GENERAL | FORM 1

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER	MID067352989
III. FACILITY NAME	CIBA-GEIGY CORPORATION
V. FACILITY MAILING ADDRESS	~~4917 DAWN AVE~~ ~~EAST LANSING, MI 48823~~
VI. FACILITY LOCATION	4917 DAWN AVE EAST LANSING, MI 48823

GENERAL INSTRUCTIONS: If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2D)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP Ciba Geigy Corporation

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
Hunsell Michael Safety Coord	517 393 1560

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO Box 23637

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Lansing	MI	48909

US EPA RECORDS CENTER REGION 5

503841

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 4917 Dawn Ave

B. COUNTY NAME

Ingham

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 East Lansing	MI	48823	065

EPA Form 3510-1 (6-80)

NOV 14 1980

CONTINUE ON REVERSE

SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
821 (specify)	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

V. OPERATOR INFORMATION

A. NAME: Ciba Geigy Corporation

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): C A 914 478 3131

E. STREET OR P.O. BOX: 44 Sawmill River Road

F. CITY OR TOWN	G. STATE	H. ZIP CODE
Hedsley	NY	10507

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N NA	D. PSD (Air Emissions from Proposed Sources): C 9 T P 5380
B. UIC (Underground Injection of Fluids): U NA	E. OTHER (specify): C 9 T NA (specify)
C. RCRA (Hazardous Wastes): R Applying	E. OTHER (specify): C 9 T NA (specify)

XI. MAP

Attach to this application a topographic 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 and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

XII. NATURE OF BUSINESS (provide a brief description)

Blending of liquid plastics with modifiers to manufacture liquid industrial materials

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
H. Fesenmeyer, Vice President Plastics and Additives Division	H. Fesenmeyer	11/14/80

COMMENTS FOR OFFICIAL USE ONLY

C

EPA Form 3510-1 (5-80) REVERSE

FORM 3 — GPTA

U[illegible]VIRONMENTAL PROTECTION AGENCY
HAZA[illegible]US WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F M I D 0 6 7 3 5 2 9 8 F E

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Enter "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

X 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR	MO	DAY
52	09	01

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR	MO	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.
1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C	DUP	T/A	C
		2	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	8250000	G		7				
2					8				
3					9				
4					10				

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I. PROCESSES *(continued)*

SPACE FOR ADDITIONAL PROCESS CODES OR [illegible] DESCRIBING OTHER PROCESSES *(code "10")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

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

. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

. UNIT OF MEASURE — For each quantity entered in column 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.

. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III 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: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

OTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by ore 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 column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

XAMPLE FOR COMPLETING ITEM IV *(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 er year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes 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 0 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in 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

 CONTINUE ON PAGE 3

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W H I D 0 6 7 3 5 2 9 8 9 3 1	W DUP 3 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	F002	156000	P	S01				
2	F003	406000	P	S01				
3	F005	1700000	P	S01				
4	U002	16000	P	S01				
5	U008	10000	P	S01				
6	U009	16000	P	S01				
7	U028	100000	P	S01				
8	U069	100000	P	S01				
9	U107	100000	P	S01				
10	U118	300000	P	S01				
11	U159	100000	P	S01				
12	U162	300000	P	S01				
13	U220	500000	P	S01				
14	U221	50000	P	S01				
15	U226	1000000	P	S01				
16	D001	8000000	P	S01				
17	D002	400000	P	S01				
18	D003	100000	P	S01				
19	D004	50000	P	S01				
20								
21								
22								
23								
24								
25								
26								

DESCRIPTION OF HAZARDOUS WASTE (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3

EPA I D NO. (enter from page 1)

MID067352989 56

F6A/55

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

I. 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). F6A/56

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
42 43 31	84 27 06

III. FACILITY OWNER

X A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST	6. ZIP CODE
	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

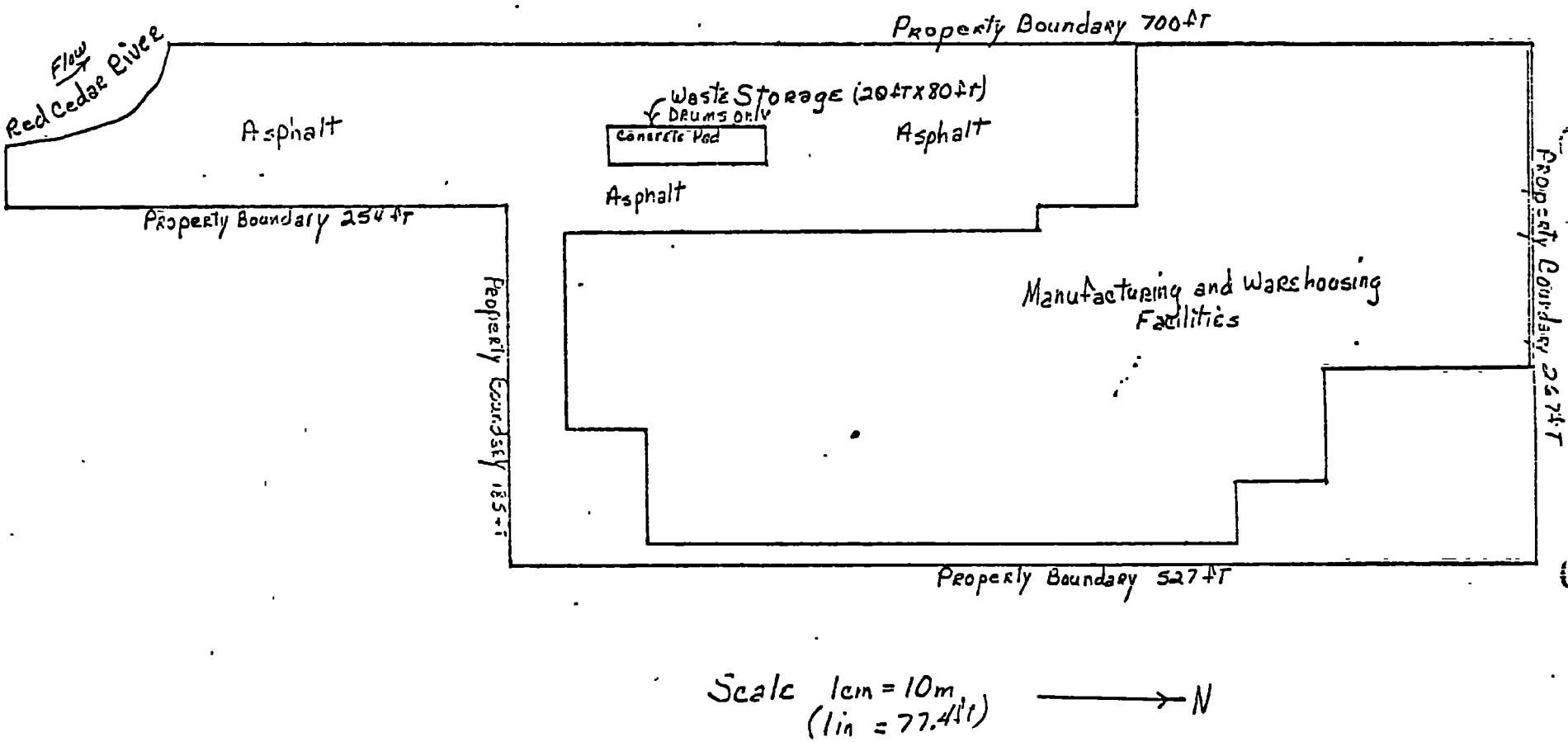
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
H. Fesemmeyer Vice President, Plastics and Additives Division	H. Fesemmeyer	11/14/80

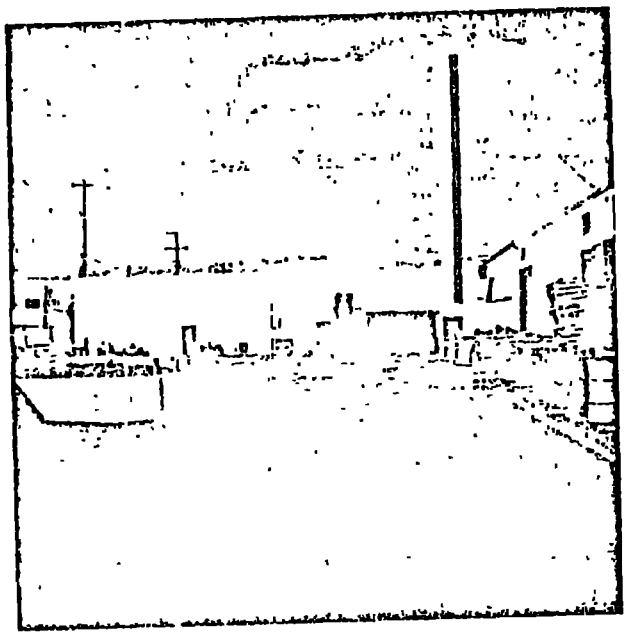
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE


Property Boundary 700 ft
Flow
Red Cedar River
Asphalt
Waste Storage (20 ft x 80 ft)
Drums only
Concrete Pad
Asphalt
Asphalt
Property Boundary 254 ft
Property Boundary 185 ft
Manufacturing and Warehousing Facilities
Property Boundary 267 ft
Property Boundary 527 ft
Scale 1cm = 10m
(1in = 77.4 ft)
N



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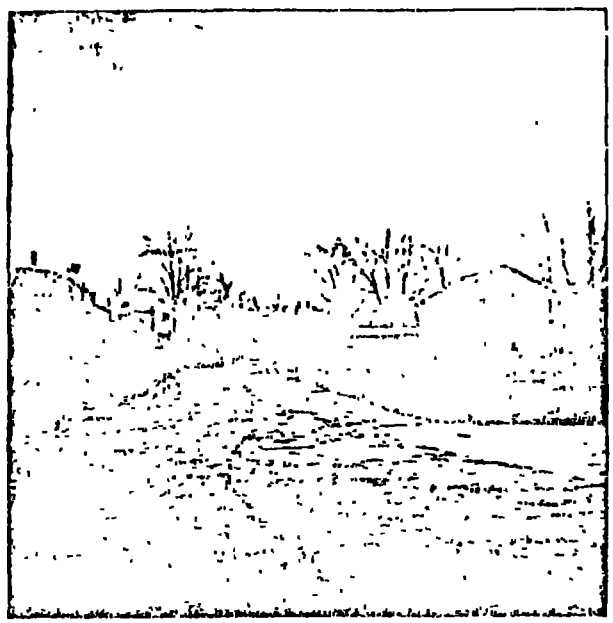

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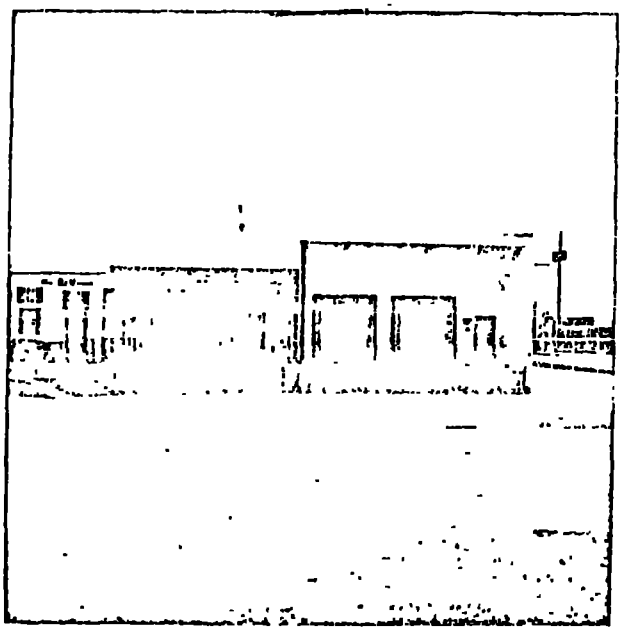

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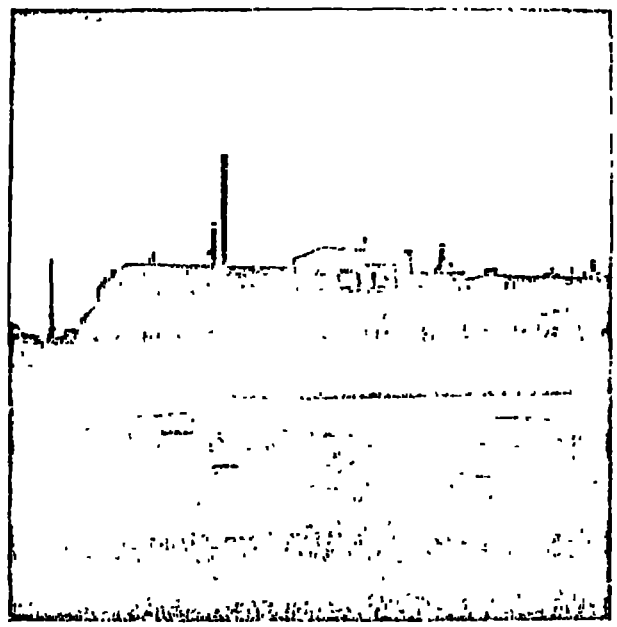

