



County JOHNSON

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

MAR 01 2016

Information on file as of: 12/9/2015

Instructions at: <http://www.in.gov/idem/landquality/2373.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 \* Both Current Generator Status and Highest Status in the Reporting year are required fields to fill out.

## OLQ records

Small Quantity Generator (SQG)

## Highest Status in 2015 (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 2015

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\* If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.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

E-mail address gary.connor@nsg.com

Phone # 317-401-0039

## HW FEES CONTACT (for LQGs)

Fee invoices will be sent to this address

Changes needed

## 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 LEWIS

First Name BRADLEY

Title PLANT MANAGER

E-mail address bradley.lewis@nsg.com

Phone # 317-392-7001

Signature

Date 3/29/2016

**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

LEASED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Current codes 3231 3272 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:  
\_\_\_\_ Marketer who directs \_\_\_\_\_ Off-spec used oil burner  
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

**NOTIFICATION FOR MANAGING LAB HAZARDOUS WASTES PURSUANT TO 40 CFR PART 262 SUBPART K**

You can ONLY Opt into Subpart K if you are at least one of the following:  
- a college or university  
- a teaching hospital that is owned by or has a formal affiliation agreement with a college/university  
- a non-profit research institute that is owned by or has a formal affiliation agreement with a college/university

Currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories (mark all that apply):

\_\_\_\_ College/University  
\_\_\_\_ Teaching Hospital  
\_\_\_\_ Non-profit research institute

Withdrawing from 40 CFR Part 262 Subpart K

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 2015 ANNUAL HAZARDOUS WASTE REPORT**

For the calendar year January 1, 2015, through December 31, 2015

Submit Date

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

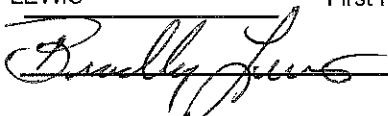
Contact Title EHS GROUP LEADER

**Part I - Declaration of Filer**

I certify under penalty of law that the information shown on my 2015 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 LEWIS First Name BRADLEY Title PLANT MANAGER

Signature  Date ~~02/28/2016~~ 02/29/2016

**Part III - Method of File Transmittal**

     CD      ☒ ARM Web Site

**\*\* Note:** This is not the 2015 Annual Hazardous Waste Report. Only file this form if you submitted your 2015 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2015 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/28/2016



# ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

FORM  
OS

RCRA ID: IND006414783

GENERATOR PILKINGTON NSG

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2015

Hazardous Waste Description	UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S. (METHYL ETHYL KETONE, XYLENE), 4.1, PG III
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, LLC EL DORADO, AR	1,800.00 POUNDS	H040	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
	TXR000081205	ATOMICA R&D
	MAD039322250	CLEAN HARBORS ENVIRONMENTAL SERVICES



## ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

**FORM  
OS**

RCRA ID: IND006414783

GENERATOR PILKINGTON NSG

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2015

Hazardous Waste Description	UN1325, WASTE UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S. (METHYL ETHYL KETONE), 4.1, PG III
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, LLC EL DORADO, AR	20,366.00 POUNDS	H040	11	<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	ATOMICA R&D
	MAD039322250	CLEAN HARBORS ENVIRONMENTAL SERVICES



## ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

FORM  
OS

RCRA ID: IND006414783

GENERATOR PILKINGTON NSG

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2015

Hazardous Waste Description	UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYL ETHYL KETONE, TOLUENE), 3. PG II
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, LLC EL DORADO, AR	350.00 POUNDS	H040	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
	TXR000081205	ATOMICA R&D
	MAD039322250	CLEAN HARBORS ENVIRONMENTAL SERVICES



## ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

FORM  
OS

RCRA ID: IND006414783

GENERATOR PILKINGTON NSG

NAME:


OFF-SITE SHIPMENTS

REPORT YEAR: 2015

Hazardous Waste Description	UN1993, WASTE UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S. (METHYL ETHYL KETONE), 3, PGII
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, LLC EL DORADO, AR	600.00 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	ATOMICA R&D
	MAD039322250	CLEAN HARBORS ENVIRONMENTAL SERVICES

Indiana Handler ID form with Declaration page should be sent together in hard copy to this address:	<div style="text-align: center;"> <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)</b> </div> <div style="text-align: right;">  </div> Indiana Department of Environmental Management Office of Land Quality, Regulatory Reporting Section 100 N Senate Ave, Room 1101, Indianapolis, IN 46204-2251
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) <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>	<b>EPA ID Number:</b> IND006414783
<b>3. Site Name</b>	<b>Name:</b> PILKINGTON NSG
<b>4. Site Location Information</b>	<b>Street Address:</b> 1001 HURRICANE STREET <b>City, Town, or Village:</b> FRANKLIN <b>County:</b> IN081 <b>State:</b> IN <b>Country:</b> US <b>Zip Code:</b> 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>	<b>A.</b> 327215 <b>B.</b> <b>C.</b> <b>D.</b>
<b>7. Site Mailing Address</b>	<b>Street or P. O. Box:</b> 1001 HURRICANE STREET <b>City, Town, or Village:</b> FRANKLIN <b>State:</b> IN <b>Country:</b> US <b>Zip Code:</b> 46131
<b>8. Site Contact Person</b>	<b>First Name:</b> GARY <b>MI:</b> R <b>Last Name:</b> CONNOR <b>Title:</b> EHS GROUP LEADER <b>Street or P. O. Box:</b> 300 NORTHRIDGE ROAD <b>City, Town, or Village:</b> SHELBYVILLE <b>State:</b> IN <b>Country:</b> US <b>Zip Code:</b> 46176 <b>Email :</b> gary.connor@nsg.com <b>Phone:</b> 3174010039 <b>Ext:</b> <b>Fax:</b>
<b>9. Operator and Legal Owner of the Site</b>	<div> <b>A. Name of Site's Owner:</b> GARY R CONNOR <b>Date Became Owner:</b> 02/01/2012  <b>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>Street or P. O. Box:</b> 300 NORTHRIDGE ROAD  <b>City, Town, or Village:</b> SHELBYVILLE <b>Phone:</b> 3174010039  <b>State:</b> IN <b>Country:</b> US <b>Zip Code:</b> 46176         </div> <div> <b>B. Name of Site's Operator:</b> PILKINGTON NORTH AMERICA - FRANKLIN <b>Date Became Operator:</b> 02/01/2012  <b>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         </div>



**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.****☒ ☐ 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.

**☐ ☒ 2 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****☐ ☒ 3. United States Importer of Hazardous Waste****☐ ☒ 4. Mixed Waste (hazardous and radioactive) Generator****☐ ☒ 5. Transporter of Hazardous Waste**  
If Yes, mark all that apply.

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

**☐ ☒ 6. Treater, Storer, or Disposer of Hazardous Waste (at your site)**

Note: A hazardous waste permit is required for this activity.

**☐ ☒ 7. Recycler of Hazardous Waste (at your site)****☐ ☒ 8. 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

**☐ ☒ 9. Underground Injection Control****☐ ☒ 10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.****☐ ☒ 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) \_\_\_\_\_ ☐

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

- ☐ a. Transporter
- ☐ b. Transfer Facility

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

- ☐ a. Processor
- ☐ b. Re-refiner

**☐ ☒ 3. Off-Specification Used Oil Burner****☐ ☒ 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, D035, 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.


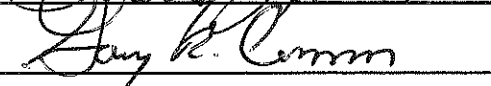
**12. Notification of Hazardous Secondary Material (HSM) Activity**

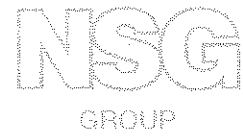
☐ **Y** ☒ **N** Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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)
	BRADLEY G. LEWIS, PLANT MANAGER	02/28/2016 02/29/2016
	GARY R. CONNOR, EHS MANAGER	2/29/2016



February 26, 2016

MAR 01 2016

Regulatory Reporting Section  
IDEM Office of Land Quality  
100 North Senate Avenue, Room 1101  
Indianapolis, IN 46204-2251

Re: Pilkington North America, Inc.  
Hazardous Waste Handler ID form  
IND006414783

Please find attached the completed 2015CY HW Handler ID form for the Franklin facility. The annual report was completed online.

If there are any questions, please contact me at 317-392-7087. Thank you,

Sincerely,

Gary R. Connor, P.E.  
Environmental Health & Safety Manager  
Pilkington North America Inc.