



Clean Harbors Lone Mountain, LLC
40355 S. County Road 236
Waynoka, OK 78360-6302
(580) 697-3500

February 19, 2025

Ms. Hillary Young, P.E.
Chief Engineer
Land Protection Division
Oklahoma Department of Environmental Quality
707 North Robinson
P.O. Box 1677
Oklahoma City, OK 73101-1677

**RE: Response to Notice of Deficiency
Clean Harbors Lone Mountain, LLC; EPA ID No. OKD065438376**

Dear Ms. Young:

Clean Harbors Lone Mountain, LLC ("CHLM" or the "Facility") received a Notice of Deficiency (NOD) from the Oklahoma Department of Environmental Quality on January 20, 2025, requesting CHLM to submit a Hazardous Waste Permit Part A Form ("Part A") that reflects the changes in the permitted facility boundary, for the Class 3, Tier III Permit Modification Request to add Landfill Cell 16 to RCRA Permit No. 3547005, submitted on November 19, 2024.

Please see the attached Part A Form as required by 40 CFR § 270.13.

If you have any questions regarding this matter, or require any additional information, please feel free to contact me at (580) 430-7219 or sawyer.christine@cleanharbors.com, or Facility General Manager Michael Meriwether (580) 697-3500 or meriwether.michael@cleanharbors.com.

Sincerely,

A handwritten signature in black ink that reads "Christine Sawyer". The signature is written in a cursive, flowing style.


Christine Sawyer
Environmental Compliance Manager
Clean Harbors Lone Mountain, LLC

Attachments: Part A Form



CC: Brigette Haley, ODEQ
Jim Wilkins, ODEQ
Michael Meriwether, Clean Harbors
Jared Torstenson, Clean Harbors
Jay Adair, Clean Harbors
Michael Crisenbery, Clean Harbors

RCRA SUBTITLE C ACTIVITIES FORMS

<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

O	K	D	0	6	5	4	3	8	3	7	6
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3. Site Name

Clean Harbors Lone Mountain, LLC

4. Site Location Address

Street Address Approximately 5 miles East and 1 mile North of US Hwy 21 and 412		
City, Town, or Village Waynoka	County Major	
State Oklahoma	Country United States	Zip Code 73860
Latitude	Longitude	<input type="checkbox"/> Use Lat/Long as Primary Address

5. Site Mailing Address

Same as Location Street Address

Street Address 40355 S. County Road 236		
City, Town, or Village Waynoka		
State Oklahoma	Country United States	Zip Code 73860

6. Site Land Type

<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 532211	C. 562212
B. 562219	D. 484230

8. Site Contact Information

 Same as Location Address

First Name	Michael	MI	Last Name	Meriwether	
Title	Facility General Manager				
Street Address	40355 S. County Road 236				
City, Town, or Village	Waynoka				
State	Oklahoma	Country	United States	Zip Code	73860
Email	Meriwether.Michael@cleanharbors.com				
Phone	(580) 697-3520	Ext		Fax	

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

 Same as Location Address

Full Name	Clean Harbors Lone Mountain, LLC	Date Became Owner (mm/dd/yyyy)	9/6/2002		
Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
Street Address	40355 S. County Road 236				
City, Town, or Village	Waynoka				
State	Oklahoma	Country	United States	Zip Code	73860
Email					
Phone		Ext		Fax	
Comments					

B. Name of Site's Legal Operator

 Same as Location Address

Full Name	Clean Harbors Lone Mountain, LLC	Date Became Operator (mm/dd/yyyy)	9/6/2002		
Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
Street Address	40355 S. County Road 236				
City, Town, or Village	Waynoka				
State	OK	Country	USA	Zip Code	73860-6302
Email	Meriwether.Michael@cleanharbors.com				
Phone	339-832-0602	Ext		Fax	
Comments					

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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	D006	D011	D016	D021	D026	D031
D002	D007	D012	D017	D022	D027	D032
D003	D008	D013	D018	D023	D028	D033
D004	D009	D014	D019	D024	D029	D034
D005	D010	D015	D020	D025	D030	CONT

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Transporter
<input checked="" type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input checked="" type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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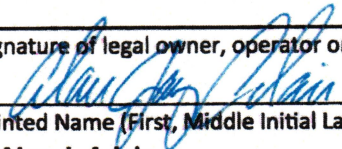
17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

B. Waste Codes: Continued on attached pages 3a and 3b.

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last) Alan J. Adair	Title Senior Vice President Landfill Operations
Email adair.alan@cleanharbors.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

United States Environmental Protection Agency
HAZARDOUS WASTE PERMIT PART A FORM



1. Facility Permit Contact

First Name	Michael	MI	L	Last Name	Meriwether
Title	Facility General Manager				
Email	meriwether.michael@cleanharbors.com				
Phone	580-697-3520	Ext		Fax	

2. Facility Permit Contact Mailing Address

Street Address	40355 S. County Road 236				
City, Town, or Village	Waynoka				
State	Oklahoma	Country	United States	Zip Code	73860

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

9/6/2022

4. Other Environmental Permits

A. Permit Type	B. Permit Number											C. Description		
R	3	5	4	7	0	0	5					RCRA Part B Permit		
R	O	K	D	0	6	5	4	3	8	3	7	6	RCRA Post-Closure Permit	
E	4	7	0	0	2								ODEQ Disposal Plan	
N	O	K	S	C	0	0	1	6	4				Stormwater General Permit	
E	9	6	-	5	1	7	-	0					Air Quality Permit	
E	P	3	3	0	-	1	8	-	0	0	3	6	1	APHIS Permit to Recieve Soil

5. Nature of Business

Treatment, Storage, and disposal of hazardous and non-hazardous waste generated by various industries and government agencies.

6. Process Codes and Design Capacities

Line Number	A. Process Code				B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0	1	S	0	1	225455	G	007	Container Storage
0	2	S	0	2	1166328	G	027	Tank Storage
0	3	D	8	0	11682	A	017	Landfill
0	4	T	0	1	864000	U	002	Stabilization Units
0	5	S	0	2	3950140	G	060	Wastewater

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.					B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes								
								(1) Process Codes						(2) Process Description (if code is not entered in 7.D1))		
0	1	D	0	0	1	5,000	T	S	0	1	S	0	2			
0	2	D	0	0	2	10,000	T	S	0	1	S	0	2			
0	3	D	0	0	3	5,000	T	S	0	1	S	0	2			
0	4	D	0	0	4	10,000	T	S	0	1	S	0	2			
0	5	D	0	0	5	10,000	T	S	0	1	S	0	2			
0	6	D	0	0	6	10,000	T	S	0	1	S	0	2			
0	7	D	0	0	7	10,000	T	S	0	1	S	0	2			
0	8	D	0	0	8	10,000	T	S	0	1	S	0	2			
0	9	D	0	0	9	10,000	T	S	0	1	S	0	2			
1	0	D	0	1	0	10,000	T	S	0	1	S	0	2			
1	1	D	0	1	0	10,000	T	S	0	1	S	0	2			Continued

8. 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.

9. Facility Drawing

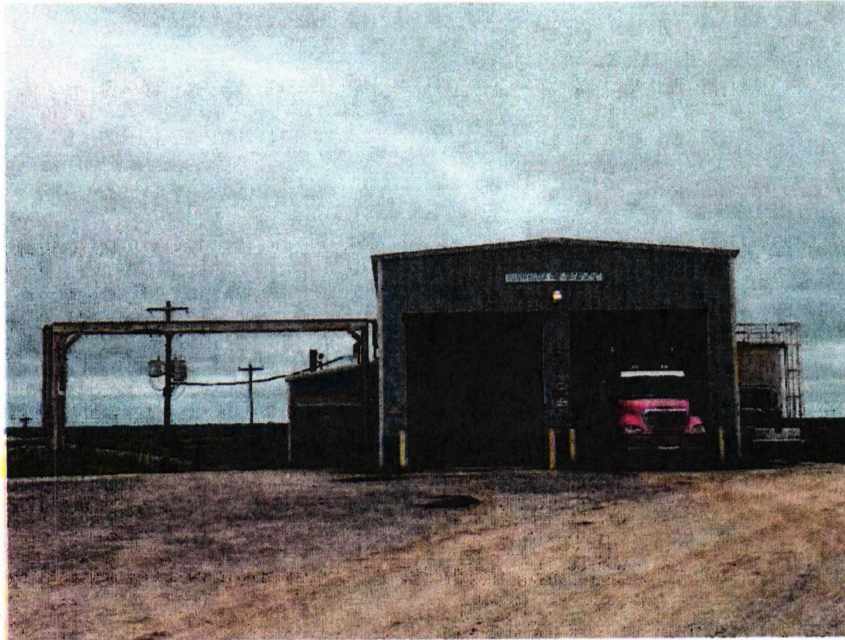
All existing facilities must include a scale drawing of the facility. See instructions for more detail.

10. Photographs

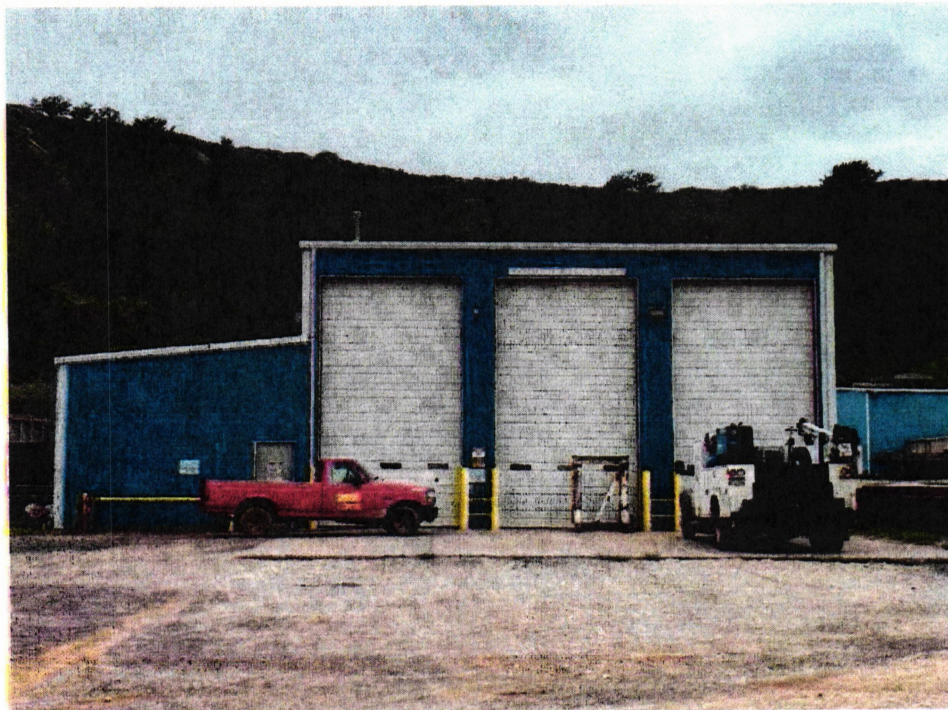
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

11. Comments

6. Continued T01 13000 U 060 Wastewater, Boiler
7. Description of Hazardous Wastes Continued on attached pages 8a through 8r



Wastewater Pre-Treatment Unloading Area



Container Maintenance Building



Drum Dock Building



EF Tank Storage Area



Decontamination Building



Training Building



Wastewater Final Treatment Building



Onsite Weather Station



Inactive Cell 15 Subcell 14



Active Cell 15 Subcell 13

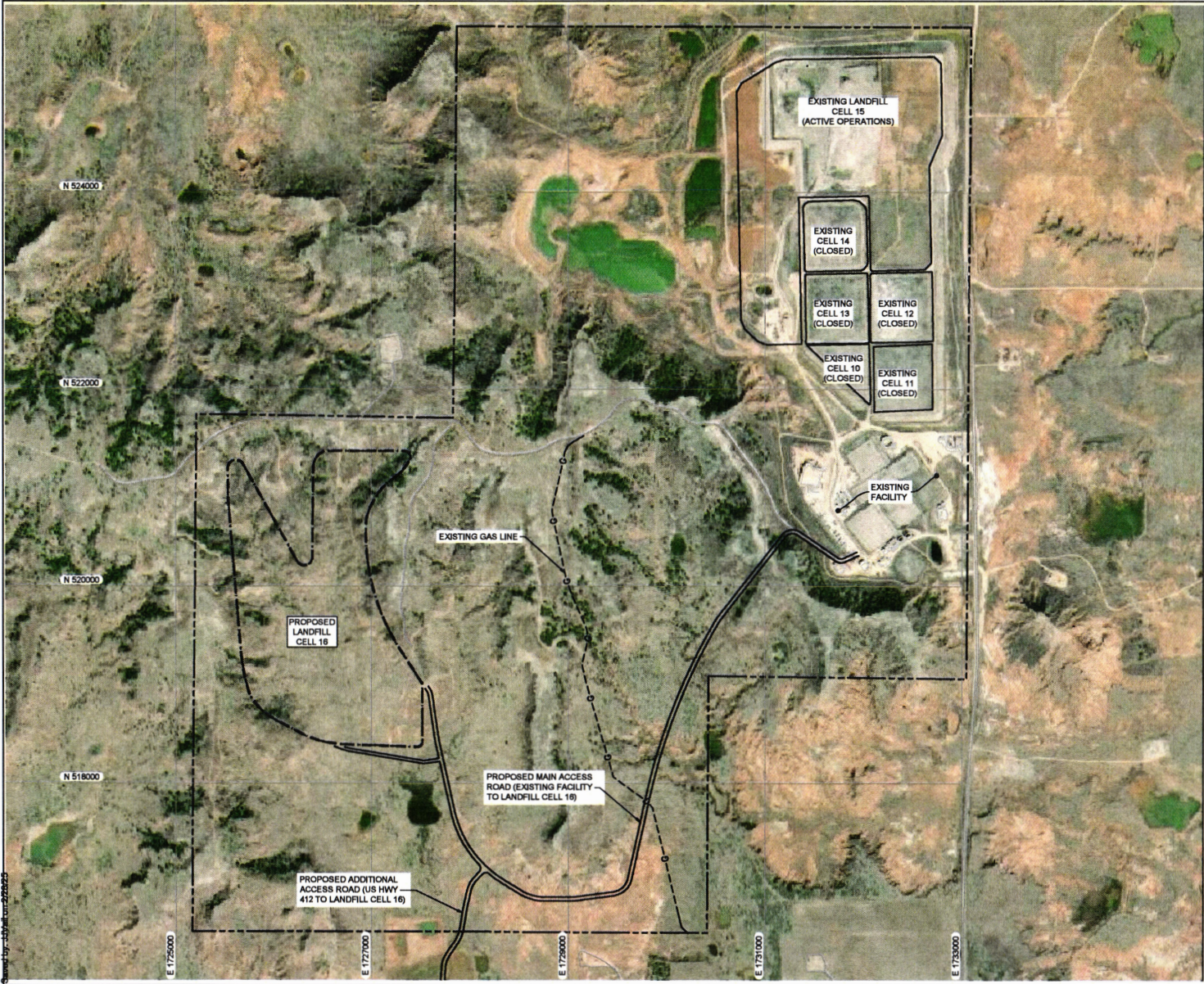


North facing Area of future Cell 15 subcells



East facing Area of future Cell 15 subcells

C:\GEO-ACC\ACDC\GEO\GEO\SYNTEC\CLEAN HARBORS_LONE MTN\PROJECT FILES\PERMIT\01-CELL 16-RANCH PROPERTY\G\9683\CADD\FIGURES\G\9683\F04 - .last

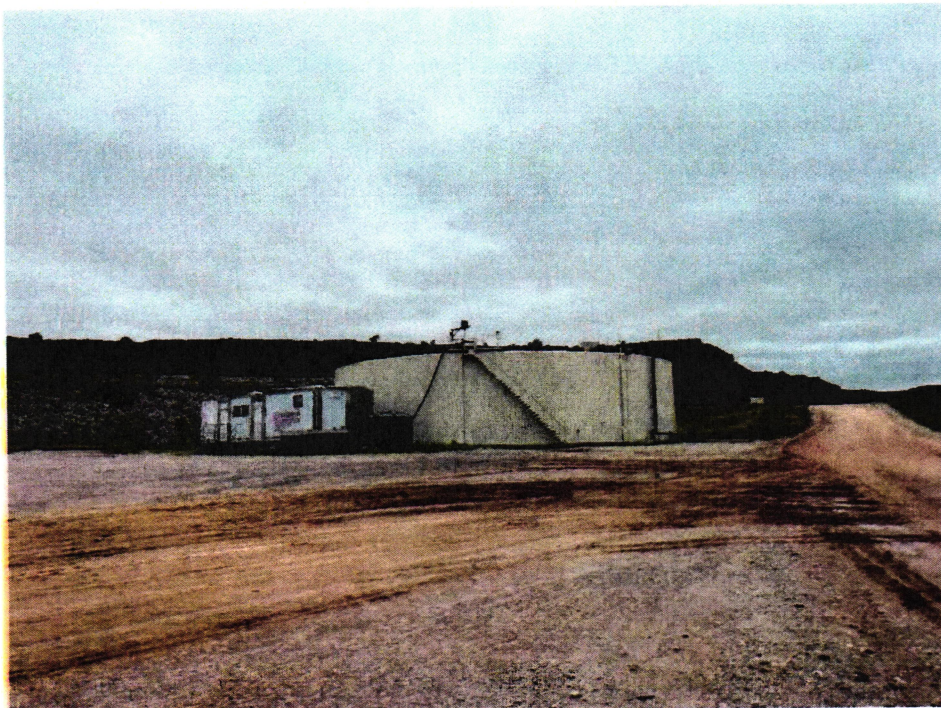


IMAGERY SOURCE: © 2025 MICROSOFT CORPORATION © 2025 MAXAR © CNES (2025) DISTRIBUTION AIRBUS DS © 2025 TMAP MOBILITY EARTHSTAR GEOGRAPHICS SIO © 2025 TOMTOM © 2025 ZERNIN MICROSOFT® BING™ MAPS OBTAINED THROUGH AUTODESK CIVIL 3D.

OVERALL SITE PLAN LONE MOUNTAIN FACILITY WAYNOKA, OKLAHOMA	
Geosyntec consultants	FIGURE 1
FEBRUARY 2025	



