OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☒ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # 3)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number I D D 9 8 0 9 7 6 8 3 1

3. Site Name

Name: Wabtec Corporation-Motivepower facility (MP facility)

4. Site Location Information

Street Address: 4600 Apple Street
City, Town, or Village: Boise | **County:** Ada
State: Idaho | **Country:** United States | **Zip Code:** 83716

5. Site Land Type

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

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 3 3 6 5 1 | **C.**
B. 3 3 6 5 1 0 | **D.**

7. Site Mailing Address

Street or P.O. Box: 4600 Apple Street
City, Town, or Village: Boise
State: Idaho | **Country:** United States | **Zip Code:** 83716

8. Site Contact Person

First Name: Art | **MI:** | **Last:** Anderson
Title: Safety Supervisor
Street or P.O. Box: 4600 Apple Street
City, Town or Village: Boise
State: Idaho | **Country:** United States | **Zip Code:** 83716
Email: aanderson@wabtec.com
Phone: 208-947-4821 | **Ext.:** | **Fax:** 208-947-8390

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Wabtec Corporation | **Date Became Owner:** 11/19/1999
Owner Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
Street or P.O. Box: 1001 Air Brake Avenue
City, Town, or Village: Wilmerding | **Phone:** 412-825-1609
State: Pennsylvania | **Country:** United States | **Zip Code:** 15148

B. Name of Site's Operator: Wabtec Corporation | **Date Became Operator:** 11/19/1999
Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

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; Complete all parts 1-10.

Y ☑ N ☐ **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.

- ☑ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☑ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☑ **3. United States Importer of Hazardous Waste**

Y ☐ N ☑ **4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☑ **5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☑ N ☐ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☑ **7. Recycler of Hazardous Waste**

Y ☐ N ☑ **8. 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

Y ☐ N ☑ **9. Underground Injection Control**

Y ☐ N ☑ **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y ☑ N ☐ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☑
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☑
- e. Other (specify) _____ ☐
- 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; Complete all parts 1-4.

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

❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories **See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. 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	D005	D007	D008	D018	D035
D039	D040	F002	F003	F005	U159	U239

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated 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.

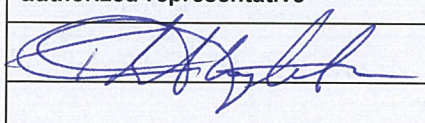
12. Notification of Hazardous Secondary Material (HSM) Activity

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 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	TODD R. SHINGLETON Corp Director Env. Labor, Safety	01-18-2012

EPA ID Number | I | D | D | 9 | 8 | 0 | 9 | 7 | 6 | 8 | 3 | 1 |

OMB#: 2050-0024; Expires 12/31/2014

United States Environmental Protection Agency

HARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact	**First Name:** Art	**MI:**	**Last Name:** Anderson
	Contact Title: Safety Supervisor		
	Phone: 208-947-4821	**Ext.:**	**Email:** aanderson@wabtec.com
2. Facility Permit Contact Mailing Address	**Street or P.O. Box:** 4600 Apple Street		
	City, Town, or Village: Boise		
	State: Idaho		
	Country: United States	**Zip Code:** 83716	
3. Operator Mailing Address and Telephone Number	**Street or P.O. Box:** 1001 Air Brake Avenue		
	City, Town, or Village: Wilmerding		
	State: Pennsylvania	**Phone:** 412-825-1609	
	Country: United States	**Zip Code:** 15148	
4. Facility Existence Date	**Facility Existence Date (mm/dd/yyyy):** 1969		

5. Other Environmental Permits

A. Facility Type *(Enter code)*	B. Permit Number	C. Description
R	IDD980976831	RCRA Post Closure Permit
P	P-2009.0097	Air Quality Permit to Construct, IDEQ
E	NA	Industrial Wastewater Acceptance (IWA) Permit

6. Nature of Business: MP rebuilds and manufactures locomotives for the railroad industry and provides overhaul and maintenance work on locomotives.

7. Process Codes and Design Capacities – Enter information in the Section on Form Page 3

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.

B. PROCESS DESIGN CAPACITY – For each code entered in Item 7.A; enter the capacity of the process.

1. **AMOUNT – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.**
2. **UNIT OF MEASURE – For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.**

C. PROCESS TOTAL NUMBER OF UNITS – Enter the total number of units for each corresponding process code.

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
Disposal		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day
D80	Landfill	Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards
D81	Land Treatment	Acres or Hectares
D82	Ocean Disposal	Gallons Per Day or Liters Per Day
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards
D99	Other Disposal	Any Unit of Measure Listed Below
Storage		
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S03	Waste Pile	Cubic Yards or Cubic Meters
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards
S05	Drip Pad	Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards
S06	Containment Building Storage	Cubic Yards or Cubic Meters
S99	Other Storage	Any Unit of Measure Listed Below
Treatment		
T01	Tank Treatment	Gallons Per Day; Liters Per Day
T02	Surface Impoundment	Gallons Per Day; Liters Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity (for T81 – T94)
Treatment (Continued)		
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilograms Per Hour; or Million BTU Per Hour
T82	Lime Kiln	
T83	Aggregate Kiln	
T84	Phosphate Kiln	
T85	Coke Oven	
T86	Blast Furnace	
T87	Smelting, Melting, or Refining Furnace	
T88	Titanium Dioxide Chloride Oxidation Reactor	
T89	Methane Reforming Furnace	
T90	Pulping Liquor Recovery Furnace	
T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
T92	Halogen Acid Furnaces	
T93	Other Industrial Furnaces Listed in 40 CFR 260.10	
T94	Containment Building Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour
Miscellaneous (Subpart X)		
X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; or Million BTU Per Hour
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
X99	Other Subpart X	Any Unit of Measure Listed Below

Unit of Measure	Unit of Measure Code
Gallons	G
Gallons Per Hour	E
Gallons Per Day	U
Liters	L
Liters Per Hour	H
Liters Per Day	V

Unit of Measure	Unit of Measure Code
Short Tons Per Hour	D
Short Tons Per Day	N
Metric Tons Per Hour	W
Metric Tons Per Day	S
Pounds Per Hour	J
Kilograms Per Hour	X
Million BTU Per Hour	X

Unit of Measure	Unit of Measure Code
Cubic Yards	Y
Cubic Meters	C
Acres	B
Acre-feet	A
Hectares	Q
Hectare-meter	F
BTU Per Hour	I

7. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 7 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only
					(1) Amount (Specify)	(2) Unit of Measure		
X	1	S	0	2	533.788	G	001	
	1	N	A		All regulated units are closed			
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
1	0							
1	1							
1	2							
1	3							

Note: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the line sequentially, taking into account any lines that will be used for "other" process (i.e., D99, S99, T04, and X99) in Item 8.

8. Other Processes (Follow instructions from Item 7 for D99, S99, T04, and X99 process codes)

Line Number (Enter #s in sequence with Item 7)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only
					(1) Amount (Specify)	(2) Unit of Measure		
X	2	T	0	4	100.00	U	001	
		N	A		All regulated units are closed			

9. Description of Hazardous Wastes - Enter Information in the Sections on Form Page 5

A. EPA HAZARDOUS WASTE NUMBER – Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in Item 9.B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all listed hazardous wastes.

For non-listed waste: For each characteristic or toxic contaminant entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. **Enter the first two as described above.**
2. **Enter "000" in the extreme right box of Item 9.D(1).**
3. **Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.**

2. PROCESS DESCRIPTION: If code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.E(2).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. **Select one of the EPA Hazardous Waste Numbers and enter it in Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.**
2. **In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.D.2 on that line enter "included with above" and make no other entries on that line.**
3. **Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.**

EXAMPLE FOR COMPLETING Item 9 (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES									
								(1) PROCESS CODES (Enter Code)									(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
X	1	K	0	5	4	900	P	T	0	3	D	8	0				
X	2	D	0	0	2	400	P	T	0	3	D	8	0				
X	3	D	0	0	1	100	P	T	0	3	D	8	0				
X	4	D	0	0	2												Included With Above

9. Description of Hazardous Wastes ***(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)***

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES								
								(1) PROCESS CODES (Enter Code)								(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
	1	N	A													All regulated units closed
	2															
	3															
	4															
	5															
	6															
	7															
	8															
	9															
1	0															
1	1															
1	2															
1	3															
1	4															
1	5															
1	6															
1	7															
1	8															
1	9															
2	0															
2	1															
2	2															
2	3															
2	4															
2	5															
2	6															
2	7															
2	8															
2	9															
3	0															
3	1															
3	2															
3	3															
3	4															
3	5															
3	6															

EPA ID Number I D D 9 8 0 9 7 6 8 3 1 OMB#: 2050-0024; Expires 12/31/2014

9. Description of Hazardous Wastes *(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)*

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)									D. PROCESSES (2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
		N	A														All regulated units closed

10. 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.

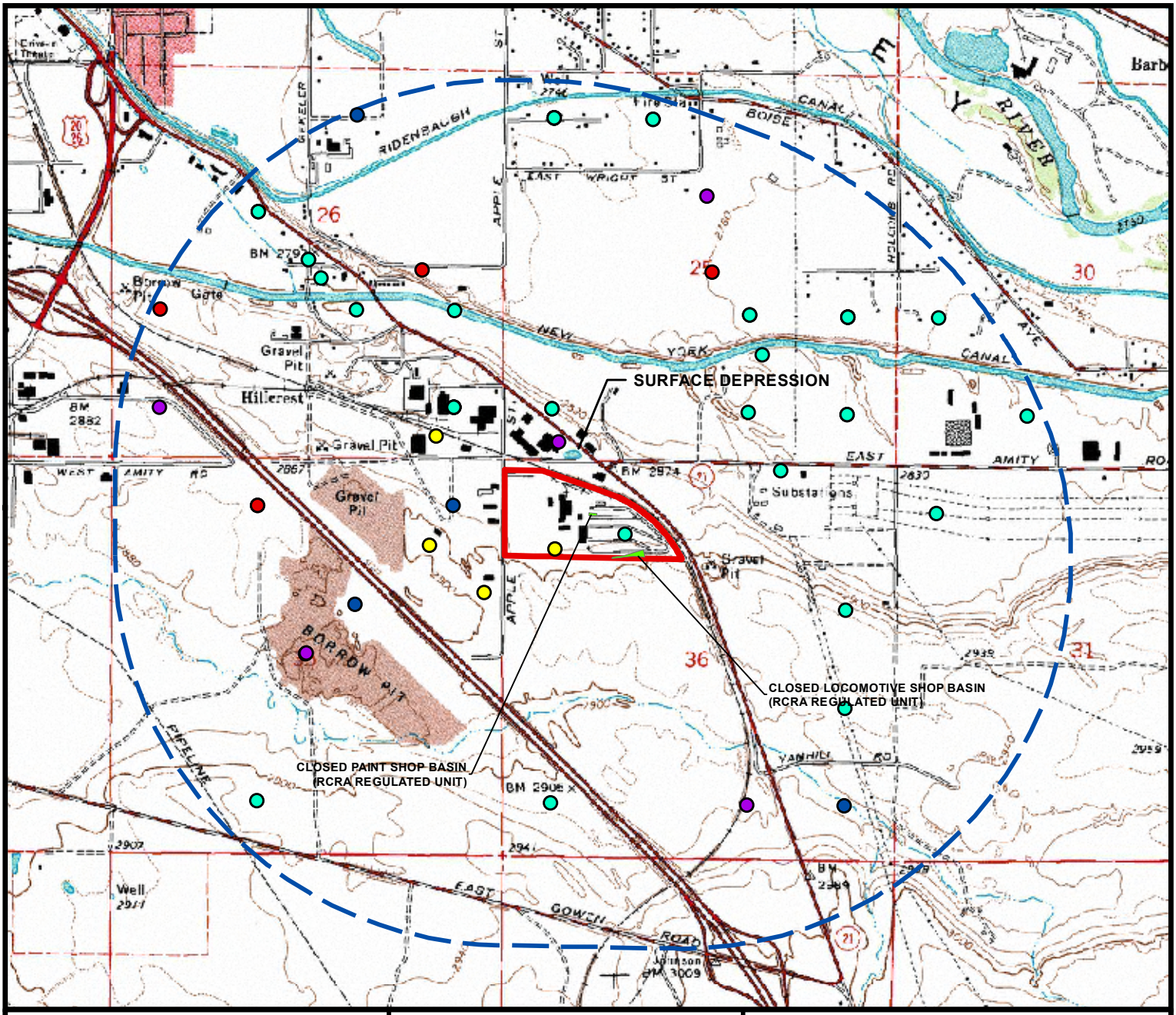
11. Facility Drawing

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

12. 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).

13. Comments



QUADRANGLE LOCATION

REFERENCE
"DIGITAL RASTER GRAPHIC MOSAIC OF ADA COUNTY, IDAHO", U.S. DEPARTMENT OF AGRICULTURE, NATURAL RESOURCES CONSERVATION SERVICE, 2002. QUADRANGLE LOCATION REFERENCES THE BOISE SOUTH, IDAHO. USGS 7.5-MINUTE QUADRANGLE DATED 1972 (PHOTOREVISED 1976)

LEGEND

- APPROXIMATE SUBJECT PROPERTY BOUNDARY
- RCRA REGULATED UNIT
- 1-MILE RADIUS OF FACILITY

DRINKING WATER WELLS

- COMMERCIAL[1]
- DOMESTIC[1]
- DOMESTIC-SINGLE RESIDENCE[1]
- MUNICIPAL[1]
- OTHER KNOWN WELL[2]

FOOTNOTES:
[1]WELL IDENTIFIED FROM THE IDAHO DEPARTMENT OF WATER RESOURCES DATABASE.
[2]WELL IDENTIFIED BASED ON KNOWLEDGE OF FACILITY AREA.

