ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

06/11/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	PAD982679169
FACILITY NAME ->	BURRON MEDICAL INC
MAILING ADDRESS ->	901 MARCON BLVD ALLENTOWN, PA 18103
INSTALLATION ADDRESS ->	901 MARCON BLVD ALLENTOWN, PA 18103

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 CHESTNUT BUILDING
PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HW53

TO: EMBURG VANJ_LINDA MGR
BURRON MEDICAL INC
901 MARCON BLVD
ALLENTOWN, PA 18103

B|BRAUN

B. Braun Medical Inc.
824 Twelfth Avenue
PO Box 4027
Bethlehem, PA 18018-0027
Telephone: 610-691-5400
Telefax: 610-691-2202

May 5, 1997

US EPA Region 3
RCRA Programs
Pennsylvania Section (3 HW5I)
841 Chestnut Street
Philadelphia, PA 19107

Dear Madam/Sir,

Attached please find an updated subsequent notification of regulated waste activity for B. Braun Medical Inc. Please note the two updates for the company:

1. The company name has changed from Burron Medical to B. Braun Medical, Inc.
2. The generator size for B. Braun has also changed from small quantity generator to large quantity generator.

If you have any questions regarding this information, please do not hesitate to contact me at (610) 691-5400--ext. 4534.

Sincerely,

Lisa M. Millington

Lisa M. Millington
Environmental Coordinator

cc: H. Morrison
L. Lucas

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filling Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: PAD982679169

II. Name of Installation *(Include company and specific site name)*

B. BRAUN MEDICAL INC

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 901 MARCON BLVD

Street *(Continued)*:

City or Town: ALLENTOWN | State: PA | Zip Code: 18018-

County Code: 039 | County Name: LEHIGH

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 824 12TH AVENUE

City or Town: BETHLEHEM | State: PA | Zip Code: 18018-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: MILLINGTON | *(First)*: LISA

Job Title: ENVIRONMENTAL AFFAIRS | Phone Number *(Area Code and Number)*: 610-691-5400

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [ ] Mailing [X] Other [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: B. BRAUN MEDICAL INC.

Street, P.O. Box, or Route Number: 824 12TH AVENUE

City or Town: BETHLEHEM | State: PA | Zip Code: 18018-

Phone Number *(Area Code and Number)*: 610-691-5400

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

(Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

Form Approved. OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. *Other - specify*
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
X	X			

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
D001	F003	F002	D002	D011	D010
7	8	9	10	11	12

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. 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 fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Lorraine J Lucas	Lorraine J LUCAS	5/7/97

XI. Comments

Director, Medical & Scientific Affairs

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*