



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

**INFORMATION COLLECTION REQUEST**

**QUESTIONNAIRE FOR RCRA SECTION 3007 CONTAINER RECONDITIONER FACILITIES**

**Questionnaire ID:** \_\_\_\_\_

OMB Control No. 2050-NEW  
OMB Approval Expires: MM/DD/YYYY

This collection of information is approved by the United States Office of Management and Budget (OMB) under the Paperwork Reduction Act, 44 USC § 3501 et seq. (OMB Control No. 2050-NEW). Responses to this collection of information are mandatory under Section 3007 of the Resource Conservation and Recovery Act, 42 USC § 6927. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The public reporting and recordkeeping burden for this collection of information is estimated to be up to 18 hours per questionnaire response for facilities completing all sections. The EPA estimates the total burden to the industry for responding to the questionnaire to be 3,960 hours or \$0.40 million. Send comments on the EPA's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden to Director, Information Engagement Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed questionnaire to this address.



### **IMPORTANT INFORMATION REGARDING THIS FILE**

**This file is a questionnaire developed for public review and comment following the EPA's submission of the ICR to OMB and notification of intent to conduct the information collection request (ICR) in the *Federal Register* notice.**

**NOTE 1.** As part of the Used Container Management and Reconditioning Advance Notice of Proposed Rulemaking, the EPA will require, through an OMB-approved Information Collection Request, all known Used Container Management facilities across the United States to complete a questionnaire and provide existing permits, when applicable. The data collection activities will produce a robust data set that will characterize the standard practices, training, reconditioning methods, safety and security, environmental permitting, wastewater, solid waste, air pollution and pollution control technology utilized by the used container reconditioning industry. The results of information collection request will give the EPA a more comprehensive perspective on the regulatory framework governing the drum reconditioning industry and help the EPA identify the most effective options to ensure proper management of used industrial containers.

**NOTE 2.** The EPA will require approximately 216 Used Container Reconditioning facilities to complete a mandatory electronic questionnaire. The objectives of the questionnaire will be to gather information and data on the used container reconditioning industry as a whole. The EPA will use the information and data collected in the questionnaire to identify existing industry standards and to explore the regulatory and/or non-regulatory options for dealing with the issues surrounding the management of used containers across their lifecycle, to ensure protection of human health and the environment.

**NOTE 3.** The questionnaire will be administered as a web-based, electronic questionnaire using Qualtrics Survey Software (Qualtrics). The EPA will require all Used Container Reconditioning facilities to which it mails a notification letter to complete and submit the Qualtrics questionnaire. The Qualtrics questionnaire does not need to be completed in a single session. Respondents can return to the questionnaire as many times as is necessary for completion of the questionnaire. Responses to each question will be automatically saved as respondents progress through the questionnaire. To allow for internal review and sharing of the questionnaire, the Questionnaire ID and entry code may be used by multiple people at a facility to login to the questionnaire at different times. **Multiple people MUST NOT open or work on the same questionnaire in the online questionnaire at the same time. This can cause response data to be deleted and questions to be unintentionally skipped.** In cases where more than one person needs to enter in responses, share the Questionnaire ID and entry code and log in at different times.

**NOTE 4.** The EPA will offer an unofficial PDF version that may be downloaded and used by respondents as a working file to help them compile all information prior to completing the Qualtrics version. The content of the PDF and Qualtrics versions will match, but the exact order of questions and the presentation, format, and spacing of the questions may differ. The unofficial PDF version of the questionnaire and additional resources will be available for download in Qualtrics. These additional resources are described below but are not included in this version of the questionnaire.

- General instructions describing the questionnaire; the requirement to respond to the questionnaire; procedures for accessing, completing, and submitting the questionnaire; the deadline for submitting the completed questionnaire; and contact information for a helpline for questionnaire assistance.
- Facility-specific letter mailed via a trackable shipment service to each respondent notifying them of the requirement to complete the questionnaire and including unique credentials to securely access the questionnaire.
- A list of abbreviations and glossary defining key technical terms used in the questionnaire.



**NOTE 5.** For the purposes of this document, all tables include minimal rows for data entry; these tables are intended to show the types of data the EPA is requesting. In the final Qualtrics questionnaire, all tables will include enough rows for most respondents.

**NOTE 6.** The EPA prepared the questionnaire to be applicable to a variety of facilities; therefore, not all questions will apply to every facility. This questionnaire includes instructions to note when respondents do not need to complete a part or question. Skipped questions and sections will be programmed in Qualtrics and written instructions omitted. As such, respondents will not see the questions or sections that are skipped based on their responses. Instructions on identifying applicable questions are included in this document to show what will be included in the unofficial PDF questionnaire and demonstrate the intended questionnaire flow.



## **QUESTIONNAIRE INSTRUCTIONS**

*Read the General Instructions, available for download from the EPA Used Container Reconditioner Questionnaire webpage, before beginning your questionnaire.*

**Unless otherwise noted, the EPA requests information for calendar year 2023.**

**This questionnaire should be completed by personnel most knowledgeable about the used container reconditioning operations of the facility.**

**Carefully read all instructions throughout the questionnaire.** Contact the Used Container Reconditioning Questionnaire Helpline (Helpline) if you do not understand a question or how to respond. Contact information for the Helpline can be found on Container Reconditioner Questionnaire webpage.

**Review the resources provided to help you respond to the questionnaire.** The General Instructions, and Abbreviations and Glossary files are provided to assist you in understanding and completing the questionnaire. These resources are available for download from the EPA Used Container Reconditioner Questionnaire webpage. If you are unable to resolve your questions using these resources, contact the Helpline.

**Complete this questionnaire only for the used container reconditioning portion of your facility.**

**Enter a response for each question to which you are directed.** You should complete the questions in sequence (that is, questions should not be skipped or completed out of order). The EPA prepared the questionnaire to be applicable to a variety of facilities; therefore, not all questions will apply to every facility. Enter a response to all questions for all sections of the questionnaire as instructed. The questionnaire includes instructions to note when you do not need to complete a section or question based on your responses to previous questions. If the space allowed for the answer is inadequate for your complete response, continue the response in Section 10. (Comments).

**Enter “0” (zero) where appropriate; do not leave an entry blank if the answer is zero.**

**Provide data in the requested units of measure.** If you are unable to provide the response in the units specified, enter a comment in Section 10. (Comments) explaining the alternate units used.

**Enter numerical values without commas.** Some questions require you to report a number value (e.g., flow rate) which may be in the thousands or millions. In these situations, you should enter only the number as your response – exclude comma separators (e.g., enter “1000” rather than “1,000”).

**The EPA is not requesting you perform non-routine tests or measurements solely for the purpose of responding to this questionnaire.** If exact data or information are not available, provide an estimate using best professional judgement. Note the basis for any estimates in Section 10. (Comments).

**Retain a copy of your completed questionnaire, along with submitted files and data sources used to complete your response, for two years.** You will not be able to access the questionnaire after it has been certified and submitted to the EPA. The Qualtrics questionnaire will instruct you to save an electronic version following completion of all applicable questions and certification. The EPA may request your cooperation in clarifying responses if necessary.

**Use Section 10. (Comments) to clarify a response or provide additional detail.** You may elect to provide any comments, additional information/detail, or clarifications on your response to each question in Section 10. (Comments). You may also provide the basis for any estimations, note where alternate units were used in your response, or indicate if information provided for calendar year 2023 is not representative of normal operations. Year-to-year operations are expected to fluctuate; however, you may indicate if information provided for calendar year 2023 is not representative of typical wastewater management at the facility and explain why (e.g., supply chain disruptions, economic conditions, plant maintenances/upgrades).



## **ABBREVIATIONS**

|                 |   |
|-----------------|---|
| CBI             | Confidential Business Information               |
| CFR             | Code of Federal Regulations                     |
| DOT             | Department of Transportation                    |
| EPA             | United States Environmental Protection Agency   |
| FR              | Federal Register                                |
| FRS             | Facility Registry Service                       |
| ft <sup>2</sup> | square feet                                     |
| FTE             | full-time equivalent                            |
| gal             | gallons   |
| HEPA            | high efficiency particulate air                 |
| HVAC            | heating, ventilation, and air conditioning      |
| IBC             | intermediate bulk container                     |
| ICR             | information collection request                  |
| IRS             | Internal Revenue Service                        |
| mm/dd/yyyy      | month/day/year                                  |
| N/A             | not applicable                                  |
| NAICS           | North American Industry Classification System   |
| NPDES           | National Pollutant Discharge Elimination System |
| OMB             | Office of Management and Budget                 |
| OSHA            | Occupational Safety and Health Administration   |
| POTW            | publicly owned treatment works                  |
| PPE             | personal protective equipment                   |
| RCRA            | Resource Conservation and Recovery Act          |
| SBA             | Small Business Administration                   |
| SBIC            | Small Business Investment Company               |
| SOPs            | standard operating procedures                   |
| WWTP            | wastewater treatment plant                      |

## **GLOSSARY**

**Containers** – Any portable device in which a material is stored, transported, treated, disposed of, or otherwise handled. Includes drums, totes, IBCs, etc.

**Hazardous Waste** – A waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment.

**Receipts** – means all revenue in whatever form received or accrued from whatever source, including from the sales of products or services, interest, dividends, rents, royalties, fees, or commissions, reduced by returns and allowances. Generally, receipts are considered “total income” (or in the case of a sole proprietorship “gross income”) plus “cost of goods sold” as these terms are defined and reported on Internal Revenue Service (IRS) tax return forms (such as Form 1120 for corporations; Form 1120S for S corporations; Form 1120, Form 1065 or Form 1040 for LLCs; Form 1065 for partnerships; Form 1040, Schedule F for farms; Form 1040, Schedule C for other sole proprietorships). Receipts do not include net capital gains or losses; taxes collected for and remitted to a taxing authority if included in gross or total income, such as sales or other taxes collected from customers and excluding taxes levied on the concern or its employees; proceeds from transactions between a concern and its domestic or foreign affiliates; and amounts collected for another by a travel agent, real estate agent, advertising agent, conference management service provider, freight forwarder or customs broker. For size determination purposes, the only exclusions from receipts are those specifically provided for in this paragraph. All other items, such as subcontractor costs, reimbursements for purchases a contractor makes at a customer's



request, investment income, and employee-based costs such as payroll taxes, may not be excluded from receipts.

- (1) The Federal income tax return and any amendments filed with the IRS on or before the date of self-certification must be used to determine the size status of a concern. SBA will not use tax returns or amendments filed with the IRS after the initiation of a size determination.
- (2) When a concern has not filed a Federal income tax return with the IRS for a fiscal year which must be included in the period of measurement, SBA will calculate the concern's annual receipts for that year using any other available information, such as the concern's regular books of account, audited financial statements, or information contained in an affidavit by a person with personal knowledge of the facts.

Completed fiscal year means a taxable year including any short year. "Taxable year" and "short year" have the meanings attributed to them by the IRS.

Period of measurement.

- (1) Except for the Business Loan, Disaster Loan, Surety Bond Guarantee, and Small Business Investment Company (SBIC) Programs, annual receipts of a concern that has been in business for 5 or more completed fiscal years means the total receipts of the concern over its most recently completed 5 fiscal years divided by 5.
- (2) Except for the Business Loan, Disaster Loan Programs, Surety Bond Guarantee, and SBIC Programs, annual receipts of a concern which has been in business for less than 5 complete fiscal years means the total receipts for the period the concern has been in business divided by the number of weeks in business, multiplied by 52.
- (3) Except for the Business Loan, Disaster Loan, Surety Bond Guarantee, and SBIC Programs, where a concern has been in business 5 or more complete fiscal years but has a short year as one of the years within its period of measurement, annual receipts means the total receipts for the short year and the 4 full fiscal years divided by the total number of weeks in the short year and the 4 full fiscal years, multiplied by 52.
- (4) For the Business Loan, Disaster Loan, Surety Bond Guarantee, and SBIC Programs, a concern that has been in business for three or more completed fiscal years may elect to calculate annual receipts using either the total receipts of the concern over its most recently completed 5 fiscal years divided by 5, or the total receipts of the concern over its most recently completed 3 fiscal years divided by 3. Annual receipts of a concern which has been in business for less than three complete fiscal years means the total receipts for the period the concern has been in business divided by the number of weeks in business, multiplied by 52. Where a concern has been in business three or more complete fiscal years but has a short year as one of the years within its period of measurement, annual receipts means the total receipts for the short year and the two full fiscal years divided by the total number of weeks in the short year and the two full fiscal years, multiplied by 52. For the purposes of this subsection, the Business Loan Programs consist of the 7(a) Loan Program, the Microloan Program, the Intermediary Lending Pilot Program, and the Development Company Loan Program ("504 Loan Program"). The Disaster Loan Programs consist of Economic Injury Disaster Loans, Military Reservist Economic Injury Disaster Loans, and Immediate Disaster Assistance Program loans.

**Reconditioning** – Reconditioning includes the following activities for both metal and non-metal containers as applicable:

- (1) Cleaning to base material of construction, with all former contents, internal and external corrosion removed, and any external coatings and labels sufficiently removed to expose any metal deterioration that adversely affects transportation safety;



- (2) Restoring to original shape and contour and with chimes (if any) straightened and sealed;
- (3) Inspecting after cleaning but before painting. Packagings with visible pitting, significant reduction in material thickness, metal fatigue, damaged threads or closures, visible damage such as tears, creases or cracks, or other significant defects, must be rejected.
- (4) Replacement of all non-integral gaskets and closure devices with new or refurbished parts, and cushioning and cushioning materials; and components including gaskets, closure devices and cushioning and cushioning material; and
- (5) Ensuring that the packagings are restored to a condition that conforms in all respects with the prescribed requirements of any applicable regulations.

### ***Secondary containment***

Secondary containment systems must be:

- (1) Designed, installed, and operated to prevent any migration of materials or accumulated liquid out of the system to the soil, ground water, or surface water at any time during the use of the tank system; and
- (2) Capable of detecting and collecting releases and accumulated liquids until the collected material is removed.

Note:

If the collected material is a hazardous waste under 40 CFR part 261, it is subject to management as a hazardous waste in accordance with all applicable requirements of parts 262 through 265, 266, and 268 of this chapter. If the collected material is discharged through a point source to waters of the United States, it is subject to the requirements of sections 301, 304, and 402 of the Clean Water Act, as amended. If discharged to a Publicly Owned Treatment Works (POTW), it is subject to the requirements of section 307 of the Clean Water Act, as amended. If the collected material is released to the environment, it may be subject to the reporting requirements of 40 CFR part 302.

**Solid waste** – Any garbage, refuse, sludge, and other discarded solid materials, including solid waste materials resulting from industrial, commercial, and agricultural operations, and from community activities except as excluded by regulations. This includes materials in a container as well as containers that are disposed of.



☐ Claim Q1 as CBI

## SECTION 1. GENERAL FACILITY INFORMATION

1. Provide the facility name and physical address.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Street Address Line 1

\_\_\_\_\_  
Facility Street Address Line 2 (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Territory

\_\_\_\_\_  
ZIP Code

☐ Claim Q2 as CBI

2. Has the facility ever engaged in container reconditioning or reprocessing operations (i.e., the cleaning, washing, reconditioning, recycling, and/or restoring of containers such as drums or intermediate bulk containers (IBCs)), including the scrapping of containers no longer fit for purpose? For the purposes of this survey, industrial containers include containers holding a volume of less than 1,000 gallons; larger vessels such as frac tanks or tanker trucks should not be considered industrial containers. Likewise, operations that solely refill containers without any rinsing, washing, or other cleaning steps would not be considered industrial container reconditioning for the purposes of this survey.

☐ No. Briefly describe the facility's operations.

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

☐ Yes. How many years has the facility been in continuous operation? What year did the facility first start reconditioning operations?

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



**If you answered "No" to this question, proceed to Section 10. (Comments).**

**DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE.**





☐ Claim Q3 as CBI

3. Has the facility permanently closed as of January 1, 2023? Note that change in ownership is not considered closure. Select only one.

☐ No

☐ Yes



**If you answered "Yes" to this question, proceed to Section 10. (Comments).**

**DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE.**

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☐ Claim Q4 as CBI

4. Has the facility permanently discontinued all container reconditioning as of January 1, 2023.

☐ No

☐ Yes



**If you answered "Yes" to this question, proceed to Section 10. (Comments).**

**DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE.**

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☐ Claim Q5 as CBI

5. Does the facility's ultimate parent company, as defined in the GLOSSARY, operate any other container reconditioning facilities? Identify the ultimate parent company and provide the name, title, phone number, email, and mailing address for a primary point of contact for the ultimate parent company. If the facility is owned, controlled, or managed by the United States federal government (e.g., the United States Department of Defense), provide the Agency name and most applicable contact information below.

**Ultimate Parent Company:** The business organization at the highest position in the facility's ownership structure that is organized domestically (e.g., the highest-level United States incorporated company). An ultimate parent company owns more than 50 percent of one or more other domestic businesses. A business organization that is owned by another United States business is not an ultimate parent company but a subsidiary or branch. Subsidiary business organizations to the ultimate parent can include "headquarters" business organizations. A "headquarters" is a business that has branches or divisions reporting to it. Branches or divisions can also report directly to the ultimate parent company. In this case, the ultimate parent company is also a headquarters organization. The ultimate parent company typically resides in a different physical location than its subsidiary headquarters or division/branch locations.

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Ultimate Parent Company Name

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Mailing Address Line 1

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Mailing Address Line 2 (if applicable)

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City

State/Territory

ZIP Code

5.a. Provide the name, title, phone number, and email address, for your primary contact at the ultimate parent company.

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Primary Contact Name

Primary Contact Title

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Phone Number

Phone Extension (if applicable)

Email

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☐ Claim Q6 as CBI

6. Does the Ultimate Parent Company meet the legal definition of a small business according to the Small Business Administration size standards? For example, for facilities categorized as Commercial and Industrial Machinery and Equipment (except Automotive and Electronic) Repair and Maintenance (NAICS code 811310), a small business is one with no more than \$12.5 million in average annual receipts. If a different NAICS code applies to your facility, consult the Small Business Administration's Table of [Small Business Size Standards](#).<sup>1</sup>

☐ No.

☐ Yes.

☐ Claim Q7 as CBI

7. Provide the name, title, phone number, email address, and office location of a primary and secondary contact at your facility with knowledge of the information reported in this questionnaire response.

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Primary Contact Name

Primary Contact Title

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Phone Number

Phone Extension (if applicable)

Email

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City

State/Territory

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Secondary Contact Name

Secondary Contact Title

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Phone Number

Phone Extension (if applicable)

Email

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City

State/Territory

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<sup>1</sup> The SBA Table of Size Standards can be downloaded here: <https://www.sba.gov/document/support-table-size-standards>



## SECTION 2. TECHNICAL INFORMATION

☐ Claim Q8 as CBI

8. Provide the six-digit North American Industry Classification System (NAICS) code(s) most applicable to the facility. If you do not know under which NAICS code(s) the facility falls, visit the United States Census Bureau website (<https://www.census.gov/naics/>) and search for the operation(s) that most accurately describes the facility's operation. The following NAICS codes may apply to your facility, but are not the only codes that could apply:

- ☐ 811310 - Commercial and Industrial Machinery and Equipment (except Automotive and Electronic) Repair and Maintenance
- ☐ 562211 - Hazardous Waste Treatment and Disposal
- ☐ 423840 - Industrial Supplies Wholesalers (Drums, new and reconditioned, wholesaling; Containers, industrial, wholesaling)
- ☐ 332439 - Other Metal Container Manufacturing
- ☐ 326199 - All Other Plastics Product Manufacturing
- ☐ 532490 - Other Commercial and Industrial Machinery and Equipment Rental and Leasing
- ☐ 532310 - General Rental Centers
- ☐ Other (Enter NAICS code and description if the facility has them):

|       |   |       |
|-------|---|-------|
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |

If the facility is associated with more than three NAICS codes, list additional codes in Section 10. (Comments).

### Facility NAICS Code(s)

Primary NAICS code: \_\_\_\_\_

Secondary NAICS code: \_\_\_\_\_

Tertiary NAICS code: \_\_\_\_\_



☐ Claim Q9 as CBI

9. Provide the applicable EPA hazardous waste generator identification number ("site ID") associated with the facility. If you do not know the facility's EPA hazardous waste generator identification, visit [EPA's Site ID Number search tool \(https://rcrapublic.epa.gov/rcrainfoweb/action/modules/hd/handlerindex\)](https://rcrapublic.epa.gov/rcrainfoweb/action/modules/hd/handlerindex). If the facility does not have an EPA hazardous waste generator ID, select "Facility does not have an EPA hazardous waste generator ID."

☐ Facility does not have an EPA hazardous waste generator ID.

OR

EPA generator ID: \_\_\_\_\_

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☐ Claim Q10 as CBI

10. Provide the applicable 12-digit Facility Registry Service (FRS) identification number associated with the facility (also known as EPA Registry ID). If you do not know the facility's FRS identification number, visit EPA's [FRS Search website \(https://www.epa.gov/frs/frs-query#facility\)](https://www.epa.gov/frs/frs-query#facility) and search for the facility using the facility's address and/or name. If the facility does not have an FRS identification number, select "Facility does not have an FRS identification number."

☐ Facility does not have an FRS identification number.

OR

FRS Identification Number: \_\_\_\_\_

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☐ Claim Q11 as CBI

11. Does the facility have plans to permanently close or discontinue all container reconditioning? Select only one. If the planned year of closure is unknown, provide an estimate using best professional judgement.

☐ No.

☐ Yes. Provide the planned year of permanent closure or cessation of all container reconditioning: \_\_

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☐ Claim Q12 as CBI

12. Has the facility implemented significant changes to container reconditioning operations in the last five years? These changes may include but are not limited to changes such as changing container washing capacity by more than 25% of prior throughput, adding a closed drum furnace, adding wastewater treatment to a facility that previously had none, installing an evaporator to decrease wastewater volumes, or other operational changes that cost over \$100,000 to implement.

☐ No, operations have not significantly changed in the last five years.

☐ Yes. The facility has implemented significant changes to container reconditioning in the last five years.



Provide a description of the significant changes made to container reconditioning operations:

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- ☐ Yes. The facility plans to implement significant changes to container reconditioning operations before 2029.

Provide a description of the significant changes planned to container reconditioning operations:

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☐ Claim Q13 as CBI

13. What is the approximate square footage of the facility area used for activities related to container reconditioning operations, including storage and scrapping?

\_\_\_\_\_ ft<sup>2</sup>

☐ Claim Q14 as CBI

14. Select the category that best reflects the number of full-time equivalent (FTE) employees at the facility who are involved in container reconditioning or reprocessing operations for calendar year 2023. For example, four half-time employees would be listed as two FTE employees. Only directly employed personnel should be counted; contracted workers should not be included. Round up to the nearest whole number. Select only one.

- ☐ 1 – 4 FTE employees
- ☐ 5 – 9 FTE employees
- ☐ 10 – 19 FTE employees
- ☐ 20 – 49 FTE employees
- ☐ 50 – 99 FTE employees
- ☐ 100 – 249 FTE employees
- ☐ 250 – 499 FTE employees
- ☐ 500 or more FTE employees





☐ Claim Q15 as CBI

15. What were the annual receipts<sup>2</sup> for the facility?

- ☐ \$0-\$1,000,000 per year
  - ☐ Greater than \$1,000,000 - \$4,500,000 per year
  - ☐ Greater than \$4,500,000 - \$9,000,000 per year
  - ☐ Greater than \$9,000,000 - \$12,500,000 per year
  - ☐ Greater than \$12,500,000 - \$40,000,000 per year
  - ☐ Greater than \$40,000,000 - \$47,000,000 per year
  - ☐ Greater than \$47,000,000 per year
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<sup>2</sup> For a definition of receipts, refer to References section.





### SECTION 3. FACILITY OPERATIONS

☐ Claim Q16 as CBI

16. Which types of containers does the facility process, and how many of each are processed annually (if unknown, estimate using your best professional judgement)? Select all that apply.

☐ Steel tight-head (closed-head) \_\_\_\_\_ per year

☐ Steel open-head \_\_\_\_\_ per year

☐ Steel top-head \_\_\_\_\_ per year

☐ Plastic tight-head (closed-head) \_\_\_\_\_ per year

☐ Plastic open-head \_\_\_\_\_ per year

☐ Intermediate bulk container (totes) \_\_\_\_\_ per year

☐ Other Description: \_\_\_\_\_ per year

☐ Claim Q17 as CBI

17. From what industries do the reconditioned containers originate?

☐ Agriculture

☐ Construction

☐ Cosmetics

☐ Food and beverage

☐ Industrial processing (lubricants, hydraulics, etc.)

☐ Oil, gas, and other power generation

☐ Paints and coatings

☐ Pharmaceuticals and biotechnology

☐ Semiconductor

☐ Water treatment

☐ Other chemical manufacturing

☐ Other non-chemical manufacturing

☐ Other \_\_\_\_\_



☐ Claim Q18 as CBI

18. Have any containers received by the facility for reconditioning in the last 2 years previously held DOT hazardous materials and/or been labeled with a DOT hazard class placard?

☐ No

☐ Yes

Roughly what percent of all containers received in the last 2 years previously held such hazardous materials?

\_\_\_\_\_  
Considering the containers received for reconditioning in the last 2 years, estimate of the number and type (55-gallon drums or 275-gallon IBCs) received per year per hazard class in Table .

**Table . Hazardous Materials Containers Received**

| <b>Hazardous Materials most commonly received in containers for reconditioning</b> | <b>Average Number of 55-Gallon Drums (per year)</b> | <b>Average Number of IBCs (per year)</b> |
|--|---|--|
| Class 1 - Explosives   |   |  |
| Class 2 - Gases  |   |  |
| Class 3 - Flammable Liquid and Combustible Liquid                                  |   |  |
| Class 4 - Flammable Solid, Spontaneously Combustible, and Dangerous When Wet       |   |  |
| Class 5 - Oxidizer and Organic Peroxide  |   |  |
| Class 6 - Poison (Toxic) and Poison Inhalation Hazard                              |   |  |
| Class 7 - Radioactive  |   |  |
| Class 8 - Corrosive  |   |  |
| Class 9 - Miscellaneous  |   |  |

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☐ Claim Q19 as CBI

19. Does the facility have written procedures for inspecting, accepting, or rejecting containers determined by their status as either Resource Conservation and Recovery Act (RCRA)-empty or "heavies" (e.g., a container with a significant amount of chemical still present)?

☐ No

☐ Yes

If yes, provide a copy of the container inspection procedures.



☐ Claim Q20 as CBI

20. Over the last 2 years, estimate the average number of containers received and rejected each month that were non-RCRA empty, by type:

55-gallon drums: \_\_\_\_\_

IBCs: \_\_\_\_\_

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☐ Claim Q21 as CBI

21. Describe the facility's procedure for identifying and managing non-empty containers, including whether inspection is conducted before or after offloading containers from trailers.

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☐ Claim Q22 as CBI

22. Are residues from emptying containers consolidated for later disposal or treatment?

☐ No **Skip Question 23.**

☐ Yes

Where on-site are residues consolidated and stored?

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How often is the collected residue sampled to make a hazardous waste determination?

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☐ Claim Q23 as CBI

23. If residues from emptying containers are consolidated, where are residues sent for disposal or treatment?

☐ Landfill

☐ Incinerator

☐ Other: \_\_\_\_\_

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☐ Claim Q24 as CBI

24. Does the facility have an operation overview, such as a facility or process flow diagram (with identification of any water or air discharge or emission points)?

☐ No

☐ Yes

If yes, provide a copy of the facility operations overview or process flow diagram.

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☐ Claim Q25 as CBI

25. Does the facility assess toxicity and/or potential interactions between chemical residues (e.g., mixing incompatibles)?

☐ No

☐ Yes

If yes, briefly describe how (e.g., requiring SDSs for the material previously held in the containers, comparing DOT hazard classes, etc).

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☐ Claim Q26 as CBI

26. Roughly what proportion of the containers reconditioned at the facility are sent for reuse (as compared to being sent for scrapping or other disposal)?

\_\_\_\_\_ % of steel drums sent for reuse

\_\_\_\_\_ % of plastic drums sent for reuse

\_\_\_\_\_ % of IBC plastic liners sent for reuse

\_\_\_\_\_ % of IBC metal cages sent for reuse

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#### SECTION 4. FACILITY SECURITY

☐ Claim Q27 as CBI

27. Does the facility share property with other industrial facilities?

☐ No

☐ Yes

If yes, what type of industrial facility: \_\_\_\_\_

-----

☐ Claim Q28 as CBI

28. Does the facility have a fence or other security measures?

☐ None

☐ Fence

☐ Security camera

☐ Other security measure: \_\_\_\_\_

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☐ Claim Q29 as CBI

29. At any given time, roughly how many containers are stored on site? \_\_\_\_\_

-----

☐ Claim Q30 as CBI

30. What proportion of these stored containers are:

\_\_\_\_\_ % Not yet washed, emptied, or otherwise processed to remove residues

\_\_\_\_\_ % Reconditioned and awaiting shipment for reuse

\_\_\_\_\_ % Washed and awaiting shipment to disposal

\_\_\_\_\_ % Other (describe): \_\_\_\_\_

-----

☐ Claim Q31 as CBI

31. How does the facility store containers prior to reconditioning? Check all that apply:

☐ Outside storage area (uncovered)

☐ Outside storage area (covered)

☐ Storage in trailers

☐ Inside storage area

☐ Other: \_\_\_\_\_

-----





☐ Claim Q32 as CBI

32. Does the facility have secondary containment<sup>3</sup> for any area where it stores containers?

☐ No

☐ Yes

If yes, please describe secondary containment: \_\_\_\_\_

\_\_\_\_\_

---

<sup>3</sup>Refer to requirements for secondary containment in the references or  
<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-I/part-261/subpart-J/section-261.193>



**SECTION 5. EMPLOYEE SAFETY**

☐ Claim Q33 as CBI

33. Which of the following hazard-related trainings does the facility provide to employees?

☐ EPA Hazardous Waste training

If yes, do you specifically train employees on the RCRA Empty Container provision (i.e., 40 CFR 261.7)

☐ Yes

☐ No

☐ DOT Hazardous Material training

☐ OSHA Hazard Communication training

☐ Other (describe): \_\_\_\_\_

☐ Claim Q34 as CBI

34. What engineering controls or other worker safety systems are used at the facility?

☐ Protective barriers/safeguards:

☐ noise baffles

☐ explosion control panels

☐ controlled/reduced access

☐ explosion control panels

☐ other protective barrier (list) \_\_\_\_\_

☐ Ventilation:

☐ portable hoods

☐ stationary hoods

☐ specialized HVAC system

☐ HEPA or other filter

☐ other ventilation (list) \_\_\_\_\_

☐ Wet method dust control

☐ Dry method dust control

☐ Emergency shut-offs

☐ Other (describe): \_\_\_\_\_





☐ Claim Q35 as CBI

35. Is personal protective equipment (PPE) required to be used by employees involved in container reconditioning activities?

☐ No

☐ Yes

Select the PPE used. Check all that apply:

☐ Protective clothing

☐ Gloves

☐ Eye protection

☐ Ear protection

☐ Mask

☐ Respirator

☐ Other: \_\_\_\_\_

Describe the circumstances in which the PPE is used (i.e., container washing, loading, etc.):

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☐ Claim Q36 as CBI

36. Does the facility have any standard operating procedures (SOPs) or established work practices in place to protect worker safety and to avoid spills or other incidents?

☐ No

☐ Yes

Attach a copy of the standard operating procedures (SOPs) or established work practices to your questionnaire response.

☐ Claim Q37 as CBI

37. Does the facility maintain contact with local emergency responders?

☐ No

☐ Yes

If No, when was the last time the facility was in contact with local emergency responders?



- ☐ Within the last 2 years
- ☐ Longer than 2 years ago
- ☐ Never

☐ Claim Q38 as CBI

38. Have local emergency responders visited the site, established emergency response protocols, or otherwise consulted with the facility?

- ☐ No
- ☐ Yes

Have emergency responders visited the site within the last 12 months?

- ☐ No
- ☐ Yes

☐ Claim Q39 as CBI

39. Does the facility have an emergency response plan in place?

- ☐ No
- ☐ Yes

If Yes, how often is the emergency response plan reviewed?

- ☐ Quarterly
- ☐ Annually
- ☐ Other: \_\_\_\_\_

39.a Do you have a copy of the plan you can share?

- ☐ No. Complete Table 39a.
- ☐ Yes. Attach a copy of the plan to your questionnaire response.

**Table 39a. Emergency Response Plan**

| Emergency Response Plan Content  | Response  | Frequency of Drill (if appropriate) |
|--|---|-------------------------------------|
| Description of coordinated emergency service arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |                                     |
| Current list of current contact information for all persons qualified to act as the emergency coordinator?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |                                     |



**Table 39a. Emergency Response Plan**

| Emergency Response Plan Content   | Response  | Frequency of Drill<br>(if appropriate) |
|---|---|--|
| Current list of all emergency equipment at facility?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Evacuation plan for facility personnel with signals for evacuation, evacuation routes and alternative routes?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Is a copy of the plan maintained on-site?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Has a copy of the plan been submitted to all local police departments, fire departments, hospitals, and State and local emergency response teams?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| In an imminent or actual emergency situation, is the emergency coordinator prepared to activate internal alarms or communication systems and notify appropriate State and local agencies?           | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Is the emergency coordinator prepared to identify the character, source, amount, and areal extent of released material following a release, fire, or explosion?                                     | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Is the emergency coordinator able to assess possible hazards, both direct and indirect, to human health or the environment resulting from a release, fire or explosion?                             | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Is the emergency coordinator prepared to report to appropriate authorities any findings of release, fire, or explosion which could threaten human health or the environment?                        | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Are there plans for reasonable measures to ensure fires, explosions, and releases do not occur, recur or spread to other hazardous waste at the facility?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| If the facility stops operations in response to fire, explosion, or release, are there plans to monitor for leaks, pressure buildup, gas generation, and ruptures in valves, pipes or equipment?    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| In the event of a fire, explosion, or release, are there plans for treating, storing, or disposing of recovered waste, contaminated soil or water, or any other material?                           | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| In the event of a fire, explosion, or release, are there plans to ensure no waste that may be incompatible with the released material is treated, stored, or disposed of until cleanup is complete? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |
| Following a fire, explosion, or release, is all emergency equipment listed in the contingency plan cleaned and prepared for future use?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |



Table 39a. Emergency Response Plan

| Emergency Response Plan Content   | Response  | Frequency of Drill (if appropriate) |
|---|---|-------------------------------------|
| Is the owner or operator prepared to note incident details in the operating record and submit a written report to the EPA Regional Administrator if required? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |                                     |

☐ Claim Q40 as CBI

40. How many OSHA reportable lost-time injuries (e.g., an injury or illness severe enough to trigger OSHA reporting requirements) did the facility have in 2023? \_\_\_\_\_

☐ Claim Q41 as CBI

41. How many lost-time injuries in 2023 were related to container reconditioning operations? \_\_\_\_\_



## SECTION 6. CONTAINER WASHING AND WASTEWATER

☐ Claim Q42 as CBI

42. Does the facility include a container washing operation?

☐ No. **Skip Question 43.**

☐ Yes.

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☐ Claim Q43 as CBI

43. Does the facility inspect containers prior to washing?

☐ No

☐ Yes

---

☐ Claim Q44 as CBI

44. Has the facility done wastewater testing to make a hazardous waste determination?

☐ No

☐ Yes

Does the facility have a copy of the test results and the toxicity characteristic data for the wastewater and/or the hazard characteristic determination information?

☐ No

☐ Yes. Attach a copy of all 2023 test results and the toxicity characteristic data for the wastewater and/or the hazard characteristic determination information to the questionnaire.

