



County Johnson

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

Information on file as of : 12/20/2018

Instructions at <http://www.in.gov/idem/landquality/2373.htm>

RCRA ID	NAME	Changes needed
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IND006414783	Pilkington North Incorporated	
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LOCATION ADDRESS	Changes needed
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1001 Hurricane St	
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Franklin, IN 461311440	
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*If you move you may
not use your old RCRA ID.
You must apply for a new
ID# for the new location*

Land type for
facility locationPP-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****Current Generator Status (mark one)**

<input type="checkbox"/>	Large Quantity Generator
<input checked="" type="checkbox"/>	Small Quantity Generator
<input type="checkbox"/>	Conditionally Exempt SQG
<input type="checkbox"/>	No longer generate hazardous waste

Highest Status in 2018 (mark one)

<input type="checkbox"/>	Large Quantity Generator
<input checked="" type="checkbox"/>	Small Quantity Generator
<input type="checkbox"/>	Conditionally Exempt SQG
<input type="checkbox"/>	Did not 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* If you mark no longer generate haz waste, the ID# number is no longer valid and you must renotify before using it again.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
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Roberto Flores
300 Northridge Dr
Shelbyville, IN 46176

Phone 317-318-3745

fax:

Email: ROBERTO.FLORES@NSG.COM

Michael Jones140 Dixie Hwy. Rossford, OH
43460(419) 247-3291 michael.jones@nsg.com

HW FEES CONTACT (for LQGs) Fee invoices will be sent to this address	Changes needed:
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Phone:

fax:

Email:

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 Jones First name MichaelE-mail address michael.jones@nsg.comSignature [Signature]Title EHS Team LeaderPhone # (419)-247-3291Date 2-27-2019

IND006414783 Pilkington North Incorporated
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 436970799
EMAIL

Phone: 419-247-3731
Owner type:
Did the owner change? yes x no
Effective: 2/1/2012 Expiration:

PROPERTY OWNER (if different from above)

Changes needed

Pilkington Nippon Sheet Glass
811 Madison Ave
PO Box 799
Toledo, OH 436970799
EMAIL

Phone: 419-247-3731
Owner type: P
Did the owner change? yes x no
Effective: 2/1/2012 Expiration:

NAICS CODES
WASTE CODES

Current codes 327215 323111 327211
D001
OTHER HAZARDOUS WASTE ACTIVITIES

<input type="checkbox"/> BIF: smelting, melting, refining exemption	<input type="checkbox"/> Transporter	<input type="checkbox"/> Recycler	<input type="checkbox"/> Mixed Waste Generator
<input type="checkbox"/> BIF: small quantity on site burner exemption	<input type="checkbox"/> TSD	<input type="checkbox"/> US Importer of haz waste	<input type="checkbox"/> Short term generator
	<input type="checkbox"/> Receives waste from off site	<input type="checkbox"/> Lead Acid Battery Storage	<input type="checkbox"/> Underground injection

USED OIL ACTIVITIES
UNIVERSAL WASTE ACTIVITY

If you are just a generator of used oil this section does not apply to you.

<input type="checkbox"/> Processor:	<input type="checkbox"/> Transporter:	<input type="checkbox"/> UW Destination facility
<input type="checkbox"/> Rerefiner:	<input type="checkbox"/> Transfer facility:	<input type="checkbox"/> Large handler: accumulates > or = 11,000 pounds
<input type="checkbox"/> Marketer who directs shipment to off-spec burner	<input type="checkbox"/> Off-spec used oil burner	<input type="checkbox"/> Lamps
<input type="checkbox"/> Marketer who first claims oil meets specs		<input type="checkbox"/> Pesticides
		<input type="checkbox"/> Batteries
		<input type="checkbox"/> Thermostats
		<input type="checkbox"/> Other

TRANSFER FACILITY
Current activities

Changes Needed: ☐ Mix ☐ Commingle
☐ Bulk ☐ Repackage
☐ Pump ☐ Open containers
☐ Combine ☐ Transfer between vehicles

MANAGING LAB HAZARDOUS WASTES (SUBPART K)
MANAGING HAZARDOUS SECONDARY MATERIAL

Currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

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-generatortransporters-and-treatment-storage-and-disposal>

☐ College/University
☐ Teaching Hospital
☐ Non-profit research institute

Withdrawing from 40 CFR Part 262 Subpart K

☐ Facility is currently managing excluded HSM
☐ Facility has stopped managing excluded HSM as of (mm/dd/yyyy)

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 2018 ANNUAL HAZARDOUS WASTE REPORT**

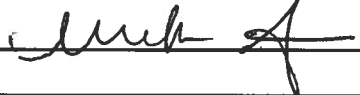
For the calendar year January 1, 2018, through December 31, 2018

EPA ID	<u>IND006414783</u>		
Site/Company Name	<u>PILKINGTON NORTH AMERICA INC</u>		
Site Address	<u>1001 HURRICANE ST</u>		
City	<u>FRANKLIN</u>	State	<u>IN</u> Zip <u>46131</u>
Mailing Address	<u>1001 HURRICANE ST</u>		
City	<u>FRANKLIN</u>	State	<u>IN</u> Zip <u>46131</u>
Contact Name	<u>MICHAEL T. JONES</u>	Phone No	<u>4192473291</u> Ext <u></u>
Contact Title	<u>EHS TEAM LEADER</u>		

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2018 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	<u>JONES</u>	First Name	<u>MICHAEL</u>	Title	<u>EHS TEAM LEADER</u>
Signature				Date	<u>2/28/2019</u>

Part III - Method of File Transmittal

 CD ☒ ARM Web Site

**** Note:** This is not the 2018 Annual Hazardous Waste Report. Only file this form if you submitted your 2018 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2018 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/28/2019



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: 2018

Hazardous Waste Description	WASTE SOLIDS CONTAINING FLAMMABLE LIQUID (METHYL ETHYL KETONE)
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	6,229.00 POUNDS	H061	12	<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
	OH0000988196	RESOURCE ONE



ANNUAL MANIFEST SUMMARY REPORT

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GENERATOR PILKINGTON NORTH AMERICA INC

NAME:

OFF-SITE SHIPMENTS

REPORT YEAR: 2018

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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	7,927.00 POUNDS	H061	12	<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
	OH0000988196	RESOURCE ONE