-mail: GARY.CONNER@NSG.COM

GARY.CONNER@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

Phone #

317-401-0039

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

SPENCER

First name

EDWIN R

Title

Plant Manager

E-mail address

ED.SPENCER@NSG.COM

Phone #

317-392-7000

Signature

Date

2-27-2014

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 NIPPON SHEET GLASS
811 MADISON AVE
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)
D001 F003
F005 _____

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
SMALL
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

**DECLARATION OF ELECTRONIC FILING OF
THE 2013 ANNUAL HAZARDOUS WASTE REPORT**

For the calendar year January 1, 2013, through December 31, 2013

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

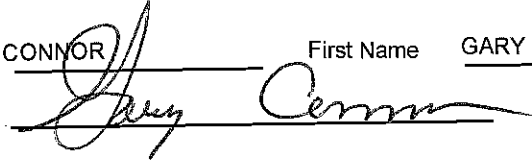
Contact Title EHS MANAGER

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2013 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 02/26/2014

Part III - Method of File Transmittal

 CD

 X ARM Web Site

**** Note:** This is not the 2013 Annual Hazardous Waste Report. Only file this form if you submitted your 2013 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2013 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/26/2014



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: 2013

Hazardous Waste Description	UN1325 WASTE FLAMMABLE SOLIDS (MEK, XYLENE)
Waste Codes	D001, D035, F003, F005

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	ARD069748192	CLEAN HARBORS EL DORADO EL DORADO, AR	3,500.00 POUNDS	H040	2	<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
	TXR000081205	SAFETY-KLEEN SYSTEMS INC.