

US EPA ARCHIVE DOCUMENT



## *Survey of Surface Impoundments*

# Facility and Corporate Information

Complete one copy for your facility.

If you have questions, call the RCRA,  
Superfund and EPCRA Hotline:

**1-800-424-9346**



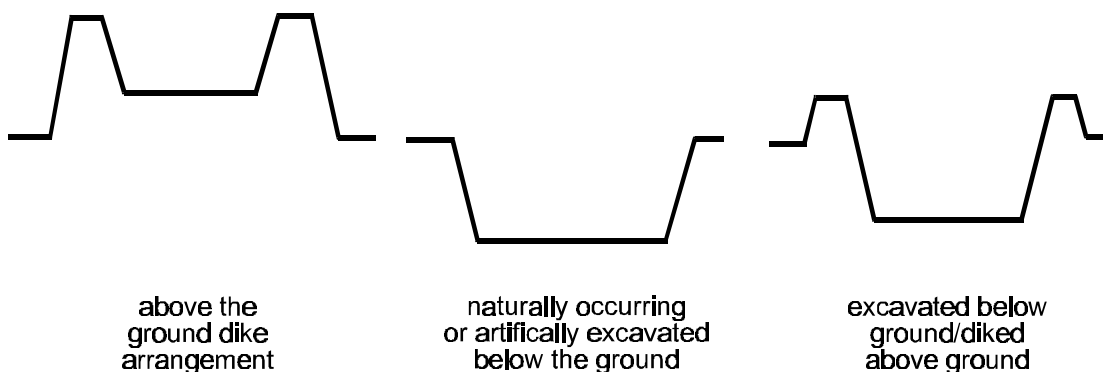
## A. FACILITY AND CORPORATE INFORMATION

*The purpose of this section is to verify that you have operated surface impoundments that are within the study's scope, and to provide general information regarding your facility's name, location, contacts, and parent organization.*

Before you begin, please review the definition of a surface impoundment to verify that you have operated surface impoundments that are within the study's scope.

### Definition of surface impoundment

For the purpose of this study, a surface impoundment is a natural topographic depression, artificial excavation, or dike arrangement for storing, treating, or disposing of wastewater (that is, liquid or semi-solid waste with less than 5% solids by weight). A surface impoundment may be constructed above the ground, below the ground, or partly above the ground and partly below the ground. A surface impoundment's length or width is greater than its depth (for example, it is not an injection well). Here are some examples (side view):



In a previous questionnaire, your facility's representative ◆ indicated that within the property lines of your facility, and in the time period since June 1, 1990, you operated one or more waste management units that satisfy the above definition of a "surface impoundment." In that same questionnaire, your facility's representative indicated that at least one of the surface impoundments at your facility managed nonhazardous waste (meaning waste that is not classified as hazardous waste under federal regulations).

If the preceding sentence does not accurately reflect your facility's situation, **STOP HERE**, sign and date the certification page, and return it according to the instructions on pages 4 and 5 of the Background and Instructions booklet.

If at least one of the surface impoundments at your facility was used to manage nonhazardous waste (waste that is not classified as hazardous waste under federal regulations), proceed to Question A1.

Facility Number:

**A1. Facility Name:**

**F Mark if CBI**

**Is this name correct?**

Yes

No

If you answered "No," please enter the correct facility name here:

**A2. Facility Physical Location**

**F Mark if CBI**

Street

City  State  Zip

**If street, city, state, or zip is incorrect, please write correct information below:**

Street

City  State  Zip

**A3. Mailing Address (if different from above)**

**F Mark if CBI**

Street/P.O. Box

City  State  Zip

**If mailing address is incorrect, please write correct information below:**

Street/P.O. Box

City  State  Zip

**A4. Facility personnel we can contact to verify your responses to this questionnaire:**

**F Mark if CBI**

Name  Title  Phone

Name  Title  Phone

*If you have questions, call the RCRA, Superfund & EPCRA Hotline at 1-800-424-9346.*

**A5. Current Parent Corporation/Parent Organization Name, Physical Location, and Mailing Address:**

**F Mark if CBI**

Is this information correct? (Check one)

Name:

Yes     No

**Physical Location:**

Street:

Yes     No

City:

Yes     No

State/Country:   
(If USA, Zip Code)

Yes     No

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**Mailing Address:**

Street/P.O. Box:

Yes     No

City:

Yes     No

State/Country:   
(If USA, Zip Code)

Yes     No

If you answered "No," please provide the correct information: F Mark if CBI

Name: \_\_\_\_\_

**Physical Location:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_

(If USA: Zip Code: \_\_\_\_\_)

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**Mailing Address:**

Street or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_

(If USA: Zip Code: \_\_\_\_\_)

**A6. Names of previous parent corporations/  
parent organizations and other names used  
by the current parent corporation/parent  
organization since 1990:**

F Mark if CBI

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

**END OF SECTION A**

Please continue with Section B.