Last Week Workforce

Port Huron Paper

Since 1888

1660 Thomas St

RECEIVED
SEP 23 1987
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

September 16, 1987

RECEIVED
SEP 22 1987
U.S. EPA, REGION V

Michigan Dept. of Natural Resources
Hazardous Waste Division
Box 30038
Lansing, MI 48909

Attn: Jean Lecker

Re: United States Environmental Protection Agency Identification No. MID005358247 — N
Our File 19230

Dear Mr. Lecker:

Please be advised that E. B. Eddy Paper, Inc. has purchased substantially all of the assets of Port Huron Paper Corporation's Port Huron Mill. Accordingly, E. B. Eddy Paper will be assuming all responsibilities under the aforementioned identification number.

Very truly yours,

JHF

James H. Frank

JHF/sb

cc: United States Environmental Protection Agency
E. B. Eddy Paper, Inc.
Mark High, Esq.
Robert W. Comish, Esq.
Clark D. Opdahl, Esq.

Sent DICRA Binder
SEP 28 1987
RC PA Book Returned

Port Huron Paper Corporation

1700 Washington Avenue
Port Huron, Michigan 48060
313.982.0191

A Subsidiary of Pentair, Inc.

Sarah Whitney

PB-911

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste

88.0911

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

For Official Use Only

Comments: N

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F T/A C 1		

I. Name of Installation

E. B. EDDY PAPER INC.

II. Installation Mailing Address

Street or P.O. Box: 1700 WASHINGTON AVENUE

City or Town: PORT HURON | State: MI | ZIP Code: 48060

III. Location of Installation

Street or Route Number: 1700 WASHINGTON AVENUE

City or Town: PORT HURON | State: MI | ZIP Code: 48060

IV. Installation Contact

Name and Title *(last, first, and job title)*: WHITNEY SARAH SUPVR

Phone Number *(area code and number)*: 313 982 0191

V. Ownership

A. Name of Installation's Legal Owner: E. B. EDDY PAPER INC.

B. Type of Ownership *(enter code)*: P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

RECEIVED
NOV 13 1987
U.S. EPA, REGION V

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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

C. Installation's EPA ID Number: MID003358247

Our process has not changed, and our hazardous waste has stayed the same as on our previous Notification of Hazardous Waste Activity, before the sale of the company.

ID — For Official Use Only			
C		T/A	C
W			1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 — 261.24)*

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

XI. 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.

Signature	Name and Official Title *(type or print)*	Date Signed
[illegible]	Plant Supervisor, Wastewater Treatment	11-9-87

CONVERSATION RECORD

TIME: 10 15

DATE: 2/9/88

TYPE: ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO:
SARAH WHITNEY	E.B. EDDY PAPER INC	313 982-0191

ROUTING

NAME/SYMBOL	INT

SUBJECT: no waste codes on notification

RecD 11/13/87

SUMMARY: Spoke to Whitney —
used oil X001
she will research process to determine if any other codes need to be added and will submit letter on notification if necessary.

(Co changing from non notifier to notifier)

ACTION REQUIRED: PROCESS SUBSEQUENT NOTIFICATION

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE

ACTION TAKEN: SAME

SIGNATURE	TITLE	DATE
BJ Greene	Data Tech	2/9/88

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:
RCRA ACTIVITIES

Attn: Sarah Whitney
E.B. EDDY Paper Inc
1700 Washington Ave
Port Huron Mi 48060

Feb 9, 1988

RE: EPA ID #: MID005 358 247

In response to your request of 11/87 the following information has been updated: (our 2/9/88 telephone Conversation)

per your notification - E.B. EDDY PAPER INC listed as legal owner
address corrected to 1700 Washington Ave
installation listed as generator, waste code X001 added
Sarah Whitney listed as installation contact

If you have questions, please contact Sharon Kiddon at (312) 886-6173.

Sincerely,

Arthur S. Kawatachi
Information Unit
Program Management Section

cc: State Agency
File

E. B. EDDY PAPER, INC.
PORT HURON, MICHIGAN

April 22, 1988

RCRA Activities
U. S. EPA Region V
Waste Management Division
P. O. Box A 3587
Chicago, Illinois 60690

Subject: EPA ID# MID 0053588247

Dear Sirs:

Enclosed is a revised Notification of Hazardous Waste Activity. The changes involve hazardous chemical substances used at this facility and some waste which may be disposed of at a future time. At the present time, we are listed as a generator, with waste code X001 only. The waste code is still applicable, and the two additional codes should be added.

If you have any questions concerning this subsequent notification, please contact me.

Sincerely,

Sarah W. Whitney

Sarah W. Whitney
Waste Water Treatment Supervisor

SWW:day

Encl.

E. B. EDDY PAPER, INC.
1700 WASHINGTON AVENUE
PORT HURON, MICHIGAN 48060
313-982-0191

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

88 5154

EPA Notification of Hazardous Waste Activity

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

For Official Use Only

Comments

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F T/A C 1		

I. Name of Installation

E. B. EDDY PAPER INC.

II. Installation Mailing Address

Street or P.O. Box: 1700 WASHINGTON AVENUE

City or Town: PORT HURON | State: MI | ZIP Code: 48060

III. Location of Installation

Street or Route Number: 1700 WASHINGTON AVENUE

City or Town: PORT HURON | State: MI | ZIP Code: 48060

IV. Installation Contact

Name and Title *(last, first, and job title)*: WHITNEY SARAH SUPVR

Phone Number *(area code and number)*: 313 982 0191

V. Ownership

A. Name of Installation's Legal Owner: E. B. EDDY PAPER INC.

B. Type of Ownership *(enter code)*: P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

APR 25 1988

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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

C. Installation's EPA ID Number: MID005358247

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete

ID — For Official Use Only			
C		T/A	C
W			1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U122	U219				
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 — 261.24)*

- ☑ 1. Ignitable *(D001)*
- ☐ 2. Corrosive *(D002)*
- ☑ 3. Reactive *(D003)*
- ☐ 4. Toxic *(D000)*

XI. 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.

Signature	Name and Official Title *(type or print)*	Date Signed
Sarah W. Whitney	Sarah W. Whitney Supervisor Water Treatment Plant	4-21-88

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED
APR 25 1988
U.S. EPA REGION 4

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

attn: Sarah Whitney
E B Eddy Paper Inc
1700 Washington Ave
Port Huron Mi 48060

6-27-88

RE: EPA ID #: MID 005 358 247

In response to your request of 4/88 the following information has been updated:

Waste Codes per your notification

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

CLOW

HYDRO RESEARCH SERVICES
Water Management Division
Clow Corporation

Port Huron Paper Company
1660 Thomas Street
Port Huron, MI 48060
Attn: Mr. Richard Lloyd

November 13, 1980

Amended Copy

Sample received 10-30-80

HYDRO NO:	43127
CUST. ID:	EPA Leachate Procedure on Paper Solid Waste
Arsenic, As, mg/l	0.0023
Barium, Ba, mg/l	1.9 *
Cadmium, Cd, mg/l	0.025 +
Chromium, Total, Cr, mg/l	0.10 +
Lead, Pb, mg/l	0.29 +
Mercury, Hg, mg/l	< 0.0002
Selenium, Se, mg/l	< 0.0008
Silver, Ag, mg/l	0.030
Lindane, mg/l	< 0.001
Methoxychlor, mg/l	< 0.001
Toxaphene, mg/l	< 0.01
Endrin, mg/l	< 0.001 **
2,4-D, mg/l	< 0.002
2,4,5-TP, mg/l	< 0.001
Chromium, Hex., Cr, mg/l	< 0.10

100 grams of sample was leached into 1600 mls deionized water and brought to a final volume of 2000 mls. Final pH after the addition of 400 mls of 0.5N acetic acid was 6.35.

* Radium?
+

Linda Carey

Linda Carey/Manager
Analytical Services

PORT HURON PAPER COMPANY
1660 THOMAS STREET
PORT HURON, MICHIGAN 48060

September 26, 1983

RECEIVED
SEP 28 1983
GOD-DETROIT DIST

Mr. Karl J. Kalepitsch
Chief Waste Management Branch
EPA Region 5
230 South Dearborn Street
Chicago, ILL 60604

RE: Generation Site EPA I.D. No. MID-005358247

Dear Mr. Kalepitsch:

Port Huron Paper Company generates two wastes during it's course of producing paper neither of which are hazardous. The first waste is from process waters clarified in our Wastewater Treatment Plant under NPDES Permit No. MI-0002160. These wastes have been tested and found to contain no hazardous materials per attached analysis.

