



Solid Waste
Workshop

Household Hazardous Waste-
HHW Regulations and A
Vendors Perspective

CleanEarth●

Introduction

Overview

- Why Are There Regulations For Household Hazardous Waste Collection Programs?
- Program Operations
- An Overview of How the Regulations Apply to HHW
- Public Awareness
- Local Options for Program Manager Education, Training Through Networking

Introduction

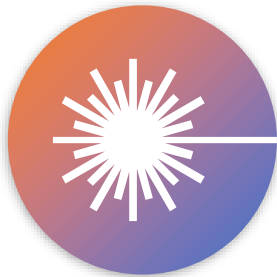


WHY?

- Prevent environmental contamination caused by improper disposal
- Prevent property damage caused by improper disposal
- Prevent injuries to people

Introduction

“Waste that is dangerous or potentially harmful to our health or the environment.” - EPA



IGNITABLE



REACTIVE



CORROSIVE



TOXIC

Introduction



Justification



- **HHW is a material that could put human health or the environment at risk.**
- **Household hazardous materials constitute the most direct and frequent way the public is exposed to hazardous waste.**

Introduction



>Government is often the driving force for environmental goal setting and policy that foster's natural resource conservation, environmental protection, and public safety.

Regulatory Environment



Regulatory Compliance & Program Operations

The following regulations apply Household Hazardous Waste program operations, both for permanent facilities and 1-day mobile event programs:

➤ RCRA (Resource Conservation & Recovery Act)

<https://www.epa.gov/rcra>

➤ DOT (Department of Transportation)

<https://www.compliancetrainingonline.com/resources.cfm>

➤ 29 CFR 1910.120 (OSHA, Occupational Safety & Health Act)

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/>

➤ TCEQ (Texas Commission on Environmental Quality)

<https://www.tceq.texas.gov/assets/public/legal/rules/rules/pdflib/335n.pdf>

Vendors & Program Managers responsibility with RCRA



**Identify & Evaluate All Waste
Streams**



Properly Collect, Store & Dispose of the Waste



Prepare & Save Documentation

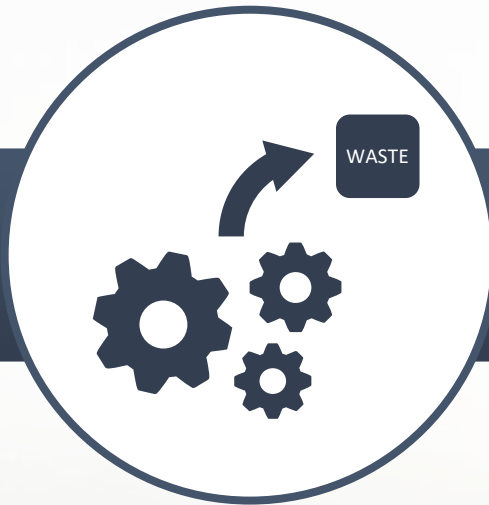


Know Emergency & Spill Response Procedures

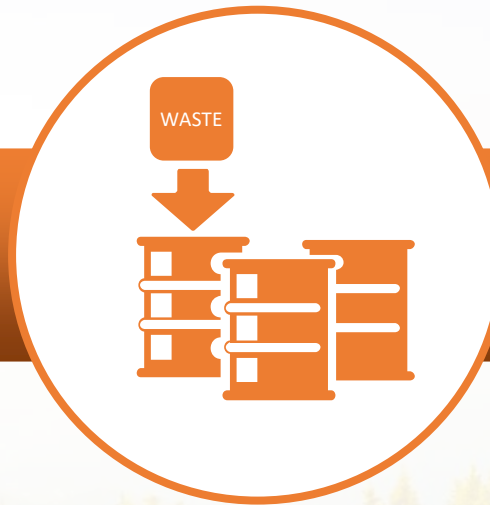


Train Employees

- Regulated Waste – Cradle to Grave



Waste is generated



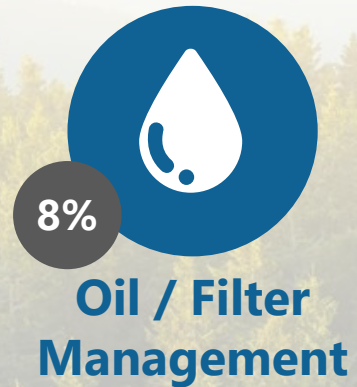
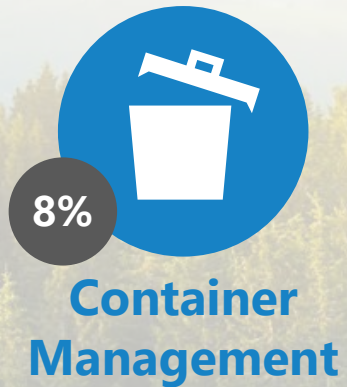
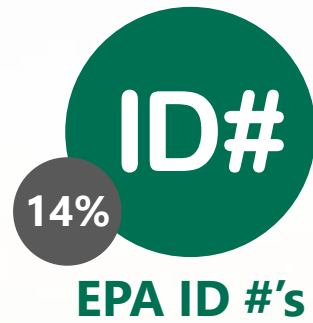
Characterized and segregated



