

N00207.AR.004057  
NAS JACKSONVILLE  
5090.3a

TRANSMITTAL LETTER AND WASTE CHARACTERIZATION DATA SHEET FOR AREAS 4D,  
4F, 6E, 7 8G, 8H, 8I, AND 8J NAS JACKSONVILLE FL  
10/21/1993  
NAVAL AIR STATION JACKSONVILLE



DEPARTMENT OF THE NAVY

NAVAL AIR STATION  
JACKSONVILLE, FLORIDA 32212-5000

JAX 028

IN REPLY REFER TO:

5090  
Code 184BR

1993

From: Commanding Officer, Naval Air Station, Jacksonville  
To: Commanding Officer, Southern Division, Naval Facilities  
Engineering Command (Code 1853), P.O. Box 190010, North  
Charleston, SC 29419-9010

Subj: TRANSMITTAL OF WASTE CHARACTERIZATION DATA SHEET

Ref: (a) Contract N68520-89-D-0040

Encl: (1) Waste Characterization Data Sheet

1. Please task the completion of enclosure (1) under reference (a) requirements. This form was presented to this installation on 20 October 1993 and it should be noted that this waste must be removed from the installation within 90 days of generation. This additional effort is necessary since for disposal of hazardous waste, the waste must be properly characterized.

2. The areas to be completed in enclosure (1) are: 4D, 4F (check, based on analytical data), 6E, 7, 8G, 8H, 8I, and 8J (if applicable).

3. If you have any questions, our point of contact is Mr. Raspet at DSN 942-2717 or Commercial (904) 772-2717.

  
for KEVIN H. GARTLAND  
By direction

Copy to:  
SOUTHNAVFACENCOM (Code 182, 18213)  
NEESA (Genny Fanning)  
ABB (Mr. Brown)  
EBASCO  
ROICC JAX Area (Mr. Wadel)

# HIGHWAY 36 LAND DEVELOPMENT COMPANY

## # ATTN: LAB MANAGER

### WASTE CHARACTERIZATION DATA SHEET

Please Refer To Instructions While Completing This Form

WCD Control Number: 7321  
Product Code: \_\_\_\_\_  
Waste Code: \_\_\_\_\_  
Original WCD Retained At: \_\_\_\_\_  
INTERNAL USE ONLY!

Highway 36 Land Development Company  
10855 E. Highway 36  
Deer Trail, CO 80105

#### 1. GENERAL INFORMATION

- a) Generator's Name: NAVAL AIR STATION - JACKSONVILLE i) EPA Generator No.: FLG-170-024-412  
b) Facility Address: PUBLIC WORKS CENTER j) State Registration No.: \_\_\_\_\_  
CODE 300 BOX 30 k) SIC Code: \_\_\_\_\_  
c) Zip Code: 32217-0030  
d) Technical Contact: JAMES A. MALACH  
e) Title: CONTRACT MANAGER  
f) Telephone Number: (904) 783-0202  
g) After Hours Telephone: (904) 276-2788 (HM.)  
h) Telecopy (FAX) Number: (904) 783-0208

#### 2. BILLING ADDRESS

- a) Mail Highway 36 Land Development Company Invoices To: [ ] Generating Facility (1b above) OR:  
b) Company Name: LATLAW ENVIRONMENTAL SERVICES c) Telephone: (414) 284-3427  
d) Address: P.O. BOX 140  
SAUKVILLE, WI e) Zip Code: 53080 f) Attention: BILLING DEPT.

#### 3. GENERAL WASTE INFORMATION

- a) Name of Waste: PLATING SHOP DEMOLITION DEBRIS  
b) Process Generating Waste: DEMOLITION OF PLATING SHOP  
c) Is this a U.S. EPA "Hazardous Waste" as defined by 40 CFR 261 [ ] NO [  ] YES  
d) If yes, U.S. EPA Hazardous Waste Code(s) are: F007, F008, D006  
e) Is this waste a State "Hazardous Waste"? [  ] NO [ ] YES  
f) If yes, indicate the State Hazardous Waste Code(s) N/A

4. LAND DISPOSAL RESTRICTION INFORMATION - 40 CFR 268

(Complete this Section only if item 3c is answered yes.)

- |    |                                     |                                     |   |
|----|-------------------------------------|-------------------------------------|---|
|    | NO                                  | YES                                 |   |
| a) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the waste currently impacted by any land disposal restrictions/prohibitions under 40 CFR 268? (If yes, complete and attach LDR shipment notice. If no, go to section 5.)       |
| b) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the waste generated by a conditionally exempt small-quantity generator as defined by 40 CFR 261.5? (If yes, complete and attach LDR shipment notice indicating the exemption.) |
| c) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the waste a "soil or debris" per Federal Register 31197, August 17, 1988?  |
| d) | <input type="checkbox"/>            | <input type="checkbox"/>            | Does the waste material result from a section 104 or 106 CERCLA response action or a RCRA corrective action?  |

California List Restrictions

- |    |                                     |                          |   |
|----|-------------------------------------|--------------------------|---|
| e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the waste contain free liquids as defined by the paint filter liquids test in 40 CFR 268.32(i): SW-846 method 9095?  |
| f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the waste impacted by California List Restrictions? (If yes, indicate the applicable restrictions below.<br><input type="checkbox"/> pH ≤ 2 <input type="checkbox"/> Metals <input type="checkbox"/> Cyanides <input type="checkbox"/> HOCs <input type="checkbox"/> PCBs<br>(If yes, indicate actual concentration in section 7-a.) |

5. REACTIVITY CHARACTERISTICS

Indicate if this waste is any of the following:

- |   |                   |   |                   |   |                 |   |                     |
|---|-------------------|---|-------------------|---|-----------------|---|---------------------|
| <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Water Reactive    | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Air reactive      | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Acid Reactive   | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Explosive           |
| <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Alkaline Reactive | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Autopolymerizable | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Shock Sensitive | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | Thermally Sensitive |

6. WASTE PROPERTIES AT AMBIENT TEMPERATURES (i.e. 25° C)

- |   |  |   |   |  |
|---|--|---|---|--|
| a) Physical State:  | b) Free Liquids:                       | c) <input type="checkbox"/> Density (Range)           | Units:  | d) Vapor Pressure:                             |
| <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid | <input checked="" type="checkbox"/> No | _____ - _____   | <input checked="" type="checkbox"/> lbs./cu.yd. | <input checked="" type="checkbox"/> < 78 mm Hg |
| <input type="checkbox"/> Liquid <input type="checkbox"/> Powder               | <input type="checkbox"/> Yes           | OR: <input type="checkbox"/> Specific Gravity (Range) | <input type="checkbox"/> lbs./gallon            | <input type="checkbox"/> ≥ 78 mm Hg            |
| <input type="checkbox"/> Other _____  |  | <u>1.5 - 4.0</u>                                      | <input type="checkbox"/> Other _____            |  |

- |   |                          |       |                                  |
|---|--------------------------|-------|----------------------------------|
| e) Layers:  | Description of Layers:   | Range | f) Color(s)                      |
| <input type="checkbox"/> Single Phase             | Top _____ and % _____    | _____ | _____                            |
| <input type="checkbox"/> Bi-Layered               | Middle _____ and % _____ | _____ |                                  |
| <input checked="" type="checkbox"/> Multi-Layered | Bottom _____ and % _____ | _____ | <b><u>VARIABLES IN COLOR</u></b> |
| Indicate Number _____                             |                          |       |                                  |

- |  |   |   |  |
|--|---|---|--|
| g) Liquid Flash Point:                   | (Class 1)                                 | (Class 2)                                   | (Class 3)  |
| <input type="checkbox"/> < 75°F          | <input type="checkbox"/> 75°-99°F         | <input type="checkbox"/> 100°-139°F         | <input type="checkbox"/> 140°-199°F <input type="checkbox"/> ≥ 200°F |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Close Cup Method | OR <input type="checkbox"/> Open Cup Method |  |
|  | (as per ASTM Methods)                     | (as per ASTM Methods)                       |  |

- |        |   |   |                                 |  |   |   |
|--------|---|---|---------------------------------|--|---|---|
| h) pH: | <input type="checkbox"/> ≤ 2                  | <input type="checkbox"/> 2.1-4          | <input type="checkbox"/> 4 - 7  | i) BTU Values: _____ BTU/lb  | j) Viscosity:                               | <input type="checkbox"/> Low < 200 cps  |
|        | <input type="checkbox"/> 7-10                 | <input type="checkbox"/> 10-12.4        | <input type="checkbox"/> ≥ 12.5 | Percent of Ash: _____%   | <input type="checkbox"/> Medium 200-400 cps | <input type="checkbox"/> High > 400 cps |
|        | <input type="checkbox"/> Range _____ to _____ | <input checked="" type="checkbox"/> N/A |                                 | Contains Sulfur <input type="checkbox"/> NO <input type="checkbox"/> YES   |   |   |
|        |   |   |                                 | Contains Halogens <input type="checkbox"/> NO <input type="checkbox"/> YES |   |   |
|        |   |   |                                 | "NON-LANDFILLABLE"   |   | "NON-LANDFILLABLE"                      |
|        |   |   |                                 | COMPLETE FOR   |   | COMPLETE FOR                            |
|        |   |   |                                 | OIL/SOLVENT ONLY   |   | OIL/SOLVENT ONLY                        |

7. COMPLETE WASTE COMPOSITION — Total in the maximum columns must be greater than or equal to 100 percent

a) Waste Composition Components	Range		Components	Range	
	Min.	Max.		Min.	Max.
_____	_____	to _____%	_____	_____	to _____%
_____	_____	to _____%	_____	_____	to _____%
_____	_____	to _____%	_____	_____	to _____%
_____	_____	to _____%	_____	_____	to _____%

b) Indicate if this waste contains any of the following metals, organic compounds, herbicides, pesticides or insecticides.

DATA REPRESENTS:  TCLP or  TOTAL

Compound	Less Than (Parts Per Million)	Or Actual	Compound:	Less Than (Parts Per Million)	Or Actual
Arsenic	<input type="checkbox"/> <5	_____	Benzene	<input type="checkbox"/> <0.5	_____
Barium	<input type="checkbox"/> <100	_____	Carbon tetrachloride	<input type="checkbox"/> <0.5	_____
Cadmium	<input type="checkbox"/> <1	_____	Chlordane	<input type="checkbox"/> <0.03	_____
Chromium - Hex	<input type="checkbox"/> <5	_____	Chlorobenzene	<input type="checkbox"/> <100.0	_____
Chromium - Tri	<input type="checkbox"/> <5	_____	Chloroform	<input type="checkbox"/> <6.0	_____
Lead	<input type="checkbox"/> <5	_____	Tetrachloroethylene	<input type="checkbox"/> <0.7	_____
Mercury	<input type="checkbox"/> <0.2	_____	Trichloroethylene	<input type="checkbox"/> <0.5	_____
Selenium	<input type="checkbox"/> <1	_____	Cresol	<input type="checkbox"/> <200.0	_____
Silver	<input type="checkbox"/> <5	_____	o-Cresol	<input type="checkbox"/> <200.0	_____
Heptachlor	<input type="checkbox"/> <0.008	_____	m-Cresol	<input type="checkbox"/> <200.0	_____
Hexachlorobenzene	<input type="checkbox"/> <0.13	_____	p-Cresole	<input type="checkbox"/> <200.0	_____
Hexachlorobutadiene	<input type="checkbox"/> <0.5	_____	1,4 Dichlorobenzene	<input type="checkbox"/> <7.5	_____
Hexachloroethane	<input type="checkbox"/> <3.0	_____	1,2 Dichloroethane	<input type="checkbox"/> <0.5	_____
Methyl Ethyl Ketone	<input type="checkbox"/> <200.0	_____	1,1 Dichloroethylene	<input type="checkbox"/> <0.7	_____
Nitrobenzene	<input type="checkbox"/> <2.0	_____	2,4 Dinitrotoluene	<input type="checkbox"/> <0.13	_____
Pentachlorophenol	<input type="checkbox"/> <100.0	_____	Endrin	<input type="checkbox"/> <0.02	_____
Pyridine	<input type="checkbox"/> <5.0	_____	Lindane	<input type="checkbox"/> <0.4	_____
2,4,5Trichlorophenol	<input type="checkbox"/> <400.0	_____	Methoxychlor	<input type="checkbox"/> <10.0	_____
2,4,6Trichlorophenol	<input type="checkbox"/> <2.0	_____	Toxaphene	<input type="checkbox"/> <0.5	_____
Vinyl Chloride	<input type="checkbox"/> <0.2	_____	2,4 - D	<input type="checkbox"/> <10.0	_____
Heptachlor Epoxide	<input type="checkbox"/> <0.008	_____	2,4,5 TP (Silvex)	<input type="checkbox"/> <1.0	_____

c) Indicate if waste contains any of the following and if YES, indicate type and concentration in Section 7a of this WCD.

	NO	YES		NO	YES		NO	YES
Free Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	Free Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	Poly Chlorinated Biphenyls: <input type="checkbox"/> <input type="checkbox"/>	Is the waste PCB regulated under 40 CFR 761, or is PCB concentration ≥ 50 ppm?	<input type="checkbox"/>
Free Sulfide	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	<input type="checkbox"/>			
Dioxins	<input type="checkbox"/>	<input type="checkbox"/>	Oils	<input type="checkbox"/>	<input type="checkbox"/>			
Infectious	<input type="checkbox"/>	<input type="checkbox"/>	Absorbents	<input type="checkbox"/>	<input type="checkbox"/>			
Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Material	<input type="checkbox"/>	<input type="checkbox"/>			

8. MANIFEST INFORMATION

- a) Is this a U.S. DOT Hazardous Material(s)?  NO  YES
- b) Proper U.S. DOT Shipping Name: HAZARDOUS WASTE, SOLID, N.O.S.
- c) U.S. DOT Hazard Class: 9
- d) UN or NA Number: UN \_\_\_\_\_ or NA 3077
- e) CERCLA Reportable Quantity (RQ) 10  lbs.  kgs.
- f) To be transported in:  Bulk  Drum (type/size) \_\_\_\_\_  Other (specify) \_\_\_\_\_
- g) Anticipated Shipping Volume \_\_\_\_\_
- h) Units:  Cubic yards  Tons  Gallons  Other \_\_\_\_\_
- i)  Per Month  Per Year
- j) Special handling instructions: \_\_\_\_\_

Required Personal Protective Equipment \_\_\_\_\_

9. REPRESENTATIVE SAMPLE AND SAMPLE CERTIFICATION:

Sample Included: [ ] NO [ ] YES

ALL REPRESENTATIVE SAMPLES MUST BE ACCOMPANIED BY A COPY OF THE WCD.

a) Sample is to be obtained by the person representing the Generator. DO NOT COLLECT OR FORWARD SAMPLES THAT ARE RADIOACTIVE, SHOCK SENSITIVE, EXPLOSIVE, OR PYROPHORIC!

b) Location of Sampling:

1) [ ] Drum 2) [ ] Pond 3) [ ] Pit 4) [ ] Tank 5) [ ] Other

Date Sampled: \_\_\_\_\_ Time Sampled: \_\_\_\_\_ [ ] am [ ] pm

c) Sampling Method:

1. [ ] I have obtained a representative sample of the waste material described in the above Waste Characterization Data Sheet, and have sampled such waste from the location described above and in accordance with sampling methods described in 40 CFR 261 - Appendix I.

2. [ ] I have obtained a representative sample of the waste material described in the above Waste Characterization Data Sheet, and have sampled such waste from the location described above and using methods equivalent to sampling methods described in 40 CFR 261 - Appendix I.

d) SAMPLE LABEL — COMPLETE LABEL BEFORE REMOVING

REPRESENTATIVE PICTURES INCLUDED

5) \_\_\_\_\_  
Sampler's Signature

6) \_\_\_\_\_  
Sampler's Title

7) \_\_\_\_\_  
Telephone Number

8) \_\_\_\_\_  
Sampler's Employer  
(If Highway 36 LDC or third party,  
Complete Witness Information)

e) SAMPLING AUTHORIZATION (Complete only if sample is not obtained by the Generator.)

I (the Generator) have authorized Highway 36 Land Development Company, or another third party, to perform the sample event described above and I was personally present to ensure that the appropriate waste source was sampled. I also verify that the information provided above is accurate.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Generator's Signature Printed Generator's Name Generator's Title

10. SUPPLEMENTAL INFORMATION ATTACHED:

[ ] NO [ ] YES Number of Pages \_\_\_\_\_

11. GENERATOR CERTIFICATION:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition or properties exist, and that all knowledge of suspected hazards have been disclosed.

DATE

SIGNATURE

TITLE

INITIALS

12. THIS SECTION IS FOR REGULATORY AGENCY DOCUMENTATION:

a) Approval Status: [ ] Acceptable [ ] Approval Withheld [ ] Disapproved

b) Reasons or Special Conditions for Approval Status:

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



LAND DISPOSAL RESTRICTION NOTICE

I. SHIPMENT INFORMATION

A. Approval Number 7321 Manifest Number NOT KNOWN YET

B. Generator NAVAL AIR STATION - JACKSONVILLE EPA ID FL6170024412

C. Waste Stream Name PLATING SHOP DEMOLITION

[ ] This waste is not subject to the land disposal restrictions of 40 CFR 268. I request management of this waste by a Subtitle C Facility rather than a Subtitle D Facility.

.....

The wastes identified below are subject to the land disposal restriction of 40 CFR Part 268.

.....

II. WASTE IDENTIFICATION

A. EPA Hazardous Waste Number(s) - Identify all USEPA hazardous waste numbers that apply to this waste shipment (as defined in 40 CFR 261).

1. F007 F008 D006

B. Applicable 40 CFR 268 Treatment Standards - The specific sections of 40 CFR 268, where the treatment standards applicable to this waste stream are found, consist of the following and are indicated with a [x]:

- [ ] 1. 40 CFR 268.32 or RCRA Section 3004(d) - California List;
- [x] 2. 40 CFR 268.41 (a) - Table CCWE;
- [ ] 3. 40 CFR 268.43 (a) - Table CCW;
- [ ] 4. 40 CFR 268.42 (a) - Technology Based Standard for PCBs and HOCs;
- [ ] 5. 40 CFR 268.4 - Table 2 - Technology Based Standard for RCRA Waste Codes;
  - a. Indicate the Technology Code(s) for the appropriate treatment technologies as identified in Table 1 of 40 CFR 268.42

III. LAND DISPOSAL RESTRICTION CLASSIFICATION

A. Indicate the appropriate classification(s) of this waste shipment with a [x].

- |     |    |   |                |                   |
|-----|----|---|----------------|-------------------|
| [ ] | 1. | F001, F002, F003, F004, F005                | [ ] Wastewater | [ ] Nonwastewater |
|     | a. | Complete and attach Addendum A              |                |                   |
| [ ] | 2. | F039  | [ ] Wastewater | [ ] Nonwastewater |
|     | a. | Complete and attach Addendum B              |                |                   |
| [ ] | 3. | RCRA Section 3004(d) California list wastes | [ ] Wastewater | [ ] Nonwastewater |
|     | a. | Complete and attach Addendum C              |                |                   |
| [x] | 4. | Other                                       | [ ] Wastewater | [x] Nonwastewater |
|     | a. | Complete and attach Addendum D              |                |                   |

IV. RESTRICTIONS AND CERTIFICATIONS

Please identify the following sections that apply to this waste stream by placing a [x].

[x] A. RESTRICTED WASTE EXCEEDS TREATMENT STANDARDS OR PROHIBITION LEVELS (40 cfr 268.7(a)(1))

[ ] B. RESTRICTED WASTE MEETS TREATMENT STANDARDS OR PROHIBITION LEVELS WITHOUT TREATMENT (40 CFR 268.7(a)(2))

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

[ ] C. RESTRICTED WASTE TREATED TO MEET TREATMENT STANDARDS OR PROHIBITION LEVELS (40 CFR 268.7(b)(5)(i))

"I certify under penalty of law that I personally have examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information. I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR part 268, subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

[ ] D. RESTRICTED WASTE TREATED TO MEET A TECHNOLOGY BASED TREATMENT STANDARDS (40 CFR 268.7(b)(5)(ii))

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

[ ] E. RESTRICTED WASTE SUBJECT TO A VARIANCE, EXTENSION OR EXEMPTION.(40 CFR 268.7(a)(3))

The restricted waste identified above have been exempted from the land disposal prohibitions of 40 CFR Part 268 for the following reason(s).

- [ ] 1. A case-by-case extension for the wastes has been granted under Section 268.5.
- [ ] 2. A "no-migration" petition has been granted for the wastes and disposal facility under Section 268.6.
- [ ] 3. The corresponding waste code(s) is listed in 40 CFR 268.35(e), and treatment standards take effect on May 8, 1993.

[ ] F. RESTRICTED WASTE AT THE ANALYTICAL DETECTION LIMIT FOR WASTES BURNED IN COMBUSTION UNITS (40 CFR 268.7(b)(5)(iii))

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR part 264, subpart O or 40 CFR part 265, subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

V. Analysis data for these wastes are attached, where available.

VI. GENERATOR CERTIFICATION

I hereby certify that all information provided in this and all associated documents is complete and accurate to the best of my knowledge and ability to determine.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Name (Type or Print) \_\_\_\_\_

Date \_\_\_\_\_