The second waste is from used lubricating oil from our machines. These oils are purchased from Mobil Oil Company as hazardous material-free; consequently these used lubricating oils are free of hazardous materials.

Port Huron Paper Company requests withdrawal from any and all lists as a generator of hazardous materials, as defined by the Resource Conservation Recovery Act.

Sincerely,

Richard A. Lloyd

Richard A. Lloyd
Wastewater Treatment Plant Supervisor

RAL/mlc
Enclosure

cc: Mr. Larry AuBuchon
Water Quality Specialist
Michigan Department of Natural Resources
1120 W. State Fair Avenue
Detroit, MI 48203

GES 12-20-83 Code D

GES 2-8-84 not on Printout 4-18-84

RCRA Inspection Report MID005358247

EPA Identification Number: M I D 0 0 5 3 5 8 2 4 7

Installation Name: Port Huron Paper Co.

Location Address: 1660 Thomas St.

City: Port Huron State: Michigan

Date of inspection: 7/20/83 Time of inspection (from) Phone Con. (to)

Person(s) interviewed	Title	Telephone
Dr. Martin D. Sikora	Technical Director	(313) 982-0191 x250

Inspector(s)	Agency/Title	Telephone
Larry AuBucho	MDNR-HWD/WQS	(313) 868-3335

Installation Activity (mark only one box) — Inspection Form(s)

- [I] Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation — A
- [I] Treatment/Storage/Disposal (no generation or Transportation) — A
- [I] Generation and Transportation — B, C
- [I] Generation only — B
- [I] Transportation only — C

Company was listed as generator. Generates waste lube oil and a paper mill waste both are classified as non-hazardous by the company. Company will send ltr to EPA to request withdrawal from the system.

cc: EPA
K. Burda
J. Bohunsky

Dear Sir,

I am sorry but I cannot disclose my identity.

I was employed by the Port Huron Paper Co Washington Ave., Port Huron, Michigan 48060 from 1960 and into the 70's.

We conducted a carbon coating, sheeting and collating operation.

Each weekend, we would clean all of the machines with Trichloroethelene and other solvents and we used many drums of these materials.

Standard procedure for disposal was to dump it out the back door of the building when we were finished — onto the ground.

The paper mill is located on the bank of the Black River which runs through Port Huron. I understand this material is highly carcinogetic and was wondering if it may have leached into Black River?

I am not an irate former employee only a concerned citizen.

CONVERSATION RECORD

TIME: 7:45 AM. DATE: 3/10/86

TYPE: ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Ben Okuumabna	MDNR-Detroit Dist Off	(313) 459-9180

SUBJECT: Port Huron Paper Co., Washington Ave., Port Huron, MI 48060.

ROUTING	
NAME/SYMBOL	INT
file	

SUMMARY

I spoke w/ Ben by telephone this a.m. and informed him of the letter of complaint recieved by this office (letter attached). Complaint alleges that employees routinely dumped significant quantities of tri-chloro-ethylene and other waste solvents onto the ground near the Black River.

I will be in the Detroit District on 3/12/86. I will bring Ben a copy of the complaintants letter.

ACTION REQUIRED: MDNR Detroit Dist. Staff will conduct a follow-up inspection at the site in near future.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Laura Lodish	L. Lodish	3/10/86

ACTION TAKEN

SIGNATURE	TITLE	DATE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 27, 1994

E B EDDY PAPER INC
ATTN:CHRISTIAN PIERSON
PO BOX 5003
PORT HURON MI 48061

RECEIVED
WMD RECORD CENTER
JUN 07 1994

RE: US EPA ID Number MID 005 358 247

Location: 1700 WASHINGTON AVE
PORT HURON MI 48060

In response to your correspondence of 05-11-94, the following information has been updated:

INSTALLATION MAILING ADDRESS	PO BOX 5003 PORT HURON MI 48061
CONTACT NAME	CHRISTIAN PIERSON
ADDITION OF WASTE CODES	D002

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

Printed on Recycled Paper

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): MAY 11 1994

MAY 23 1994

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: MIDOO53582 47

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

E.B.Eddy Paper, Inc.

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

Street: 1700 Washington Avenue

Street (Continued):

City or Town: Port Huron | State: MI | Zip Code: 48060-

County Code: | County Name: St. Clair

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: P.O. Box 5003

City or Town: Port Huron | State: MI | Zip Code: 48061-5003

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

Name (Last): Pierson | (First): Christian

Job Title: Environ. Supv. | Phone Number (Area Code and Number): 810-982-0191

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: E. B. Eddy Paper, Inc.

Street, P.O. Box, of Route Number: 1700 Washington Ave. Box 5003

City or Town: Port Huron | State: MI | Zip Code: 48061-5003

Phone Number (Area Code and Number): 810-982-0191

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year:

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

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)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [x] 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
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
019L	020L	021L	029L		

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
	Howard L. Hunter Technical Director	3 MAY 94

XI. Comments

For Item IX (c): 019L = Coolants and water soluble oil; 020L = lubricating oil; 021L = other oil; 029L = other non-hazardous wastes.

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

Please print or type with ELITE type (12 characters/in) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Non-respondent—Code 6 NRS
KEEP SEPERATE FROM NOTIFIERS
FINDS: PORT HURON PAPER CO

PLEASE PLACE LABEL IN THIS SPACE

IN FINDS 3

09 DEC 1984

07 DEC 1984

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F MID005358247 T/A 1		

I. NAME OF INSTALLATION

PORT HURON PAPER CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 1660 THOMAS ST

CITY OR TOWN: 4 PORT HURON ST. MI ZIP CODE 48060

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 1660 THOMAS ST

CITY OR TOWN: 6 PORT HURON ST. MI ZIP CODE 48060

ST CLAIR
147

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 SIKERA DR MARTIN D TECH DIR

PHONE NO. (area code & no.): 313-982-0191

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

12/4/84

C. INSTALLATION'S EPA I.D. NO.

- [x] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

DETACH

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste

88.0911

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

For Official Use Only

Comments: N

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
MID005358247 (T/A C 1)	A	871113

COPY

I. Name of Installation

E. B. EDDY PAPER INC.

II. Installation Mailing Address

Street or P.O. Box: 1700 WASHINGTON AVE ~~NUE~~

City or Town	State	ZIP Code
PORT HURON	MI	48060

III. Location of Installation

Street or Route Number: 1700 WASHINGTON AVE ~~NUE~~

City or Town	State	ZIP Code
PORT HURON	MI	48060

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
WHITNEY SARAH SUPV	313 982 0191

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
E. B. EDDY PAPER INC.	P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specifications

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NOV 13 1987
U.S. EPA REGION V

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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

C. Installation's EPA ID Number: MID005358247

E.B. Eddy Paper
1700 Washington
Port Huron, MI 48060

ROYAL OAK, MI
26 FEB 1990
MICH.

Place 25¢ Stamp Here

U.S. EPA Region V
RCRA Activities
Waste Management Division
P.O. Box A3587
Chicago IL 60690
CITY STATE ZIP

Biennial Report

This site ~~is exempt~~ from the requirement to file the 1989 Hazardous Waste Report because:

- ~~the site was not~~ a RCRA La Quantity Generator in 1989, ~~AND~~
- ~~the site did not~~ treat, store, or dispose of RCRA hazardous wastes on site in units subject to RCRA permitting requirements in 1989.

AP 3-2-92

It is expected that this site will remain exempt from the requirement to file the Hazardous Waste Report:

Check one:

- ☐ For 1989 only
- ☒ Permanently
- ☐ Other (Explain: _____)

EPA ID | | | | | EDDY E B PAPER INC
1700 WASHINGTON AVE
PORT HURON MI 48060

Site Name _____ MID005358247 260433

Site Location Address _____

Site Location Address _____

Contact Name: Christian Pierson

Phone Number of Contact: (313) 982-0191

E. B. EDDY PAPER, INC.
1700 WASHINGTON AVENUE
ORT HURON, MICHIGAN 48060

APR 22 '88
MICH.
≈.25

RCRA Activities
U. S. EPA Region V
Waste Management Division
P. O. Box A 3587
Chicago, Illinois 60690

E. B. EDDY PAPER, INC.
700 WASHINGTON AVENUE
RT HURON, MICHIGAN 48060

PORT HURON MICH. NOV 17 '87
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RCRA Activities
U.S. EPA Region V
P. O. Box A3587
Chicago, IL 60690