---

☐ Claim Q45 as CBI

45. How is disposal of container wastewaters handled by the facility? (check all that apply)

☐ Sent for off-site treatment

☐ Treated or managed onsite

☐ Released without treatment

☐ Not applicable

---

☐ Claim Q46 as CBI

46. Does the facility have a surface impoundment (also known as an outside containment pond)?

☐ No

☐ Yes

Is the structure lined?



☐ No

☐ Yes

Is the structure inspected regularly?

☐ No

☐ Yes

☐ Claim Q47 as CBI

47. Does the facility receive wastewater from off-site (e.g., from another container reconditioning facility)?

☐ No

☐ Yes

From how many other facilities does this facility receive wastewater? \_\_\_\_\_

Provide the address for each facility from which this facility receives wastewater.

Facility Street Address Line 1

Facility Street Address Line 2 (if applicable)

City

State/Territory

ZIP Code

☐ Claim Q48 as CBI

48. In Table , provide the total flow to each final destination (i.e., sum of flows for all wastewaters transferred to the destination) of wastewater generated on site or transferred to the facility during calendar year 2023. All flows should be reported in gallons (gal) per year. If your facility did not send any wastewater to the destination during calendar year 2023, enter "0" (zero) into the Total Flow for 2023 column.

**Table . Final Wastewater Destinations in 2023**

| <b>Wastewater Destination</b>  | <b>Total Flow for 2023<br/>(gal)<br/>(enter 0 if not applicable)</b> | <b>Name of Receiving<br/>Water/Destination<br/>(e.g., White River, Richmond<br/>WWTP, etc.)</b> |
|--|--|---|
| Discharged to surface water  |  |   |
| Discharged to municipal wastewater treatment plant<br>(i.e., a POTW) |  |   |
| Transferred by truck to centralized waste treatment<br>facility      |  |   |
| Land applied (onsite)  |  | --  |
| Land applied (offsite)   |  | --  |
| Reused or recycled within the facility                               |  | --  |
| Underground injection  |  |   |
| Surface Impoundment  |  | --  |



|   |  |    |
|---|--|----|
| Septic tank                                   |  | -- |
| Other, specify: _____                         |  |    |
| Other, specify: _____                         |  |    |
| <b>Total Wastewater Flow for the Facility</b> |  | -- |

☐ Claim Q49 as CBI

49. If the facility sends wastewater off-site, how is it transported? Check all that apply.

- ☐ Pipes
- ☐ Trucks
- ☐ Rail
- ☐ Other \_\_\_\_\_

☐ Claim Q50 as CBI

50. How many discharge locations does the facility have? This includes discharge locations for discharging to surface waters, municipal wastewater treatment plants, or other offsite treatment systems. If the facility has no outfalls, enter zero (0) for both responses.

Number of locations/outfalls \_\_\_\_\_

Number of locations/outfalls that contain wastewater from container reconditioning: \_\_\_\_\_

☐ Claim Q51 as CBI

51. If the facility was regulated by any water discharge permits or requirements (e.g., general National Pollutant Discharge Elimination System (NPDES) permit, individual NPDES permit, stormwater permit, pretreatment agreement/permit or other sewer discharge permit, centralized waste treatment agreement, underground injection control permit, local ordinance) in calendar year 2023, complete Table 51. and attach copies of all water discharge permit/requirement documents (including the NPDES permit fact sheet/statement of basis) to your questionnaire response. Complete a row in Table 51. for each applicable water discharge permit and requirement. For each applicable permit and requirement, report the identification or permit number, the type of requirement, the regulatory authority (for example, Clean Water Act, Safe Drinking Water Act, state or local law, etc.), the expiration date, and specify the types of wastewaters covered. See the GLOSSARY for a definition of "water discharge permit" and descriptions of each type of wastewater.

- Do NOT include the following types of permits: construction permits, erosion and sediment control permits associated with construction activities, temporary or general permits for hydrostatic testing water, water obstruction and encroachment permits, and water allocation permits.
- Do NOT include any water discharge permits and requirements that no longer apply to the facility (e.g., permits that have expired or been superseded). Include administratively continued permits if they are the basis for the facility's current water discharge requirements.

Attach copies of all applicable discharge permit/requirement documents to your questionnaire response.

Examples of such documents include permits, factsheets, permit applications, Form 2C data, and statements of basis. See the General Instructions for guidance on submitting hardcopy or electronic copies of water discharge permit/requirement documents and other attachments with the completed questionnaire.



☐ Facility does not have any water discharge permits or requirements.

OR

**Table 51.. Water Discharge Permits and Requirements for 2023**

| Identification or Permit Number<br>(enter "None" if not applicable) | Type of Requirement<br>(select only one)   | Regulator y Authority<br>(enter "None" if not applicable) | Expiration Date<br>(mm/dd/yyyy) | Type of Wastewater Covered by Requirement<br>(select all that apply)  |
|---|--|---|---------------------------------|---|
|   | <input type="checkbox"/> General NPDES or stormwater permit<br><input type="checkbox"/> Individual NPDES permit<br><input type="checkbox"/> Pretreatment agreement/permit or other sewer discharge permit<br><input type="checkbox"/> Centralized waste treatment agreement<br><input type="checkbox"/> Underground injection control permit<br><input type="checkbox"/> Local ordinance<br><input type="checkbox"/> Other, specify: _____ |   | __ / __ / ____                  | <input type="checkbox"/> Process wastewater<br><input type="checkbox"/> Nonprocess wastewater<br><input type="checkbox"/> Process area stormwater<br><input type="checkbox"/> Nonprocess area stormwater<br><input type="checkbox"/> Air emission control wastewater<br><input type="checkbox"/> Third-party wastewater<br><input type="checkbox"/> Sanitary wastewater<br><input type="checkbox"/> Groundwater<br><input type="checkbox"/> Other, specify: _____ |
|   | <input type="checkbox"/> General NPDES or stormwater permit<br><input type="checkbox"/> Individual NPDES permit<br><input type="checkbox"/> Pretreatment agreement/permit or other sewer discharge permit<br><input type="checkbox"/> Centralized waste treatment agreement<br><input type="checkbox"/> Underground injection control permit<br><input type="checkbox"/> Local ordinance<br><input type="checkbox"/> Other, specify: _____ |   | __ / __ / ____                  | <input type="checkbox"/> Process wastewater<br><input type="checkbox"/> Nonprocess wastewater<br><input type="checkbox"/> Process area stormwater<br><input type="checkbox"/> Nonprocess area stormwater<br><input type="checkbox"/> Air emission control wastewater<br><input type="checkbox"/> Third-party wastewater<br><input type="checkbox"/> Sanitary wastewater<br><input type="checkbox"/> Groundwater<br><input type="checkbox"/> Other, specify: _____ |

☐ Claim Q52 as CBI

52. If the facility utilizes onsite wastewater treatment, complete a row in Table for each onsite wastewater treatment unit used to treat any wastewater generated on site or transferred to the facility during calendar year 2023. A list of common wastewater treatment units is provided in Table and these terms are defined in the GLOSSARY. If a wastewater treatment unit is used that is not included in the list, or if a unique variation of a listed wastewater treatment process is used, include this information in the space provided after "Other, specify:". If the facility operates more than one treatment unit of a specific type (e.g., two clarifiers operated in series or in parallel), report each individual unit in a separate row of Table 52. All flows should be reported in gallons (gal) per year for calendar year 2023.

