

APPENDIX A

Part A Permit Application





HAZARDOUS WASTE PERMIT PART A FORM

EPA ID Number

G	A	D	9	9	1	2	7	5	9	0	0
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1. Facility Name

CSX Transportation, Inc., Rice Yard, Waycross, Georgia

2. Reason for Submittal

First-Time Applicant

Modification (Check one)

Class 1 not requiring approval

Class 1 requiring approval

Class 2

Class 3

Renewal

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

		/			/	1	8	9	7
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4. Facility Status (Check all that apply)

Operating TSD

Post-Closure

HSWA Corrective Action

5. Facility Location Address

Street Address 1100 West Hamilton Avenue			
City Waycross	County Waycross	State GA	Zip Code 31503
Latitude 31 11' 8"		Longitude 81 22' 30"	
Land Type:			
<input checked="" type="radio"/> Private	<input type="radio"/> Municipal	<input type="radio"/> County	<input type="radio"/> State
<input type="radio"/> Federal	<input type="radio"/> Other		

6. Facility Mailing Address

Same as Location Address

Street Address 1100 West Hamilton Avenue		
City Waycross	State GA	Zip Code 31503

7. Facility Permit Contact

Full Name Matt Adkins	Title Manager Environmental Remediation
Phone 404-350-5135	Fax 904-245-2273
Email Matt_Adkins@CSX.com	

8. Facility Permit Contact Mailing Address

Same as Location Address

Street Address 1590 Marietta Blvd NW		
City Atlanta	State GA	Zip Code 30318

9. Legal Owner and Operator of the Facility

Does the Facility have multiple owners and/or operators? If yes, please use Attachment 1.

Yes No

A. Name of Facility's Legal Owner

Same as Location Address

Full Name CSX Transportation, Inc.		Date Became Owner	
		/ /	
Are there any previous owners of this Facility? If yes, please list in an attachment. <input type="radio"/> Yes <input checked="" type="radio"/> No			
Owner Type <input checked="" type="radio"/> Private <input type="radio"/> Municipal <input type="radio"/> County <input type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Other			
Street Address 500 Water Street 15th Floor			
City Jacksonville			
State FL	Country USA	Zip Code 32202	
Phone 904-359-3200	Fax	Email	

B. Name of Facility's Legal Operator

Same as Facility's Legal Owner

Full Name		Date Became Operator	
		/ /	
Are there any previous operators of this Facility? If yes, please list in an attachment. <input type="radio"/> Yes <input checked="" type="radio"/> No			
Operator Type <input checked="" type="radio"/> Private <input type="radio"/> Municipal <input type="radio"/> County <input type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Other			
Street Address			
City			
State	Country	Zip Code	
Phone	Fax	Email	

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

A. (Primary) 48211	C.
B.	D.

11. Nature of Business

Train classification and locomotive and rail car repair

12. Other Environmental Permits

A. Permit Type	B. Permit Number										C. Description	
S	H	W	-	0	4	9	(D)			Georgia Hazardous Waste Facility Permit
N	G	A	0	0	4	6	6	8	0			GA NPDES Discharge Permit
S	4	7	4	1	2	9	9	0	0	1	7	Air Quality Permit
N	G	A	R	0	5	0	0	0	0			NPDES General Permit (stormwater)
N	W	A	Y	X	0	0	4					POTW Discharge Permit
S	1	4	8	0	0	0	2					Groundwater Withdrawal Permit
S	1	4	8	0	0	0	8					Groundwater Withdrawal Permit

13. Process Information

Line No.	A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
				(1) Amount	(2) Unit of Measure		
	D	8	0	1,111	Y	1	Old Drum Storage Area
	D	8	0	7,500	Y	1	Alum Sludge Basin

14. Description of Hazardous Wastes

Line No.	A. EPA Hazardous Waste Code			B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes							
						(1) Process Codes				(2) Process Description (if code is not entered in 14.D1)			
1	F	0	0	1	8,611	Y	D	8	0				
2	U	0	5	1	1	Y	D	8	0				

15. Clean Closed Hazardous Waste Management Units (Do not include current Post-Closure Units)

Unit Name	Dates of Operation		Date of Clean Closure Certification, if applicable	Date of Clean Closure Equivalency Demonstration, if applicable
		to		
		to		
		to		
		to		

16. 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 entire 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 under- ground. Include all springs, rivers, and other surface water bodies in this map area. Include drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. USGS 7.5-minute series topographic or orthophotographic maps are available for all areas of the state.

17. Facility Drawing

All existing facilities must include a scale drawing of the facility showing the location of all past, present, and proposed treatment, storage, and disposal areas, including but not limited to solid waste management units and areas of concern.

18. Photographs

All existing facilities must include dated 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. Use the process codes listed in item 14 to indicate the location of all storage, treatment, and disposal areas.

19. List of Affected Governments

Full Name	Dr. Michael-Angelo James	Title	Waycross Mayor
Street Address	417 Pendleton Street		
City	Waycross	State	GA
		Zip Code	31502

Full Name	Tonya Miller	Title	Waycross City Manager
Street Address	417 Pendleton Street		
City	Waycross	State	GA
		Zip Code	31502

Full Name	Chief David Eddins	Title	Waycross Fire Department
Street Address	1820 Mary Street		
City	Waycross	State	GA
		Zip Code	31502

Full Name		Title	
Street Address			
City		State	
		Zip Code	

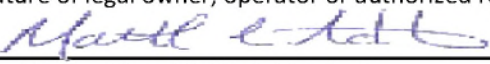
Full Name		Title	
Street Address			
City		State	
		Zip Code	

Full Name		Title	
Street Address			
City		State	
		Zip Code	

20. Comments (include item number for each comment)

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21. **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 40CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 12/18/2020
Printed Name (First, Middle Initial, Last) Matthew L. Adkins	Title Sr. Manager Environmental Remediation
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial, Last)	Title