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The Submittal ID for this transaction is 474644 and was submitted by Jennifer Schrader on February 17, 2025 05:50 PM Eastern Time. If you need to contact EEC regarding your submission, please reference your Submittal ID.

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA SUBTITLE C ACTIVITIES FORMS

Click here for General Instructions (Controls/KY%20DWM%20RCRA%208700-12%20eForm%20Instructions%20DRAFT.htm)

(\*) indicates a required field; (âœ“) indicates a field may be required based on user input or is an optionally required field

Agency Interest ID Number			
58789			
Purpose of the application(*)			
Annual Report / Assessment			
Select the Year for Reporting(*)			
2024			
EPA ID Number(*)			
KYD985085640			
Do you wish to fill out Waste Generation Form(*)			
Yes			
Do you wish to fill out Waste Received Form(*)			
No			

RCRA SUBTITLE C SITE IDENTIFICATION FORM

Site Name (*)			
Ohio County Hospital			
Site Location Address			
Street Address(*)		Latitude(decimal degrees)(*)	Longitude(decimal degrees)(*)
1211 Main St		DMS to DD Converter ( <a href="https://www.fcc.gov/media/radio/dms-decimal">https://www.fcc.gov/media/radio/dms-decimal</a> )	<div>?</div> -86.994442
		37.337813	
City, Town, or Village(*)		County(*)	
Hartford		Ohio	
State(*)	Country(*)	Zip Code(*)	
Kentucky	United States	42347	
Site Mailing Address			
<input checked="" type="checkbox"/> Same as Location Address			
Street Address or P.O.Box(*)			
1211 Main St			
City, Town, or Village(*)		State(*)	

<b>Hartford</b>		<b>Kentucky</b> ▼	
Country(*) <b>United States</b> ▼		Zip Code(*) <b>42347</b>	
Site Land Type (*)			
County ▼			
North American Industry Classification System (NAICS) Codes(s) for the Site (at least 5-digit codes) (*)			
<b>62 - Health Care and Social Assistance</b> ▼			
Site Contact Information		Same as Site Mailing Address	
First Name(*) <b>Jennifer</b>	MI <b>C</b>	Last Name(*) <b>Schrader</b>	
Title <b>Director of Environment of Care</b>			
Street Address(*) <b>1211 Main St</b>			
City, Town, or Village(*) <b>Hartford</b>			
State(*) <b>Kentucky</b> ▼	Country(*) <b>United States</b> ▼	Zip Code(*) <b>42347</b>	
Email(*) <b>jschrader@ochcares.com</b>			
Phone Number(*) <b>270-298-7411</b>	Ext <b>5234</b>	Fax <b>###-###-####</b>	
Legal Owner and Operator of the Site			
A. Site's Legal Owner ⓘ		Same as Location Address	
Site Owner Organization Name(✓) <b>Ohio County Fiscal Court</b>			
First Name(✓) <b>Ohio County Fiscal Court</b>	MI <b>Site Owner Middle Initial</b>	Last Name(✓) <b>Ohio County Fiscal Court</b>	
Date Became Owner(*) <b>01/01/1956</b>			
Owner Type(*) <b>County</b> ▼			
Street Address(*) <b>130 E Washington Ave Suite 215</b>			
City, Town, or Village(*) <b>Hartford</b>			
State(*) <b>Kentucky</b> ▼	Country(*) <b>United States</b> ▼	Zip Code(*) <b>42347</b>	
Email <b>ocjudge@ohiocountyky.gov</b>			

Phone Number(*) <b>270-298-4400</b>	Ext <b>Ext</b>	Fax <b>###-###-####</b>
B. Site's Legal Operator		Same as Site's Legal Owner Address
Site Operator Organization Name(✓) <b>Ohio County Hospital</b>		
First Name(✓) <b>Shellie</b>	MI <b>Site Operator Middle Initial</b>	Last Name(✓) <b>Shouse</b>
Date Became Legal Operator(*) <b>07/01/2022</b>		
Operator Type(*) <b>County</b> ▼		
Street Address(*) <b>1211 Main St</b>		
City, Town, or Village(*) <b>Hartford</b>		
State(*) <b>Kentucky</b> ▼	Country(*) <b>United States</b> ▼	Zip Code(*) <b>42347</b>
Email <b>sshouse@ochcares.com</b>		
Phone Number <b>270-298-5434</b>	Ext <b>5495</b>	Fax <b>###-###-####</b>
10. Type of Regulated Waste Activity {at your site} (*) Check 'Yes' or 'No' for all current activities (as of the date submitting the form); complete any additional boxes as instructed.		
A. Hazardous Waste Activities		
1. Generator of hazardous Waste - If 'Yes', check only one of the following - a,b,c(*) <b>Yes</b> ▼		
a. LQG	Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material	
b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material	
c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.	
If 'Yes' above, indicate other generator activities in 2 and 3, as applicable (*).		
2. Short-Term Generator (generates from a short-term or one-time event and not from on-going process). If 'Yes', provide an explanation in the Comments section <b>No</b> ▼		
3. Mixed Waste (hazardous and radioactive) Generator <b>No</b> ▼		
4. Treator, Storer or Disposer of Hazardous Waste - Note: A hazardous waste Part B permit is required for these activities. (*) <b>Yes</b> ▼		
5. Receives Hazardous Waste from Off-site(*) <b>No</b> ▼		
6. Recycler of Hazardous Waste(*) <b>No</b> ▼		

<b>a. Recycler who stores prior to recycling</b>
<b>b. Recycler who does not store prior to recycling</b>
<b>7. Exempt Boiler and/or Industrial Furnace - If 'Yes', check all that apply(*)</b> <b>No</b>
<b>a. Small Quantity On-site Burner Exemption</b>
<b>b. Smelting, Melting, and Refining Furnace Exemption Please enter number of Off-site streams</b>
<b>B. Waste Codes for Federally Regulated Hazardous Wastes Please List the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D002, D003, F007, U112).</b> <b>D001 - Ignitable, D005 - B:</b> <input type="text" value="select"/>
<b>Selected Federally Regulated Hazardous Wastes are:</b> <b>D001, D005, D007, D008, D010, D011, D012, D013, D018, F003, U122</b>
<b>C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations.</b> <input type="text" value="select"/>
<b>11. Additional Regulated Waste Activities (âœ“)</b> <b>(Note: Refer to your State regulations to determine if a separate permit is required.)</b>
<b>A. Other Waste Activities</b>
<b>1. Transporter of Hazardous Waste - If 'Yes', check all that apply</b> <b>No</b>
<b>a. Transporter</b>
<b>b. Transfer Facility (at your site)</b>
<b>2. Underground Injection Control</b> <b>No</b>
<b>3. United States Importer of Hazardous Waste</b> <b>No</b>
<b>4. Recognized Trader - If 'Yes', check all that apply</b> <b>No</b>
<b>a. Importer</b>
<b>b. Exporter</b>
<b>5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G - If 'Yes', check all that apply</b> <b>No</b>
<b>a. Importer</b>
<b>b. Exporter</b>
<b>B. Universal Waste Activities</b>
<b>1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If 'Yes', check all that apply. Note: Refer to your State regulations to determine what is regulated</b> <b>No</b>
<b>a. Batteries</b>
<b>b. Pesticides</b>
<b>c. Mercury containing equipment</b>
<b>d. Lamps</b>
<b>e. Aerosol Cans</b>
<b>f. Other (specify)</b>

## Specify the reason

2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity

No



## C. Used Oil Activities

1. Used Oil Transporter - If 'Yes', check all that apply

No



a. Transporter

b. Transfer Facility (at your site)

2. Used Oil Processor and/or Re-refiner - If 'Yes', check all that apply

No



a. Processor

b. Re-refiner

3. Off-Specification Used Oil Burner

No



4. Used Oil Fuel Marketer - If 'Yes', check all that apply

No



a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

## D. Pharmaceutical Activities

1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals - If 'Yes', check only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.

Yes



a. Healthcare Facility

b. Reverse Distributor

2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

No



## 12. Eligible Academic Entities with Laboratories (LQG)

Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories - If 'Yes', check all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities

No



1. College or University

2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university

3. Non-Profit Institute that is owned by or has a formal written affiliation with a college or university

B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

No



## 13. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required) (✓)

LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.

No



A. Central Accumulation Area (CAA) Entire Facility

B. Name of Facility(\*)

<b>Name</b>			
<b>C. Expected closure date</b> <b>MM/DD/YYYY</b>			
<b>D. Requesting new closure date</b> <b>MM/DD/YYYY</b>			
<b>E. Date Closed</b> <b>MM/DD/YYYY</b>			
In compliance with the closure performance standards 40 CFR 262.17(a)(8) <span style="float: right;">▼</span>			
<b>14. Notification of Hazardous Secondary Material (HSM) Activity (✓)</b>			
A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If 'Yes', you must fill out the Addendum to the Site Identification Form for managing Hazardous Secondary Material.  <b>No</b> <span style="float: right;">▼</span>			
<b>15. Electronic Manifest Broker (✓)</b>			
Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?  <b>No</b> <span style="float: right;">▼</span>			
<b>16. Comments (Include item number for each comment)</b>			
<b>Comments</b>			
<b>17. Certification (*)</b>			
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 fines and imprisonment for knowing violations. Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).			
Signature of legal owner, operator or authorized representative(*) <b>Jennifer Schrader</b>		Date(*) <b>2/17/2025</b>	
First Name: (*) <b>Jennifer</b>	M.I.: <b>C</b>	Last Name: (*) <b>Schrader</b>	Title <b>Director of Environme</b>
Email(*) <b>jschrader@ochcares.com</b>			

**ADDENDUM TO THE SITE IDENTIFICATION FORM**  
**NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**

Only fill out this form if:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(30), 261.4(a)(23), (24), or (27) (or state equivalent; See <https://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) (or state equivalent) or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

Note: If your facility was granted a solid waste variance under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulations and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

Reason for notification (Include dates where requested)

Facility will begin managing excluded HSM

Begin managing excluded HSM as of MM/DD/YYYY

Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year

Facility has stopped managing excluded HSM and is notifying as required

Stopped managing excluded HSM as of MM/DD/YYYY

Description of Excluded HSM activity. Please list the appropriate codes (see Code List section of the instructions) and quantities, in short tons, to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes)

Number of Hazardous Waste Secondary Material Streams(\*)

Please enter the number of Hazardous Secondary Waste Streams.

HAZARDOUS WASTE REPORT 2024 (reporting cycle)  
WASTE GENERATION AND MANAGEMENT (GM) FORM

Waste Characteristics

Waste Description(\*)

Waste Alcohols

Type of Waste(\*)

Liquid

Is this waste both hazardous and radioactive? (\*)

No

EPA Hazardous Waste Code(s) (\*)

D001 - Ignitable select

State Hazardous Waste Code(s)

select

The EPA Hazardous Waste Code(s) are:

D001

Source Code(\*)

G11 - Discarding Off-Spec or Out of Date Chem

Management Method Code (Source Code G25 only)

Form Code(\*)

W203 - Concentrated Non-Halogenated e.g, No

Waste Minimization Code(\*)

B Continued initiatives to recycle waste either

Quantity(\*)

1550

Density

Density

Density Unit of Measure

lbs/gal

On-site Generation and Management of Hazardous Waste (✓)

No

Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System

Number of Process Systems

Off-site Shipment of Hazardous Waste (✓)

Yes

Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site

Number of Sites

1

Site

EPA ID of facility to which waste was shipped (\*)

OHD093945293

Receiving Facility Name(\*)

Veolia ES, Technical S

Management Method Code(\*)

H061-Fuel Blendin

Total Quantity(\*)

1550

file:///C:/Users/jschrader/Downloads/474644.html

7/14

<b>Total Quantity Treated On-site</b>			
<b>0</b>			
<b>Total Quantity under Off-site Shipment of Hazardous Waste</b>			
<b>1550</b>			
<b>Comments</b>			
<b>Comments</b>			
<b>Waste Characteristics</b>			
<b>Waste Description(*)</b> <b>Flammable/Toxic Pharmaceuti</b>	<b>Type of Waste(*)</b> <b>Solid</b>	<b>Is this waste both hazardous and radioactive? (*)</b> <b>No</b>	
<b>EPA Hazardous Waste Code(s) (*)</b> <b>D001 - Ignitable, D005 - B: select</b>		<b>State Hazardous Waste Code(s)</b> <b>select</b>	
The EPA Hazardous Waste Code(s) are: D001, D005, D007, D008, D010, D011, D012, D013, D018			
<b>Source Code(*)</b> <b>G11 - Discarding Off-Spec or Out of Date Chem</b>		<b>Management Method Code (Source Code G25 only)</b>	
<b>Form Code(*)</b> <b>W409 - Other Organic Solids</b>		<b>Waste Minimization Code(*)</b> <b>X No waste minimization efforts were impleme</b>	
<b>Quantity(*)</b> <b>825</b>	<b>Density</b> <b>Density</b>	<b>Density Unit of Measure</b> <b>lbs/gal</b>	
<b>On-site Generation and Management of Hazardous Waste (✓)</b>			
<b>No</b>			
Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System			
<b>Number of Process Systems</b>			
<b>Off-site Shipment of Hazardous Waste (✓)</b>			
<b>Yes</b>			
Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site			
<b>Number of Sites</b>			
<b>1</b>			
<b>Site</b>			
<b>EPA ID of facility to which waste was shipped (*)</b> <b>TXD000838896</b>	<b>Receiving Facility Name(*)</b> <b>Veolia ES, Technical S</b>	<b>Management Method Code(*)</b> <b>H040 - Incineratio</b>	<b>Total Quantity(*)</b> <b>825</b>
<b>Total Quantity Treated On-site</b>			
<b>552</b>			
<b>Total Quantity under Off-site Shipment of Hazardous Waste</b>			
<b>2315</b>			
<b>Comments</b>			
<b>Comments</b>			



Waste Characteristics			
Waste Description(*) Xylene		Type of Waste(*) Liquid	Is this waste both hazardous and radioactive? (*) No
EPA Hazardous Waste Code(s) (*) D001 - Ignitable, F003 - TH select		State Hazardous Waste Code(s) select	
The EPA Hazardous Waste Code(s) are: D001, F003			
Source Code(*) G22 - Laboratory Analytical Wastes		Management Method Code (Source Code G25 only) 	
Form Code(*) W203 - Concentrated Non-Halogenated e.g, No		Waste Minimization Code(*) B Continued initiatives to recycle waste either	
Quantity(*) 1480	Density Density	Density Unit of Measure lbs/gal	
On-site Generation and Management of Hazardous Waste (✓)			
No			
Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System			
Number of Process Systems			
Off-site Shipment of Hazardous Waste (✓)			
Yes			
Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site			
Number of Sites 1			
Site			
EPA ID of facility to which waste was shipped (*) OHD093945293	Receiving Facility Name(*) Veolia ES, Technical S	Management Method Code(*) H061-Fuel Blendin	Total Quantity(*) 1490
Total Quantity Treated On-site 0			
Total Quantity under Off-site Shipment of Hazardous Waste 0			
Comments			
Comments			
Waste Characteristics			
Waste Description(*) Formalin		Type of Waste(*) Liquid	Is this waste both hazardous and radioactive? (*) No
EPA Hazardous Waste Code(s) (*) U122 - Formaldehyde select		State Hazardous Waste Code(s) select	
The EPA Hazardous Waste Code(s) are:			

U122		
Source Code(*) <b>G22 - Laboratory Analytical Wastes</b> ▼		Management Method Code (Source Code G25 only) ▼
Form Code(*) <b>W203 - Concentrated Non-Halogenated e.g, No</b> ▼		Waste Minimization Code(*) <b>X No waste minimization efforts were impleme</b> ▼
Quantity(*) <b>552</b>	Density <b>Density</b>	Density Unit of Measure <b>lbs/gal</b> ▼
On-site Generation and Management of Hazardous Waste (✓)		
<b>Yes</b> ▼ Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System		
Number of Process Systems <b>1</b>		
Process System	Management Method Code(*) <b>H121 - Neutralization Only</b> ▼	Quantity(*) <b>552</b>
Off-site Shipment of Hazardous Waste (✓)		
<b>No</b> ▼ Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site		
Number of Sites		
Total Quantity Treated On-site <b>0</b>		
Total Quantity under Off-site Shipment of Hazardous Waste <b>0</b>		
Comments		
Comments		

## HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM

Number of Sites(*) <b>5</b>	
Please enter the number of Generators, Receiving Facilities and Transporters.	
Site 1	
Name of Off-site Installation or Transporter(*) <b>Ohio County Hospital</b>	EPA ID Number(*) <b>KYD985085240</b>
Handler Type (Check all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	
Address of Off-site installation	
Street Address(*) <b>1211 Main St</b>	

City(*) <b>Hartford</b>		
State(*) <b>Kentucky</b> ▾	Zip Code(*) <b>42347</b>	Country(*) <b>United States</b>
Total Number of Manifested Shipments <b>30</b>		Total Pounds Shipped for Reporting Year <b>3865</b>
Site 2		
Name of Off-site Installation or Transporter(*) <b>Basin Transportation LLC</b>		EPA ID Number(*) <b>NJD080631369</b>
Handler Type (Check all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
Address of Off-site installation		
Street Address(*) <b>130 Express Ln</b>		
City(*) <b>McAlester</b>		
State(*) <b>Oklahoma</b> ▾	Zip Code(*) <b>74501</b>	Country(*) <b>United States</b>
Total Number of Manifested Shipments <b>28</b>		Total Pounds Shipped for Reporting Year <b>3625</b>
Site 3		
Name of Off-site Installation or Transporter(*) <b>Greenleaf Environmental Services LLC</b>		EPA ID Number(*) <b>KYR000073312</b>
Handler Type (Check all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
Address of Off-site installation		
Street Address(*) <b>344 17th St</b>		
City(*) <b>Ashland</b>		
State(*) <b>Kentucky</b> ▾	Zip Code(*) <b>41101</b>	Country(*) <b>United States</b>
Total Number of Manifested Shipments <b>2</b>		Total Pounds Shipped for Reporting Year <b>240</b>
Site 4		
Name of Off-site Installation or Transporter(*) <b>Veolia ES, Technical Solutions LLC</b>		EPA ID Number(*) <b>TXD000838896</b>
Handler Type (Check all that apply) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
Address of Off-site installation		
Street Address(*) <b>7665TX-73</b>		
City(*) <b>Beaumont</b>		

State(*) Texas		Zip Code(*) 77705		Country(*) United States	
Total Number of Manifested Shipments 3			Total Pounds Shipped for Reporting Year 825		
Site 5					
Name of Off-site Installation or Transporter(*) Veolia ES, Technical Solutions LLC			EPA ID Number(*) OHD093945293		
Handler Type (Check all that apply) Generator    Transporter    Receiving Facility					
Address of Off-site installation					
Street Address(*) 4301 Infirmary Rd					
City(*) West Carrollton					
State(*) Ohio		Zip Code(*) 45449		Country(*) United States	
Total Number of Manifested Shipments 27			Total Pounds Shipped for Reporting Year 3040		
Total Pounds from Off-site Identification (OI) Form 3865					
Comments					
Comments					
Commonwealth of Kentucky					
HAZARDOUS WASTE ASSESSMENT RETURN FROM January - December, 2024					
Return BEFORE March 1, 2025. Late fees apply to Assessments date stamped by the Branch after March 1, 2025.					
Do you wish to fill out Claims For Exclusion Form					
County Ohio			Agency Interest Number (AI#) 58789		
Site Name Ohio County Hospital					
Contact Person Jennifer Schrader		Phone No. 270-298-5234		Extension Ext	
Mailing Address 1211 Main St			City Hartford		
State Kentucky		Zip Code 42347			
ASSESSMENT CATEGORIES List waste generated and for		Column A QUANTITY	Column B RATE		Column C AMOUNT DUE

Waste generated and/or Received from out-of-state from January 1 - December 31,2024	QUANTITY (List quantity in pounds)	RATE	AMOUNT DUE Multiply Column A x B
2a. Solid hazardous waste generated and destined for disposal off site	825	\$0.002	1.65
2b. Solid hazardous waste burned off site for energy recovery in an industrial boiler or furnace (H050 Only)	Pounds	\$0.001	\$
3a. Solid hazardous waste generated and treated, recycled, or disposed of on site	Pounds	\$0.001	\$
3b. Solid hazardous waste burned on site for energy recovery in an industrial boiler or furnace (H050 Only)	Pounds	\$0.0005	\$
4a. Liquid hazardous waste generated and destined for disposal off site	3040	\$0.012	36.48
4b. Liquid hazardous waste burned off site for energy recovery in an industrial boiler or furnace (H050 Only)	Pounds	\$0.006	\$
5a. Liquid hazardous waste generated and treated, recycled, or disposed of on site	553	\$0.006	3.318
5b. Liquid hazardous waste burned on site for energy recovery in an industrial boiler or furnace (H050 Only)	Pounds	\$0.003	\$
6. Waste excluded from all Exclusion Forms	Pounds		
7. SUBTOTAL			41.448
8. Interest on late submittals calculated from January 1 to Branch receipt date stamp			\$
9. Penalties on late submittals calculated from January 1 to Branch receipt date stamp			\$
10. Adjustments from over payments And under payments			\$
11. TOTAL AMOUNT DUE (ASSESSMENT WAIVED IF UNDER \$50.00)			41.448
<b>CERTIFICATION</b>			
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.			
Name(*) Jennifer Schrader	Title Director of Environment of Care	Signature Date(*) 02/17/2025	

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