☐ Wastewater not treated on-site





**Table . Onsite Wastewater Treatment Units Operated During 2023**

| Treatment Unit Name<br>(how your facility refers to the treatment unit) | Treatment Unit Type<br>(select only one)  | Total Influent Flow in 2023<br>(gal) | Technology Vendor Name<br>(enter 0 if unknown) | Typical Treatment Media Replacement Frequency  |   | Installation Date |
|---|---|--------------------------------------|--|--|---|-------------------|
|   |   |                                      |  | Frequency Value<br>(enter 0 if not applicable) | Frequency Unit<br>(select only one)   |                   |
|   | <input type="checkbox"/> Equalization<br><input type="checkbox"/> Neutralization/pH adjustment<br><input type="checkbox"/> Oil/water separation<br><input type="checkbox"/> Primary grit removal/screen<br><input type="checkbox"/> Biological treatment<br><input type="checkbox"/> Clarification<br><input type="checkbox"/> Chemical precipitation/flocculation<br><input type="checkbox"/> Granular activated carbon<br><input type="checkbox"/> Ion exchange<br><input type="checkbox"/> Other adsorptive media<br><input type="checkbox"/> Media filtration<br><input type="checkbox"/> Microfiltration or ultrafiltration<br><input type="checkbox"/> Nanofiltration<br><input type="checkbox"/> Reverse osmosis<br><input type="checkbox"/> Other, specify: _____ |                                      |  |  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Hours<br><input type="checkbox"/> Days<br><input type="checkbox"/> Weeks<br><input type="checkbox"/> Months |                   |



## SECTION 7. SOLID WASTE AND HAZARDOUS WASTE

☐ Claim Q53 as CBI

53. Does the facility produce any solid waste or secondary materials associated with container reconditioning?

☐ No **Skip Questions 54-56.**

☐ Yes

Use Table 53 to provide an estimate of the annual quantity of the solid waste produced and disposed of for each solid waste source. Select "Not produced" if the solid waste source does not apply.

**Table 53. Estimated Annual Quantity of Solid Waste - Production and Disposal**

| Solid waste source  | Annual volume | Quantity Units | Not Produced             |
|---|---------------|----------------|--------------------------|
| Burner ash  |               |                | <input type="checkbox"/> |
| Shot blast dust/residues  |               |                | <input type="checkbox"/> |
| Containers that are washed or otherwise reconditioned before being sent for scrapping or other disposal     |               |                | <input type="checkbox"/> |
| Containers that are not washed or otherwise reconditioned before being sent for scrapping or other disposal |               |                | <input type="checkbox"/> |
| Other:<br>_____<br>_____  |               |                | <input type="checkbox"/> |
| Other:<br>_____<br>_____  |               |                | <input type="checkbox"/> |



☐ Claim Q54 as CBI

54. How does the facility manage solid wastes prior to disposal? Select all that apply.

- ☐ Wastes are combined or commingled
- ☐ Filter pressed to remove liquids
- ☐ Other: \_\_\_\_\_
- 

☐ Claim Q55 as CBI

55. How does the facility dispose of solid wastes? Select all that apply.

- ☐ Shipped to landfill
- ☐ Incineration
- ☐ Other: \_\_\_\_\_
- 

☐ Claim Q56 as CBI

56. If the facility was regulated by any solid waste permits or requirements in calendar year 2023, complete Table and attach copies of all solid waste permit/requirement documents to your questionnaire response. Complete a row in Table for each applicable solid waste permit and requirement. For each applicable permit and requirement, report the identification or permit number, the type of requirement, the regulatory authority (for example, RCRA, state or local law, etc.), the expiration date, and specify the types of solid waste covered. See the GLOSSARY for a definition of "solid waste permit."

- Do not include permits or requirements that only apply to water discharge permits or air emission permits.
- Do not include the following types of permits: construction permits, erosion and sediment control permits associated with construction activities, temporary or general permits for hydrostatic testing water, water obstruction and encroachment permits, and water allocation permits.
- Do not include any solid waste permits and requirements that no longer apply to the facility (e.g., permits that have expired or been superseded). Include administratively continued permits if they are the basis for the facility's current solid waste requirements.

Attach copies of all applicable permit/requirement documents to your questionnaire response. Examples of such documents include permits, factsheets, permit applications, Form 2C data, and statements of basis. See the General Instructions for guidance on submitting hardcopy or electronic copies of solid waste permit/requirement documents and other attachments with the completed questionnaire.

☐ Facility does not have any solid waste permits or requirements.

OR



Table . Solid Waste Permits and Requirements for 2023

| Identification or Permit Number<br>(enter "None" if not applicable) | Type of Requirement<br>(select only one)   | Regulatory Authority<br>(enter "None" if not applicable) | Expiration Date<br>(mm/dd/yyyy) | Type of Solid Waste Covered by Requirement<br>(select all that apply)   |
|---|--|--|---------------------------------|---|
|   | <input type="checkbox"/> RCRA Subtitle C<br><input type="checkbox"/> State Permit Program<br><input type="checkbox"/> Local Permit Program<br><input type="checkbox"/> Tribal Permit Program<br><input type="checkbox"/> Other, specify: _____ |  | __ / __ / ____                  | <input type="checkbox"/> Burner ash<br><input type="checkbox"/> Shot blast<br><input type="checkbox"/> Washed or reconditioned containers<br><input type="checkbox"/> Unwashed or un-reconditioned containers<br><input type="checkbox"/> Other, specify: _____ |
|   | <input type="checkbox"/> RCRA Subtitle C<br><input type="checkbox"/> State Permit Program<br><input type="checkbox"/> Local Permit Program<br><input type="checkbox"/> Tribal Permit Program<br><input type="checkbox"/> Other, specify: _____ |  | __ / __ / ____                  | <input type="checkbox"/> Burner ash<br><input type="checkbox"/> Shot blast<br><input type="checkbox"/> Washed or reconditioned containers<br><input type="checkbox"/> Unwashed or un-reconditioned containers<br><input type="checkbox"/> Other, specify: _____ |

☐ Claim Q57 as CBI

57. Does the facility generate any hazardous waste associated with container reconditioning?

☐ No

☐ Yes

What is the facility's hazardous waste generator category? Note that some states use different names for hazardous waste generator categories, so the federal categories should be used.<sup>4</sup>

Hazardous Waste Generator Category:

☐ Federal very small quantity generator

☐ Federal small quantity generator

☐ Federal large quantity generator

Provide the sources, management methods, and annual quantities of the hazardous waste generated in 2023 in Table .

Table . Hazardous Waste Produced in 2023

| Hazardous waste source | Hazardous waste management   | Annual volume | Quantity units |
|------------------------|--|---------------|----------------|
|                        | <input type="checkbox"/> Onsite treatment in tanks<br><input type="checkbox"/> Shipped to RCRA designated facility<br><input type="checkbox"/> Other, specify: _____ |               |                |

<sup>4</sup> A summary of the federal categories of hazardous waste generators can be found here:

<https://www.epa.gov/hwgenerators/categories-hazardous-waste-generators>



|  |  |  |  |
|--|--|--|--|
|  | <input type="checkbox"/> Onsite treatment in tanks<br><input type="checkbox"/> Shipped to RCRA designated facility<br><input type="checkbox"/> Other, specify: _____ |  |  |
|  | <input type="checkbox"/> Onsite treatment in tanks<br><input type="checkbox"/> Shipped to RCRA designated facility<br><input type="checkbox"/> Other, specify: _____ |  |  |
|  | <input type="checkbox"/> Onsite treatment in tanks<br><input type="checkbox"/> Shipped to RCRA designated facility<br><input type="checkbox"/> Other, specify: _____ |  |  |

---



**SECTION 8. DRUM FURNACE AND OTHER AIR EMISSION POINTS**

☐ Claim Q58 as CBI

58. Does the facility have a drum furnace?

☐ No **Skip Questions 59-60.**

☐ Yes

---

☐ Claim Q59 as CBI

59. What air emission control measures are utilized with the drum furnace? Select all that apply.

☐ Catalytic oxidizer

☐ Catalytic reactor

☐ Cyclone

☐ Electrostatic precipitator

☐ Fabric Filter

☐ Scrubber

☐ Thermal oxidizer

☐ Flare

☐ Opacity detector

☐ Other: \_\_\_\_\_

☐ None

---

☐ Claim Q60 as CBI

60. Does the facility have liquid cooling troughs beneath the burner unit foundation?

☐ No

☐ Yes

How frequently is it inspected for leaks? \_\_\_\_\_ times per year

Is the liquid in the cooling troughs tested?

☐ No

☐ Yes

Attach a copy of the latest test results to your questionnaire response.

---



☐ Claim Q61 as CBI

61. What air emission control measures are utilized with wash areas, spray booths, or shot blasting? In Table 61, select all air emission control measures that apply for each emission source.

**Table 61. Air Emission Control Measures for Wash Areas, Spray Booths, Shot Blasting**

| Emission control device    | Wash areas               | Spray booths             | Shot blasting            | Not used                 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Partial enclosures         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanent total enclosures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catalytic oxidizer         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thermal oxidizer           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon adsorption          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Condensers                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fabric filter (baghouse)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scrubber                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biofilters                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrostatic precipitator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cyclone/multiclone         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Claim Q62 as CBI

62. Has the facility completed air monitoring or testing pertaining to the air emissions from container reconditioning in the last five years?

☐ No

☐ Yes

Attach a copy of the latest emission testing report to your questionnaire response.

☐ Claim Q63 as CBI

63. If the facility was regulated by any air emission permits or requirements in calendar year 2023, complete Table 63. and attach copies of all air emission permit/requirement documents to your questionnaire response. Complete a row in Table 63. for each applicable air emission permit and requirement. For each applicable permit and requirement, report the identification or permit number, the type of requirement, the regulatory authority (for example, Clean Air Act, state or local law, etc.), the expiration date, and specify the types of air emissions covered. See the GLOSSARY for a definition of "air emission permit."

- Do not include any air emission permits and requirements that no longer apply to the facility (e.g., permits that have expired or been superseded). Include administratively continued permits if they are the basis for the facility's current air emission requirements.

Attach copies of all applicable permit/requirement documents to your questionnaire response. Examples of such documents include permits (construction and operating), permit applications, and statements of basis. See the General Instructions for guidance on submitting hardcopy or electronic copies of air emission permit/requirement documents and other attachments with the completed questionnaire.



☐ Facility does not have any air emission permits or requirements.

OR

**Table 63.. Air Emission Permits and Requirements for 2023**

| Identification<br>or Permit<br>Number<br>(enter<br>"None" if not<br>applicable) | Type of Requirement<br>(select only one)   | Regulator<br>y<br>Authority<br>(enter<br>"None" if<br>not<br>applicable) | Expiration<br>Date<br>(mm/dd/yyyy) | Type of Air Emission Covered<br>by Requirement<br>(select all that apply)  |
|---|--|--|------------------------------------|--|
|   | <input type="checkbox"/> Title V Operating Permit<br><input type="checkbox"/> New Source Review<br><input type="checkbox"/> Innovative/Flexible Permit<br><input type="checkbox"/> State Permit Program<br><input type="checkbox"/> Local Permit Program<br><input type="checkbox"/> Tribal Permit Program<br><input type="checkbox"/> Other, specify: _____ |  | ___ / ___ / ____                   | <input type="checkbox"/> Drum furnace<br><input type="checkbox"/> Wash areas<br><input type="checkbox"/> Spray booth<br><input type="checkbox"/> Shot blasting<br><input type="checkbox"/> Other, specify: _____ |
|   | <input type="checkbox"/> Title V Operating Permit<br><input type="checkbox"/> New Source Review<br><input type="checkbox"/> Innovative/Flexible Permit<br><input type="checkbox"/> State Permit Program<br><input type="checkbox"/> Local Permit Program<br><input type="checkbox"/> Tribal Permit Program<br><input type="checkbox"/> Other, specify: _____ |  | ___ / ___ / ____                   | <input type="checkbox"/> Drum furnace<br><input type="checkbox"/> Wash areas<br><input type="checkbox"/> Spray booth<br><input type="checkbox"/> Shot blasting<br><input type="checkbox"/> Other, specify: _____ |





## SECTION 9. CONCLUSION

64. Does the facility employ any best management practices, standard operating procedures, or any other tools or policies that the EPA should be aware of for the purposes of this survey?

☐ No

☐ Yes

Please describe in as much detail as you feel is appropriate:

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## SECTION 10. COMMENTS

In this section, provide any comments, additional information/detail, or clarifications on your responses. You may also provide the basis for any estimations, note where alternate units were used in your answers, or explain how any information and data submitted in response to this questionnaire may be considered not representative of normal operations. Year-to-year operations are expected to fluctuate; however, you may indicate if information provided for calendar year 2023 is not representative of typical container reconditioning operations at the facility and why (e.g., supply chain disruptions, economic conditions, plant maintenances/upgrades). If a question did not provide sufficient space for your response, you may continue it here. Include in the table the question number(s) to which your comment pertains.

### Comments

| Question Number | Comment |
|-----------------|---------|
|                 |         |
|                 |         |



**THE QUESTIONNAIRE IS NOW COMPLETE.  
REVIEW YOUR RESPONSES, COMPLETE THE CERTIFICATION STATEMENT, AND PROCEED TO  
SUBMIT RESPONSES AS INDICATED IN THE INSTRUCTIONS.**



### **CERTIFICATION STATEMENT**

The individual responsible for directing or supervising the preparation of the questionnaire must read and sign this Certification Statement. The certifying official must be a principle executive officer, ranking elected official, or his/her authorized representative.

#### **Certification Statement**

*I certify under penalty of law that the submitted questionnaire was prepared under my direction or supervision and that qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, accurate and complete. In those cases where we did not possess the requested information for questions applicable to our facility, we provided best estimates. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment as explained in Section 3007 of the Resource conservation and Recovery Act.*

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Signature of Certifying Official

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Date

---

Printed Name of Certifying Official

---

Phone Number

---

Title of Certifying Official

---

Company Name

**THE RCRA SECTION 3007 CONTAINER RECONDITIONING FACILITIES QUESTIONNAIRE IS NOW COMPLETE.  
SAVE A COPY OF YOUR COMPLETED RESPONSE FOR YOUR RECORDS AND SUBMIT THE COMPLETED  
QUESTIONNAIRE AND ALL SUPPLEMENTAL FILES TO THE EPA AS NOTED IN THE INSTRUCTIONS**