

US EPA ARCHIVE DOCUMENT

RCRA Section 3007 Survey for Paint Manufacturing Facilities

PART 1: INTRODUCTION/OVERVIEW

1. *Why Did I Receive This RCRA Section 3007 Questionnaire ?*

The United States Environmental Protection Agency (EPA, the Agency) sent you this RCRA Section 3007 questionnaire (or, questionnaire) because your facility may manage certain residuals generated from the manufacture of paints, varnishes, lacquers, enamels, and shellacs in the United States. If your facility manufactures any of these products, then you are required to complete this questionnaire. If your facility has never or does not currently manufacture these products, then you received this questionnaire in error. Please verify that your facility has never or does not currently manufacture paint by (1) completing Part 3 a-c, (2) signing and dating the certification statement in Part 5b, and (3) returning the certification to the address listed in Question 4, Part 2.

2. *Why is EPA Requesting This Information ?*

The Agency is now determining whether certain residuals generated from paint manufacturing should be classified as listed hazardous waste in the Code of Federal Regulations under the Resource Conservation and Recovery Act (RCRA), 42 USC 6901 et seq. The information requested in this questionnaire is necessary for EPA to analyze how solid and hazardous waste is currently managed in the United States Paint Manufacturing Industry. The information you provide EPA will be used to make a hazardous waste listing determination that must be proposed by January 28, 2001. This listing determination must be finalized by March 30, 2002.

3. *Am I Required to Respond to This Questionnaire?*

Yes. The EPA has the authority to collect this information under OMB Clearance Number _____ which expires on _____. Failure to submit the requested information within thirty (30) days of receipt of this questionnaire can result in civil penalties under RCRA.

4. *What Information is the Agency Requesting ?*

The Agency is collecting information on five different types of residuals generated from the manufacture of paint:

- solvent cleaning residuals (spent solvents, caustic washes, and solids generated from tank and equipment cleaning operations);
- water and/or caustic cleaning residuals (wastewaters containing caustic rinses, rinse waters, solids generated from tank and equipment cleaning);
- wastewater treatment sludges **generated on-site** (sludges generated from the treatment of other types of plant wastewaters);
- emission control dusts and sludges (collected dusts from air filters, sludges from scrubbers);
- and lastly, off-specification production residuals (samples and waste customer returns).

5. *How is This Questionnaire Structured ?*

This questionnaire is divided into five main parts:

- Part 1. Introduction/Overview
- Part 2. Instructions on How To Complete The Questionnaire.
- Part 3. Corporate and Facility Information
- Part 4. Residual Generation Information and Management Practices
- Part 5. Certification Statements
- Appendix A: Confidentiality Claims

Please read through the entire questionnaire before completing each part sequentially.

PART 2: INSTRUCTIONS

1. *Do I Have to Address All Questions ?*

Yes. You must address all questions and certify to the truth and completeness of the responses in the Part 5 Certification. A senior official having authority over plant operations should complete the Part 5 signature/certification block. You may hire a consultant to help you complete the questionnaire; however, you alone are responsible for the information you provide. You are only expected to complete this questionnaire using only available information or best engineering judgement. You are not required to generate any new data to respond to the questions.

2. *How Can I Claim Information as RCRA Confidential Business Information (CBI)?*

If you believe that some of the information you supply is commercially sensitive, then you may claim this information as RCRA Confidential Business Information (CBI) under 40 CFR Part 2. You may not withhold information from the Agency because you claim it as confidential. Information that you claim to be confidential is handled by EPA according to the provisions set forth in 40 CFR Part 2 Subpart B. Information that you do not claim as CBI upon submission may be made available to the public without further notice to you.

If you are claiming information contained in this questionnaire as CBI, please check the box marked CBI which is located next to each information request. This will signify to the Agency that you deem the information as CBI. You are required to substantiate why you are making each CBI claim. Claims of confidentiality for information which is typically available through public resources are unlikely to be supportable. Appendix A provides a copy of what is required to properly substantiate your claim. If you do not substantiate your claim, then you waive your right to claim the information as CBI.

EPA must protect all information claimed as CBI from disclosure to anyone other than EPA and its authorized representatives. This information may not be released under the Freedom of Information Act (FOIA) unless the Agency denies a specific CBI claim. If your claim is denied, then you have the right to seek judicial review.

3. *How Do I Submit My Responses to this Questionnaire If I Have Claimed CBI?*

If you have claimed any portions of this survey as CBI, please send the completed survey within 30 days from date of receipt by the addressee to the CBI Document Control Officer Regina Magbie at the following address using registered mail, return receipt requested:

Regina Magbie
Office of Solid Waste
U.S. Environmental Protection Agency
2800 Crystal Drive- 7th floor
Arlington, VA 22202

If time is critical, CBI may also be transferred using express postal service to the same above address.

PLEASE NOTE: Regardless of which mailing method is used, all CBI materials must be double wrapped. The inner wrapping must be labeled with the transferee’s name and the statement “RCRA Confidential Business Information – To Be Opened By Addressee Only”. The outer wrapping must be labeled only with the name and address of the recipient and the return address of the transferor. DO NOT INDICATE ON THE OUTER WRAPPER THAT THE PACKAGE CONTAINS RCRA CBI.

4. How Do I Submit My Responses To This Questionnaire If I Have Not Claimed RCRA CBI?

For all non-CBI submittals, please return the completed questionnaire within 30 days from date of receipt by the addressee to:

For Standard Postal Delivery:

David J. Carver
Office of Solid Waste
U.S. Environmental Protection Agency
401 M Street, S.W. (Mailcode 5304W)
Washington, D.C. 20460

For Overnight Delivery or Courier Service, please use the following address:

David J. Carver
Office of Solid Waste
U.S. Environmental Protection Agency
2800 Crystal Drive- 9th floor
Arlington, VA 22202

5. Whom Do I Contact For Technical Assistance on this Questionnaire?

Please contact EPA by telephone at (703) XXX - XXXX or by e-mail at [insert e-mail address] with any questions regarding this survey.

PART 3: CORPORATE AND FACILITY INFORMATION

Please provide the requested information for your facility on the lines below.

a. Name of Company/Affiliate _____

b. Physical Address of Facility _____

c. Facility Contact and Phone Number _____

d. RCRA Waste Generator ID Number _____

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PART 4: RESIDUAL GENERATION AND MANAGEMENT PRACTICES

Part 4a. Residual Generation Description

Directions: If your facility generates residual(s) classified under any of the five residual types listed below, then you must complete this page. For each residual that your facility generates, assign a unique Residual Identification Number (RIN). Next, specify (✓) the appropriate residual type and answer all questions on this page. Complete a separate page for each residual. Please copy and attach additional pages as needed.

Residual Identification Number (RIN) _____

Residual Type

(check one)

- CBI
- _____ Solvent Cleaning Residual
_____ Water Caustic
_____ Waste Water Treatment Sludge
_____ Emission Control Dust
_____ Off-Specification Product

Is this residual (identified by the above RIN) Currently Managed as a Hazardous Waste? ___No ___ Yes

If Yes, please specify relevant federal RCRA hazardous waste codes for this RIN: _____,
_____, _____, _____

Total residual generated in 1997 _____ 1998 _____ CBI
(specify tons for solids and gallons for liquids)

Is this residual a federal RCRA hazardous waste that is recycled, reclaimed or reused (according to the definitions of these terms in 40 CFR Part 266)? _____yes _____no CBI

If yes to the previous question, is this residual reclaimed, burned for energy recovery, used to make a fuel, reused as an ingredient in a product other than paint, or used as a substitute for another product (without reclamation)?
_____yes _____no CBI

Does your facility receive a payment for receipt of this RIN? _____yes _____no. If yes, specify payment received \$ _____ CBI

Part 4b. Residual Management Activity Information for Each Residual Identification Number specified.

The purpose of this section is to collect detailed information on how your facility manages each residual you identified in Part 4a. Use the table below to completely track how each residual is managed from its point of generation to its final management scenario. Then complete the appropriate residual management table(s) located on pages 7-14. When completing the table(s), follow the general directions below and any explanatory footnotes located below the individual residual management tables.

NOTE: When completing residual management tables, specify the sequence of residual management for each RIN. For residuals that are managed in more than one unit, designate Step ___ of ___ in the upper right corner of row one. For instance, if a wastewater treatment sludge (RIN#) is collected in a drum at its point of generation and then incinerated, complete two tables describing each management step. Place a Step 1 of 2 on the Table 6 (containers), specifying the first step of management. On Table 7 (incineration) place a Step 2 of 2, signifying the final management stage.