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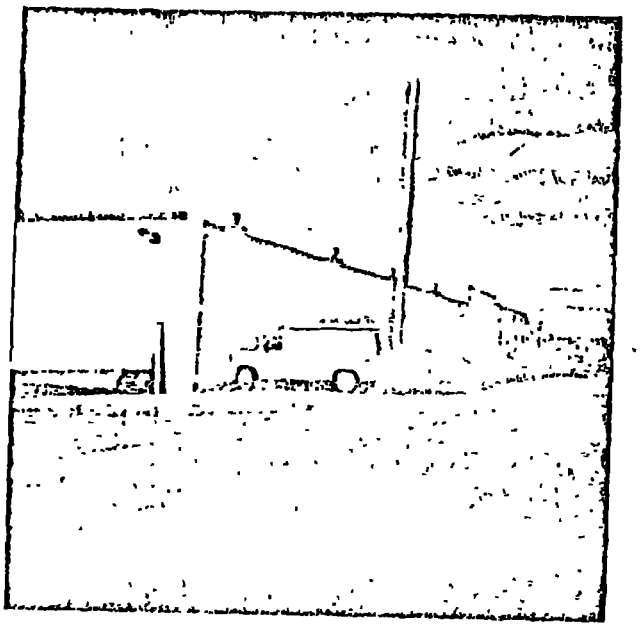

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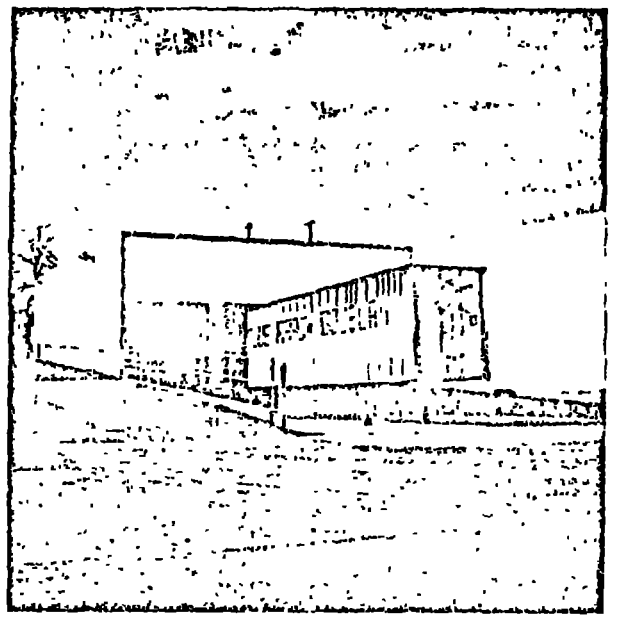

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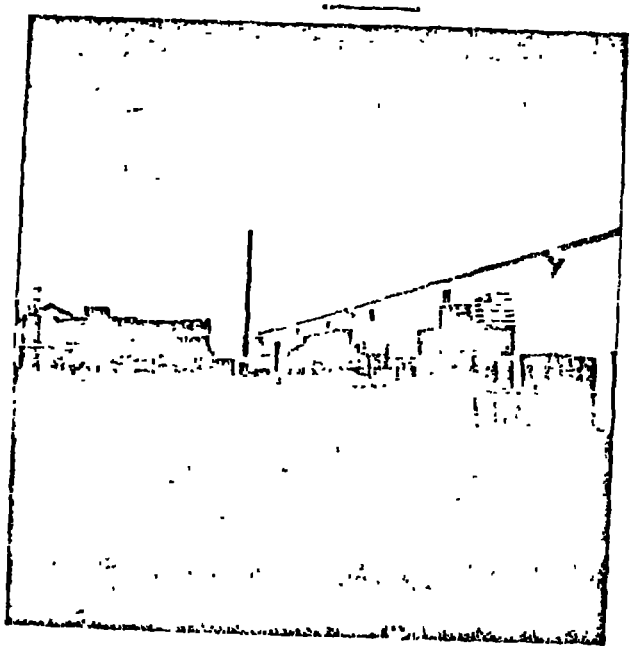

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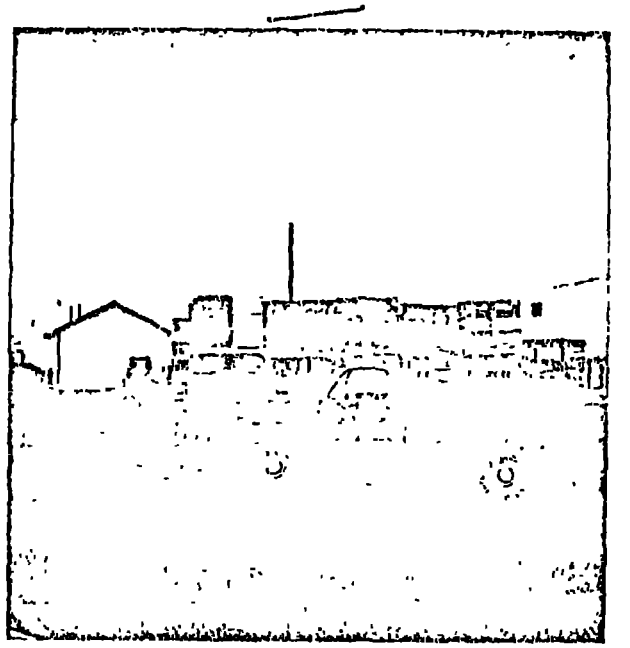

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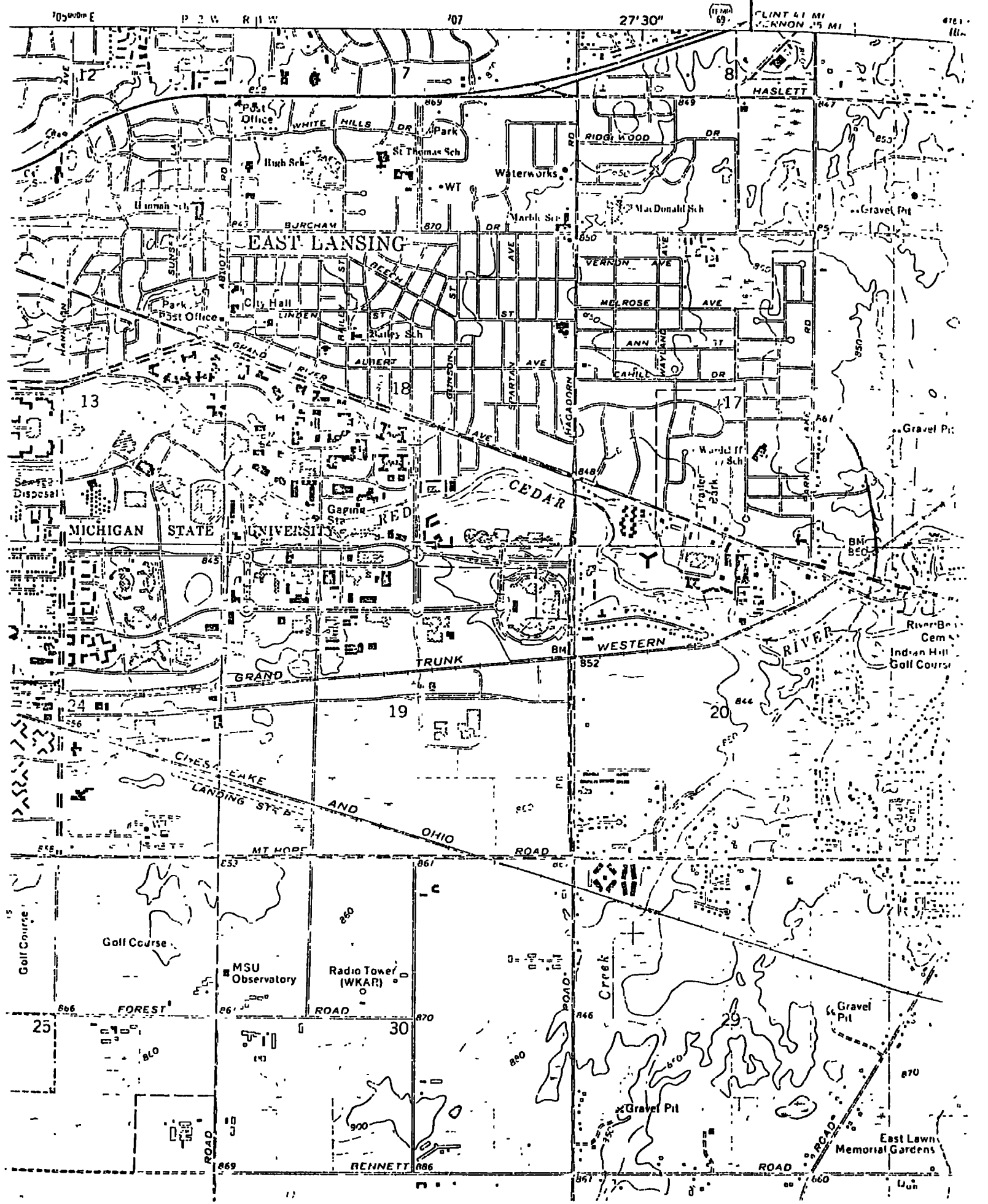
ARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY