

County JOHNSON

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

Information on file as of : 2/26/2015

Instructions at [www.in.gov/idem/5027.htm](http://www.in.gov/idem/5027.htm)**RCRA ID** **NAME** **Changes needed**

IND006414783 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)

**Highest Status in 2014 (mark one)**

- ☐ LQG at least one month  
☒ SQG at least one month  
☐ CESQG at least one month  
☐ did not generate haz waste all year  
☐ generated but did not ship in 2014

**Current Generator Status (mark one)**

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

If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.

**CONTACT FOR HAZARDOUS WASTE ACTIVITIES** **Changes needed**GARY CONNOR  
EHS MANAGER  
1001 HURRICANE ST

FRANKLIN IN 46131

Phone 317-401-0010 ext:

fax:

e-mail: GARY.CONNOR@NSG.COM

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

Last Name CONNOR First Name GARY Title EHS GROUP LEADER  
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 ED Title PLANT MANAGER  
E-mail address ED.SPENCER@NSG.COM Phone # 317-392-7000  
Signature [Signature] Date 2-27-2015

IND006414783 PILKINGTON NORTH AMERICA 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 3221 3272

**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)  
 F003 F005  
 D001

**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

**DECLARATION OF ELECTRONIC FILING OF  
THE 2014 ANNUAL HAZARDOUS WASTE REPORT**

For the calendar year January 1, 2014, through December 31, 2014

EPA ID IND006414783

Site/Company Name PILKINGTON NSG

Site Address 1001 HURRICANE STREET

City FRANKLIN State IN Zip 46131

Mailing Address 1001 HURRICANE STREET

City FRANKLIN State IN Zip 46131

Contact Name GARY R. CONNOR Phone No 3174010039 Ext

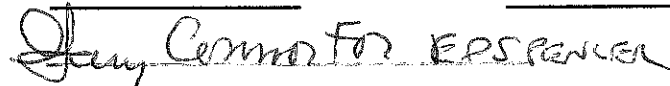
Contact Title EHS GROUP LEADER

**Part I - Declaration of Filer**

I certify under penalty of law that the information shown on my 2014 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 SPENCER First Name EDWIN Title PLANT MANAGER

Signature  Date 02/27/2015

**Part III - Method of File Transmittal**

   CD    ☒ ARM Web Site

**\*\* Note:** This is not the 2014 Annual Hazardous Waste Report. Only file this form if you submitted your 2014 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2014 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/27/2015



# 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: 2014**

|                                    |   |
|------------------------------------|---|
| <b>Hazardous Waste Description</b> | WASTE UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., METHYL ETHYL KETONE , XYLENE), 4.1, PG III , 4.1, PG III |
| <b>Waste Codes</b>                 | D001, D035, 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   |
|--|-----------------------------|---|-----------------------------|-----------|----------------|--|--|
|  | ARD069748192                | CLEAN HARBORS EL DORADO, LLC<br>EL DORADO, AR | 18,300.00 POUNDS            | H040      | 11             | <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 |
|--|----------------------------|------------------|
|  | TXR000081205               | SAFETY KLEEN     |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |



# 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: 2014**

|                                    |   |
|------------------------------------|---|
| <b>Hazardous Waste Description</b> | WASTE UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., METHYL ETHYL KETONE, TOLUENE), 3, PG II , 3, PG II |
| <b>Waste Codes</b>                 | D001, D035, 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   |
|--|-----------------------------|---|-----------------------------|-----------|----------------|--|--|
|  | ARD069748192                | CLEAN HARBORS EL DORADO, LLC<br>EL DORADO, AR | 1,500.00 POUNDS             | H040      | 3              | <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 |
|--|----------------------------|------------------|
|  | TXR000081205               | SAFETY KLEEN     |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |