



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

County JOHNSON

State Form 55770(R/9-16)

Information on file as of : 12/6/2017

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

OLQ records

Highest Status in 2017 (mark one)

Current Generator Status (mark one)

Large Quantity Generator

Large Quantity Generator

☒ Small Quantity Generator

☒ Small Quantity Generator

Conditionally Exempt SQG

Conditionally Exempt SQG

Did not generate any hazardous waste

No longer generate any hazardous waste

* If you mark no longer generate haz waste, the ID# number is no longer valid and you must renotify before using it again.

* Both Current Generator Status and Highest Status in the Reporting year are required fields to fill out.

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

Roberto Flores
EHS Group Leader
300 North Ridge Drive
Shelbyville IN
46176
Roberto.Flores@NSG.COM

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 Flores First name Roberto

E-mail address Roberto.Flores@NSG.COM

Signature Roberto Flores

Title EHS Group Leader

Phone # 317-318-3745

Date 2/25/18

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

PILKINGTON NIPPON SHEET GLASS

811 MADISON AVE

PO BOX 799

TOLEDO

EMAIL

OH

43697-0799

Phone: 419-247-3731

Owner type: P

Did the owner change? yes ☒ no

Effective: 02/01/2012 Expiration:

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

Current codes 3231 3272 327215

WASTE CODES**OTHER HAZARDOUS WASTE ACTIVITIES**BIF: smelting, melting,
refining exemptionBIF: small quantity
on site burner exemption

Transporter

TSD
Receives waste from off site

Recycler

US Importer of haz waste

Lead Acid Battery Storage

Mixed Waste Generator

Short term generator

Underground injection

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
shipment to off-spec burner

Off-spec used oil burner

Marketer who first
claims oil meets specs**UNIVERSAL WASTE ACTIVITY**

UW Destination facility

Large handler: accumulates > or = 11,000 pounds

Lamps

Pesticides

Other

Batteries

Thermostats

TRANSFER FACILITY

Current activities

Changes
Needed:

Mix

Bulk

Pump

Combine

Commingle

Repackage

Open containers

Transfer between vehicles

MANAGING LAB HAZARDOUS WASTES (SUBPART K)Currently operating under 40 CFR Part 262 Subpart K for the
management of hazardous wastes in laboratories

College/University

Teaching Hospital

Non-profit research institute

Withdrawing from 40 CFR Part 262 Subpart K

Return to:Regulatory Reporting Section
IDEM Office of Land Quality
100 North Senate Avenue, Room 1101
Indianapolis, IN 46204-2251
olcregulatoryreporting@idem.in.gov**MANAGING HAZARDOUS SECONDARY MATERIAL**EPA Site ID form 8700-12 Addendum for HSM activity should be
used to make an initial notification and for the updates due every even
numbered year. It should be submitted along with this Handler ID form.

Addendum and instructions for it are available here:

<https://www.epa.gov/hwgenerators/how-hazardous-waste-generators-transporters-and-treatment-storage-and-disposal>

Facility is currently managing excluded HSM

Facility has stopped managing excluded HSM
as of (mm/dd/yyyy)**COMMENTS**

**DECLARATION OF ELECTRONIC FILING OF
THE 2017 ANNUAL HAZARDOUS WASTE REPORT**

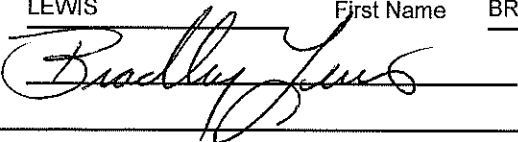
For the calendar year January 1, 2017, through December 31, 2017

EPA ID	IND006414783		
Site/Company Name	PILKINGTON NORTH AMERICA INC		
Site Address	1001 HURRICANE ST		
City	FRANKLIN	State	IN Zip 46131
Mailing Address	1001 HURRICANE ST		
City	FRANKLIN	State	IN Zip 46131
Contact Name	ROBERTO C. FLORES	Phone No	3173183745 Ext
Contact Title	EHS GROUP LEADER		

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2017 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	02/28/2018

Part III - Method of File Transmittal

☐ CD ☒ ARM Web Site

**** Note:** This is not the 2017 Annual Hazardous Waste Report. Only file this form if you submitted your 2017 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2017 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/28/2018



ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

**FORM
OS**

RCRA ID: **IND006414783**

GENERATOR PILKINGTON NORTH AMERICA INC

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2017

Hazardous Waste Description	UN3175 SOLIDS CONTAINING FLAMMABLE LIQUIDS (MEK,4.1,PGII)
Waste Codes	D001, D035

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	OHD093945293	VEOLIA ES TECHNICAL SOLUTIONS LLC WEST CARROLLTON, OH	11,020.00 POUNDS	H061	9	<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
	OHO000988196	RESOURCE ONE ENVIRONMENTAL SERVICES
	NYD097644801	TONAWANDA TANK TRANSPORT SERVICES



ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

**FORM
OS**

RCRA ID: **IND006414783**

GENERATOR PILKINGTON NORTH AMERICA INC

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2017

Hazardous Waste Description	UN1992 WASTE FLAMMABLE LIQUIDS TOXIC, MEK
Waste Codes	D001, D035

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	OHD093945293	VEOLIA ES TECHNICAL SOLUTIONS LLC WEST CARROLLTON, OH	3,146.00 POUNDS	H061	7	<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
	OHO000988196	RESOURCE ONE ENVIRONMENTAL SERVICES
	NYD097644801	TONAWANDA TANK TRANSPORT SERVICES



ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)

Indiana Department of Environmental Management

**FORM
OS**

RCRA ID: **IND006414783**

GENERATOR PILKINGTON NORTH AMERICA INC

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2017

Hazardous Waste Description	UN1139 WASTE COATING SOLUTION,3,PGII
Waste Codes	D001, D035

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UOM	MGMT CODE	# OF SHIPMENTS	REJECTED	RETURNED
	MID980615298	PETRO-CHEM PROCESSING GROUP DETROIT, MI	2,200.00 POUNDS	H141	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
	ILR000130062	HERITAGE CRYSTAL CLEAN