N61165.AR.003859
CNC CHARLESTON
5090.3a

HAZARDOUS WASTE INDEX NUMBERS AND HAZARDOUS WASTE QUARTERLY REPORT FOR PERIOD ENDING 31 MARCH 2000 WITH TRANSMITTAL CNC CHARLESTON SC
3/31/2000
NAVFAC SOUTHERN

QUARTERLY
REPORTS

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/41
13 April 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending March 31, 2000.

If additional information is required, please contact Mr. Rick Nielson or Ms. Lillie Frierson at the Caretaker Site Office, phone number (843) 743-9985, extension 33 or 27.

Sincerely,

H. N. Shepard II

H. N. SHEPARD II
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)

D H E C

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**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I. SC0170022560
ATTN: MATT HUMPHREY
CHARLESTON NAVAL COMPLEX
P.O.BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 1 / 00 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV. ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Henry N. Shepard II PE CARETAKER SITE OFFICER HENRY N SHEPARD II PE 4/13/2000
Signature of Authorized Representative Print/Type Name & Title Date

D H E C

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# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017002256 0 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

1/00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 098 | 210 |
| 160 | 14 |
| 311 | 1223 |
| 331 | 146 |
| 439 | 89 |
| 462 | 73 |
| 469 | 9498 |
| 481 | 3740 |
| | |
| | |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| 197 | S01 | 663 |
| 469 | S01 | 150 |
| | | |
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| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| 23 (16-17) | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| | INT190011039 7 | METROPOLITAN ENVIRONMENTAL |
| | | |
| | | |
| | | |

DHEC
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# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC0170022560 (EPA/DHEC ID# (1-12)) | CHARLESTON NAVAL COMPLEX (Company Name) | 1 / 00 (Quarter & Year (13-15))

| VII. | (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38) | Manifest Document Number (39-43) | Amount (lbs.) (70-78) |
|---|---|---|---|---|---|---|
| VII. | 24 | 160 | 01 / 20 / 00 | GAD033842543 | 13760 | 14 |
| VII. | 24 | 098 | 01 / 20 / 00 | MID096963194 | 13761 | 210 |
| VII. | 24 | 469 | 01 / 20 / 00 | KYD088438817 | 13762 | 4137 |
| VII. | 24 | 481 | 02 / 10 / 00 | MID096963194 | 13764 | 3740 |
| VII. | 24 | 311 | 03 / 07 / 00 | GAD033842543 | 13765 | 1223 |

D H E C
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# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC0170025560 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 439 — Date Shipped (21-26): 03 / 07 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13765 — Amount (lbs.) (70-78): 89

VII. 24 (16-17) — Waste Index Line # (18-20): 462 — Date Shipped (21-26): 03 / 07 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13765 — Amount (lbs.) (70-78): 73

VII. 24 (16-17) — Waste Index Line # (18-20): 469 — Date Shipped (21-28): 03 / 07 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): KYD008438817
Manifest Document Number (39-43): 13766 — Amount (lbs.) (70-78): 1783

VII. 24 (16-17) — Waste Index Line # (18-20): 469 — Date Shipped (21-26): 03 / 07 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): KYD008438817
Manifest Document Number (39-43): 13767 — Amount (lbs.) (70-78): 1579

VII. 24 (16-17) — Waste Index Line # (18-20): 331 — Date Shipped (21-26): 03 / 07 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13768 — Amount (lbs.) (70-78): 146

D H E C
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# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) | 469 Waste Index Line # (18-20) | 03 / 07 / 00 MM DD YY Date Shipped (21-26) | GAD033842543 Facility EPA/DHEC ID # (27-38)
13769 Manifest Document Number (39-43) | 1999 Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/42
13 April 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2000.

If additional information is required, please contact Mr. Rick Nielson or Ms. Lillie Frierson at the Caretaker Site Office, phone number (843) 743-9985, extension 33 or 27.

Sincerely,

H. N. Shepard II

H. N. SHEPARD II
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Hazardous Waste Index (DHEC Form 1965)

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I. SC0000328906
ATTN: MATT HUMPHREY
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** — **Quarterly Report** — 1 / 00 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** — **Annual Declaration** — Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV. ENV. ENG. 843 743 9985
Name (First Name First) & Job Title — Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Henry N. Shepard II PE — CARETAKER SITE OFFICER HENRY N. SHEPARD II, PE — 4/13/2000
Signature of Authorized Representative — Print/Type Name & Title — Date



ENCL: (1)

D H E C

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# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. 5 C 0 0 0 3 2 8 9 0 6 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

1 / 0 0 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 001 | 5467 |
| 002 | 1003 |
| | |
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| | |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| 001 | 501 | 5467 |
| 002 | 501 | 1003 |
| | | |
| | | |
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| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |



ENCL: (2)

DHEC
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# Quarterly Hazardous Waste Report
## Hazardous Waste Index

I. SC000328906 — EPA/DHEC ID# (1-12)
ANNEX TO CHARLESTON NAVAL COMPLEX — Company Name
03 / 31 / 00 — Month / Day / Year

II. 002 Waste Index Line # (This line # will always represent this specific waste stream).

IDW WASTE
Description of Hazardous Waste (16-75)

D008 (76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

3731 SIC Code

Process Producing Waste:

CLOSURE OPERATIONS

II. Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

(76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

SIC Code

Process Producing Waste:

II. Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

(76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

SIC Code

Process Producing Waste:


PNCL: (3)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/67
14 July 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 30, 2000.

If additional information is required, please contact Mr. Rick Nielson or Mr. Matt Humphrey at the Caretaker Site Office, phone number (843) 743-9985, extension 33 or 29.

Sincerely,

H. N. Shepard II

H. N. SHEPARD II
Caretaker Site Officer
By direction of the Commander

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0170022560
ATTN: MATT HUMPHREY
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 2/00 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY, SUPV. ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

H. N. Shepard II HENRY N SHEPARD II, PE OFFICER CARETAKER SITE 7/14/2000
Signature of Authorized Representative Print/Type Name & Title Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2/00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 024 | 19 |
| 095 | 21 |
| 127 | 30 |
| 134 | 11 |
| 142 | 977 |
| 197 | 663 |
| 277 | 530 |
| 285 | 8 |
| 293 | 18 |
| 331 | 4520 |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| (16-17) | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 | INT190011039 7 | METROPOLITAN ENVIRONMENTAL |
| 23 | SCD000081061 | S.R.R. |
| 23 | GAD033842543 | TRI-STATE STEEL DRUM, INC. |
| 23 | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC0170022560 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2100 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 412 | 15711 |
| 462 | 40 |
| 465 | 7610 |
| 469 | 50518 |
| | |
| | |
| | |
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| | |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 311 — Date Shipped (21-26): 05 / 08 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): MID096963194
Manifest Document Number (39-43): 13771 — Amount (lbs.) (70-78): 1003

VII. 24 (16-17) — Waste Index Line # (18-20): 469 — Date Shipped (21-26): 05 / 08 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): KYD088438817
Manifest Document Number (39-43): 13772 — Amount (lbs.) (70-78): 4908

VII. 24 (16-17) — Waste Index Line # (18-20): 412 — Date Shipped (21-26): 05 / 16 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): ALD981020894
Manifest Document Number (39-43): 13773 — Amount (lbs.) (70-78): 1571