N

0.5 0.25 0 0.5
Miles

WABTEC - MOTIVEPOWER
BOISE, IDAHO
EPA ID. EDD980976831

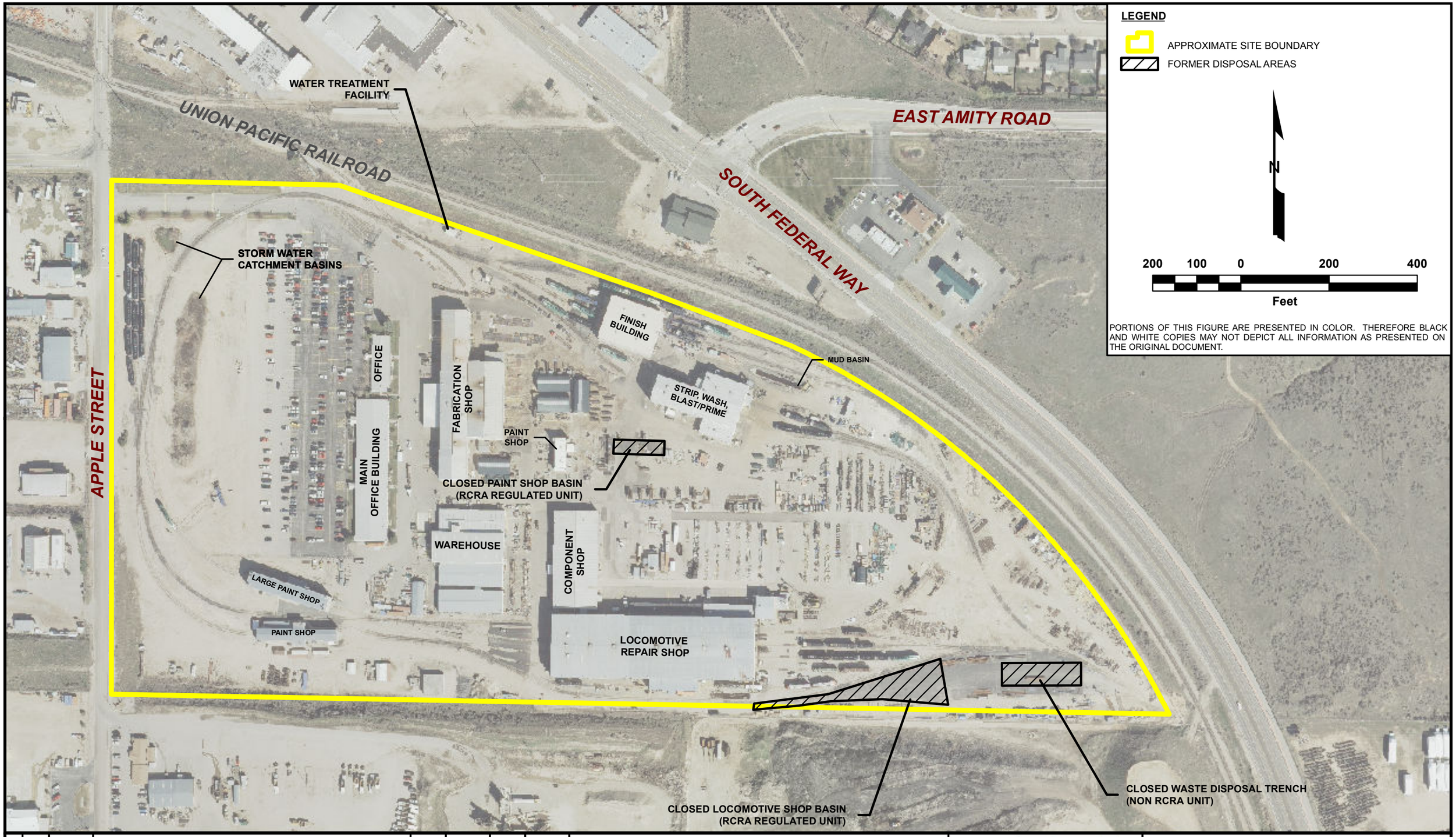
FIGURE A1

SITE LOCATION MAP

NO	DRN	DATE	REVISION	CHK	DATE	APP	DATE
0	BAS	09/07/11	SETUP IN ARCMAP				

CURRENT DATE	09/16/2011
ARCMAP MXD	FIGURE A1 (SITE LOCATION MAP)
AGI PROJ NO	0008-018

American Geosciences, Inc.



LEGEND

APPROXIMATE SITE BOUNDARY

FORMER DISPOSAL AREAS

N

200 100 0 200 400

Feet

PORTIONS OF THIS FIGURE ARE PRESENTED IN COLOR. THEREFORE BLACK AND WHITE COPIES MAY NOT DEPICT ALL INFORMATION AS PRESENTED ON THE ORIGINAL DOCUMENT.

NO	DRN	DATE	REVISION	CHKD	DATE	APP	DATE
0	BAS	09/09/11	CREATED FIGURE IN ARCMAP	WTN	09/12/11	WTN	09/12/11

WABTEC - MOTIVEPOWER
BOISE, IDAHO
EPA ID. EDD980976831

CURRENT DATE	08/15/2011	ARCMAP MXD	FIGURE A2 (FACILITY DRAWING)

American Geosciences, Inc.

FIGURE A2

FACILITY DRAWING

AGI PROJ NO.	0008-015	REVISION	0