REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

RUN DATE: 02/06/87
RUN TIME: 09:25:40

M.2 - SITE MAINTENANCE FORM

44-14

ACTION: _

EPA ID : GAD991276494

SITE NAME: FAIRVIEW INC OF TIFTON HWM PLANT SOURCE: H

STREET : INDUSTRIAL PARK FLORENCE RD CONG DIST: 07

CITY : POWDER SPRINGS ZIP: 30073

CNTY NAME: COBB CNTY CODE : 067

LATITUDE : 33/51/30.0 LONGITUDE : 084/40/30.0

LL-SOURCE: R LL-ACCURACY:

SMSA : 0520 HYDRO UNIT: 03130002

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE:

SITE/SPILL IDS:

RPM NAME: RAY WILKERSON RPM PHONE: 404-347-2234

SITE CLASSIFICATION: SITE APPROACH:

DIOXIN TIER: REG FLD1: REG FLD2: 6

RESP TERM: PENDING ( ) NO FURTHER ACTION ( ) PENDING (_) NO FURTHER ACTION (_)

ENF DISP: NO VIABLE RESP PARTY ( ) VOLUNTARY RESPONSE ( )
ENFORCED RESPONSE ( ) COST RECOVERY ( )

SITE DESCRIPTION:

M.2 - PROGRAM MAINTENANCE FORM

ACTION: _

SITE: FAIRVIEW INC OF TIFTON HWM PLANT

EPA ID: GAD991276494 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

M.2 - EVENT MAINTENANCE FORM

* ACTION: _ *

SITE: FAIRVIEW INC OF TIFTON HWM PLANT
PROGRAM: SITE EVALUATION

EPA ID: GAD991276494 PROGRAM CODE: H01 EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: E * _ __ _ *

EVENT NAME: DISCOVERY STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START:	__/__/__	__/__/__	__/__/__
COMP :	COMP :	COMP : 11/01/80	__/__/__	__/__/__	__/__/__

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %				
			0	_____	_____	__	___

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - EVENT MAINTENANCE FORM

ACTION: _

SITE: FAIRVIEW INC OF TIFTON HWM PLANT
PROGRAM: SITE EVALUATION

EPA ID: GAD991276494 PROGRAM CODE: H01 EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: S

EVENT NAME: PRELIMINARY ASSESSMENT STATUS:

DESCRIPTION:

ORIGINAL	CURRENT	ACTUAL
START:	START:	START: 05/20/86
COMP :	COMP :	COMP : 04/16/86

HQ COMMENT:

RG COMMENT:

COOP AGR #	AMENDMENT #	STATUS	STATE %
			0

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - COMMENT MAINTENANCE FORM

SITE: FAIRVIEW INC OF TIFTON HWM PLANT

EPA ID: GAD991276494

COM NO	COMMENT	ACTION
001	PART A- ON FILE	* _

PRELIMINARY ASSESSMENT COVER SHEET
FAIRVIEW INC. OF TIFTON HWM PL.
GAD991276494

I. HISTORY OF SITE

In November 1980, Fairview Inc. of Tifton, GA completed a RCRA Part A Permit Application for a proposed steel finishing facility near Powder Springs in Cobb County, Georgia 30073. Documents on file with the EPD indicate that the facility was never operative. A visit to the site by Steve Walker of the Georgia EPD on February 25, 1986 confirmed that steel finishing activities never took place on this site. The RCRA Permit Application was officially withdrawn on 5/13/82.

II. NATURE OF HAZARDOUS MATERIALS

The RCRA Part A Permit Application filed by the company stated that the proposed facility would produce 37,500 tons of K062 waste (spent pickle liquor from steel finishing operations) annually. No waste was ever actually generated because the facility was never operational.

III. DESCRIPTION OF HAZARDOUS CONDITIONS

None

IV. ROUTES FOR CONTAMINATION

Surface runoff from the site flows westward toward Powder Creek, about 1/4 mile west of the site. Powder Creek enters Sweetwater Creek about 5 miles southeast of the site. No private residences or private wells are within 1/2 mile of the site. Soils at the site are believed to be clay-rich soils which are typical of the Piedmont province of Georgia.

V. POSSIBLE AFFECTED POPULATIONS AND RESOURCES

None

VI. RECOMMENDATIONS AND JUSTIFICATIONS

The site is assessed a "None" ok priority for a Site Inspection because the proposed facility was never built or operated.