VII. 24 (16-17) — Waste Index Line # (18-20): 465 — Date Shipped (21-26): 05 / 16 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): ALD981020894
Manifest Document Number (39-43): 13773 — Amount (lbs.) (70-78): 760

VII. 24 (16-17) — Waste Index Line # (18-20): 277 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13774 — Amount (lbs.) (70-78): 530

DHEC

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (16-20): 024 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13774 — Amount (lbs.) (70-78): 19

VII. 24 (16-17) — Waste Index Line # (18-20): 462 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-36): GAD033842543
Manifest Document Number (39-43): 13774 — Amount (lbs.) (70-78): 20

VII. 24 (16-17) — Waste Index Line # (18-20): 469 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): KYD018843818117
Manifest Document Number (39-43): 13775 — Amount (lbs.) (70-78): 150

VII. 24 (16-17) — Waste Index Line # (18-20): 142 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): KYD018843818117
Manifest Document Number (39-43): 13775 — Amount (lbs.) (70-78): 977

VII. 24 (16-17) — Waste Index Line # (16-20): 331 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13776 — Amount (lbs.) (70-78): 780

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 197 — Date Shipped (21-26): 05 / 17 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13776 — Amount (lbs.) (70-78): 663

VII. 24 (16-17) — Waste Index Line # (18-20): 462 — Date Shipped (21-26): 06 / 12 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13780 — Amount (lbs.) (70-78): 20

VII. 24 (16-17) — Waste Index Line # (18-20): 331 — Date Shipped (21-26): 06 / 21 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): MID096963194
Manifest Document Number (39-43): 13781 — Amount (lbs.) (70-78): 2737

VII. 24 (16-17) — Waste Index Line # (18-20): 095 — Date Shipped (21-26): 06 / 27 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-36): GAD033842543
Manifest Document Number (39-43): 13784 — Amount (lbs.) (70-78): 21

VII. 24 (16-17) — Waste Index Line # (18-20): 293 — Date Shipped (21-26): 06 / 27 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13784 — Amount (lbs.) (70-78): 18

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index
285 — Line # (18-20)
06 / 27 / 00 — MM DD YY Date Shipped (21-26)
GAD033842543 — Facility EPA/DHEC ID # (27-38)
13784 — Manifest Document Number (39-43)
8 — Amount (lbs.) (70-78)

VII. 24 (16-17) — Waste Index
127 — Line # (18-20)
06 / 27 / 00 — MM DD YY Date Shipped (21-26)
GAD033842543 — Facility EPA/DHEC ID # (27-38)
13784 — Manifest Document Number (39-43)
30 — Amount (lbs.) (70-78)

VII. 24 (16-17) — Waste Index
134 — Line # (18-20)
06 / 27 / 00 — MM DD YY Date Shipped (21-26)
GAD033842543 — Facility EPA/DHEC ID # (27-36)
13784 — Manifest Document Number (39-43)
11 — Amount (lbs.) (70-78)

VII. 24 (16-17) — Waste Index
Line # (18-20)
/ / — MM DD YY Date Shipped (21-26)
Facility EPA/DHEC ID # (27-36)
Manifest Document Number (39-43)
Amount (lbs.) (70-78)

VII. 24 (16-17) — Waste Index
Line # (18-20)
/ / — MM DD YY Date Shipped (21-26)
Facility EPA/DHEC ID # (27-36)
Manifest Document Number (39-43)
Amount (lbs.) (70-78)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/68
14 July 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending June 30, 2000.

If additional information is required, please contact Mr. Rick Nielson or Mr. Matt Humphrey at the Caretaker Site Office, phone number (843) 743-9985, extension 33 or 29.

Sincerely,

H. N. Shepard II

H. N. SHEPARD II
Caretaker Site Officer
By direction of the Commander

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I. SC0000328906
ATTN: MATT HUMPHREY
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 2/00 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV ENV ENG 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

H. N. Shepard II HENRY N SHEPARD II PE OFFICER CARETAKER SITE 7/14/2000
Signature of Authorized Representative Print/Type Name & Title Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC0000328906 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
21 / 00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 001 | 118 |
| 002 | 36125 |
| | |
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| | |
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| | | |
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| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | INT190010397 | METROPOLITAN ENVIRONMENTAL |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VI. SC000032896 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 002 — Date Shipped (21-26): 06 / 21 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): MID096963194
Manifest Document Number (39-43): 13782 — Amount (lbs.) (70-78): 3625

VII. 24 (16-17) — Waste Index Line # (18-20): 001 — Date Shipped (21-26): 06 / 21 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): GAD033842543
Manifest Document Number (39-43): 13783 — Amount (lbs.) (70-78): 118

VII. 24 (16-17) — Waste Index Line # (18-20): ___ — Date Shipped (21-28): ___ / ___ / ___ (MM DD YY) — Facility EPA/DHEC ID # (27-38): ___
Manifest Document Number (39-43): ___ — Amount (lbs.) (70-78): ___

VII. 24 (16-17) — Waste Index Line # (18-20): ___ — Date Shipped (21-26): ___ / ___ / ___ (MM DD YY) — Facility EPA/DHEC ID # (27-38): ___
Manifest Document Number (39-43): ___ — Amount (lbs.) (70-78): ___

VII. 24 (16-17) — Waste Index Line # (18-20): ___ — Date Shipped (21-26): ___ / ___ / ___ (MM DD YY) — Facility EPA/DHEC ID # (27-38): ___
Manifest Document Number (39-43): ___ — Amount (lbs.) (70-78): ___

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/93
16 September 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2000.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Matthew Humphrey

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0170022560
ATTN: MATT HUMPHREY
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 3 / 0 0
Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV ENV ENG 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Matthew Humphrey MATT HUMPHREY CSO SUPV 10/17/00
Signature of Authorized Representative Print/Type Name & Title Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017002215610 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

3/00 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/92
16 September 2000

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2000.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)
4. Off-Site Facility Report (DHEC Form 1965)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0000328906
ATTN: MATT HUMPHREY
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 3 / 00 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY, SUPV. ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Signature of Authorized Representative | MATT HUMPHREY CSO SUPV | 10/17/00
Print/Type Name & Title | Date

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC0100328906 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
3/00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 003 | 60603 |
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| (16-17) | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 | SCR000074211 | AMERICAN ENVIRONMENTAL |
| 23 | | |
| 23 | | |
| 23 | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VI. SC0003289006 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
3 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 003 — Date Shipped (21-26): 07 / 18 / 00 (MM DD YY) — Facility EPA/DHEC ID # (27-38): OHD055522429
Manifest Document Number (39-43): 13785 — Amount (lbs.) (70-78): 6063

VII. 24 (16-17) — Waste Index Line # (18-20): — Date Shipped (21-26): / / (MM DD YY) — Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): — Amount (lbs.) (70-78):

VII. 24 (16-17) — Waste Index Line # (18-20): — Date Shipped (21-26): / / (MM DD YY) — Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): — Amount (lbs.) (70-78):

VII. 24 (16-17) — Waste Index Line # (18-20): — Date Shipped (21-26): / / (MM DD YY) — Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): — Amount (lbs.) (70-78):

VII. 24 (16-17) — Waste Index Line # (18-20): — Date Shipped (21-26): / / (MM DD YY) — Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): — Amount (lbs.) (70-78):