Clean Harbors North Office Building



West facing T-6 Tank Storage Area



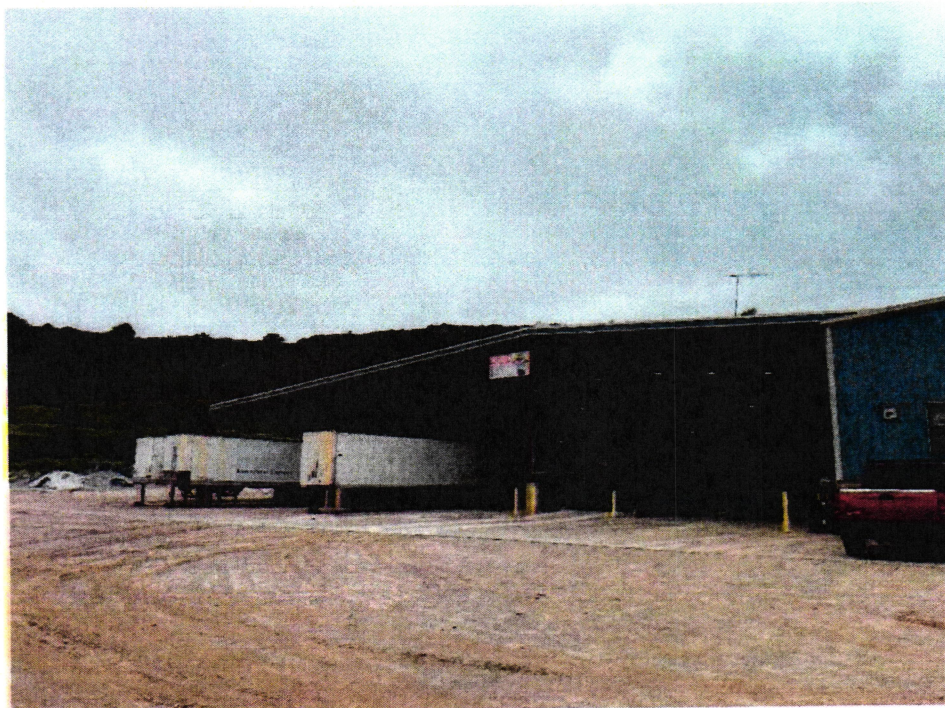
Equipment Maintenance Building



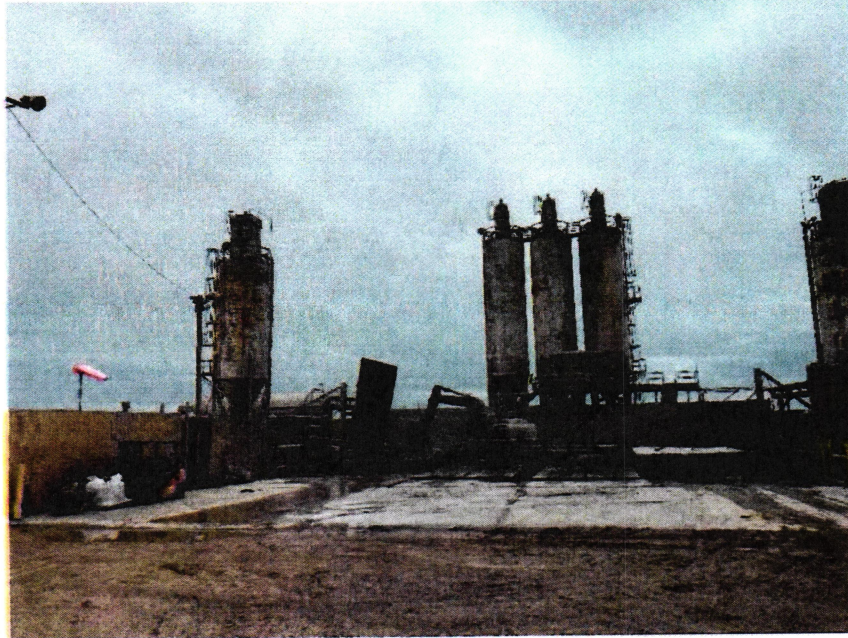
West side of Equipment Maintenance building



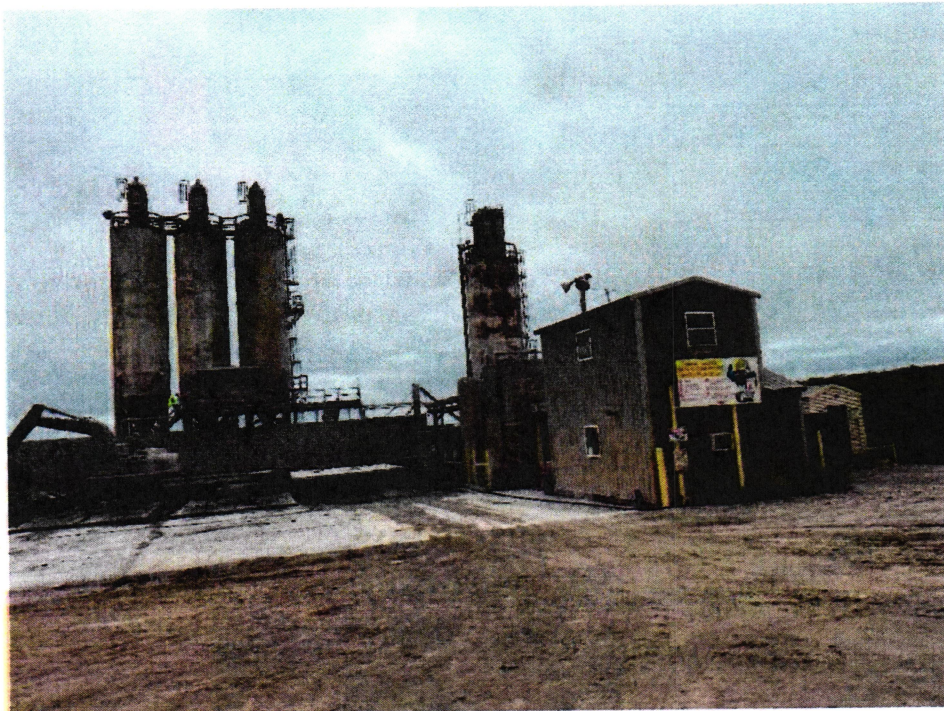
Container Management Building



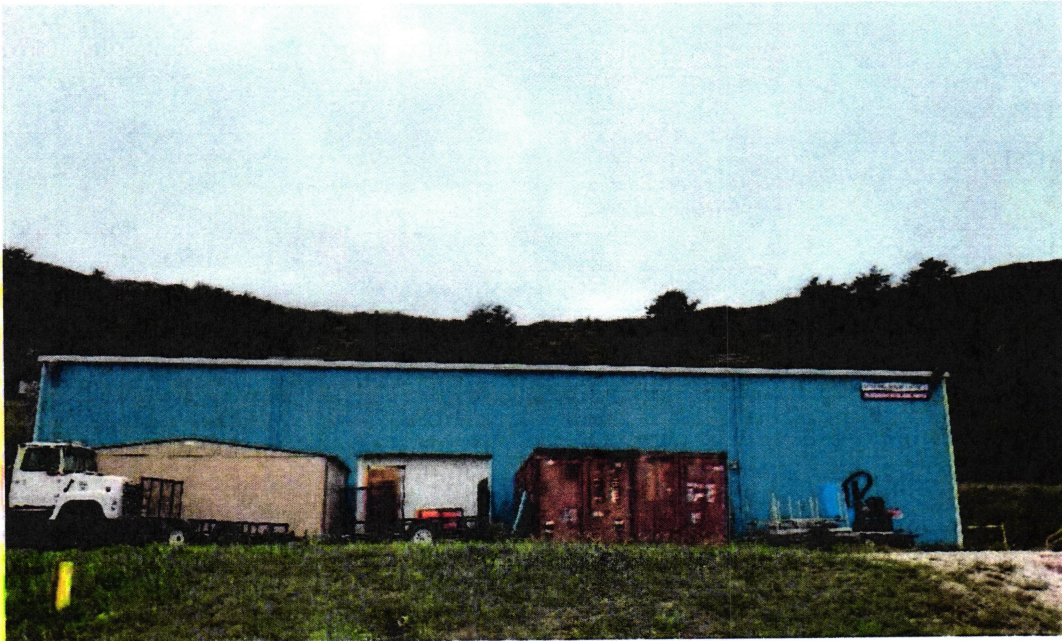
Container Management Container Storage Area



Stabilization Treatment Unit North Tank



Stabilization Treatment Unit South Tank



General Maintenance Building east side



Entrance to General Maintenance Building

January 16, 2025

Certified Mail

Mr. Michael Meriwether, General Manager
Clean Harbors Lone Mountain, LLC
40355 S. County Road 236
Waynoka, Oklahoma 73860-6302

RE: Class 3, Tier III Permit Modification Request – Landfill Cell 16 Engineering
Report;

Clean Harbors Lone Mountain, LLC, Waynoka, Oklahoma;
EPA ID No. OKD065438376, RCRA Permit No. 3547005

Administrative Review – Notice of Deficiency

Dear Mr. Meriwether:

On November 19, 2024, the Land Protection Division of the Department of Environmental Quality (DEQ) received the above-referenced Class 3, Tier III permit modification request dated November 15, 2024, for the addition of a new Resource Conservation and Recovery Act (RCRA) landfill disposal unit (Landfill Cell 16) at the Clean Harbors Lone Mountain, LLC (CHLM) facility in Waynoka, OK. In accordance with Oklahoma Administrative Code (OAC) 252:205-21-4(a)(4), the required modification fee was submitted on November 22, 2024. The required public notice was published in the Fairview Republican on November 28, 2024, in accordance with Title 40 of the Code of Federal Regulations (40 C.F.R.) § 270.42(c)(2). A Notice of Correction was published on December 5, 2024, in order to correct minor errors in the original notice. A public meeting was held on December 17, 2024, at the Fairview Community Center, which DEQ attended. The 60-day public comment period will end on January 27, 2025.

It is noted that Landfill Cell 16 will be located within a portion of a 720-acre area of undeveloped ranch land to the west of the existing facility. The 720-acre area, owned by CHLM, was recently added to the CHLM permit boundary as part of a previously approved Class 3, Tier III permit modification on January 30, 2024. DEQ has reviewed the above-referenced Class 3, Tier III permit modification request for administrative completeness and found that additional information is needed as follows:

A new Part A application was not submitted with the modification request that reflects the changes in the permitted facility boundary, as approved by DEQ on January 30, 2024. Please submit a new Part A application that satisfies all of the requirements of 40 C.F.R. § 270.13.

Mr. Michael Meriwether
January 16, 2025
Page 2

Please provide the above information to DEQ within thirty (30) days of your receipt of this letter. If you have any questions, please contact Brigette Haley of my staff at 405-702-5104 or brigette.haley@deq.ok.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Hillary Young", with a long, sweeping horizontal stroke extending to the right.

Hillary Young, P.E.
Chief Engineer
Land Protection Division

HY: bh