VII. REFERENCE TO SUPPORTING DATA SOURCES

1. Figure #1 - Site Location Map.
2. Figure #2 - Site Sketch Map
3. RCRA Part A Permit Application.
4. Letter from J. Taylor to G. Kunes, dated 5/13/82.
5. Letter from M. McCall to Senator R. Barnes, 5/4/83.

CSW/mcw024

P.W

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
GA	0991276494

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
Fariview Inc. of Tifton HWM Pl	Industrial Park, Florence Road

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Powder Springs	GA	30073	Cobb	067	07

09 COORDINATES LATITUDE	LONGITUDE
33° 52' 27.0"	084° 42' 17.0"

10 DIRECTIONS TO SITE (Starting from nearest public road)

From the intersection of Florence Road and US Hwy. 278, proceed north on Florence Road for approximately 1/2 mile. The proposed location for the facility was on the left (west) side of the road.

III. RESPONSIBLE PARTIES

01 OWNER (If known)	02 STREET (Business, mailing, residential)
Fariview Inc. of Tifton	P. O. Box 985

03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER	
Tifton	GA	31794	(912) 382-8041	phone no. out of service

07 OPERATOR (If known and different from owner)	08 STREET (Business, mailing, residential)

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			( )

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL

☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: ___/___/___ (MONTH DAY YEAR) ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED ___/___/___ (MONTH DAY YEAR) ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☐ YES DATE 11/ /80 (MONTH DAY YEAR)

☒ NO

BY (Check all that apply)

☐ A. EPA ☐ B. EPA CONTRACTOR ☐ C. STATE ☐ D. OTHER CONTRACTOR

☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: _____ (Specify)

CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)

☐ A. ACTIVE ☒ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION

None (BEGINNING YEAR) | None (ENDING YEAR) ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

None

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

None - Fairview Inc. completed a RCRA Part A Permit Application with the anticipation of building the subject facility. The facility was never completed and never operated.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
Steve Walker	DNR-EPD-RAU	(404) 656-7404

04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Steve Walker PAA for SW	DNR-EPD	RAU	(404) 656-7404	02/25/86 (MONTH DAY YEAR)

EPA FORM 2070-12 (7-81)

Mike Allred

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
GA	D991276494

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A SOLID
- ☐ B POWDER FINES
- ☐ C SLUDGE
- ☐ D OTHER _____ (Specify)
- ☐ E SLURRY
- ☐ F LIQUID
- ☐ G GAS

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

TONS None

CUBIC YARDS _____

NO OF DRUMS _____

03 WASTE CHARACTERISTICS (Check all that apply)

- ☐ A TOXIC
- ☐ B CORROSIVE
- ☐ C RADIOACTIVE
- ☐ D PERSISTENT
- ☐ E SOLUBLE
- ☐ F INFECTIOUS
- ☐ G FLAMMABLE
- ☐ H IGNITABLE
- ☐ I HIGHLY VOLATILE
- ☐ J EXPLOSIVE
- ☐ K REACTIVE
- ☐ L INCOMPATIBLE
- ☐ M NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS		NA	
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
			NA		

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

GA EPD State Files.

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
GA	D991276494

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____ (Acres)
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE: GA
02 SITE NUMBER: D991276494

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

01 ☐ L. CONTAMINATION OF FOOD CHAIN — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES (Spills/runoff/standing liquids/leaking drums) — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

K062 (spent pickle liquor from steel finishing) was indicated as a waste on the RCRA Part A Application filed by Fairview Inc. for the facility in Powder Springs. The facility was never completed. Fairview never generated or stored hazardous wastes at the site.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

GA EPD State Files.

Fill-in areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F GAT150011335

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, a it in the designated space. Review the info ation carefully; if any of it is incorrect, c through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent *(the area to left of the label space lists the informat that should appear)*, please provide it in proper fill-in area(s) below. If the labe complete and correct, you need not comp items I, III, V, and VI *(except VI-B wh must be completed regardless)*. Complete items if no label has been provided. Refer the instructions for detailed item desc tions and for the legal authorizations un 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	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		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 2B)		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		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	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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	
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		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	
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		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 FAIRVIEW HWM PLANT

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 HERMAN PARRAMORE	912 382 8041

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 POST OFFICE 985

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 TIFTON	GA	31794

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 INDUSTRIAL PARK FLORENCE ROAD

B. COUNTY NAME

COBB

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 POWDER SPRINGS	GA	30073	

VII. SIC CODES (Select, in order of priority)

A. FIRST	B. SECOND
7 9999 (specify)	7 9999 (specify)

C. THIRD	D. FOURTH
7 9999 (specify)	7 9999 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 FAIRVIEW INC OF TIFTON

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ]

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

D. PHONE (area code & no.): A 912 382 804

E. STREET OR P.O. BOX: POST OFFICE BOX 985

F. CITY OR TOWN: 8 TIFTON

G. STATE: GA

H. ZIP CODE: 31794

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N NONE	D. PSD (Air Emissions from Proposed Sources): 9 P NONE
B. UIC (Underground Injection of Fluids): 9 U NONE	E. OTHER (specify): 9 NONE (specify)
C. RCRA (Hazardous Wastes): 9 R NONE	E. OTHER (specify): 9 NONE (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.

XII. NATURE OF BUSINESS (provide a brief description)

Waste Acid Neutralization and Conversion to Agronomic Products.

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
G. Gerald Kunes Incorporator	G. Gerald Kunes	11/18/80