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index

I. SC0000328906 — EPA/DHEC ID# (1-12)
ANNEX TO CHARLESTON NAVAL COMPLEX — Company Name
10 / 16 / 00 — Month / Day / Year

II. 003 Waste Index Line # (This line # will always represent this specific waste stream).

PAINT WASTE
Description of Hazardous Waste (16-75)

D008 (76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

3731
SIC Code

Process Producing Waste:

CLOSURE OPERATIONS

Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

(76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

SIC Code

Process Producing Waste:

II. Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

(76-79) | (80-83) | (84-87) | (88-91) | (92-95)
EPA/DHEC Waste Codes

SIC Code

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/06
22 January 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending December 31, 2000.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)
4. Hazardous Waste Index (DHEC Form 1965)
5. Hazardous Waste Index-Amended (DHEC Form 1965)

DHEC
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I. SC0170022560
ATTN: MATT HUMPHREY
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 4 / 0 0 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV ENV ENG 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Matthew Humphrey MATTHEW HUMPHREY CSO SUPV 1/22/01
Signature of Authorized Representative Print/Type Name & Title Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017002256 0 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

4/00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 098 | 5985 |
| 317 | 18780 |
| 465 | 7044 |
| 478 | 290 |
| | |
| | |
| | |
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| | |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| 098 | S01 | 816 |
| 104 | S01 | 8 |
| 197 | S01 | 27 |
| 299 | S01 | 28 |
| 314 | S01 | 5 |
| 350 | S01 | 204 |
| 356 | S01 | 8 |
| 440 | S01 | 137 |
| 462 | S01 | 51 |
| 494 | S01 | 768 |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | NCD061263315 | ASHLAND DISTRIBUTION CO. - 80 |
| 23 (16-17) | SCR000074211 | AMERICAN ENVIRO |
| 23 (16-17) | SCD980837504 | FENN-VAC, INC. |
| 23 (16-17) | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017092560 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
4 / 00 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 317 — Date Shipped (21-26): MM 10 / DD 04 / YY 00 — Facility EPA/DHEC ID # (27-38): NCD061263115
Manifest Document Number (39-43): 137817 — Amount (lbs.) (70-78): 18780

VII. 24 (16-17) — Waste Index Line # (18-20): 465 — Date Shipped (21-26): MM 10 / DD 31 / YY 00 — Facility EPA/DHEC ID # (27-38): MID096963194
Manifest Document Number (39-43): 137818 — Amount (lbs.) (70-78): 7044

VII. 24 (16-17) — Waste Index Line # (18-20): 098 — Date Shipped (21-26): MM 12 / DD 27 / YY 00 — Facility EPA/DHEC ID # (27-38): MID096963194
Manifest Document Number (39-43): 137794 — Amount (lbs.) (70-78): 5985

VII. 24 (16-17) — Waste Index Line # (18-20): 478 — Date Shipped (21-26): MM 12 / DD 28 / YY 00 — Facility EPA/DHEC ID # (27-38): ALD981020894
Manifest Document Number (39-43): 137795 — Amount (lbs.) (70-78): 290

VII. 24 (16-17) — Waste Index Line # (18-20): — Date Shipped (21-26): MM / DD / YY — Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): — Amount (lbs.) (70-78):

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC011700225610 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
4/00 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| 515 | S01 | 1006 |
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index

I. SC0170225560 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

01 / 22 / 01 — Month / Day / Year

II. 515 Waste Index Line # (This line # will always represent this specific waste stream).

RESIN

Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| U069 | | | | | 3731 |

EPA/DHEC Waste Codes

Process Producing Waste:

CLOSURE OPERATIONS

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| | | | | | |

EPA/DHEC Waste Codes

Process Producing Waste:

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| | | | | | |

EPA/DHEC Waste Codes

Process Producing Waste:

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index AMMENDED

I. SC011710022560 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
01 / 22 / 01 — Month / Day / Year

II. 4612 Waste Index Line # (This line # will always represent this specific waste stream).

AEROSOLS — Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| D001 | D035 | | | | 3731 |

EPA/DHEC Waste Codes

Process Producing Waste:

ADD: D008

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| | | | | | |

EPA/DHEC Waste Codes

Process Producing Waste:

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste (16-75)

| (76-79) | (80-83) | (84-87) | (88-91) | (92-95) | SIC Code |
|---|---|---|---|---|---|
| | | | | | |

EPA/DHEC Waste Codes

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/07
22 January 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending December 31, 2000.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Matthew Humphrey

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0000328906
ATTN: MATT HUMPHREY
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 4 / 0 0
Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV. ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Matthew Humphrey MATTHEW HUMPHREY CSO SUPV. 1/22/01
Signature of Authorized Representative Print/Type Name & Title Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
# Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC000328906 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

4100 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/23
24 April 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending March 31, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0170022560
ATTN: MATT HUMPHREY
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 1 / 01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Statue)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV ENV ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Matthew Humphrey MATTHEW HUMPHREY CARETAKER 4-25-01
Signature of Authorized Representative Print/Type Name & Title Date

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC0170022560 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1/01 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (16-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 098 | 12815 |
| 104 | 8 |
| 126 | 8 |
| 220 | 104 |
| 299 | 204 |
| 321 | 5 |
| 438 | 720 |
| 462 | 51 |
| 427 | 124 |
| 494 | 768 |

IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | GAD033842543 | TRI-STATE STEEL DRUM, INC. |
| 23 (16-17) | SCR000075150 | SAFETY-KLEEN SYSTEMS, INC |
| 23 (16-17) | | |
| 23 (16-17) | | |

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC0117002156 0 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

1 1 0 1 — (13-15) Quarter & Year

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 515 | 1016 |
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |
| 2 3 (16-17) | | |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1 / 01 — Quarter & Year (13-15)

VII. 24 (16-17) — Waste Index Line # (18-20): 104 — Date Shipped (21-26): 02 / 27 / 01 (MM DD YY) — Facility EPA/DHEC ID # (27-38): TXD074196338
Manifest Document Number (39-43): 13797 — Amount (lbs.) (70-78): 8

VII. 24 (16-17) — Waste Index Line # (18-20): 126 — Date Shipped (21-26): 02 / 27 / 01 (MM DD YY) — Facility EPA/DHEC ID # (27-38): TXD074196338
Manifest Document Number (39-43): 13797 — Amount (lbs.) (70-78): 8

VII. 24 (16-17) — Waste Index Line # (18-20): 321 — Date Shipped (21-26): 02 / 27 / 01 (MM DD YY) — Facility EPA/DHEC ID # (27-38): TXD074196338
Manifest Document Number (39-43): 13797 — Amount (lbs.) (70-78): 5

VII. 24 (16-17) — Waste Index Line # (18-20): 494 — Date Shipped (21-26): 02 / 27 / 01 (MM DD YY) — Facility EPA/DHEC ID # (27-38): TXD074196338
Manifest Document Number (39-43): 13797 — Amount (lbs.) (70-78): 768

VII. 24 (16-17) — Waste Index Line # (18-20): 515 — Date Shipped (21-26): 02 / 27 / 01 (MM DD YY) — Facility EPA/DHEC ID # (27-38): TXD074196338
Manifest Document Number (39-43): 13797 — Amount (lbs.) (70-78): 1096

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

DHEC — PROMOTE PROTECT PROSPER

VI. SC017002215610 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1 / 01 — Quarter & Year (13-15)

VII. 24 (16-17) | 098 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-26) | TND000772186 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 60 Amount (lbs.) (70-78)

VII. 24 (16-17) | 220 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-26) | TND000772186 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 104 Amount (lbs.) (70-78)

VII. 24 (16-17) | 299 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-28) | TND000772186 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 204 Amount (lbs.) (70-78)

VII. 24 (16-17) | 438 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-28) | TND000772186 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 720 Amount (lbs.) (70-78)

VII. 24 (16-17) | 462 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-26) | TND000772186 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 51 Amount (lbs.) (70-78)

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002215610 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1 / 01 — Quarter & Year (13-15)

VII. 24 (16-17) | 477 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-26) | TND000772118 6 Facility EPA/DHEC ID # (27-38)
137998 Manifest Document Number (39-43) | 124 Amount (lbs.) (70-78)

VII. 24 (16-17) | 098 Waste Index Line # (18-20) | 02 / 27 / 01 MM DD YY Date Shipped (21-26) | NCD000648451 Facility EPA/DHEC ID # (27-38)
138000 Manifest Document Number (39-43) | 1225 Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

VII. 24 (16-17) | Waste Index Line # (18-20) | MM / DD / YY Date Shipped (21-26) | Facility EPA/DHEC ID # (27-38)
Manifest Document Number (39-43) | Amount (lbs.) (70-78)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/24
24 April 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

MATT HUMPHREY
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

# Certification and Activity Page

I.
SC0000328906
ATTN: MATT HUMPHREY
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 1/01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

MATT HUMPHREY SUPV ENV ENG 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generatsd to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Matthew Humphrey MATTHEW HUMPHREY CARETAKER 4-25-01
Signature of Authorized Representative Print/Type Name & Title Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC0000328906 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
1101 — Quarter & Year (13-15)

II. (16-17) 20 (18) ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. (16-17) 21

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. (16-17) 22

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| (16-17) | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 | | |
| 23 | | |
| 23 | | |
| 23 | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/43
20 July 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending July 30, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 2/01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Amy Daniell/Env Engr. — 20 July 2001
Signature of Authorized Representative — Print/Type Name & Title — Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC0000312891 06 | CHARLESTON NAVAL COMPLEX | 21 01 Quarter & Year

EPA/DHEC ID# (1-12) | Company Name | (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/42
20 July 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 30, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures:
1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)
3. Waste Shipped Off-Site for Treatment, Storage, Disposal and Recovery (DHEC Form 1963)

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 2/01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Amy Daniell/Env. Engr. — 20 July 2001
Signature of Authorized Representative — Print/Type Name & Title — Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC011710022516 0 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

2/01 — Quarter & Year (13-15)

II. 20 (16-17) ☐ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
| 137 | 211501 |
| 478 | 46101 |
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | SCD981081371504 | FENN-VAC INC. |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VI. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
2 / 01 — Quarter & Year (13-15)

VII. 24 (16-17) | Waste Index Line # (18-20): 137 | Date Shipped (21-26): 05 / 13 / 01 (MM DD YY) | Facility EPA/DHEC ID # (27-38): MID007248311
Manifest Document Number (39-43): 13803 | Amount (lbs.) (70-78): 2150

VII. 24 (16-17) | Waste Index Line # (18-20): 478 | Date Shipped (21-26): 06 / 29 / 01 (MM DD YY) | Facility EPA/DHEC ID # (27-38): ALD981102089 4
Manifest Document Number (39-43): 13805 | Amount (lbs.) (70-78): 460

VII. 24 (16-17) | Waste Index Line # (18-20): | Date Shipped (21-26): / / (MM DD YY) | Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): | Amount (lbs.) (70-78):

VII. 24 (16-17) | Waste Index Line # (18-20): | Date Shipped (21-26): / / (MM DD YY) | Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): | Amount (lbs.) (70-78):

VII. 24 (16-17) | Waste Index Line # (18-20): | Date Shipped (21-26): / / (MM DD YY) | Facility EPA/DHEC ID # (27-38):
Manifest Document Number (39-43): | Amount (lbs.) (70-78):

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/062
23 October 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 3/01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV. ENG. 843 743 9985

Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell Amy Daniell Environmental Engineer 10/23/01

Signature of Authorized Representative Print/Type Name & Title Date

DHEC

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017092256 0 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

3/01 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/061
23 October 2001

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending September 30, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

## Certification and Activity Page

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 3 / 01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Amy Daniell Environmental Engineer — 10/23/01
Signature of Authorized Representative — Print/Type Name & Title — Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC990328906 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

31 01 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/003
16 January 2002

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending December 31, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

# Certification and Activity Page

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 4 / 01 Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV. ENG. 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Amy Daniell Env. Engr. — 1/16/02
Signature of Authorized Representative — Print/Type Name & Title — Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I. SC017002256 0 — EPA/DHEC ID# (1-12)
CHARLESTON NAVAL COMPLEX — Company Name
4 / 01 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
|---|---|---|
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

DHEC 1960 (09/1999)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/002
16 January 2002

Mrs. Teresa Hayes
South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance Monitoring Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending December 31, 2001.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. SCDHEC Computerized Quarterly Hazardous Waste Report (DHEC Form 1961)
2. Generation and On-Site Treatment, Storage, Disposal and Recovery (DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

**Hazardous Waste Report**
**Bureau of Land & Waste Management**
**Compliance Monitoring Section**
**2600 Bull Street, Columbia, SC 29201**

# Certification and Activity Page

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010
N. CHARLESTON, SC 29419-9010

II. **Important:** Please complete the following information required in either Box 1 or Box 2.

**Box 1** **Quarterly Report** 4 / 0 1
Quarter & Year

☒ Large Quantity Generator ☐ On-Site T,S,D,R Facility (Part B Permit/Interim Status) ☐ Off-Site T,S,D,R Facility (Part B Permit/Interim Status)

Enter 'X' by each activity involving your company.

**Box 2** **Annual Declaration** Year

☐ Small Quantity Generator

III. Company Contact Name, Title, and Telephone Number

AMY DANIELL ENV ENG 843 743 9985
Name (First Name First) & Job Title Telephone Number

IV. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Amy Daniell Env. Engr — 1/16/02
Signature of Authorized Representative — Print/Type Name & Title — Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

ANNEX TO

I. SC000328906 — EPA/DHEC ID# (1-12)

CHARLESTON NAVAL COMPLEX — Company Name

4/01 — Quarter & Year (13-15)

II. 20 (16-17) ☒ (18) Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. 21 (16-17)

**Generated Waste**

| Waste Index Line # (18-20) | Amount Generated (in lbs) (21-29) |
|---|---|
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IV. 22 (16-17)

**On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # (18-20) | Handling Method (e.g. S01, S02) (21-23) | Amount T,S,D,R, On-Site (in lbs) (24-32) |
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V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| | Transporter EPA/DHEC ID # (18-29) | Transporter's Name |
|---|---|---|
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |
| 23 (16-17) | | |

DHEC 1000 (08/1997)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/022
11 April 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures:
1. Generation and On-Site T,S,D,R (DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R (DHEC Form 1963)
3. Hazardous Waste Index (DHEC Form 1965)

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
N CHARLESTON SC 29419-9010

es require

1 / 02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 004 | 2800 |
| 005 | 350 |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 004 | H141 | 2800 |
| 005 | H141 | 350 |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD981083754 | FENN-VAC, INC. |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-9985 | 4/11/02 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VII. SC000328906 (EPA/DHEC ID#) CHARLESTON NAVAL COMPLEX (Company Name) 1 / 02 Quarter & Year

VIII. 004 (Waste Index Line #) 03 / 27 / 02 (MM DD YY Date Shipped) ALD981020894 (Facility EPA/DHEC ID #)
13818 (Manifest Document Number) 1750 (Amount (lbs.))