If your residual is managed in/by...	Then go to Table...	Located On Page...
Landfills	1	7
Waste Piles	2	8
Surface Impoundments	3	9
Tanks	4	10
Land Application/Farming/Treatment	5	11
Containers	6	12
Fuel Blended, sent to Incinerator, Light Weight Aggregate Kiln (LWAK), Cement Kiln (CK), or Boiler and Industrial Furnace	7	13
Sent to a POTW, privately owned treatment work, to surface waters under a NPDES permit, or disposed of through underground injection	8	14
Other	8	14

GENERAL DIRECTIONS: Complete a separate table for each RIN identified in Part 4a. On each table:

- 1) Identify the RIN
- 2) Specify how the residual is managed in each unit
- 3) Indicate if the residual is managed on or off-site
- 4) Specify the total annual residual placed in a unit for 1998

Note: Characterize management units for Tables 1-6 as explained in the footnotes below each table.

Table 1. Landfills

1) RIN:											Step ___ of ___	
2) Residual Management in Landfills	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in (or sent to) unit annually <input type="checkbox"/> CBI	5) liners ¹ <input type="checkbox"/> CBI							6) run off controls ² <input type="checkbox"/> CBI	7) daily cover ³ <input type="checkbox"/> CBI
	on-site	off-site		leachate collection layer	re-compacted clay	synthetic liner	re-compacted soil other than clay	no liner	liner type unknown	other liner (specify)		
subtitle D industrial waste landfill <input type="checkbox"/> CBI												
subtitle C industrial waste landfill <input type="checkbox"/> CBI												
municipal waste landfill <input type="checkbox"/> CBI												

Other Information on Landfills:

¹Check (✓) the type of liner that is associated with the landfill. If there are multiple layers of liners are present, add a check in the appropriate column for each layer. If the landfill is off-site and the liner is unknown, check unknown. Do not guess at the liner type. **Native soils/clay soils already present underneath the unit and sludge layers to not qualify as liners.** For this case, check the no liner column. If the type of liner present beneath your unit is not indicated on this table, write in the liner type in the column labeled "other".

² Indicate whether runoff controls are present with a yes (Y) or no (N). Runoff controls are engineered barriers such as berms and dikes that will prevent water in soils from running on to and off of the unit.

³ Indicate whether a daily cover is applied while the landfill is operating with a yes (Y) or no (N).

Table 2. Waste Piles

1) RIN:												Step ___ of ___	
2) Residual Management in Waste Piles	3) Location <input type="checkbox"/> CBI		4) residual quantity placed from your facility in unit annually <input type="checkbox"/> CBI	5) liners and/or secondary containment ¹ <input type="checkbox"/> CBI								6) run off control ² <input type="checkbox"/> CBI	
	on-site	off-site		leachate collection layer	re-compacted clay liner	re-compacted soil layer other than clay	synthetic liner	concrete pad	no liner	liner type unknown	other liner (specify)		
treatment in waste piles <input type="checkbox"/> CBI													
storage in waste piles <input type="checkbox"/> CBI													

Additional Waste Pile Information:

¹ Check (✓) the type of liner that is associated with the waste pile. If there are multiple layers of liners are present, check the appropriate column for each layer. If the waste pile is off-site and the liner is unknown, check unknown. Do not guess at the liner type. **Native soils/clay soils already present underneath the unit and sludge layers to not qualify as liners.** For this case, check the no liner column. If the type of liner present beneath your unit is not indicated on this table, write in the liner type in the column labeled "other".

² Indicate whether runoff controls are present with a yes (Y) or no (N). Runoff controls are engineered barriers such as berms and dikes that will prevent water and soils from running on to and off of the unit.

Table 3: Surface Impoundments

1) RIN:													Step ___ of ___			
2) Residual Management in Surface Impoundment .. <input type="checkbox"/> CBI	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in unit annually <input type="checkbox"/> CBI	5) liners <input type="checkbox"/> CBI						6) aeration/ biological treatment <input type="checkbox"/> CBI				7) covers/emission control <input type="checkbox"/> CBI		
	on-site	off-site		leachate	re-compacted	re-compacted soil other	synthetic liner	no liner	presence of liner or type of liner unknown	other liner (specify)	no aeration	low aeration	high aeration	biological treatment	no cover	cover with vents and NO emission collection system
storage in surface impoundments <input type="checkbox"/> CBI																
treatment in surface impoundments <input type="checkbox"/> CBI																
disposal surface impoundment <input type="checkbox"/> CBI																

Additional Surface Impoundment Information:

¹ Check (✓) the type of liner that is associated with the surface impoundment. If there are multiple layers of liners are present, add a check for each layer. If the surface impoundment is off-site and the liner is unknown, check unknown. Do not guess at the liner type. **Native soils/clay soils already present underneath the unit and sludge layers to not qualify as liners.** For this case, check the no liner column. If the type of liner present beneath your unit is not indicated on this table, write in the liner type in the column labeled "other".

² Indicate whether the surface impoundment is aerated or not, or, whether it has a low or high level of aeration, by placing a check in the appropriate column. Low aeration is defined as a surface impoundment that contains aerators with a power of 70 hp/million gallons; high aeration aerators operate at greater than 70 hp/million gallons. Also, indicate if biological treatment is occurring by placing a check in the appropriate biological treatment column.

³ Indicate whether the surface impoundment is covered and if so, whether or not the cover has vents that directly release to the atmosphere or into an emission collection system. Place a check in the appropriate columns for your unit.

Table 4: Tanks

1) RIN: _____										Step ___ of ___	
2) Residual Management in Tanks <input type="checkbox"/> CBI	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in unit annually <input type="checkbox"/> CBI	5) aeration/biological treatment ¹ <input type="checkbox"/> CBI				6) covers/emission control ² <input type="checkbox"/> CBI			
	on-site	off-site		no aeration	aeration	biological treatment	cover/emission control	no cover	cover with vents and NO emission collection system	cover with vents and emission collection system	
storage in tanks <input type="checkbox"/> CBI											
treatment in tanks <input type="checkbox"/> CBI											

Additional Tank Information:

¹ Indicate whether the tank is aerated or not and, if aerated, indicate whether it has a low or high level of aeration by placing a check (✓) in the appropriate column. Low aeration is defined as a tank that contains aerators with a power of 70 hp/million gallons; high aeration aerators operate at greater than 70 hp/million gallons. Also, if biological treatment is occurring, place a check in the biological treatment column.

² Indicate whether the tank is covered and, if so, whether or not the cover has vents that directly release to the atmosphere or into an emission collection system. Place a check in the appropriate columns for your unit.

Table 5: Land Application/Treatment/Farming

1) RIN:											Step ___ of ___			
2) Residual Management in Land Application/Treatment/Farming	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in unit annually <input type="checkbox"/> CBI	5) liners ¹ <input type="checkbox"/> CBI						6) run off control ² <input type="checkbox"/> CBI	7) Application Method ³ <input type="checkbox"/> CBI			
	on-site	off-site		leachate	re-compacted clay liner	re-compacted soil other than clay	synthetic liner	no liner	other liner (specify)		soil incorporation:tilling or disking	soil incorporation:surface injection	surface application - not spraying	surface application by spraying
land application/treatment/ or farming unit <input type="checkbox"/> CBI														

Additional Land Application/Treatment/Farming Information:

¹Check (✓) the type of liner that is associated with the landfill. If there are multiple layers of liners are present, add a check in the appropriate column for each layer that is present. If the landfill is off-site and the liner is unknown, check unknown. Do not guess at the liner type. **Native soils/clay soils already present underneath the unit and sludge layers to not qualify as liners.** For this case, check the no liner column. If the type of liner present beneath your unit is not indicated on this table, write in the liner type in the column labeled "other".

² Indicate whether runoff controls are present with a yes (Y) or no (N). Runoff controls are engineered barriers such as berms and dikes that will prevent water and soils from running on to and off of the unit.

³ Indicate the method used to apply the residual by placing a check in the appropriate column. If the residual is incorporated in to the soil by tilling or disking, check the 1st column under application. If the residual is incorporated into the soil by injection, check the 2nd column under application. If the residual is not incorporated into the soil and is applied on top of the unit by a method other than spraying, check the 3rd column under application. Finally, if the residual is spray applied onto the unit check the 4th column under application. If more than one method is used on the unit, check all the columns that apply.

Table 6: Containers

1) RIN: _____								Step ___ of ___	
2) Residual Management in Containers <input type="checkbox"/> CBI	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in unit annually <input type="checkbox"/> CBI	5) container types ¹ <input type="checkbox"/> CBI				6) Maximum Number of Days Stored in Container ² <input type="checkbox"/> CBI	
	on-site	off-site		drums	roll-offs	bag	Other, Specify	other (specify)	
storage in containers <input type="checkbox"/> CBI									

Additional Container Information:

¹Check the type of container that is used for storing your residual. If multiple container types are used, place a check in all columns that apply. If the container type is not listed, describe the container in the column labeled “other”

²Specify the maximum number of days that the residual is stored in the containers. Enter a number into the column, for example “10 days”.