COMMENTS FOR OFFICIAL USE ONLY

C

Figure 1: Site Location Map Fairview Inc. of Tifton HWM P
GAD991276494

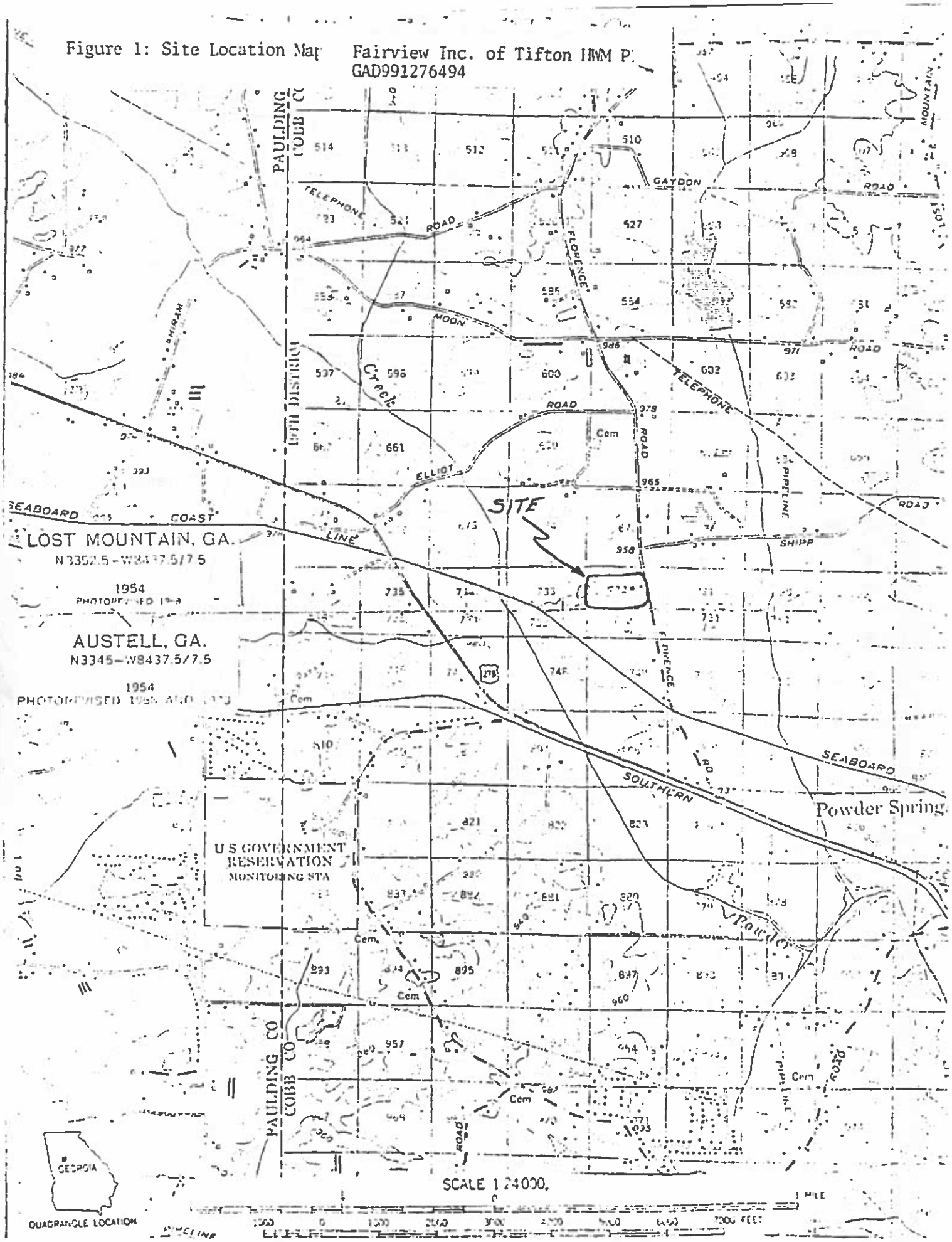
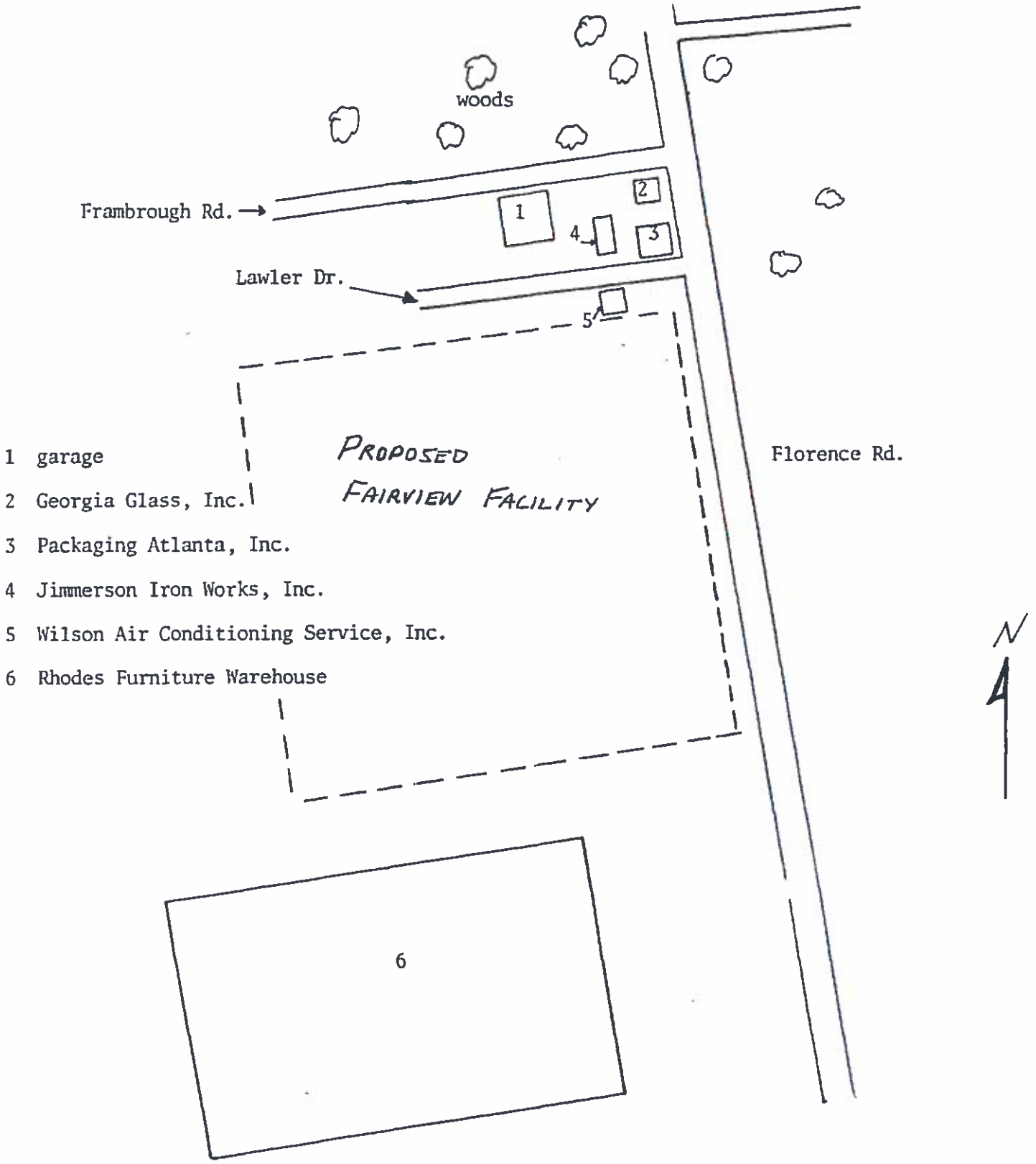