VIII. 005 (Waste Index Line #) 03 / 27 / 02 (MM DD YY Date Shipped) ALD981020894 (Facility EPA/DHEC ID #)
13818 (Manifest Document Number) 350 (Amount (lbs.))

VIII. 004 (Waste Index Line #) 03 / 27 / 02 (MM DD YY Date Shipped) ALD981020894 (Facility EPA/DHEC ID #)
13819 (Manifest Document Number) 1050 (Amount (lbs.))

VIII. (Waste Index Line #) / / (MM DD YY Date Shipped) (Facility EPA/DHEC ID #)
(Manifest Document Number) (Amount (lbs.))

VIII. (Waste Index Line #) / / (MM DD YY Date Shipped) (Facility EPA/DHEC ID #)
(Manifest Document Number) (Amount (lbs.))

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index

ANNEX TO

I. SC0000328906 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
04 / 11 / 02 — Month / Day / Year

II. 004 Waste Index Line # (This line # will always represent this specific waste stream).

IDW WASTE
Description of Hazardous Waste

D018 | | | | | 336611 | 541
EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

CLOSURE OPS.

II. 005 Waste Index Line # (This line # will always represent this specific waste stream).

IDW WASTE
Description of Hazardous Waste

D007 | | | | | 336611 | 541
EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

CLOSURE OPS.

II. | Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/023
11 April 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending March 31, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-9985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN CSO
N CHARLESTON SC 29419-9010

s require

1 / 02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 331 | 110380 |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 331 | H141 | 110380 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD980837504 | FENN-VAC, INC. |
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify that out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-9985 | 4/11/08 |

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#

CHARLESTON NAVAL COMPLEX — Company Name

1 / 02 Quarter & Year

---

VIII. 331 — Waste Index Line #

03 / 26 / 02 — MM / DD / YY Date Shipped

OHD980568992 — Facility EPA/DHEC ID #

13814 — Manifest Document Number

30360 — Amount (lbs.)

---

VIII. 331 — Waste Index Line #

03 / 26 / 02 — MM / DD / YY Date Shipped

OHD980568992 — Facility EPA/DHEC ID #

13815 — Manifest Document Number

29020 — Amount (lbs.)

---

VIII. 331 — Waste Index Line #

03 / 26 / 02 — MM / DD / YY Date Shipped

OHD980568992 — Facility EPA/DHEC ID #

13816 — Manifest Document Number

27740 — Amount (lbs.)

---

VIII. 331 — Waste Index Line #

03 / 26 / 02 — MM / DD / YY Date Shipped

OHD980568992 — Facility EPA/DHEC ID #

13817 — Manifest Document Number

23260 — Amount (lbs.)

---

VIII. Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/036
10 July 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 30, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN CSO
N CHARLESTON SC 29419-9010

s require

2 / 02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 469 | 16316 |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 469 | H141 | 16316 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD981813750 4 | FENN-VAC, INC. |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell (843) 743-2985 | 7/10/02 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
2 / 02 — Quarter & Year

VIII.
469 — Waste Index Line #
05 / 24 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13820 — Manifest Document Number
16316 — Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/037
10 July 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending June 30, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
N CHARLESTON SC 29419-9010

es require

2 / 02
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell (843) 743-2985 | 7/10/02 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/066
24 July 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending June 30, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON, SC 29419-9010

s require

2 / 03
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-2985 | 25 July 2003 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/049
21 October 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN CSO
N CHARLESTON SC 29419-9010

s require

3/02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 478 | 2000 |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 478 | H141 | 2000 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD980837504 | FENN-VAC, INC. |
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-2195 | 10/23/02 |

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — CHARLESTON NAVAL COMPLEX — 3 / 02 Quarter & Year
EPA/DHEC ID# — Company Name

VIII. 478 — Waste Index Line #
07 / 24 / 02 — MM DD YY — Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
138222 — Manifest Document Number
200 — Amount (lbs.)

VIII. Waste Index Line # — MM / DD / YY Date Shipped — Facility EPA/DHEC ID # — Manifest Document Number — Amount (lbs.)

VIII. Waste Index Line # — MM / DD / YY Date Shipped — Facility EPA/DHEC ID # — Manifest Document Number — Amount (lbs.)

VIII. Waste Index Line # — MM / DD / YY Date Shipped — Facility EPA/DHEC ID # — Manifest Document Number — Amount (lbs.)

VIII. Waste Index Line # — MM / DD / YY Date Shipped — Facility EPA/DHEC ID # — Manifest Document Number — Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/050
21 October 2002

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending September 30, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures:
1. Generation and On-Site T,S,D,R (DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R (DHEC Form 1963)
3. Hazardous Waste Index (DHEC Form 1965)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
N CHARLESTON SC 29419-9010

s require

3 / 02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 001 | 2100 |
| 006 | 4800 |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 001 | H141 | 2100 |
| 006 | H141 | 4800 |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD981083504 | FENN-VAC, INC. |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-2985 | 10/23/02 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VII. SC000328906 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
3 / 02 — Quarter & Year

VIII. 001 — Waste Index Line #
08 / 02 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13823 — Manifest Document Number
2100 — Amount (lbs.)

VIII. 006 — Waste Index Line #
08 / 02 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13823 — Manifest Document Number
4800 — Amount (lbs.)

VIII. — Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. — Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. — Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index

ANNEX TO

I. SC0000328906 | CHARLESTON NAVAL COMPLEX | 09 / 25 / 02
EPA/DHEC ID# | Company Name | Month Day Year

II. 006 Waste Index Line # (This line # will always represent this specific waste stream).

IDW WASTE
Description of Hazardous Waste

D040 D043 D028 D029 D019 | 336611 | 641
EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

CLOSURE OPS.

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/054
22 January 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending December 31, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N. CHARLESTON SC 29419-9010

4 | 0 2
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 3 3 8 | 3 5 0 |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 3 3 8 | H 1 4 1 | 3 5 0 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| S C D 9 8 0 8 3 7 5 0 4 | FENN-VAC, INC. |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 743-2985 | 1/22/03 |

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
4 / 02 — Quarter & Year

VIII.
Waste Index Line #: 338
Date Shipped MM / DD / YY: 10 / 04 / 02
Facility EPA/DHEC ID #: ALD981020894
Manifest Document Number: 13826
Amount (lbs.): 350

VIII.
Waste Index Line #:
Date Shipped MM / DD / YY: / /
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

VIII.
Waste Index Line #:
Date Shipped MM / DD / YY: / /
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

VIII.
Waste Index Line #:
Date Shipped MM / DD / YY: / /
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

VIII.
Waste Index Line #:
Date Shipped MM / DD / YY: / /
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/055
22 January 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending December 31, 2002.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
N CHARLESTON SC 29419-9010

s require

4 / 02
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 002 | 250 |
| 005 | 500 |
| 006 | 250 |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 002 | H141 | 250 |
| 005 | H141 | 500 |
| 006 | H141 | 250 |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD981083754 | FENN-VAC, INC. |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Signature of Authorized Representative

Amy Daniell 743-2985 — Print/Type Name & Telephone Number

1/22/03 — Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VII. SC000032896 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
4 / 02 — Quarter & Year

VIII.
002 — Waste Index Line #
10 / 04 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13824 — Manifest Document Number
250 — Amount (lbs.)

VIII.
005 — Waste Index Line #
10 / 04 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13824 — Manifest Document Number
500 — Amount (lbs.)

VIII.
006 — Waste Index Line #
10 / 04 / 02 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13825 — Manifest Document Number
250 — Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/062
29 April 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending March 31, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures:
1. Generation and On-Site T,S,D,R (DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R (DHEC Form 1963)
3. Hazardous Waste Index-Amended (DHEC Form 1965)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN CSO
N CHARLESTON SC 29419-9010

s require

1/1/03
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 331 | 919900 |
| 469 | 3200 |
| 478 | 800 |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 331 | H141 | 919900 |
| 469 | H141 | 3200 |
| 478 | H141 | 800 |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| ALD062138891 | ROBBIE D. WOOD |
| SCD980837504 | FENN-VAC, INC. |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell (843)884-5208 | 4/29/03 |

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
1 / 03 — Quarter & Year

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 06 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13828
Amount (lbs.): 45680

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 06 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13829
Amount (lbs.): 41500

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 06 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13830
Amount (lbs.): 40620

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 06 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13831
Amount (lbs.): 38860

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 06 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13832
Amount (lbs.): 45500

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
1 / 03 Quarter & Year

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 06 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13833
Amount (lbs.): 39140

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 06 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13834
Amount (lbs.): 37620

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 07 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13835
Amount (lbs.): 48740

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 07 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13836
Amount (lbs.): 48000

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 07 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13837
Amount (lbs.): 43320

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
1 / 03 — Quarter & Year

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 07 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13838
Amount (lbs.): 44700

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 07 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13839
Amount (lbs.): 47780

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 07 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13840
Amount (lbs.): 45380

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 07 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13841
Amount (lbs.): 49200

VIII.
Waste Index Line #: 331
Date Shipped: MM 01 / DD 07 / YY 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 13842
Amount (lbs.): 39300

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002252 60 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
1 / 03 — Quarter & Year

VIII.
331 — Waste Index Line #
01 / 07 / 03 — MM DD YY Date Shipped
OHD980568992 — Facility EPA/DHEC ID #
13843 — Manifest Document Number
38000 — Amount (lbs.)

VIII.
331 — Waste Index Line #
01 / 07 / 03 — MM DD YY Date Shipped
OHD980568992 — Facility EPA/DHEC ID #
13844 — Manifest Document Number
45060 — Amount (lbs.)

VIII.
331 — Waste Index Line #
01 / 07 / 03 — MM DD YY Date Shipped
OHD980568992 — Facility EPA/DHEC ID #
13845 — Manifest Document Number
44860 — Amount (lbs.)

VIII.
331 — Waste Index Line #
01 / 09 / 03 — MM DD YY Date Shipped
OHD980568992 — Facility EPA/DHEC ID #
13846 — Manifest Document Number
44100 — Amount (lbs.)

VIII.
331 — Waste Index Line #
01 / 09 / 03 — MM DD YY Date Shipped
OHD980568992 — Facility EPA/DHEC ID #
13847 — Manifest Document Number
47940 — Amount (lbs.)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002560 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
1 / 03 — Quarter & Year

VIII.
Waste Index Line #: 331
Date Shipped MM DD YY: 01 / 09 / 03
Facility EPA/DHEC ID #: OHD980568992
Manifest Document Number: 138448
Amount (lbs.): 44600

VIII.
Waste Index Line #: 469
Date Shipped MM DD YY: 02 / 10 / 03
Facility EPA/DHEC ID #: ALD981020894
Manifest Document Number: 13850
Amount (lbs.): 2800

VIII.
Waste Index Line #: 478
Date Shipped MM DD YY: 02 / 10 / 03
Facility EPA/DHEC ID #: ALD981020894
Manifest Document Number: 13850
Amount (lbs.): 800

VIII.
Waste Index Line #: 469
Date Shipped MM DD YY: 03 / 07 / 03
Facility EPA/DHEC ID #: ALD981020894
Manifest Document Number: 13852
Amount (lbs.): 400

VIII.
Waste Index Line #:
Date Shipped MM DD YY: / /
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index AMMENDED

I. SC017002256 0 | CHARLESTON NAVAL COMPLEX | 04 / 28 / 03
EPA/DHEC ID# | Company Name | Month Day Year

II. 469 Waste Index Line # (This line # will always represent this specific waste stream).

IDW, INVESTIGATIVE DERRIVED WASTE
Description of Hazardous Waste

D043 F002 F003 F005 F001 | 331611 | G41
EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

ADD D028, D029, D019

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes | NAICS Code | Source Code

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/063
29 April 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
N CHARLESTON SC 29419-9010

es require

1 / 03
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 001 | 21000 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 001 | H141 | 21000 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD981018175 04 | FENN-VAC, INC. |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell (843) 743-2985 | 4/29/03 |

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VII. SC0000328906 — EPA/DHEC ID#

CHARLESTON NAVAL COMPLEX — Company Name

1 / 03 Quarter & Year

VIII. 001 — Waste Index Line #

02 / 03 / 03 — MM DD YY Date Shipped

ALD981020894 — Facility EPA/DHEC ID #

138511 — Manifest Document Number

2000 — Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

Southern Division
Caretaker Site Office, Charleston

Naval Facilities Engineering Command
P.O. Box 190010
2155 Eagle Drive
North Charleston, SC 29419-9010

# FAX

Date: 6/20/03

Number of pages including cover sheet: 3

To: TERESA HAYES

Phone:

From: Rick Nielson

Phone: (843) 743-2985

Fax: (843) 743-2947

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

PLEASE REPLACE THE FOLLOWING PAGES WITH THE ORIGINAL PAGES. (WITH THE WRONG WASTE INDEX LINE #.)

THANKS
RICK NIELSON

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/067
24 July 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 30, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN CSO
N CHARLESTON SC 29419-9010

s require

2 / 03
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Amy Daniell | Amy Daniell 743-2955 | 25 July 2003 |
|---|---|---|
| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/070
01 October 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON, SC 29419-9010

es require

3 / 0 3
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Amy Daniell | Amy Daniell 843-743-2985 | 1 Oct 2003 |
|---|---|---|
| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/069
01 October 2003

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending September 30, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generation and On-Site T,S,D,R
(DHEC Form 1962)

2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON, SC 29419-9010

3 / 03
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 006 | 25000 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 006 | H141 | 25000 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD980837504 | FENN-VAC, INC. |
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify that out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 843-743-2985 | 1 Oct 2003 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

ANNEX TO

VII. SC000328906 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
3 / 03 Quarter & Year

VIII. 006 — Waste Index Line #
07 / 28 / 03 — MM DD YY Date Shipped
ALD981020894 — Facility EPA/DHEC ID #
13897 — Manifest Document Number
2500 — Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/071
14 January 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending December 31, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON, SC 29419-9010

~~ges require~~

4 / 03
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 820-5989 | 1/14/2004 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/072
14 January 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending December 31, 2003.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N CHARLESTON, SC 29419-9010

~~nges require~~

4 / 03
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 820-5989 | 1/14/2004 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/074
16 April 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

nges require

1 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 820-5989 | 19 April 2004 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/073
16 April 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to Charleston Naval Complex for the period ending March 31, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

Amy Daniell

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

2. Waste Shipped Off-Site for T.S.D.R
(DHEC Form 1963)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
PO BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

ges require

1 / 04
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

**III. Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 469 | 15000 |
| | |
| | |
| | |
| | |
| | |

**IV. On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 469 | H141 | 15000 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| SCD980837504 | FENN-VAC |
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Signature of Authorized Representative

Amy Daniell 820-5989 — Print/Type Name & Telephone Number

19 April 2004 — Date

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#

CHARLESTON NAVAL COMPLEX — Company Name

1 / 04 Quarter & Year

VIII.

469 — Waste Index Line #

01 / 14 / 04 — MM DD YY Date Shipped

ALD981020894 — Facility EPA/DHEC ID #

138988 — Manifest Document Number

1500 — Amount (lbs.)

VIII.

Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII.

Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII.

Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII.

Waste Index Line #

MM / DD / YY Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/076
26 July 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to the Charleston Naval Complex for the period ending June 31, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

es require

2 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
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| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Amy Daniell | Amy Daniell 843-820-5989 | 7/26/2004 |
|---|---|---|
| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/075
26 July 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 31, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
P. O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

es require

2 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
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| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
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| | | |
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| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
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| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 843-820-5989 | 7/26/2004 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/077
21 October 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending September 30, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: AMY DANIELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

s require

3 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
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| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

## VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Amy Daniell — Signature of Authorized Representative

Amy Daniell 820-5989 — Print/Type Name & Telephone Number

10/21/2004 — Date

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/078
21 October 2004

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to the Charleston Naval Complex for the period ending September 30, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

AMY DANIELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: AMY DANIELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

s require

3 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Amy Daniell | Amy Daniell 820-5989 | 10/21/2004 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/079
21 January 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending December 31, 2005.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

ROB HARRELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)
3. Hazardous Waste Index-Amended (DHEC Form 1965)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: ROB HARRELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

nges require

4 / 04
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 469 | 495 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 469 | H141 | 495 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| GAR000037143 | PASCAL TRANSPORTATION INC. |
| NJD981607380 | MAUMEE EXPRESS, INC. |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| [signature] | LORETTA HARRELL 843820-5650 | 24-APR-04 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
4 / 04 — Quarter & Year

VIII.
469 — Waste Index Line #
10 / 06 / 04 — MM DD YY Date Shipped
FLD981932494 — Facility EPA/DHEC ID #
13899 — Manifest Document Number
3751 — Amount (lbs.)

VIII.
469 — Waste Index Line #
12 / 29 / 04 — MM DD YY Date Shipped
NCD986166338 — Facility EPA/DHEC ID #
13900 — Manifest Document Number
120 — Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII.
Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Hazardous Waste Index AMMENDED

I. SC017002251610 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
01 / 21 / 04 — Month / Day / Year

II. 469 Waste Index Line # (This line # will always represent this specific waste stream).

IDW INVESTIGATIVE DERRIVED WASTE
Description of Hazardous Waste

D043 | F002 | F003 | F005 | F001 — EPA/DHEC Waste Codes
336611 — NAICS Code
G41 — Source Code

Process Producing Waste:

ADD: D021, D027

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes
NAICS Code
Source Code

Process Producing Waste:

II. ___ Waste Index Line # (This line # will always represent this specific waste stream).

Description of Hazardous Waste

EPA/DHEC Waste Codes
NAICS Code
Source Code

Process Producing Waste:

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/080
21 January 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to the Charleston Naval Complex for the period ending December 31, 2004.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

ROB HARRELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: ROB HARRELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

inges require

4 / 04
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
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| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| | Robert A. Harrell 843 820-5650 | 24 Jan 05 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/079
20 April 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending March 31, 2005.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

ROB HARRELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: ROB HARRELL
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

ıges require

1 / 05
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
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| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
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| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
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| | |

VI. **Certification**

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| PE | ROBERT A. HARRELL JR (843) 820-5650 | 4/20/05 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/082
20 April 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to the Charleston Naval Complex for the period ending March 31, 2005.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

ROB HARRELL
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: ROB HARRELL
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

nges require

1 / 05
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
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| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

Transporter EPA/DHEC ID # — Transporter's Name

## VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Robert A. Harrell P.E. — Robert A. Harrell Jr (843) 820-5650 — 4/20/05

Signature of Authorized Representative — Print/Type Name & Telephone Number — Date

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/084
21 July 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0000328906**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Annex to the Charleston Naval Complex for the period ending June 30, 2005.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

JEFF MEYERS
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: JEFF MEYERS
ANNEX TO CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

es require

2 / 05
Quarter & Year

II. ☒ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Jeff Meyers | Jeff Meyers | 21 July 05 |

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Ser CSO/083
21 July 2005

South Carolina Department of Health
and Environmental Control
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section

**SUBJECT: EPA GENERATOR #SC0170022560**

Enclosed are the new and amended Hazardous Waste Index Numbers and the completed Hazardous Waste Quarterly Report for the Charleston Naval Complex for the period ending June 30, 2005.

If additional information is required, please contact Mr. Rick Nielson at the Caretaker Site Office, phone number (843) 743-2985.

Sincerely,

JEFF MEYERS
Caretaker Site Officer
By direction

Enclosures: 1. Generator and On-Site T,S,D,R
(DHEC Form 1962)
2. Waste Shipped Off-Site for T,S,D,R
(DHEC Form 1963)

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: JEFF MEYERS
CHARLESTON NAVAL COMPLEX
P.O. BOX 190010 ATTN: CSO
N. CHARLESTON, SC 29419-9010

es require

2 / 05
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 469 | 105810 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 469 | H141 | 105810 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| NJD981661071380 | MAUMEE EXPRESS |
| MI0000216381711 | EQ INDUSTRIAL SERVICES |
| NJD054121616 4 | FREEHOLD CARTAGE INC. |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| Jeff Meyers | Jeff Meyers | 21 July 05 |

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
CHARLESTON NAVAL COMPLEX — Company Name
2 / 05 — Quarter & Year

VIII.
Waste Index Line #: 469
Date Shipped (MM / DD / YY): 04 / 01 / 05
Facility EPA/DHEC ID #: NCD982170292
Manifest Document Number: 13901
Amount (lbs.): 6100

VIII.
Waste Index Line #: 469
Date Shipped (MM / DD / YY): 05 / 04 / 05
Facility EPA/DHEC ID #: NCD982170292
Manifest Document Number: 13902
Amount (lbs.): 456

VIII.
Waste Index Line #: 469
Date Shipped (MM / DD / YY): 05 / 13 / 05
Facility EPA/DHEC ID #: NCD982170292
Manifest Document Number: 13903
Amount (lbs.): 1500

VIII.
Waste Index Line #: 469
Date Shipped (MM / DD / YY): 06 / 08 / 05
Facility EPA/DHEC ID #: NCD982170292
Manifest Document Number: 13904
Amount (lbs.): 2524

VIII.
Waste Index Line #:
Date Shipped (MM / DD / YY):
Facility EPA/DHEC ID #:
Manifest Document Number:
Amount (lbs.):

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S.C. 29419-9010

5090
Code ES3
14 Oct 2005

South Carolina Department of Health and Environmental Control (DHEC)
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

Subj: EPA GENERATOR #SC0170022560

The Hazardous Waste Quarterly Report forms for the Charleston Naval Complex for the period ending September 30, 2005 are enclosed. They include DHEC Form 1962, Generation and On-Site Treatment, Storage, Disposal, and Recovery, and DHEC Form 1963, Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery.

Should you have any questions, please contact Kathy Stewart at the Base Realignment and Closure (BRAC) Program Management Office Southeast at (843) 820-7433.

Sincerely,

JEFF MEYERS, P.E.
BRAC Environmental Coordinator

Enclosures: 1. DHEC Form 1962
2. DHEC Form 1963

DHEC
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0170022560
ATTN: JEFF MEYERS
CHARLESTON NAVAL COMPLEX
PO BOX 190010
NORTH CHARLESTON, SC 29419-9010

require

3 / 0 5
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| 469 | 510 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 469 | H141 | 510 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| NJD986607380 | Maumee Express |
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Signature of Authorized Representative | Print/Type Name & Telephone Number | Date

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#
Charleston Naval Complex — Company Name
3 / 05 — Quarter & Year

VIII. 469 — Waste Index Line #
08 / 08 / 05 — MM DD YY Date Shipped
NCD982170292 — Facility EPA/DHEC ID #
13905 — Manifest Document Number
510 — Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

VIII. Waste Index Line #
MM / DD / YY Date Shipped
Facility EPA/DHEC ID #
Manifest Document Number
Amount (lbs.)

**DEPARTMENT OF THE NAVY**
SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
P.O. BOX 190010
2155 EAGLE DRIVE
NORTH CHARLESTON, S. C. 29419-9010

5090
Code ES3
14 Oct 2005

South Carolina Department of Health and Environmental Control (DHEC)
Bureau of Solid and Hazardous Waste
Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201

Subj: EPA GENERATOR #SC0000328906

The Quarterly Hazardous Waste Report for the Annex to the Charleston Naval Complex for the period ending September 30, 2005 is enclosed. Should you have any questions, please contact Kathy Stewart at the Base Realignment and Closure (BRAC) Program Management Office Southeast at (843) 820-7433.

Sincerely,

JEFF MEYERS, P.E.
BRAC Environmental Coordinator

Enclosures: 1. Generation and On-Site Treatment, Storage, Disposal, and Recovery DHEC Form 1962

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

SC0000328906
ATTN: JEFF MEYERS
ANNEX TO CHARLESTON NAVAL COMPLEX
PO BOX 190010
NORTH CHARLESTON, SC 29419-9010

s require

3 / 0 5
Quarter & Year

II. [X] Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Signature of Authorized Representative | Print/Type Name & Telephone Number | Date

**DEPARTMENT OF THE NAVY**
**BASE REALIGNMENT AND CLOSURE**
**PROGRAM MANAGEMENT OFFICE SOUTHEAST**
**P. O. BOX 190010**
**2155 EAGLE DRIVE**
**NORTH CHARLESTON, SC 29419-9010**

11101
Ser BPMOSE kas/0018
13 Apr 06

South Carolina Department of Health and Environmental Control (DHEC)
Bureau of Land and Waste Management
Hazardous Waste Compliance and Enforcement Section
2600 Bull Street
Columbia, SC 29201

Subj: EPA GENERATOR #SC0170022560

Gentlemen:

The Quarterly Hazardous Waste Report for the Charleston Naval Complex for the period ending March 31, 2006 is enclosed. Should you have any questions, please contact Kathy Stewart at the Base Realignment and Closure (BRAC) Program Management Office Southeast at (843) 820-7433.

Sincerely,

JAMES R. FERRO, P. E.
Deputy Base Closure Manager
Navy BRAC PMO SE

Encl.
(1) DHEC Form 1962
(2) DHEC Form 1963

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

Peel off N
Note: Any
DHEC Fo

SC0170022560
Attn: David Criswell
Annex to the Charleston Naval Complex
P. O. Box 190010
North Charleston, SC 29419-9010

quire

1 / 0 6
Quarter & Year

II. ☐ Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (In lbs) |
|---|---|
| 4 6 9 | 1 2 6 0 |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| 4 6 9 | H 1 4 1 | 1 2 6 0 |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| N J D 9 8 6 6 0 7 3 8 0 | Maumee Express, Inc |
| | |
| | |
| | |

VI. **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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| John R. Ferro | James R. Ferro 843-820-7483 | 4/13/06 |

D H E C

PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

VII. SC017002256 0 — EPA/DHEC ID#

Charleston Naval Complex — Company Name

1 / 06 — Quarter & Year

VIII. 469 — Waste Index Line #

02 / 15 / 06 — MM DD YY — Date Shipped

NJD986607380 — Facility EPA/DHEC ID #

13909 — Manifest Document Number

1260 — Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY — Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY — Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY — Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

VIII. Waste Index Line #

MM / DD / YY — Date Shipped

Facility EPA/DHEC ID #

Manifest Document Number

Amount (lbs.)

**DEPARTMENT OF THE NAVY**
**BASE REALIGNMENT AND CLOSURE**
**PROGRAM MANAGEMENT OFFICE SOUTHEAST**
**P. O. BOX 190010**
**2155 EAGLE DRIVE**
**NORTH CHARLESTON, SC 29419-9010**

11101
Ser BPMOSE kas/0017
13 Apr 06

South Carolina Department of Health and Environmental Control (DHEC)
Bureau of Land and Waste Management
Hazardous Waste Compliance and Enforcement Section
2600 Bull Street
Columbia, SC 29201

Subj: EPA GENERATOR #SC0000328906

Gentlemen:

The Quarterly Hazardous Waste Report for the Annex to the Charleston Naval Complex for the period ending March 31, 2006 is enclosed. Should you have any questions, please contact Kathy Stewart at the Base Realignment and Closure (BRAC) Program Management Office Southeast at (843) 820-7433.

Sincerely,

JAMES R. FERRO, P. E.
Deputy Base Closure Manager
Navy BRAC PMO SE

Encl.
(1) DHEC Form 1962

D H E C
PROMOTE PROTECT PROSPER

# Quarterly Hazardous Waste Report
## Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

Peel off
Note: Ar
DHEC F

SC0000328906
Attn: David Criswell
Annex to the Charleston Naval Complex
P. O. Box 190010
North Charleston, SC 29419-9010

equire

1 / 0 6
Quarter & Year

II. [X] Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III. **Generated Waste**

| Waste Index Line # | Amount Generated (in lbs) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

IV. **On-Site Treatment, Storage, Disposal & Recovery**

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

| Transporter EPA/DHEC ID # | Transporter's Name |
|---|---|
| | |
| | |
| | |
| | |

**VI. 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 assure 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

| Signature of Authorized Representative | Print/Type Name & Telephone Number | Date |
|---|---|---|
| [signature] | James R. Ferro 843-820-7483 | 4/13/06 |