Collected and transferred to a Stericycle facility



Processed and treated for end disposal



Regulatory Compliance & Program Operations



The following are examples of TCEQ required forms:

- 45 Day Notification
- Facility Registration/Notification (for permanent facilities)
- Core Data Form (for permanent facilities)
- Storage Extension Request form
- Annual Report Form



**TEXAS COMMISSION ON
ENVIRONMENTAL QUALITY**

Regulatory Compliance & Program Operations



An Overview of How the Regulations Apply to HHW Program Operations

- 1-Day event/mobile collection programs
 - a) 45 Day Notification submitted to TCEQ
 - b) Generator status
 - b) Waste stream waste profiles
 - c) Waste manifests
 - d) Shipping labels
- Permanent HHW Facility
 - a) 45 Day Notification
 - b) Facility registration
 - c) Same Waste stream profiles, manifests and shipping labels as 1-Day event

Regulatory Compliance & Program Operations

CleanEarth

Facility for Approval: _____ Profile #: _____
 Select Facility to ship to: _____ Generator #: _____

Customer Experience Manager: _____ Requested Process Code: _____
 Approval Date: _____

Account Manager: _____ Approved Process Code: _____

A: GENERATOR INFORMATION Name: _____ NAICS: _____ EPA ID#: _____
 Site Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact: _____ Email: _____ Phone: _____ Fax: _____
 Title: _____ Manufact ER phone #: _____ Subpart P Yes No State ID# _____
 Generator Status: LQG SQG V5QG/CESQG NESHAP Generator: Yes No NESHAP TAB Yes No
 TSDF Approval List Yes No Disposal Restrictions: _____

B: CUSTOMER/BILLING/BROKER INFORMATION: Same as Generating Facility address
 Company Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact: _____ Email: _____ Fax: _____

C: WASTE INFORMATION: Waste Common Name: _____
 Process generating Waste (be specific): _____
 Form: W G Origin: _____ Unused Commercial Product: Yes No Spill Residue: Yes No
 Loosepack Yes No Generator has provided the following: Analysis Formalary SDS Sample

D: PHYSICAL CHARACTERISTICS OF WASTE Enter all applicable information and check all that apply:

Layers:	Physical State (Liquid, Solid, Sludge, Comp Gas, Debris, Powder, Monolithic solid)	Range (30% max)	Color	Specific Gravity (water=1, oil<1, sol>1)	Viscosity (Low-water, Med-oil, High-Honey)
<input type="checkbox"/> Multi-layered	Top Layer:	-			
<input type="checkbox"/> Bi-Layered	Middle Layer:	-			
<input type="checkbox"/> Single Phased	Bottom Layer:	-			

Odor None Mild Strong Description: _____ Pumpable: Yes No % Free Liquid: _____
 pH N/A ≤2 >2 -4 4.01 - 10 10.01-12.49 ≥12.5 Actual: _____ (D002: pH ≤2 or 212.5)
 Liquid Flash Point: (D001 <140) <73° F 73-100° F 101-140° F 140-200° F >200° F None Actual: _____ Closed Open
 BTU/lbs range: <2000 btu/lb 2000-5000 btu/lb >5000 btu/lb % Halogens: _____ % Water: _____ % Ash: _____

E: CHEMICAL COMPOSITION OF WASTE (TOTAL comp with all hazardous & non-hazardous must exceed 100% constituents):

Constituent	TRI (sec 313)	Range (max of 30%)	Constituent	TRI	Range
_____	<input type="checkbox"/>	_____ to _____ %	_____	<input type="checkbox"/>	_____ to _____ %
_____	<input type="checkbox"/>	_____ to _____ %	_____	<input type="checkbox"/>	_____ to _____ %
_____	<input type="checkbox"/>	_____ to _____ %	_____	<input type="checkbox"/>	_____ to _____ %
_____	<input type="checkbox"/>	_____ to _____ %	_____	<input type="checkbox"/>	_____ to _____ %
_____	<input type="checkbox"/>	_____ to _____ %	_____	<input type="checkbox"/>	_____ to _____ %

F: Indicate if this waste contains any of the following and by what supporting means: Lab Analysis Generator Knowledge SDS

PCB N/A _____ ppm Pesticides N/A _____ ppm VOC (ppm) N/A _____
 PCB TSCA Regulated Yes No Benzene N/A _____ ppm IOC <500 >500
 Cyanides, Total N/A _____ ppm Water >10% Yes No N/A <1% Subject to Subpart CC: _____
 Sulfides, Total N/A _____ ppm NESHAP TAB Yes No 1-10% >10% Yes No

G: Check all that may apply:

<input type="checkbox"/> Ignitable Solid	<input type="checkbox"/> Cyanide Reactive	<input type="checkbox"/> Reactive (Other)/Temp Sens	<input type="checkbox"/> CERCLA	<input type="checkbox"/> Dioxins	<input type="checkbox"/> Infectious
<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Sulfide Reactive	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Asbestos, Friable	<input type="checkbox"/> Phenolics	<input type="checkbox"/> Radioactive
<input type="checkbox"/> APHIS Waste	<input type="checkbox"/> FFAS/FFOA	<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Asbestos, Non-friable	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Herbicides
		<input type="checkbox"/> Medical (sharps, needles)	<input type="checkbox"/> RCRA Haz Debris	<input type="checkbox"/> Subpart P	<input type="checkbox"/> Explosive

H: REGULATED CONSTITUENTS: Check any regulated constituent above regulatory limit and note value. Check test method and source(s) used:
 Test Type: TCLP Total Source(s): Analytical Generator Knowledge SDS

Volatile Compounds:	TCLP Limit (mg/l)	Semi-Volatiles:	TCLP Limit (mg/l)	METALS:	TCLP Limit (mg/l)
<input type="checkbox"/> D018 Benzene	0.5	<input type="checkbox"/> D023 o-Cresol	200.0	<input type="checkbox"/> D004 Arsenic (As)	5.0 _____ ppm
<input type="checkbox"/> D019 Carbon Tetrachloride	0.5	<input type="checkbox"/> D024 m-Cresol	200.0	<input type="checkbox"/> D005 Barium (Ba)	100.0 _____ ppm
<input type="checkbox"/> D020 Chlorobenzene	100.0	<input type="checkbox"/> D025 p-Cresol	200.0	<input type="checkbox"/> D006 Cadmium (Cd)	1.0 _____ ppm
<input type="checkbox"/> D021 Chloroform	6.0	<input type="checkbox"/> D026 Cresol (Total)	200.0	<input type="checkbox"/> D007 Chromium (Cr)	5.0 _____ ppm
<input type="checkbox"/> D022 1,2-Dichloromethane	0.5	<input type="checkbox"/> D027 1,4-Dichlorobenzene	7.5	<input type="checkbox"/> D008 Lead (Pb)	5.0 _____ ppm
<input type="checkbox"/> D028 1,1-Dichloroethylene	0.7	<input type="checkbox"/> D030 2,4-Dinitrotoluene	0.13	<input type="checkbox"/> D009 Mercury (Hg)	0.2 _____ ppm
<input type="checkbox"/> D035 Methyl ethyl ketone	200.0	<input type="checkbox"/> D032 Hexachlorobenzene	0.13	<input type="checkbox"/> D010 Selenium (Se)	1.0 _____ ppm
<input type="checkbox"/> D039 Tetrachloroethylene	0.7	<input type="checkbox"/> D033 Hexachlorobutadiene	0.5	<input type="checkbox"/> D011 Silver (Ag)	5.0 _____ ppm
<input type="checkbox"/> D040 Trichloroethylene	0.5	<input type="checkbox"/> D034 Hexachloroethane	3.0	<input type="checkbox"/> Antimony (Sb)	_____ ppm
<input type="checkbox"/> D043 Vinyl Chloride	0.2	<input type="checkbox"/> D036 Nitrobenzene	2.0	<input type="checkbox"/> Beryllium (Be)	_____ ppm
Pesticide/Herbicide		<input type="checkbox"/> D037 Pentachlorophenol	100.0	<input type="checkbox"/> Hexavalent Chrome (Cr+6)	_____ ppm
<input type="checkbox"/> D012 Endrin	0.02	<input type="checkbox"/> D038 Pyridine	5.0	<input type="checkbox"/> Cobalt (Co)	_____ ppm
<input type="checkbox"/> D013 Lindane	0.4	<input type="checkbox"/> D041 2,4,5-Trichlorophenol	400.0	<input type="checkbox"/> Copper (Cu)	_____ ppm
<input type="checkbox"/> D014 Methoxychlor	10.0	<input type="checkbox"/> D042 2,4,6-Trichlorophenol	2.0	<input type="checkbox"/> Nickel (Ni)	_____ ppm
<input type="checkbox"/> D015 Toxaphene	0.5	<input type="checkbox"/> D020 Chlordane	0.03	<input type="checkbox"/> Thallium (Tl)	_____ ppm
<input type="checkbox"/> D016 2,4-D	10.0	<input type="checkbox"/> D031 Hepachlor (& its epoxide)	0.008	<input type="checkbox"/> Vanadium (V)	_____ ppm
<input type="checkbox"/> D017 2,4,5-TP (silvex)	1.0			<input type="checkbox"/> Zinc (Zn)	_____ ppm

I: USEPA / STATE / GENERATOR STATE WASTE IDENTIFICATION:
 EPA Hazardous Waste: Yes No Federal Universal Waste: Yes No EPA Exemption ref: _____
 List ALL applicable RCRA waste codes: _____
 State Regulated Waste: Yes No Generator State Universal Waste: Yes No DW/EHW: Yes No
 List all applicable State waste codes: _____
 Pennsylvania Generators: If you completed a source reduction strategy (PA FORM 25R link), please submit with this profile.
 WASTE SUBJECT TO LAND DISPOSAL RESTRICTIONS (LDR): Yes No
 This waste is a Wastewater (TOC<1%, TSS<1%) Non-wastewater LDR Material meets Federal Treatment Standards? Yes No
 IDENTIFY ALL UHC'S IN THIS WASTE STREAM: _____

J: SHIPPING INFORMATION: Limited Quantity Yes No Marine Pollutant Yes No
 Is this a DOT Hazardous Material? Yes No Reportable Quantity (RQ) item in pounds: _____
 Inhalation Hazard? Yes No If Yes, ZONE? _____ Additional DOT Information: _____
 (E: Lighter test, CA letter, Special Permit)

USE DOT DESCRIPTION: USE THE FULL BASIC DESCRIPTION ON THE HAZARDOUS WASTE MANIFEST:
 Ex: UN1993, Waste Flammable Liquid, N.O.5 (acetone, methanol), 3, UN1993, PG II
 Method of Shipment: Bulk Liquid Bulk Solid Container (type/size): _____
 Average Shipment Quantity w/ UOM (lbs, gallons, drums, etc): _____ Shipping Frequency (one time, daily, weekly, etc): _____

GENERATOR CERTIFICATION
 To the best of my knowledge and belief, I hereby warrant and represent that the information contained and submitted in the waste profile and all attached documents is true, accurate, and complete and that no material fact has been omitted as to make this misleading. I understand that others may rely on this information in the handling and processing of the waste material described herein. By signing this waste profile, I am certifying that I am authorized to sign such documentation on behalf of the generator.
 Authorized Signature: _____ Authorized Printed Name: _____ Title: _____ Date: _____

Permitted Facility for Approval
 In accordance with 40 CFR 264.12(b).
 [Please make appropriate selection]

Section To be completed by Clean Earth
 SPECIAL HANDLING/DISPOSAL INSTRUCTIONS:
 Requires PUSO TAB Profile Meets Categorical Discharge Standards CTW Category



Regulatory Compliance & Program Operations



Collection Event Operations Plan: TCEQ 45 Day Notification



Notification for a Household Hazardous Waste Collection Event

For TCEQ Use Only	
Date Received	Date of Acknowledgement Letter

Required Notifications

The Texas Commission on Environmental Quality **must be notified at least 45 days before** holding a collection of household hazardous waste (HHW). This requirement applies to any type of HHW collection including these and similar events:

- one-day events
- recurring events
- permanent collection centers
- point-of-generation programs (i.e. curbside or household pickups)
- mobile collection units

If information changes from the previous notification, operators must contact the TCEQ Household Hazardous Waste program for further instructions. Other than the households served in point-of-generation pickup programs, notifications are site specific (that is, different locations require separate notifications). Any combination of collection types at one site can be covered in a single notification.

The content of a notification is specified in Title 30 of the Texas Administrative Code (30 TAC) Section 335.403(b) or 30 TAC 335.403(b). Specific citations for the required information are referenced within this form. Except as noted for certain types of collection programs, all parts of the notification must be complete.

If you have any questions regarding this form, contact the TCEQ at 512-239-0010 or send an e-mail to recycle@tceq.texas.gov.

Operator's Name and Address 30 TAC 335.403(b)(1)

Provide the name and address of the governmental unit, company or organization that is arranging the event. If the collection is done under a contract, the operator could be either the contracted entity or the entity organizing the collection. That decision should be determined between the parties.

Name of Operator:
Address:
City, State, ZIP
E-mail Address

Contact Person's Name, Address, and Telephone Number 30 TAC §335.403(b)(2)

Provide the name, address, telephone number and affiliation of the operator's contact for the collection event. This person is responsible for arranging the event, and for implementing the public outreach efforts for the collection. The contact person is usually, but is not required to be, an employee of the operator listed in the previous section.

Contact Person:	Phone (xxx-xxx-xxxx): Ext.
Affiliation:	
Address:	
City, State, ZIP:	
E-mail Address	

Dates/Times of Planned Collection Events or Days/Hours of Permanent Collection Center or Point-of-Generation Collection Service 30 TAC §335.403(b)(3)

For Collection Events (including those with mobile collection units)

In the first column, provide the dates on which the collections are being planned. Include the month, date, and year. In the second column, provide the hours that the event will be open to the public.

Regulatory Compliance & Program Operations



Collection Event Operations Plan: TCEQ 45 Day Notification

For Permanent Collection Centers and Point-of-Generation Collection Services

In the first column, provide the days (week or month) the center is open or the services offered. In the second column, put the operating hours of the center or program (if by appointment, state “by appointment”).

In Case of Inclement Weather

If alternate dates are set in case of bad weather, enter the alternate dates and hours and check the “Alternate” box (es) after the date(s).

This is for:

- An event (including mobile collection units)
- A permanent collection center
- A point-of-generation collection service or curbside collection no letter required

Dates and Days of Events, Collections, and Services

Date or Day(s):	Hours:
Date or Day(s):	Hours:
<input type="checkbox"/> Alternate	
Date or Day(s):	Hours:
<input type="checkbox"/> Alternate	
Date or Day(s):	Hours:
<input type="checkbox"/> Alternate	

If additional entries are needed, attach a separate sheet.

Location of the Site to be Used 30 TAC §335.403(b)(4)

For mobile unit collection events and permanent collection centers

Provide the **street address** of the site to be used. If possible, include latitude and longitude coordinates for the site. If there is more than one site, separate notifications are needed for each one. If there is no address, provide a detailed description of the location—at least a name for the site, the name of the nearest road or highway, and the distance and direction from nearest town. If the collection will use only part of the site, describe what part is being used. You may attach a map if it is convenient.

Delivery of Collected HHW 30 TAC §335.403(b)(5)

For mobile collection events and point-of-generation programs

If the HHW was taken from the initial collection site directly to a hazardous waste treatment, storage, or disposal facility, **check the box below and proceed to the next section (Permission from the Property Owner).**

- The HHW collected will be delivered directly to a hazardous waste treatment, storage, or disposal facility.

If the HHW is taken to a permanent collection center, collection event, or registered transporter facility **after** being collected at the initial collection point and **before** being delivered to the hazardous waste treatment, storage or disposal facility.

Provide the name and address of the permanent collection center, collection event, or transporter facility that will receive the collected HHW. If more than one is used, attach a list with the information below, as well as when each one will be used (such as for specific neighborhoods, specific events, specific materials, etc.).

Name of Center, Event, or Registered Facility to receive HHW:
Address:
City, State, ZIP:

Permission from the Property Owner of the Location for the Event or Collection Center 30 TAC §335.403(b)(6)

This requirement does not apply to an operation involving point-of-generation pickup services that collect wastes at households.

Provide the name of the property owner—not the leaseholder—of the location site. You must attach a letter **signed by the property owner**, or the owner’s authorized representative, that clearly gives permission to use the site for collecting HHW.

- A signed letter from the property owner is attached.

Areas Covered by the Collection 30 TAC §335.403(b)(7)

Describe who will be allowed to participate in the HHW collection programs by geographical area (for example by city, county, neighborhood, zip code, etc.). If areas have access only to certain parts of your program, be specific about which programs are available in those areas.

Areas:

Regulatory Compliance & Program Operations

Collection Event Operations Plan: TCEQ 45 Day Notification

Types of Household Waste to be Collected 30 TAC §335.403(b)(8)

Provide the types—by waste category—of household wastes to be collected. If different wastes are accepted at different events, or by different parts of the collection program, be specific about what wastes you will take at each event or by the different parts of the collection program (such as a permanent collection center versus a point-of-generation collection service).

Wastes by Category:

Central Registry Information for Permanent Collection Centers 30 TAC §335.403(b)(9)

For a permanent collection center—including any site where HHW will be stored for more than 48 hours after receipt from the public—attach a properly completed TCEQ Core Data Form (TCEQ-10400). Check the box below to indicate that the form is attached.

TCEQ Core Data Form (TCEQ-10400) is attached.

You can download it from the TCEQ website at [TCEQ Form Search](#) by searching for the form number.

Plan for Disposition of the Wastes Collected 30 TAC §335.403(b)(10)

Provide a statement on the plans for the reuse, recycling, or disposal of each type of waste—including non-HHW—that you anticipate receiving.

For HHW, include the name, address, and EPA identification number for each transporter that will haul the HHW from the collection or center, and the name, address, and EPA identification number of each recycling or disposal facility that will receive HHW. **If you will use more than one transporter or recycling/disposal facility, attach a list showing the information below, as well as which wastes will go to each.**

Name of Transporter:	EPA Identification Number:
Address:	
City, State, ZIP:	

Name of Recycling/Disposal Facility:	EPA Identification Number:
Address:	
City, State, ZIP:	

Regulatory Compliance & Program Operations



Mark Henry

County Judge
County of Galveston

Galveston County Courthouse
722 Moody Avenue, Galveston, Texas 77550

Tyler Drummond
Chief of Staff

Dianna Martinez
Office Coordinator

Linda Bilotta Liechty
Administrative Assistant

Collection Event Operations Plan: TCEQ 45 Day Notification

January 11, 2021

Mr. Hector Lujan
Household Hazardous Waste Coordinator
Texas Commission on Environmental Quality
Pollution Prevention and Education, MC-108
P.O. Box 13087
Austin, Texas 78711-3087

Dear Mr. Lujan,

Galveston County is coordinating a one day household hazardous waste (HHW) collection event scheduled for March 13, 2021. By this letter, Galveston County does here by request and authorize Clean Earth, Inc. to conduct the HHW collection on County owned property located at 10 Jack Brooks Road, Hitchcock, Texas. 77563.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Mark Henry".

Mark Henry

409-766-2244 • 281-316-8300 Ext. 2244 • Fax 409-765-2915

Regulatory Compliance & Program Operations



Collection Event Operations Plan

CleanEarth●
Operations Plan for
Harris County Emergency Household
Hazardous Waste
1-Day Collection Event For
HARRIS COUNTY



EVENT LOCATION:
To-Be-Determined

Developed by
Pam Ford
Clean Earth Environmental Solutions
(Philip Reclamation Services, Houston, LLC.)
9950 Chemical Road
Pasadena, TX 77507
281-839-6465

Date of Plan
[REDACTED]

Responsible Persons
Cheryl Burton-Fentress
6900 Hahl Road
Houston, TX 77040
281-560-6230

TABLE OF CONTENTS

Operations Plan
For
Harris County

Emergency One-Day Household Hazardous Waste Collection Event

Location To-Be-Determined

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(B) Evidence of Competency	
(C) Health and Safety Plan	

Regulatory Compliance & Program Operations



Clean Earth Environmental Solutions,

HHW Event Health and Safety Workplan

Collection Event Health & Safety Plan

CleanEarth

WORKPLAN FOR THE [REDACTED] HARRIS COUNTY
EMERGENCY HOUSEHOLD HAZARDOUS WASTE
COLLECTION EVENT

PREPARED BY

CLEAN EARTH ENVIRONMENTAL SOLUTIONS
PHILIP RECLAMATION SERVICES HOUSTON LLC

Site Date: To-Be-Determined

Site Address: To-Be-Determined
Houston, Texas

The Health and Safety Work plan contained herein has been prepared for the HHW event noted above.

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- I. Emergency Contacts
- II. Site Work Plan
 - A. Site Set-up
 - B. Collection (Job description)
 - C. Spill clean-up, secondary containment and Fire Plan
 - D. Personal protective equipment (PPE) & decontamination
 - E. Site closure
- III. Health and Safety Plan
 - A. Site location
 - B. Description of project
 - C. Site characterization
 - D. Site safety & health responsibility
 - E. Risk analysis by task & associated personal protective equipment
 - F. Training requirement
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 - I. Decontamination procedures
 - J. Emergency response plan
- IV. Labeling, Marking, and Manifesting
- V. Chemical Classification (see Operations Plan, "Classifying And Controlling Waste")
- VI. Other Important Tasks & Considerations.

Regulatory Compliance & Program Operations

DOT Regulations

HAZARDOUS MATERIALS LABELING CHART					
CLASS 1 Explosive 1.1	CLASS 1 Explosive 1.4	CLASS 1 Explosive 1.5 Blasting Agent	CLASS 1 Explosive 1.6	CLASS 1 Substancie 1	CLASS 2 Flammable Gas 2
CLASS 2 Non-Flammable Gas 2	CLASS 2 Oxygen 2.2	CLASS 2 Poisonous Gas 2.3	CLASS 3 Flammable Liquid 3	CLASS 4 Flammable Solid 4	CLASS 4 Spontaneously Combustible 4.2
CLASS 4 Dangerous When Wet 4.3	CLASS 5 Oxidizer 5.1	CLASS 5 Organic Peroxide 5.2	CLASS 6 Infectious Substance 6	CLASS 6 Poison 6.1 Other Than Inhalation Hazard	CLASS 6 Toxic 6.2 Other Than Inhalation Hazard
CLASS 6 PG III 6.3 Other Than Inhalation Hazard	CLASS 6 Infectious Substance 6.4	CLASS 7 Radioactive 7.1 Radioactive I	CLASS 7 Radioactive 7.2 Radioactive II	CLASS 7 Radioactive 7.3 Radioactive III	CLASS 7 Corrosive 7.3
CLASS 7 EMPTY	CLASS 8 Corrosive 8	CLASS 9 Miscellaneous 9	CLASS 9 Labeled Infectious 9	FOR AIRCRAFT	
		CLASS 9 Miscellaneous 9.1	CLASS 9 Labeled Infectious 9.2	CLASS 9 Miscellaneous 9.3	CLASS 9 Miscellaneous 9.4

GENERAL GUIDELINES ON USE OF LABELS

- The shipper must attach the appropriate label(s) to each package of hazardous material offered for shipment unless exempted from labeling requirements. (§172.403)
- If the material in a package has more than one hazard classification, the package must be labeled for each hazard. (§172.403)
- When two or more hazardous materials of different classes are packed within the same packaging or outer enclosure, the outside of the package or enclosure must be labeled for each class of hazardous material involved. For exceptions see §172.404. (§172.404)
- Radioactive materials requiring labeling, must be labeled on two opposite sides of the package. (§172.403)
- A label should only be applied to a package containing a hazardous material if it represents the hazard inside. (§172.431)
- No one may offer or transport a package bearing any marking or label which by its color, design, or shape could be confused with or conflict with a hazardous materials label. This does not prohibit the use of labels in conformance with U.N. Recommendations, IMDG Code, ICAO Technical Instructions, TDG Regulations, or GHS. (§172.451)

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Generator - EPA ID TXD 074 196 338 Phone (713) 674-2406
 PHILIP RECLAMATION SERVICES, H OUSTON, LLC
 4050 HOMESTEAD ROAD
 HOUSTON, TX 77028

UN1325

Proper D.O.T. Shipping Name
 UN1325 FLAMMABLE SOLIDS, ORGANIC, N.O.S. (VINYL ACETATE, TOLUENE) 4.1 PGII

HOUS001H HHW EXEMPT
 PCAF06-1 Doc: 243802-19 BC:
 Ord9575950 Mnf: 013614062FLE-4 Prf: EE92734-10
 WCN: FLAMMABLES (PACKED) SOLIDS
 Accumulation Date: 05/08/2019

HOUSEHOLD HAZARDOUS WASTE

Exempt from EPA regulations per 40 CFR part 261.4(b)(1)

Generator - EPA ID TXD 074 196 338 Phone (713) 674-2406
 PHILIP RECLAMATION SERVICES
 4050 HOMESTEAD ROAD
 HOUSTON, TX 77028

Proper D.O.T. Shipping Name
 HOUS001H HHW EXEMPT
 PCJNC15 Doc: 599348-19 BC:
 Ord5778152 Mnf: 013953430FLE-24 Prf: ED85250-09
 WCN: LAB PACK VARIOUS

Accumulation Date: 11/09/2019

Regulatory Compliance & Program Operations



DOT & RCRA Regulations-Waste Manifest

Please print or type. Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number		
5. Generator's Name and Mailing Address							
Generator's Site Address (if different than mailing address)							
Generator's Phone:							
6. Transporter 1 Company Name				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address				U.S. EPA ID Number			
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity	12. Unit WL/Vol	13. Waste Codes
	1						
	2						
	3						
	4						
14. Special Handling Instructions and Additional Information							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.2(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator/Offeror's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) _____ Manifest Reference Number _____ U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. _____ 2. _____ 3. _____ 4. _____							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete. DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

Regulatory Compliance & Program Operations



RCRA and DOT regulations apply to HHW programs and to hazardous waste management and disposal company (Contractors) operations. The RCRA regulations that govern how Contractors manage hazardous waste operations are Title 40 CFR, Parts 260-273. The following describe Part 260-273:

- [Part 260 – Hazardous Waste Management System: General](#)
- [Part 261 – Identification And Listing Of Hazardous Waste](#)
- [Part 262 – Standards Applicable To Generators Of Hazardous Waste](#)
- [Part 263 – Standards Applicable To Transporters Of Hazardous Waste](#)
- [Part 264 – Standards For Owners And Operators Of Hazardous Waste Treatment, Storage, And Disposal Facilities](#)
- [Part 265 – Interim Status Standards For Owners And Operators Of Hazardous Waste Treatment, Storage, And Disposal Facilities](#)

Regulatory Compliance & Program Operations



- [Part 266 – Standards For The Management Of Specific Hazardous Wastes And Specific Types Of Hazardous Waste Management Facilities](#)
- [Part 267 – Standards For Owners And Operators Of Hazardous Waste Facilities Operating Under A Standardized Permit](#)
- [Part 268 – Land Disposal Restrictions](#)
- [Part 270 – EPA Administered Permit Programs: The Hazardous Waste Permit Program](#)
- [Part 271 – Requirements For Authorization Of State Hazardous Waste Programs](#)
- [Part 272 – Approved State Hazardous Waste Management Programs](#)
- [Part 273 – Standards For Universal Waste Management](#)

Regulatory Compliance & Program Operations



Matt Blum, Governor • Doyle Childers, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

MISSOURI HAZARDOUS WASTE MANAGEMENT FACILITY PERMIT PART I PERMIT NUMBER: MOD000610766

PERMITTEE

Owner: Solvent Recovery Corporation
700 Mulberry Street
Kansas City, MO 64101

Operator: Solvent Recovery Corporation
716 Mulberry Street
Kansas City, MO 64101

FACILITY LOCATION

716 Mulberry Street
Kansas City, MO 64101
Jackson County
North Latitude - 39°06'12"
West Longitude - 94°06'27"

FACILITY DESCRIPTION

Solvent Recovery Corporation (SRC) blends and mixes hazardous waste, transports, handles, and stores hazardous waste, and brokers hazardous waste received for off-site treatment or disposal. SRC is a hazardous waste management facility that accepts waste from various generators. SRC is certified to handle most hazardous waste other than dioxin or polychlorinated biphenyl's greater than 50-ppm. Waste streams that are viable fuel candidates are blended and shipped to cement kilns. Along with blending, SRC utilizes miscellaneous treatment units to extract paint and paint related wastes from collected containers and operate a lab pack/depack operation for consolidation, or shipment off-site of permitted containerized waste. For waste streams that cannot be fuel blended, SRC acts as a broker and transfers these wastes to other facilities that can store or treat these waste streams. Wastewater streams can also be generated when hazardous waste containment areas come in contact with rainwater. These waste streams are regulated under the Clean Water Act.



UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2019-2022

Registrant: STERICYCLE SPECIALTY WASTE SOLUTIONS INC
ATTN: Stacy Johnson
PO BOX 368
NEENAH, WI 54957

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 052919550076BD Effective: July 1, 2019 Expires: June 30, 2022
HM Company ID: 78603

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U.S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazard Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Page 1 of 2
DATE IMMEDIATELY
07/02/2020

ACORD® CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME Willis Towers Watson Certificate Center PHONE 1-877-945-7378 FAX 1-888-467-2378 EMAIL certificates@willis.com ADDRESS
INSURED Clean Earth Environmental Solutions, Inc. 350 Poplar Church Road Camp Hill, PA 17011	INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company 22667 INSURER B: Indemnity Insurance Company of North Ameri 43575 INSURER C: Allied World Assurance Company US Inc 19489 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: W17142176 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			IBO 071449294	06/30/2020	06/30/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			ISA B25301948	06/30/2020	06/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> OFFICER/MEMBER/EXECUTIVE (Mandatory in NJ) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C67455782	06/30/2020	06/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	Excess Workers Compensation			WCU C67455824	06/30/2020	06/30/2021	See Page 2

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>CLL A. Johnson</i>

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SR ID: 19817852 BATCH: 1733629



Regulatory Compliance & Program Operations

Is Household Hazardous Waste RCRA Waste

>NO. In Texas, and in most states, HHW is RCRA Exempt Waste. BUT, TCEQ HHW rules do govern HHW collection program in Texas, Texas Administrative Code:

Title 30 Environmental Quality

Part 1 Texas Commission On Environmental Quality

**Chapter 335 Industrial Solid Waste & Hazardous
Municipal Waste**

Subchapter N Household Hazardous Wastes



Universal Waste Rule

>Part 273 of the EPA regulations addresses Universal Waste Management. The universal waste regulations were developed to simplify the hazardous waste management standards for specific categories of hazardous waste: batteries, pesticides, mercury thermostats, paint/paint related waste and mercury bulbs (fluorescent bulbs).

Regulatory Compliance & Program Operations



Universal Waste Rule

>The universal waste rule makes it easier for household hazardous waste programs to manage these waste streams as some of the RCRA requirements for managing pesticides are less stringent. The waste collected can be packaged and manifested as universal waste by the hazardous waste contractor. Streamlined universal waste regulations promote environmentally sound collection practices and increase the proper recycling or treatment of such wastes.



Documentation & Reporting

- > Post-event reporting is an important element of the collection program.**
- > Event sponsors need data that shows the program is achieving its purpose: the proper management of household hazardous waste.**

Regulatory Compliance & Program Operations



Documentation & Reporting

In Texas, all HHW collection programs (both 1-day event and permanent facilities are required to file annual reports with the TCEQ.

Regulatory Compliance & Program Operations



Reporting

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Section A: Contact Information	
Instructions: Complete contact information below, updating the program contact if needed. Submit your report to HHW Program Manager at recycle@tceq.texas.gov	
Report Contact:	Same as Program Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City, ZIP:
Phone Number:	Email:
Program Contact:	New Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City, ZIP:
Phone Number:	Email:
Section B: Collection Event Information	
Instructions: Complete the information below for the program(s) being reported	
Calendar Year Being Reported:	Multiple Events or Programs Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Types Included in Report: <input type="checkbox"/> Permanent Facility <input type="checkbox"/> Collection Event <input type="checkbox"/> Point-of-Generation Collection	
Name and address of permanent facility or facilities being reported for: Attach a list if necessary	
Address and date of collection event(s) or community(s) for point-of-generation: Attach a list if necessary	
Material received from another HHW program during reporting year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" List:
Material transferred to another HHW program during reporting year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" List:

If you have questions on how to fill out this form or about the Household Hazardous Waste program, please contact us at 512-239-3143. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.

Section C: Collection Amounts

Instructions: Complete this section designating **pounds** collected for the following categories and their management. Note: if materials offered for reuse were not itemized, complete as best estimate or in total pounds offered at the bottom.

Material Type	Material Collected				Material Management			
	Permanent Facility	Collection Event (Mobile or 1-Day)	Point-of-Generation	Received from other HHW program(s)	Offered for Reuse at Event or Facility	Recycled (including energy recovery)	Disposed	Transferred to other HHW program (s)
1. Flammables								
2. Corrosives								
3. Oxidizers								
4. Pesticides, Herbicides, Fertilizers								
5. Batteries								
6. Automotive Fluids*								
7. Oil Filters								
8. Paint/Paint-related								
9. Used Electronics								
10. CFLs & Mercury-Containing Equipment								
11. Other:								
TOTAL								

To Submit Your Report

Email this report to recycle@tceq.texas.gov by April 1 of each year.

*Reporting information provided here does not substitute for direct reporting to the Used Oil Program.

Conclusion



Questions and Discussion

Conclusion



Contact Information

Presenter: Jack Ranney

Email: jcranney@Harsco.com

Phone: (512) 663-2090