

Hazardous and Non Hazardous Waste Accumulation Site Approval

<b>Forms Must Be Typed</b>			
1. Request Date: _____		2. Type of Accumulation Site: <input type="checkbox"/> TSS <input type="checkbox"/> SAS <input type="checkbox"/> NHS	
Type of Approval being requested: (Check Only One)			
<input type="checkbox"/> 3. Initial Notification of New SAS		<input type="checkbox"/> 5. Relocation of an Existing Site	
<input type="checkbox"/> 4. New Accumulation Site		<input type="checkbox"/> 6. Closure of an existing site	
7. Temporary Action: <input type="checkbox"/> Inactivation <input type="checkbox"/> Reactivation		Date by Activity: _____	
Generating Activity:		8. Building Number of Site: _____	
** Activity Names		9. DODAAC: _____	
10. **MACOM/Wing Name (Column C): _____			
11. **Group/Brigade Name (Column E): _____			
12. **Squadron/Battalion Name (Column G): _____			
13. **Unit Name (Column I): _____			
14a. Name and Grade of HWC: _____		Telephone: _____	
14b. Name and Grade of AEC: _____		Telephone: _____	
New Accumulation Site Requirements:			
		<input type="checkbox"/> 15. Copy of Site Map	
		<input type="checkbox"/> 16. Copy of Site Specific Contingency Plan (CP)	
		<input type="checkbox"/> 17. Copy of Waste Description Logs (WDL)	
Closure of an Existing Site Requirements:		18. Existing Site Number: _____	
Date Closed by Activity: _____			
19. Certification that no wastes are stored or will be stored at the site.		<input type="checkbox"/> Certified	
20. Has there ever been a spill at this site?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If a spill has ever occurred, has the site been decontaminated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Copy of the last "Weekly Site Inspection" Checklist		<input type="checkbox"/> Included	
23. I certify that the above information is complete and accurate.			
Date: _____		Signature _____	
		Name of Battalion Commander or Director: _____	
Telephone: _____		Title and Rank/Grade: _____	
Approvals:			
24. Post Safety Office: _____		_____	
		Name and Title: _____ Date _____	
25. Post Fire Department: _____		_____	
		Name and Title: _____ Date _____	
CES/CEIE Approval:			
26. Date of Final Approval: _____		27. Authorized Site Number: _____	
28. Date of Inact/React: _____		29. Date of Final Closure : _____	
_____			
Signature of CES/CEIE Personnel			

## **INSTRUCTIONS - Forms Must Be Typed To Be Acceptable**

- ITEM 1: Enter the current date.  
Check either the TSS (Temporary Storage Site) block; the SAS (Satellite Accumulation Site) block; or the
- ITEM 2: NHS (Non-Hazardous Site) block depending on which type of site is involved.  
Within 3 working days of creating a new SAS or NHS this form must be received by CES/CEIE. Check item 3 and complete item 8 through 17 and Block 23. The Contingency Plan (CP) may be a draft and the AEC may
- ITEM 3: sign the certification.  
For all TSSs, SASs, or NHSs which will be established for longer than 30 days, check item 4, complete items 8 through 18, and items 23 through 25 before submitting to CES/CEIE. Commander or director must sign the
- ITEM 4: certification.
- ITEM 5: All requests for relocations must be coordinated with CES/CEIE before any move is accomplished.
- ITEM 6: Check item 6 and complete items 8 through 14 and items 19 through 23 before submitting to CES/CEIE .  
  
Check either the Inactivation or Reactivation block. Complete items 19, 22, and 23 for Inactivations or item 23
- ITEM 7: for Reactivations. AECs may sign the certification. Sent to CES/CEIE within 3 working days.
- ITEM 8: Enter the building number of the site or closest building to the site.
- ITEM 9: Enter the DODAAC number, which will be used, on the DD Form 1348-1A.
- ITEM 10: Enter the MACOM/Wing Name (EMP 4.4.2)
- ITEM 11: Enter the Group/Brigade Name (EMP 4.4.2)
- ITEM 12: Enter the Squadron/Battalion Name (EMP 4.4.2)
- ITEM 13: Enter the Unit Name (EMP 4.4.2)
- ITEM 14a: Enter name, grade, and telephone number of the HWC.
- ITEM 14b: Enter name, grade, and telephone number of the AEC.
- ITEM 15: Check block and provide copy of strip map of the site's location. Does not need to be to scale.
- ITEM 16: Check block and provide copy of site specific Contingency Plan (CP).
- ITEM 17: Check block and provide copy of Waste Description Logs (WDL).
- ITEM 18: Enter the Site Number for the existing site.
- ITEM 19: Check block to certify that: "No wastes are currently being stored or will be stored at this site".
- ITEM 20: Check "Yes" if any spills have ever occurred at this site, otherwise certify a "No" response.
- ITEM 21: If "Yes" to item 19, the site must be decontaminated. Check if this has been done or not done.
- ITEM 22: Check block and provide copy of the last "Weekly Site Inspection" checklist.
- ITEM 23: The information listed above must be certified by the authority, which appoints the appropriate AEC.
- ITEM 24: Ground Safety Office must approve the site location.
- ITEM 25: F&ESF must approve the site location.
- ITEM 26: CES/CEIE will issue a date of final approval of a new TSS, SAS, or NHS.  
CES/CEIE will conduct a final site inspection and issue a dated final Authorized Site Number, upon receiving
- ITEM 27: all approvals and associated documents.
- ITEM 28: CES/CEIE will issue a date of final approval of Inactivation or Reactivation.
- ITEM 29: CES/CEIE will issue a date of final closure.