Figure 2: Site Sketch Map - Fa iew Inc. of Tifton HWM Pl.



1 garage

2 Georgia Glass, Inc.

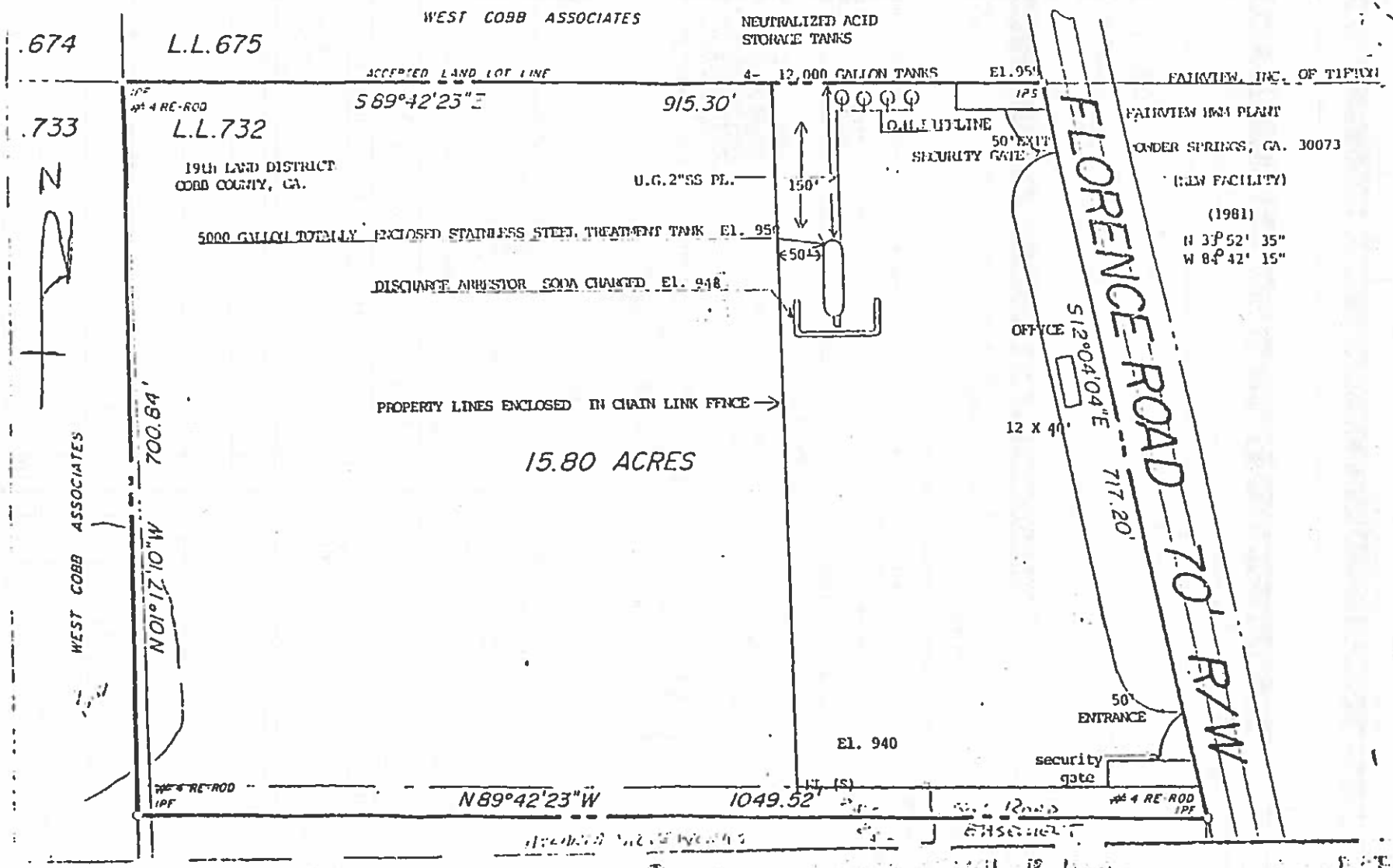
3 Packaging Atlanta, Inc.

4 Jimmerson Iron Works, Inc.

5 Wilson Air Conditioning Service, Inc.

6 Rhodes Furniture Warehouse

no scale



WEST COBB ASSOCIATES
NEUTRALIZED ACID STORAGE TANKS
.674
L.L.675
ACCEPTED LAND LOT LINE
4- 12,000 GALLON TANKS
El.95
FAIRVIEW, INC. OF TIFTON
IPF
#4 RE-ROD
S89°42'23"E
915.30'
.733
L.L.732
FAIRVIEW HWM PLANT
O.H.L. LINE
50' EXIT
SECURITY GATE
POWDER SPRINGS, GA. 30073
19th LAND DISTRICT
COBB COUNTY, GA.
U.G.2"SS PL.
150'
(NEW FACILITY)
(1981)
N 33°52' 35"
W 84°42' 15"
5000 GALLON TOTALLY ENCLOSED STAINLESS STEEL TREATMENT TANK El. 950
50'
DISCHARGE ARRESTOR SODA CHARGED El. 948
OFFICE
S12°04'04"E
FLORENCE ROAD 70' R/W
PROPERTY LINES ENCLOSED IN CHAIN LINK FENCE
12 X 40'
700.84'
15.80 ACRES
717.20'
WEST COBB ASSOCIATES
N01°17'10"W
50' ENTRANCE
El. 940
security gate
#4 RE-ROD
IPF
N89°42'23"W
1049.52'
#4 RE-ROD
IPF
EASEMENT

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F G A T 1 5 0 0 1 1 3 8 5

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "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)*

☐ 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)

☒ 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
8 1	0 1	0 1

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	C
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 11

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	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	T 0 1	25000	G		7				
2	S 0 2	48000	G		8				
3					9				
4					10				

CONTINUE ON REV.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODE' FOR DESCRIBING OTHER PROCESSES (code ") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. 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.

B. 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.

C. 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.

D. 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.

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 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.

EXAMPLE 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 per 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 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 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

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S00004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W G A T 1 5 0 0 1 1 3 8 5 2 1	W DUP 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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 6 2	37500	T	T 0 1 S 0 2	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

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

EPA I.D. NO. (enter from page 1)

G A T 1 5 0 0 1 1 3 8 5 2 6

V. 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)*.

VI. 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)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
3 3 5 2 3 5	8 4 4 2 1 5

VIII. 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.)
FAIRVIEW, INC. OF TIFTON	9 1 2 - 3 8 2 - 8 0 4 1

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST	6. ZIP CODE
Post Office Box 985	Tifton	GA	3 1 7 9 4

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
G. Gerald Kunes	G. Gerald Kunes	11/18/80

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 5

JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

May 13, 1982

Mr. G. Gerald Kunes
P. O. Box 985
Tifton, GA 31794

RE: Request for Facility Status Changes for Fairview of Tifton, Tifton, GAD991276494

Dear Mr. Kunes:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files.

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and paragraphs .10 and .11 of Georgia's Rules for Hazardous Waste Management, Chapter 391-3-11.

If further clarification is needed on this matter, please feel free to contact Mr. Bill Mundy at 404/656-7802.

Sincerely,

John D. Taylor, Jr.
Program Manager
Industrial & Hazardous Waste
Management Program

JDT:bpk
cc: James H. Scarbrough
Moses N. McCall, III

AN AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

May 4, 1983

Honorable Roy E. Barnes
Barnes and Browning, P.C.
225 Conyers Building
166 Anderson Street
Marietta, Georgia 30060

Dear Senator Barnes:

Reference your letter of April 7, 1983, regarding Fairview, Inc., of Tifton, hazardous waste management plant. Fairview apparently obtained a hazardous waste handling identification number in anticipation of locating in Powder Springs. Thank you for advising me that their plans never reached fruition.

Sincerely,

Moses N. McCall, III, Chief
Land Protection Branch

MNM:bpg

AN AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER