OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (Select only one.)

☐	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
☐	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
	☐ Site was a TSD facility and/or generator of ≥ 1,000 kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in **one or more months of the reporting year** (or State equivalent LQG regulations)
☐	Notifying that regulated activity is no longer occurring at this Site
☐	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
☑	Submitting a new or revised Part A Form

2. Site EPA ID Number

AZR	000	520	304								

3. Site Name

AA Sydcol, LLC

4. Site Location Address

Street Address	2264 East 13th Street		
City, Town, or Village	Yuma	County	Yuma
State Arizona	Country USA	Zip Code	85365

5. Site Mailing Address

☑ Same as Location Address

Street Address	2264 East 13th Street		
City, Town, or Village	Yuma		
State Arizona	Country USA	Zip Code	85365

6. Site Land Type

☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 562112	C.
B. 484232	D.

8. Site Contact Information

☐ Same as Location Address

First Name **Charles**	MI **M**	Last Name **Templer**
Title **Managing Member**		
Street Address **2264 East 13th Street**		
City, Town, or Village **Yuma**		
State **Arizona**	Country **USA**	Zip Code **85365**
Email **chuck@sydcol.com**		
Phone **928-783-3676**	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☐ Same as Location Address

Full Name **Syd-Cole Propeties, LLC**	Date Became Owner (mm/dd/yyyy) **7/14/2014**
Owner Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address **2264 E. 13th Street**	
City, Town, or Village **Yuma**	
State **Arizona** / Country **USA**	Zip Code **85365**
Email	
Phone / Ext	Fax
Comments	

B. Name of Site's Legal Operator

☐ Same as Location Address

Full Name **AA Sydcol, LLC**	Date Became Operator (mm/dd/yyyy)
Operator Type ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address **2264 East 13th Street**	
City, Town, or Village **Yuma**	
State **Arizona** / Country **USA**	Zip Code **85365**
Email **chuck@sydcol.com**	
Phone **928-783-3676** / Ext	Fax
Comments	

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

☑ Y ☐ N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
☑	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.
☐ Y ☑ N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. *Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.*	
☑ Y ☐ N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
☑ Y ☐ N	4. Receives Hazardous Waste from Off-site	
☐ Y ☑ N	5 Recycler of Hazardous Waste	
☐	a. Recycler who stores prior to recycling	
☐	b. Recycler who does not store prior to recycling	
☐ Y ☑ N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
☐	a. Small Quantity On-site Burner Exemption	
☐	b. Smelting, Melting, and Refining Furnace Exemption	

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, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D012	D013	D014
D015	D016	D017	D018	D019	D020	D021
D022	D023	D024	D025	D026	D027	D028
See	List					

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. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

☑ Y ☐ N		1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
	☑	a. Transporter
	☑	b. Transfer Facility (at your site)
☐ Y ☑ N		2. Underground Injection Control
☐ Y ☑ N		3. United States Importer of Hazardous Waste
☐ Y ☑ N		4. Recognized Trader—If "Yes", mark all that apply.
	☐	a. Importer
	☐	b. Exporter
☐ Y ☑ N		5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
	☐	a. Importer
	☐	b. Exporter

B. Universal Waste Activities

☑ Y ☐ N		1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
	☑	a. Batteries
	☑	b. Pesticides
	☑	c. Mercury containing equipment
	☑	d. Lamps
	☑	e. Other (specify) Aerosols, as applicable
	☐	f. Other (specify) _____
	☐	g. Other (specify) _____
☐ Y ☑ N		2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

☑ Y ☐ N		1. Used Oil Transporter—If "Yes", mark all that apply.
	☑	a. Transporter
	☑	b. Transfer Facility (at your site)
☑ Y ☐ N		2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
	☑	a. Processor
	☐	b. Re-refiner
☐ Y ☑ N		3. Off-Specification Used Oil Burner
☐ Y ☑ N		4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
	☐	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

☐ Y ☑ N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if "Yes", mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
☐	a. Healthcare Facility
☐	b. Reverse Distributor
☐ Y ☑ N	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.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

☐ Y ☑ N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
☐	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
☐ Y ☑ N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☑ N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator?

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☑ N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.

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

☐ Y ☑ N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. ☐ Central Accumulation Area (CAA) or ☐ Entire Facility
	B. Expected closure date: _____ mm/dd/yyyy
	C. Requesting new closure date: _____ mm/dd/yyyy
	D. Date closed : _____ mm/dd/yyyy ☐ 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) ☐ 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

☐ Y ☑ N	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), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.

17. Electronic Manifest Broker

☑ Y ☐ N	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?

18. Comments (include item number for each comment)

Question 8 - Form completed with the assistance of envionmental consultant:
James Peck, P.E.
3104 East Camelback Road, #1114, Phoenix, AZ 85016
Direct 602-396-4300 Email james@jgpcon.com

Question 10b - See attached list for additional D, F, P, U codes handled at the Facility

19. 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 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	Date (mm/dd/yyyy) 11/04/2021
Printed Name (First, Middle Initial Last) **Charles M. Templer**	Title **Managing Member**
Email **chuck@sydcol.com**	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

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 260.30, 261.4(a)(23), (24), (25), 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), (25), 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.

1. Reason for Notification (Include dates where requested)

☐ Facility will 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 as of _____ (mm/dd/yyyy) and is notifying as required.

2. 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). Use additional pages if more space is needed.

A. Facility Code	B. Waste Code(s) for HSM	C. Estimate Short Tons of excluded HSM to be managed annually	D. Actual Short Tons of excluded HSM that was managed during the most recent odd-numbered year	E. Land-based Unit Code

ADDENDUM TO THE SITE IDENTIFICATION FORM: EPISODIC GENERATOR

ONLY fill out this form if:

- You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more then 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 262 Subpart L. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

Episodic Event	
1. Planned ☐ Excess chemical inventory removal ☐ Tank cleanouts ☐ Short-term construction or demolition ☐ Equipment maintenance during plant shutdowns ☐ Other _____	2. Unplanned ☐ Accidental spills ☐ Production process upsets ☐ Product recalls ☐ "Acts of nature" (Tornado, hurricane, flood, etc.) ☐ Other _____
3. Emergency Contact Phone	4. Emergency Contact Name
5. Beginning Date _____ (mm/dd/yyyy)	6. End Date _____ (mm/dd/yyyy)

Waste 1

7. Waste Description				8. Estimated Quantity (in pounds)	
9. Federal and/or State Hazardous Waste Codes					

Waste 2

7. Waste Description				8. Estimated Quantity (in pounds)	
9. Federal and/or State Hazardous Waste Codes					

Waste 3

7. Waste Description				8. Estimated Quantity (in pounds)	
9. Federal and/or State Hazardous Waste Codes					

ADDENDUM TO THE SITE IDENTIFICATION FORM: LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE

ONLY fill out this form if:

- You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

VSQG 2		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

VSQG 3		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

EPA ID Number | AZR000520304 | | | | | | | | | |

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency

HAZARDOUS WASTE REPORT _____ (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. **Waste Characteristics**

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						

D. Source Code	Management Method (G25)	Country Code (G62)
E. Form Code	F. Waste Minimization Code	G. Radioactive Mixed ☐ Y ☐ N
H. Quantity	UOM	Density ☐ lbs/gal ☐ sg

2. **On-site Generation and Management of Hazardous Waste**

☐ Y ☐ N	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 1.

Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. **Off-site Shipment of Hazardous Waste**

☐ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-

Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. **Comments**

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT _____ (reporting year)
WASTE RECEIVED FROM OFF-SITE (WR) FORM

1. Waste 1

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. EPA ID Number		E. Form Code		F. Management Code		
G. Quantity	UOM	Density			☐ lbs/gal	☐ sg

2. Waste 2

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. EPA ID Number		E. Form Code		F. Management Code		
G. Quantity	UOM	Density			☐ lbs/gal	☐ sg

3. Waste 3

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. EPA ID Number		E. Form Code		F. Management Code		
G. Quantity	UOM	Density			☐ lbs/gal	☐ sg

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM

1. Site 1

A. EPA ID Number of Off-site Installation or Transporter		
B. Name of Off-site Installation or Transporter		
C. Handler Type (mark all that apply) ☐ Generator	☐ Transporter	☐ Receiving Facility
D. Address of Off-site Installation		
Street Address		
City, Town, or Village		
State	Zip Code	Country

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter		
B. Name of Off-site Installation or Transporter		
C. Handler Type (mark all that apply) ☐ Generator	☐ Transporter	☐ Receiving Facility
D. Address of Off-site Installation		
Street Address		
City, Town, or Village		
State	Zip Code	Country

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter		
B. Name of Off-site Installation or Transporter		
C. Handler Type (mark all that apply) ☐ Generator	☐ Transporter	☐ Receiving Facility
D. Address of Off-site Installation		
Street Address		
City, Town, or Village		
State	Zip Code	Country

4. **Comments**

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT PART A FORM

1. Facility Permit Contact

First Name	**Charles**	MI	**M**	Last Name	**Templer**
Title	**Managing Member**				
Email	**chuck@sycol.com**				
Phone	**928-783-3676**	Ext		Fax	

2. Facility Permit Contact Mailing Address

Street Address	**2264 East 13th Streeet**				
City, Town, or Village	**Yuma**				
State	**Arizona**	Country	**USA**	Zip Code	**85365**

3. Facility Existence Date (mm/dd/yyyy)

4. Other Environmental Permits

A. Permit Type	B. Permit Number	C. Description

5. Nature of Business

The Facility will accept a variety of hazardous and non-hazardous wastes, and consolidate, bulk, repackage, and store the wastes prior to shipment to approved off-site reuse, treatment, and/or disposal facilities. Hazardous wastes will typically be transported to and from the Facility in tankers and/or containers (e.g. 55-gallon drums, totes) on flat bed trucks, tractor trailers, or other vehicles. Hazardous wastes will be liquid, semisolid, and/or solid in nature and will be processed and stored in 55-gallon open-head steel or plastic containers or in 330-gallon totes. Acceptable wastes include characteristic wastes (D wastes), listed wastes (F, P, and U wastes), flammable and combustible materials (such as used oil, waste fuels, etc.), contaminated soil, universal wastes (such as batteries, mercury-containing equipment, mercury-containing lamps/bulbs, and certain pesticides), metal-containing filter cake, and other wastes as listed in Item 7 below and the attached table for Item 7.

6. Process Codes and Design Capacities

Line Number	A. Process Code	B. Process Design Capacity (1) Amount	B. Process Design Capacity (2) Unit of Measure	C. Process Total Number of Units	D. Unit Name
X1	S01				

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.	B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes (1) Process Codes	D. Processes (2) Process Description (if code is not entered in 7.D1))
X1	D001	30000	Tons	S01	
X2	D002	20000	Tons	S01	
X3	D003	200	Tons	S01	
x4	D004	100	Tons	S01	
X5	D005				included in line 4
X6	D006				included in line 4
X7	D007				included in line 4
X8	D008				included in line 4
X9	D009				included in line 4
10	D010				included in line 4
11	D011				included in line 4

8. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

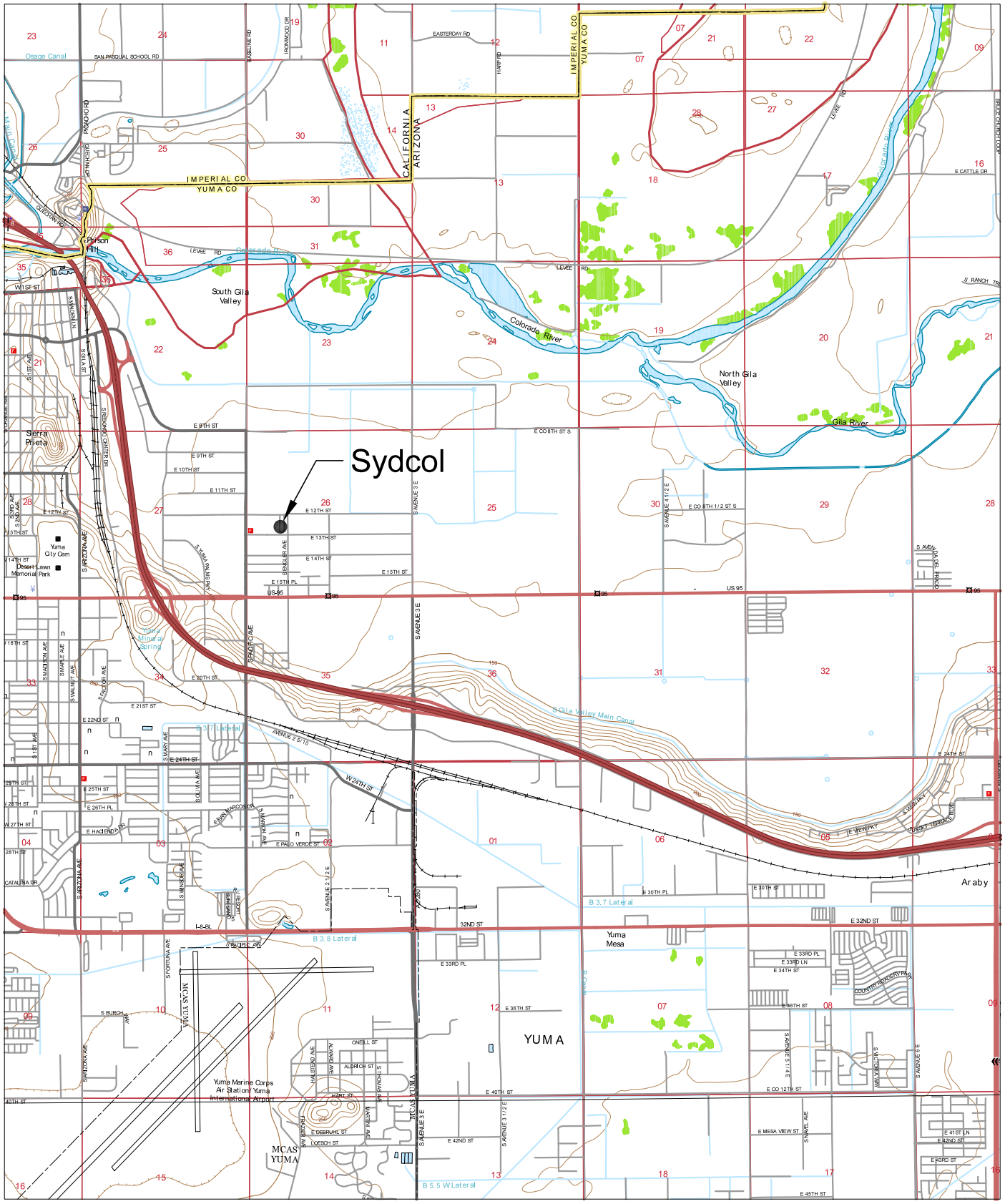
11. Comments

Item 7 - See Table 1 for additional hazardous wastes to be accepted at the Facility.

Table 1
AA Sydcol Hazardous Wastes

Waste type	RCRA Waste Codes	HMWUs	Estimated Annual Quantity (tons)
Ignitables	D001	1*, 2, 3, 4	30,000
Corrosives	D002	1*, 2, 3, 4	20,000
Reactives	D003	1*, 2, 3, 4	200
Toxicity: Heavy metals	D004-011	1*, 2, 3, 4	100
Toxicity: pesticides/herbicides	D012-017, 020, 031	1*, 2, 3, 4	100
Toxicity: Volatile organics	D018-019, 021-022, 028-029, 035, 039-040, 043	1*, 2, 3, 4	32,500
Toxicity: Semi-volatile organics	D022-027, 032-034, 036-038, 041-042,	1*, 2, 3, 4	200
2,4-dinitrotoluene, nitrobenzene	D030, D036	1*, 2, 3, 4	2
Halogenated compounds: degreasing	F001	1*, 2, 3, 4	4,000
Halogenated compounds: solvents	F002	1*, 2, 3, 4	4,000
non-Halogenated compounds solvents	F003-005	1*, 2, 3, 4	8,000
Listed electroplating wastes	F006-009	1*, 2, 3, 4	11,000
Listed metal finishing wastes	F010-012, 019	1*, 2, 3, 4	2,500
Chlorinated aliphatic hydrocarbons	F024-026	1*, 2, 3, 4	10
Listed wood-preserving wastes	F032, F034-035	1*, 2, 3, 4	10
Refinery WW treatment sludges	F037-038	1*, 2, 3, 4	10
Hazardous leachates	F039	1*, 2, 3, 4	10
P-listed commercial chemicals	P001-P205	1*, 2, 3, 4	100
Commercial grade acetone	U002	1*, 2, 3, 4	100
Commercial grade benzene	U019	1*, 2, 3, 4	100
Commercial grade 1-butanol	U031	1*, 2, 3, 4	20
Commercial grade methanol	U154	1*, 2, 3, 4	100
Commercial grade methyl-ethyl ketone	U159	1*, 2, 3, 4	100
other U-listed commercial chemicals	U001, 003-018, 020-030, 032-153, 154-158, 160-411	1*, 2, 3, 4	200
Total			113,362

* Containers with free liquids or listed waste FO26 are to be placed on containment pallets or within non-occupancy structures in HWMU1.


Sydcol
IMPERIAL CO
YUMA CO
CALIFORNIA
ARIZONA
Colorado River
Gila River
South Gila Valley
North Gila Valley
Sierra Prieta
Yuma City Cem
Desert Lawn Memorial Park
Yuma Mineral Spring
S Gila Valley Main Canal
B 3.7 Lateral
B 3.8 Lateral
B 5.5 W Lateral
Yuma Mesa
YUMA
Araby
Yuma Marine Corps Air Station/Yuma International Airport
MCAS YUMA
US 95
I-8-BL
E 8TH ST
E 9TH ST
E 10TH ST
E 11TH ST
E 12TH ST
E 13TH ST
E 14TH ST
E 15TH ST
E 20TH ST
E 24TH ST
W 24TH ST
32ND ST
E 40TH ST
E 42ND ST
E 45TH ST
E CO 8TH ST S
E CO 8TH 1/2 ST S
E CO 12TH ST
S AVENUE 3 E
S AVENUE 2 1/2 E
S AVENUE 3 1/2 E
S AVENUE 5 1/2 E
S AVENUE 1 E
S ARIZONA AVE
S MAIN ST
S GILA ST
S FORTUNA AVE
S MARY AVE
S COLMA AVE
S MCKEEN AVE
S MAPLE AVE
S WALNUT AVE
S PACIFIC AVE
S SENDER AVE
S MCLEAN AVE
S MCCAS YUMA
S MCTOWNSEND AVE
S MCTOWNSEND PL
S MCTOWNSEND LN
S MCTOWNSEND WAY
S MCTOWNSEND CT
S MCTOWNSEND TER
S MCTOWNSEND RD
S MCTOWNSEND PKWY
S MCTOWNSEND BLVD

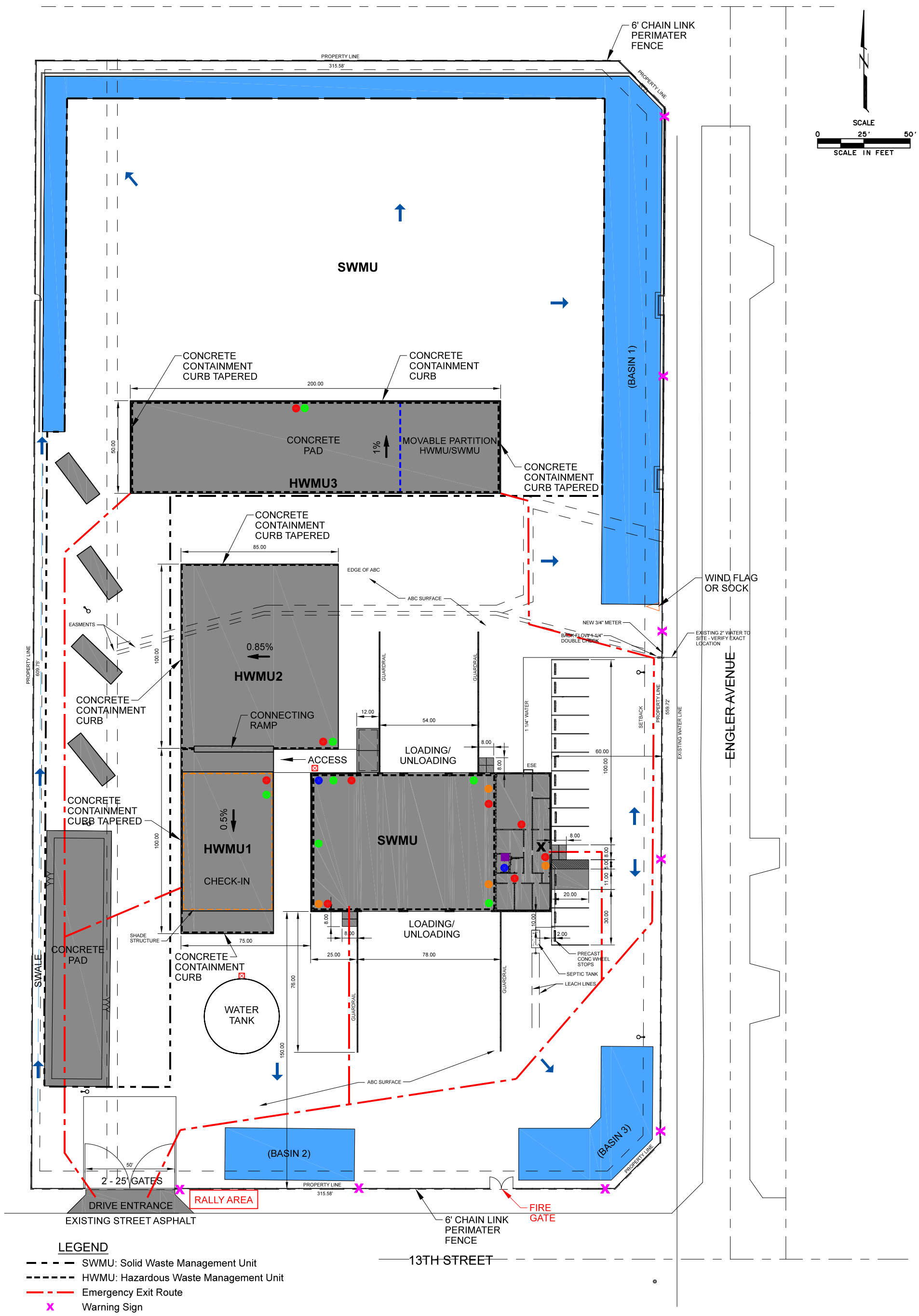
LEGEND

- 139 Elevation Contour
- Property Boundary
- SWMU: Solid Waste Management Unit
- HWMU: Hazardous Waste Management Unit
- Concrete Surface
- Registered Well (Location Approximate)

Figure 2
SURROUNDING TOPOGRAPHY
Sydcol
2264 E. 13th St.,Yuma, AZ 85365

CLIENT:	APPROVED BY: JGP
PROJECT:	PROJECT NO:
DESIGNED BY: JGP	DATE: 11/5/21
DRAWN BY: TML	DWG/FILE: JGP-SYDCOL04
REVISION:	

JGP Consulting, PLC
Environmental Compliance Services



LEGEND

- SWMU: Solid Waste Management Unit
- HWMU: Hazardous Waste Management Unit
- Emergency Exit Route
- Warning Sign
- Spill Kit
- Fire Alarm
- Fire Extinguisher (ABC)
- Eyewash
- Shower
- Facility Report
- Fire Hose Connection
- Concrete Surface
- Drainage Direction
- Drainage Basin

Figure 2
SITE PLAN
Sydcol
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PROJECT:	PROJECT NO:
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DRAWN BY: TML	DWG/FILE: SYDCOL02
REVISION:	

JGP Consulting, PLC
Environmental Compliance Services

AA Sydcol, LLC. Photographs of Existing Facility

Photo 1: West side of warehouse structure, location for future HWMU1, facing southeast.

Photo 2: Area northwest of structure where HWMU2 will be located. Facing northwest.

AA Sydcol, LLC. Photographs of Existing Facility

Photo 3: Showing concrete pad to serve as HWMU4. Facing northeast.