

ST. CLOUD VA STATEMENT OF WORK
ATTACHMENT B
AUDIT FORM
FACILITY

A separate Audit Form must be completed for each facility to be used to manage hazardous waste in accordance with the SOW. Attach extra pages if more space is required to provide sufficient information. If completed electronically, the boxes will expand as information is typed in. If an alternate form or collection of information is used, the information provided must include and follow the sequence of information requested in this form.

PART I. GENERAL FACILITY INFORMATION

Facility Name	
Location	
EPA ID number	
Contact Person, Title, Phone #, email	
Years operating at current site	
Parent Company and year established	

Describe, **or attach** a description of, facilities, businesses, residential areas, surface waters, well locations, and transportation corridors within one-half mile of the facility boundaries:

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Describe, **or attach** a description of, the Facility's History (previous owners, years of ownership, use of the property, types of waste management...):

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Describe, **or attach** documents confirming, the financial mechanism used and the amount of Closure and Post-closure Financial Assurance, and/or attach documents:

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Attach copies of Environmental Insurance Certificates

PART II. WASTE MATERIAL MANAGEMENT

List the type and volume of ALL wastes accepted for management at the Facility. This should include the waste materials to be managed under this Contract as well as all other wastes managed on-site. List the on-site waste management methods and technologies utilized (fuel blend, recycle, incinerate, store, etc.) and the facility to which resulting materials or wastes are shipped:

List ALL Materials Accepted for Management at Facility	Volume	On-Site Treatment, storage and/or Management Methods	List ALL Waste and Materials Generated by Facility operations	Volume	Facility where treated or processed wastes or materials are shipped	On-Site Treatment and/or Management Method	Facility where treated or processed wastes and materials are shipped
Ex: Oil based paint	20,000 lbs.	Fuel blend	Fuels	19,500 lbs	Krabby's Kiln	Burned for energy recovery	
			Sludge	500 lbs	Ike's Incinerator	Incineration	Ash to Garden City LDF

PART III. LICENSES AND PERMITS

List all Local, State and Federal licenses/permits held (NPDES, Storm Water, AQ, etc.) by the Facility related to managing the wastes listed in Part II of this form. Complete all of the information listed below for each license or permit issued or applied for by the facility. Use extra sheets if necessary.

License or permit type	
License or permit number	
Issuing Agency	
Contact Person, Title, Phone #, email address	
Permit Issuance Date or Status of Application	
Permit Renewal Date	
Permit Expiration Date	

License or permit type	
License or permit number	
Issuing Agency	
Contact Person, Title, Phone #, email address	
Permit Issuance Date or Status of Application	
Permit Renewal Date	
Permit Expiration Date	

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License or permit number	
Issuing Agency	
Contact Person, Title, Phone #, email address	
Permit Issuance Date or Status of Application	
Permit Renewal Date	
Permit Expiration Date	

PART IV. REGULATORY COMPLIANCE HISTORY

Describe all violations of Local, State and Federal regulatory and permit requirements for the past 5 years and subsequent corrective actions taken. Include the name of the Local, State and Federal agency, contact person and phone number. Use additional sheets if necessary. **Include copies of inspection reports and follow up letters for violations resulting in penalties.**

Regulatory Agency	
Contact Person, Title, Phone #, email address	
Violations and Corrective Actions	

Regulatory Agency	
Contact Person, Title, Phone #, email address	
Violations and Corrective Actions	

Regulatory Agency	
Contact Person, Title, Phone #, email address	
Violations and Corrective Actions	

PART V. RELEASES OF HAZARDOUS SUBSTANCES

Complete the information requested below for the facility. Use additional sheets if necessary.

Describe any on-site releases of hazardous substances:

Describe any local, state and federal RCRA corrective action program and status:

Describe any current or past involvement with CERCLA (Superfund):