Table 7: Use In Fuel Blending, Management in Incinerators, Light Weight Aggregate Kilns, Cement Kilns, or in Boilers and/or Industrial Furnaces

1) RIN:		Step ____ of ____	
2) Residual Management Activity	3) Location <input type="checkbox"/> CBI		4) residual quantity from your facility placed in (or sent to) unit annually <input type="checkbox"/> CBI
	on-site	off-site	
Use in fuel blending <input type="checkbox"/> CBI			
incineration <input type="checkbox"/> CBI			
Light Weight Aggregate Kilns <input type="checkbox"/> CBI			
Cement Kilns <input type="checkbox"/> CBI			
burning in boiler or industrial furnace <input type="checkbox"/> CBI			

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Table 8: Management in POTWs, NPDES, Privately Owned Treatment Works, Underground Injection Wells, or Other Disposal not Listed

1) RIN:		Step ___ of ___	
2) Residual Management to POTWs, NPDES, Privately Owned treatment Works, Underground Injection, and Other Types of Treatment. ¹	3) Location <input type="checkbox"/> CBI		4) residual quantity placed in unit annually
	on-site	off-site	<input type="checkbox"/> CBI
discharge to POTW _____ (total volume) <input type="checkbox"/> CBI			
discharge under NPDES permit _____ (total volume) <input type="checkbox"/> CBI			
discharge to privately owned treatment _____ (total volume) <input type="checkbox"/> CBI			
underground injection <input type="checkbox"/> CBI 5) if so, permit number _____ Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
other type of treatment (describe) <input type="checkbox"/> CBI			
other type of storage (describe) <input type="checkbox"/> CBI			
other type of disposal (describe) <input type="checkbox"/> CBI			

¹This is the table to use to fill out information on other residual waste management practices you may employ at your facility that were not covered at the previous tables. If this is the case, then describe the treatment, storage, or disposal practice you use in the appropriate row under column 2.

² Specify total facility volume sent to each discharge point in the space provided next to each management type.

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PART 4c. Residual Constituent Information.

Please identify the constituent(s) for each residual that you have identified in Part 4a for the year 1998. Also, please provide (if known) the constituent concentration in mg/l. If not known, leave blank. If constituent information is contained in a laboratory analysis sheet, you may provide copies of them in lieu of completing this table.

Residual Identification Number (RIN)	Constituent(s) in RIN	Constituent Concentration (mg/L)
	□ CBI	□ CBI
	□ CBI	□ CBI
	□ CBI	□ CBI
	□ CBI	□ CBI

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PART 5: CERTIFICATION

Part 5a. Certification of Information Provided

I certify under penalty of law that I have personally reviewed and am familiar with the information contained in the questionnaire, and, based on my inquiry of those responsible for obtaining the information, I believe the above to be true and complete, and I am aware that there are substantial penalties for submitting false information, and penalties for not returning this questionnaire to the Agency in the time period required.

Signature _____ Dated _____

Printed Name _____

Title _____

Telephone _____

Authority for the collection of the above information is contained in the Resource Conservation and Recovery Act (RCRA), 42 USC 6901 et seq.

Part 5b. Certification For Non-Manufacturer of Paint

I certify under penalty of law that I have reviewed the history of this company and am familiar with current production and residual management generation, and that this company does not currently manufacture paint and, thus, has not and does not generate paint residual covered under the scope of this questionnaire.

Signature _____ Dated _____

Printed Name _____

Title _____

Telephone _____

PLEASE BE SURE TO RETAIN A COPY OF YOUR SIGNED COMPLETED QUESTIONNAIRE FOR YOUR RECORDS

Appendix A
Confidentiality Claims

4. Has any governmental body made a determination as to the confidentiality of the information? If so, please attach a copy of the determination.

5. Is the information contained in any publicly available material such as promotional publications, annual reports, articles, permits, etc.? Is there any means by which a member of the public could obtain access to the information?

6. For each section of information claimed as confidential, discuss with specificity why release of the information is likely to cause substantial harm to your competitive position. Explain the nature of these harmful effects, why they should be viewed as substantial, and the causal relationship between disclosure and such harmful effects. How could your competitors make use of this information to your detriment?

7. Please discuss any other information you deem relevant.