HAZARDOUS WASTE COMPLIANCE INSPECTION REPORT

Facility Information

EPA/ID/Permit No. ________________________________ Number of Employees ________________

Facility Name ________________________________ District ________________________________

Street ________________________________ City ________________________________, KS ZIP ________________

Mailing Address (if different than above) _______________________________________________________

County ________________ e-mail _______________________________________________________________

Phone ________________ Cell Phone ________________ Fax ________________

Operating Hours and Days ________________________________________________________________

Type of Business ________________________________________________________________

Were GPS coordinates previously taken for this facility and recorded in the appropriate database?

☐ Yes ☐ No

If no, did you take the GPS coordinates for this facility and record them in the appropriate database?

☐ Yes ☐ No

Generator Classification: ☐ Closed/Inactive ☐ CESQG ☐ KSQG ☐ SQG ☐ LQG ☐ Not a Generator

If the facility is inactive and/or closed, please provide an explanation under Facility Description.

Other Regulated Activities: ☐ T/S/D Facility ☐ Tank System ☐ Subpart BB (Complete applicable reports) ☐ Universal Waste Activities ☐ Transporter

Does the facility have a total above-ground storage capacity of used oil (excluding containers less than 55-gallons) of more than 1,320 gallons?

☐ Yes ☐ No ☐ NA

If yes, then the facility is subject to SPCC requirements due to used oil activities.

Does the facility have a SPCC Plan?

☐ Yes ☐ No ☐ NA

Did you inform the facility they are subject to SPCC?

☐ Yes ☐ No ☐ NA

Facility Used Oil Activities (Attach a checklist for each one marked):

☐ Generator ☐ Collection Center / Aggregation Point

☐ Transporter / Transfer Facility ☐ Used Oil Processor / Re-Refiner

☐ Used Oil Burner (Off-Spec Fuel) ☐ Used Oil Marketer

No Used Oil Activities ☐

Inspection Information

☐ Routine ☐ Complaint

Inspection Time ________________________________ Date(s) __________________________________

Name of person completing this report: ____________________________________________
Inspection Participants (Include name of inspector(s)):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company/Agency</th>
<th>Participated In (Check all that apply)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Intro Meeting</td>
<td>Walk-Through</td>
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</tbody>
</table>

Has the company declared any information/processes as trade secrets KSA 65-3447?  [ ] Yes  [ ] No If yes, explain:

Has this facility been previously inspected by EPA and/or KDHE?  [ ] Yes  [ ] No If yes, please summarize the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Agency</th>
<th>Description of Violation (do not need to include reg. citations or comments)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Changes since the previous inspection:** (Please provide a brief description of any significant process, waste, management, ownership, or other pertinent changes since the previous inspection. If no previous inspection, this section should be blank.)

**Facility Description:** (# of buildings, approximate size of each building, basic activity in each building, processes, etc.), if not already described in previous reports or in changes since previous inspection section of this report:

**Additional Information:** (Include pertinent information from this inspection that does not pertain to violations or comments and is not already discussed in other sections)

**Exit Conference:**
Date of Exit Conference: ___________________________

Were all violations, comments, corrective actions, and response due dates discussed with the facility if applicable?  [ ] Yes  [ ] No

Was the possibility of additional violations and possible enforcement discussed with the facility?  [ ] Yes  [ ] No

Were the generator status and applicable regulatory requirements discussed with the facility during the exit briefing and/or previously during the inspection?  [ ] Yes  [ ] No

List of items provided to facility:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>NOC/NONC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BWM CD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Container Posters</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (list):</td>
<td></td>
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</tbody>
</table>

Summary of additional information presented to facility during exit conference:
List of Attachments:

<table>
<thead>
<tr>
<th>#</th>
<th>Description of Attachments (List Photolog as last attachment if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NOC/NONC Form</td>
</tr>
<tr>
<td>2</td>
<td>Waste Stream Table</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Violations and Comments**

Were Violations cited: □ Yes □ No
Were written comments made: □ Yes □ No

Provide a detailed description of each violation and comment, including photo references, attachment references, and regulatory citations below: