Ashland Chemical Company
U.S. EPA I.D. No. COT 090010026

U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION VIII
FIELD OPERATIONS BRANCH

RCRA INSPECTION REPORT

DATE OF INSPECTION: January 10, 1984

FACILITY: Ashland Chemical Company

LOCATION: 3350 South Zuni
Sheridan, Colorado 80110
(303) 789-1888

CONTACT: Bob Baird, District Manager

NOTIFICATION: Generator, Transporter

TYPE OF INSPECTION: Compliance

PARTICIPANTS: Bob Baird, Ashland Chemical
J. Leo Martinez, US EPA
Donna K. Inman, US EPA

WEATHER CONDITIONS: 40°F

TIME IN: 910

TIME OUT: 945

On January 10, 1984, a RCRA compliance inspection was conducted at Ashland Chemical Company. Mr. Baird was contacted prior to the inspection. The inspectors presented their credentials to Mr. Baird. The facility was previously inspected January 20, 1983.

Since the last inspection, Ashland has become a transfer station for Chemical Waste Management. Ashland has dealt with three generators, Parade Packaging Materials, Union Oil/Molycorp, Inc., and Eaton Corp. The Ashland Chemical Company also has contracts pending with other generators in the region.

U.S. ENVIRONMENTAL PROTECTION AGENCY (REGION VIII)
1860 Lincoln, Denver, CO 80295

PROGRAM

# NOTICE OF INSPECTION

✓ Resource Conservation and Recovery Act (RCRA) Public Law 94-580, as amended.
___ Toxic Substances Control Act (TSCA) Public Law 94-469, as amended.
___ Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) Public Law 92-516, as amended.

| Date | Inspector # | Daily Seq. | Hour IN: 0900 / OUT: | CMO Fac. | Facility name | DUNS # |
|---|---|---|---|---|---|---|
| 1/10/84 | 424 | 1 | | | Ashland Chemical | COTO900100026 |

| Fac. Func. | Invest. Type | FATES Reason | RCRA: Gen. (✓) Transp. (✓) TSD ( ) |
|---|---|---|---|

Facility Representative(s): Bob Baid
Title: District Manager
Phone # (303) - (789-1888)

Street: 3350 So. Zuni
City: Sheridan
State: Co
Zip: 80110

**Reason for Inspection:** Entry by Consent: (✓) ___ Warrant: ( )
✓ To determine the extent of compliance with the above referenced law, which may require the collection of samples, documents, and/or photographs.
___ Other (Specify) ___
Violations of above referenced law are suspected from information or complaint. Yes ( ) No (✓)

| Samples, Documents, and/or Photos collected (describe below) | Medium | Date to Lab |
|---|---|---|
| 1. 3 Copies of Manifests | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Samples requested and received by facility: ( ) Yes ( ) No n/a
If yes: ( ) Duplicate. ( ) Split. ( ) Photos (To be received when processed.)

This inspection has revealed the following probable violations of EPA laws or regulations.

None

263.12 transfer facility must store for 10 days or less! They stored for 15 days.

The facts established by this inspection will be reviewed by personnel in the EPA Regional Office.
A final determination of your facility's compliance with EPA regulations will be made as a result of this review.
The review may reveal additional violations.

Receipt of this Notice of Inspection is acknowledged.

Robert W. Baid
(Signature of facility representative)

Signature of Lead Inspector: [signature]

Assisting Inspectors (EPA/Contr./State): Donna R. Inman

R8EPA Form 3540-2 (4-83)

9370

# HAZARDOUS WASTE MANIFEST

MANIFEST NUMBER 000849

| | | |
|---|---|---|
| GENERATOR | NAME [illegible] | EPA ID NUMBER |
| | ADDRESS [illegible] Union Depot Co. 20202 | PHONE NUMBER [illegible] |
| FIRST TRANSPORTER | NAME Ashland Chemical Co. | EPA ID NUMBER [illegible] |
| | ADDRESS [illegible] | PHONE NUMBER [illegible] |
| SECOND TRANSPORTER (if applicable) | NAME Chemical Waste Mgt. | EPA ID. NUMBER [illegible] |
| | ADDRESS 2300 ELM ST. CONLINE CALIF 93240 | PHONE NUMBER [illegible] |
| TSD * FACILITY | NAME Chemical Waste Mgt. | EPA ID. NUMBER [illegible] |
| | ADDRESS [illegible] | PHONE NUMBER [illegible] |
| ALTERNATE TSD * FACILITY | NAME | EPA ID. NUMBER |
| | ADDRESS | PHONE NUMBER |

| SHIPPING NAME/HAZARD CLASS | HAZARD I. D. NUMBER | QUANTITY | UNIT OF MEASURE | CONTAINER NUMBER | CONTAINER TYPE |
|---|---|---|---|---|---|
| [illegible] Solid/Corrosive | D001 | 28 | [illegible] | 7 | S |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|---|
| EMERGENCY NOTIFICATION | IN THE EVENT OF ACCIDENT OR SPILL, CALL (606) 324–1133, (CHEMTREC (800) 424–9300) |
| SPECIAL HANDLING INSTRUCTIONS | [illegible] |

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U. S. Environment Protection Agency.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| GENERATOR REPRESENTATIVE | [illegible] | [illegible] | 10/19/83 |

This is to certify acceptance of the hazardous waste shipment described above.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| FIRST TRANSPORTER REPRESENTATIVE | Ashland Chemical | [illegible] Smith | 10/20/83 |

This is to certify acceptance of the hazardous waste shipment described above.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| SECOND TRANSPORTER REPRESENTATIVE | Chemical Waste Management | Jack Lauer | 10/20/83 |

This is to certify acceptance of the hazardous waste described above for ☐ TREATMENT ☐ STORAGE ☐ DISPOSAL

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| TSD * FACILITY REPRESENTATIVE | | | |

* TREATMENT, STORAGE, DISPOSAL

First Transporter at time of delivery

9370

# HAZARDOUS WASTE MANIFEST

MANIFEST NUMBER 000854

| | NAME | EPA ID NUMBER |
|---|---|---|
| GENERATOR | Parade Packaging Materials Inc. | [illegible] |
| | ADDRESS: 2907 Huron St. Denver, CO 80202 | PHONE NUMBER: 303-297-3711 |
| FIRST TRANSPORTER | NAME: Ashland Chemical Co. | EPA ID NUMBER: COT 000 10026 |
| | ADDRESS: 3350 So. Zuni Englewood, CO 80110 | PHONE NUMBER: 303-789-1[illegible] |
| SECOND TRANSPORTER (if applicable) | NAME: Chemical Waste Management | EPA ID. NUMBER: CAD 003 986 718 |
| | ADDRESS: 450 W. Elm St. Coalinga, CA 93210 | PHONE NUMBER: 209-935-9043 |
| TSD * FACILITY | NAME: Chemical Waste Management | EPA ID. NUMBER: CAT 000 646 117 |
| | ADDRESS: Kettleman Hills Disposal Facility 2-1/2 miles west of I-5 on Highway 41 California 93239 | PHONE NUMBER: 202-386-9711 |
| ALTERNATE TSD * FACILITY | NAME | EPA ID. NUMBER |
| | ADDRESS | PHONE NUMBER |

| SHIPPING NAME/HAZARD CLASS | HAZARD I. D. NUMBER | QUANTITY | UNIT OF MEASURE | CONTAINER NUMBER | CONTAINER TYPE |
|---|---|---|---|---|---|
| Waste Ink/Combustible | D001 | 64 drums | | 17 | E |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|---|
| EMERGENCY NOTIFICATION | IN THE EVENT OF ACCIDENT OR SPILL, CALL (606) 324–1133, (CHEMTREC (800) 424–9300) |
| SPECIAL HANDLING INSTRUCTIONS | Keep away from flame. |

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U. S. Environment Protection Agency.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| GENERATOR REPRESENTATIVE | Parade Packaging | Sam Copper | 12 6 83 |

This is to certify acceptance of the hazardous waste shipment described above.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| FIRST TRANSPORTER REPRESENTATIVE | Ashland Chemical | Ronda Hill | 12/6/83 |

This is to certify acceptance of the hazardous waste shipment described above.

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| SECOND TRANSPORTER REPRESENTATIVE | Chemical Waste Mgt Inc | Bill Mathis | 12-16-83 |

This is to certify acceptance of the hazardous waste described above for ☐ TREATMENT ☐ STORAGE ☒ DISPOSAL

| | NAME | SIGNATURE | DATE |
|---|---|---|---|
| TSD * FACILITY REPRESENTATIVE | | | |

* TREATMENT, STORAGE, DISPOSAL

First Transporter at time of delivery:

Department of Health and Welfare
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
Sacramento, CA 95814

Department of Health Services

# UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83382839

**GENERATOR NAME AND MAILING ADDRESS**

Eaton Corporation
P.O. Box 387
Lyman, NE 69352

AREA CODE/PHONE NUMBER (308) 787-1211

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER NE P 0 0 0 0 0 0 0 0 8

**TRANSPORTER NO. 1**

NW Transport Service, Inc.
925 4th Avenue
Scottsbluff, NE 69361

VEH./CONTAINER NO. 2291

EPA ID NUMBER CDD0006955

**TRANSPORTER NO. 2/ALTERNATE TSD FACILITY**

Chemical Waste Management
P.O. Box 1104
430 West Elm ST., Coalinga, CA 93210

V.EH./CONTAINER NO.

EPA ID NUMBER CAD0039867

**TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY**

Kettleman Hills Landfill
P.O. Box 471
Kettleman City, CA 93239

AREA CODE/PHONE NUMBER (209) 386-9711

EPA ID NUMBER CAT000646117

| PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS | UN/NA NUMBER | TOTAL QUANTITY | UNIT WT/VOL | CONTAINER NO. | CONTAINER TYPE | WASTE CAT. NO | DSP METH |
|---|---|---|---|---|---|---|---|
| Waste Cyanide Solution N.O.S. Poison B | UN1935 | 935 | G | 17 | DM | 121 | 03 |
| | | | | | | | |

| COMPONENTS | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|
| Zinc | 28,500 | 23,500 | | PPM |
| Cyanide | 23,500 | 21,500 | | PPM |
| | | | | |
| | | | | |

**SPECIAL HANDLING INSTRUCTIONS**

Keep Away From Acids - Contains Cyanide

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature Gene Edward Eckel *Gene Edward Eckel* MO. 11 DAY 15 YR 83

☐ Check if continuation sheet is used. Number of continuation sheets

TO BE FILLED IN BY TRANSPORTER

**TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES**

NW Transport Service Inc.

Printed or typed full name and signature Alex Hinkle *Alex Hinkle* DATE REC'D & ACCEPTED MO. 11 DAY 21 YR 83

**TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES**

BILL MATHES

Printed or typed full name and signature *Bill Mathes* DATE REC'D & ACCEPTED MO. 12 DAY 08 YR 83

TO BE FILLED IN BY TSDF

**DISCREPANCY INDICATION SPACE**

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED MO. DAY YR

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY

PRESS HARD

RECEIVED JAN 16 1983

№ 030004

**GENERATOR** (GENERATOR MUST COMPLETE)

1 NAME Union Oil/Molycorp Inc.
EPA NO. C O D 0 7 6 4 4 8 7 5 4
ADDRESS P. O. Box 37
CITY, STATE ZIP CODE Louviers, CO 80131
PHONE NO. 303-798-8355
ORDER PLACED BY Peter A. Smeal ORDER DATE 9/12/83
P.O. CONTRACT NO 4542 WMPS #21662

2 DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME Chemical Waste Management Inc.
EPA NO. C A T 0 0 0 6 4 6 1 1 7
ADDRESS 2.5 miles W. of I-5 on Highway 41
CITY, STATE ZIP CODE Kettleman Hills, CA 93239
PHONE NO.

3 ALTERNATE TSD FACILITY
NAME
EPA NO.
ADDRESS
CITY, STATE ZIP CODE
PHONE NO.

| 4 U.S. DOT PROPER SHIPPING NAME | U.S. DOT HAZARD CLASS | UN. NA. I.D. NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER |
|---|---|---|---|---|---|
| Hazardous Liquid Waste NOS | ORM-E | 9189 | 55 gal | 7 drms | DRUMS ☐ BAGS ☐ DUMP TRUCK ☐ ROLL OFF BOX ☐ TANK TRUCK ☐ OTHER |

5 WASTE CATEGORY
6 EPA HAZ. WASTE CODE NO. D-001, D-002
7 GENERATING PROCESS

8 LIST COMPONENTS:

| | | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS % | UNITS PPM |
|---|---|---|---|---|---|
| A | Versatic Acid | 50 | 45 | ☒ | ☐ |
| B | Cyclosol | 70 | 65 | ☒ | ☐ |
| C | | | | ☐ | ☐ |
| D | | | | ☐ | ☐ |
| E | | | | ☐ | ☐ |
| F | | | | ☐ | ☐ |
| G | | | | ☐ | ☐ |

NONHAZARDOUS MATERIAL ____ %

9 WASTE PROPERTIES PH ____ ☐ TOXIC ☒ IGNITABLE ☒ CORROSIVE ☐ REACTIVE ☐ NONHAZARDOUS
10 PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ OTHER
11 SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☒ RESPIRATOR ☒ OTHER Waste material to be incinerated

**GENERATOR CERTIFICATION:** THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

12 S. C. Loughridge, General Manager — SIGNATURE OF AUTHORIZED AGENT & TITLE
Sept. 23, 1983 — DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)
Chemical Waste Management, Inc.
CAD 003986718
2.5 mi. W. of I-5 on Hwy. 41
Kettleman Hills, CA 93239
(209) 386-9711

(TO BE SIGNED BY TRANSPORTER AT GENERATOR'S PREMISE)
14 JOB NO. 14371 PICK UP DATE 9/27/83
UNIT NO. 1424 TIME 8:15 ☐AM ☐PM
15 SIGNATURE OF AUTHORIZED AGENT & TITLE

IN THE EVENT OF A SPILL, CONTACT:
1. THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-8802
2. CHEMICAL WASTE MANAGEMENT, INC. 303-690-8101

**TSD FACILITY** (OPERATOR MUST COMPLETE)
16 NAME CWMI
EPA NO. A A 7 0 2 0 5 4 6 7 7
17 QUANTITY (IF MEASURED) 7 DRMS
18 STATE FEE (IF ANY)
19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
20 HANDLING OR DISPOSAL METHOD
☐ RECOVERY OR REUSE
☒ TREATMENT / DISPOSAL Decant
☐ STORAGE / TRANSFER
☐ REJECTED BY TSD FACILITY
23 TRANSPORTATION
A. TIME IN TSD
B. TIME OUT TSD 9/30/83
21 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
22

HAZARDOUS WASTE MANIFEST
CHEMICAL WASTE MANAGEMENT, INC.

[redacted]

COPY

№ 0300051

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME Union Oil/Molycorp Inc.
EPA NO C O D 0 7 6 4 4 8 7 9 4
ADDRESS P.O. Box 37
CITY, STATE ZIP CODE Louviers, CO 80131
PHONE NO. (303) 798-8355
ORDER PLACED BY J.B. Tabor ORDER DATE 9/12/83
CONTRACT NO. 4542 WMPS #332080

2 DESIGNATED TSD FACILITY
NAME Chemical Waste Management, Inc.
EPA NO. C A T 0 0 0 6 4 6 1 1 7
ADDRESS 2.5 miles W. of I-5 on Hwy 41
CITY, STATE ZIP CODE Kettleman Hills, CA 93239
PHONE NO. (209) 386-9711

3 ALTERNATE TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME
EPA NO.
ADDRESS
CITY, STATE ZIP CODE
PHONE NO.

| 4 U.S. DOT PROPER SHIPPING NAME | U.S. DOT HAZARD CLASS | UN NA. I.D. NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER |
|---|---|---|---|---|---|
| WASTE Hazardous Liquid Waste N.O.S. | ORM-E | 9189 | 55 gal | 7 | X DRUMS / BAGS / DUMP TRUCK / ROLL OFF BOX / TANK TRUCK / OTHER |
| WASTE | | | | | |

5 WASTE CATEGORY
6 EPA HAZ. WASTE CODE NO. D-001, D-002
7 GENERATING PROCESS Pilot Plant SX

8 LIST COMPONENTS:

| | CONC. RANGE UPPER | LOWER | UNITS | | CONC. RANGE UPPER | LOWER | UNITS |
|---|---|---|---|---|---|---|---|
| Aliquat | 30 | 0 | X % ☐ PPM | Cyclosol | 30 | 0 | X % ☐ PPM |
| Versatic Acid | 30 | 0 | X % ☐ PPM | Oil | 30 | 0 | X % ☐ PPM |
| DEHPA | 30 | 0 | X % ☐ PPM | | | | ☐ % ☐ PPM |
| Kerosene | 30 | 0 | X % ☐ PPM | | | | |

The mixture differs from the profile sheet: Aliqua is in the Chlorinated form, and keresene and oil are present.

9 WASTE PROPERTIES PH ☐ TOXIC X IGNITABLE X CORROSIVE ☐ REACTIVE ☐ NONHAZARDOUS
10 PHYSICAL STATE ☐ SOLID X LIQUID X SLUDGE ☐ SLURRY ☐ OTHER
11 SPECIAL HANDLING INSTRUCTIONS: X GLOVES X GOGGLES ☐ RESPIRATOR X OTHER Waste material to be incinerated

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

T W Pepper, Metallurgist
12 T.E. Sisneros, Manager, Process Development 9/26/83
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

Chemical Waste Management, Inc.
CAD 003986718
2.5 mi. W. of I-5 on Hwy. 41
Kettleman Hills, CA 93239
(209) 386-9711

(TO BE SIGNED BY TRANSPORTER AT GENERATOR'S PREMISE)
14 JOB NO 14371 PICK UP DATE 9/27/83
UNIT NO 1424 TIME 8:15 AM / PM
15 Ruth Santos
SIGNATURE OF AUTHORIZED AGENT & TITLE

IN THE EVENT OF A SPILL, CONTACT:
1. THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-8802
2. CHEMICAL WASTE MANAGEMENT, INC. 303-690-8101

TSD FACILITY (OPERATOR MUST COMPLETE)
16 NAME CWMI
EPA NO C A T 0 0 0 6 4 6 1 1 7
17 QUANTITY (IF MEASURED) 7 DRS.
18 STATE FEE (IF ANY) $
19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
21 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
22 SIGNATURE OF AUTHORIZED AGENT & TITLE

20 HANDLING OR DISPOSAL METHOD
☐ RECOVERY OR REUSE
X TREATMENT / DISPOSAL Decant
☐ STORAGE / TRANSFER
☐ REJECTED BY TSD FACILITY

23 TRANSPORTATION
A. TIME IN TSD
B. TIME OUT TSD
9/30/83
DATE ACCEPTED/REJECTED

Copy #2 To Generator with signature — Copy #3 Retain File Copy — Copy #4 To Transporter after signed by TSD — Copy #5 Generator keeps after signed by Transporter (send photocopy to EPA)

GE REVERSE SIDE FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY

PRESS HARD

# HAZARDOUS WASTE MANIFEST
## CHEMICAL WASTE MANAGEMENT, INC.

№ 030006

**GENERATOR** (GENERATOR MUST COMPLETE)

1 NAME: Union Oil/Molycorp, Inc.
EPA NO: C O D 0 7 6 4 4 8 7 9
ADDRESS: P.O. Box 37
CITY, STATE ZIP CODE: Louviers, Colorado 80131
PHONE NO: (303) 798-8355
ORDER PLACED BY: J.B. Tabor ORDER DATE: 9/12/83
PO CONTRACT NO: 4542 WMPS# 21661@

2 DESIGNATED TSD FACILITY
NAME: Chemical Waste Management, Inc.
EPA NO: C A T 0 0 0 6 4 6 1 1 7
ADDRESS: 2.5 miles W. of I-5 on Hwy 41
CITY, STATE ZIP CODE: Kettleman Hills, CA 93239
PHONE NO: (209) 386-9711

3 ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME:
EPA NO:
ADDRESS:
CITY, STATE ZIP CODE:
PHONE NO:

| 4 U.S. DOT PROPER SHIPPING NAME | U.S. DOT HAZARD CLASS | UN. NA. I.D NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER |
|---|---|---|---|---|---|
| WASTE Hazardous Liquid Waste N.O.S. | ORM-E | 9189 | 55 gal | 3 | X DRUMS; BAGS; DUMP TRUCK; ROLL OFF BOX; TANK TRUCK; OTHER |
| | | | | | |

5 WASTE CATEGORY:
6 EPA HAZ. WASTE CODE NO. D-001, D-002
7 GENERATING PROCESS Pilot Plant SX

8 LIST COMPONENTS:

| | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS |
|---|---|---|---|
| A Aliquat | 50 | 10 | X % ☐ PPM |
| B Cyclosol | 80 | 20 | X % ☐ PPM |
| C Kerosene | 50 | 10 | X % ☐ PPM |
| D | | | ☐ % ☐ PPM |
| E | | | ☐ % ☐ PPM |
| F | | | ☐ % ☐ PPM |
| G | | | ☐ % ☐ PPM |

NONHAZARDOUS MATERIAL ____ %

The mixture differs from the profile sheet: Aliquat is in the Chlorinated form, and keresene is present.

9 WASTE PROPERTIES PH ____ ☐ TOXIC ☒ IGNITABLE ☒ CORROSIVE ☐ REACTIVE ☐ NONHAZARDOUS
10 PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ OTHER
11 SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☒ RESPIRATOR ☒ OTHER Waste material to be incinerated

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Terry W Pepper, Metallurgist
12 T.E. Sisneros, Mgr., Process Development — 9/26/83
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)
Chemical Waste Management Inc.
CAD 003986718
2.5 mi. W. of I-5 on Hwy. 41
Kettleman Hills, CA 93239
(209) 386-9711

(TO BE SIGNED BY TRANSPORTER AT GENERATOR'S PREMISE)
14 JOB NO 14371 PICK UP DATE 9/27/83
UNIT NO 1424 TIME 8:15 ☒ AM ☐ PM
15 Pete Santos
SIGNATURE OF AUTHORIZED AGENT & TITLE

**IN THE EVENT OF A SPILL, CONTACT:**
1. THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-8802
2. CHEMICAL WASTE MANAGEMENT, INC. 303-690-8101

**TSD FACILITY** (OPERATOR MUST COMPLETE)
16 NAME CWMI.
EPA NO. C A T 0 0 0 6 4 6 1 1 7
17 QUANTITY (IF MEASURED) 3 DMS.
18 STATE FEE (IF ANY)
19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
20 HANDLING OR DISPOSAL METHOD
☐ RECOVERY OR REUSE
☒ TREATMENT / DISPOSAL Decant.
☐ STORAGE / TRANSFER
☐ REJECTED BY TSD FACILITY
23 TRANSPORTATION
A. TIME IN TSD
B. TIME OUT TSD
21 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO
22 SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED/REJECTED 9/30/83

Copy #1 TSD keeps (sends photocopy to CERCLIS & EPA) — Copy #2 To Generator with invoice — Copy #3 Delivery File Copy — Copy #4 To Transporter after signed by TSD — Copy #5 Generator keeps after signed by Transporter (send photocopy to CERCLIS)

REVIEW SIDES FOR CORRECT PLACE TYPE CLEARLY
PRESS HARD

# HAZARDOUS WASTE MANIFEST
## CHEMICAL WASTE MANAGEMENT, INC.

[redacted]

№ 030007

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME: Union Oil/Molycorp Inc.
EPA NO: C O D O 7 6 4 4 8 7 9 4
ADDRESS: P.O. Box 37
CITY, STATE, ZIP CODE: Louviers, CO 80131
PHONE NO.: (303) 798-8355
ORDER PLACED BY: J.B. Tabor  ORDER DATE: 9/12/83
P.O. / CONTRACT NO.: 4542  WMPS # 21665

2 DESIGNATED TSD FACILITY
NAME: Chemical Waste Management, Inc.
EPA NO.: C A T O O O 6 4 6 1 1 7
ADDRESS: 2.5 miles W. of I-5 on Hwy 41
CITY, STATE, ZIP CODE: Kettleman Hills, CA 93239
PHONE NO.: (209) 386-9711

3 ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME:
EPA NO.:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NO.:

| 4 U.S. DOT PROPER SHIPPING NAME | U.S. DOT HAZARD CLASS | UN. NA. I.D. NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER |
|---|---|---|---|---|---|
| WASTE Hazardous Liquid Waste N.O.S. | ORM-E | 9189 | 55 gal | 3 | X DRUMS; BAGS; DUMP TRUCK; ROLL OFF BOX; TANK TRUCK; OTHER |
| | | | | | |

5 WASTE CATEGORY
6 EPA HAZ. WASTE CODE NO. D-001, D-002
7 GENERATING PROCESS Pilot Plant SX

8 LIST COMPONENTS:

| | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS |
|---|---|---|---|
| DEHPA | 50 | 20 | [X] % [ ] PPM |
| Cyclosol | 50 | 20 | [X] % [ ] PPM |
| Kerosene | 50 | 20 | [X] % [ ] PPM |
| | | | [ ] % [ ] PPM |

E. ____ F. ____ G. ____ NONHAZARDOUS MATERIAL ____ %

9 WASTE PROPERTIES PH [ ] TOXIC [X] IGNITABLE [X] CORROSIVE [ ] REACTIVE [ ] NONHAZARDOUS
10 PHYSICAL STATE [ ] SOLID [X] LIQUID [X] SLUDGE [ ] SLURRY [ ] OTHER
11 SPECIAL HANDLING INSTRUCTIONS: [X] GLOVES [X] GOGGLES [X] RESPIRATOR [X] OTHER Waste material to be incinerated

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

12 T.W. Pepper, Metallurgist
T.E. Sisneros, Manager, Process Development — SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED: 9/26/83

**TRANSPORTER** (HAULER MUST COMPLETE)

Chemical Waste Management, Inc.
CAD 003986718
2.5 mi. W. of I-5 on Hwy. 41
Kettleman Hills, CA 93239
(209) 386-9711

(TO BE SIGNED BY TRANSPORTER AT GENERATOR'S PREMISE)

14 JOB NO. 14371  PICK UP DATE 9/27/83
UNIT NO. 1424  TIME 8:15 (AM) (PM)

15 Pete Santos
SIGNATURE OF AUTHORIZED AGENT & TITLE

**IN THE EVENT OF A SPILL, CONTACT:**
1. THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-8802
2. CHEMICAL WASTE MANAGEMENT, INC. 303-690-8101

**TSD FACILITY** (OPERATOR MUST COMPLETE)

16 NAME: CWMI
EPA NO.: C A T O O O 6 4 6 1 1 7

17 QUANTITY (IF MEASURED): 3 DMS.
18 STATE FEE (IF ANY): $

19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

21 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME:

20 HANDLING OR DISPOSAL METHOD
[ ] RECOVERY OR REUSE
[X] TREATMENT / DISPOSAL Per contr.
[ ] STORAGE / TRANSFER
[ ] REJECTED BY TSD FACILITY

22 [signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

23 TRANSPORTATION
A. TIME IN TSD
B. TIME OUT TSD
9/30/83
DATE ACCEPTED/REJECTED

Form 10 Generator to keep with manifest — Form 10 to Transporter after signed by TSD — Form 10 Generator or Hauler after signed by Transporter hand photocopy to TSD

REVIEW INSTRUCTIONS BEFORE TYPING
PRINT CLEARLY
PRESS HARD

# HAZARDOUS WASTE MANIFEST
## CHEMICAL WASTE MANAGEMENT, INC.

№ 030008

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME Union Oil/Molycorp Inc.
EPA NO. C O D 0 7 6 4 4 8 7 9 K
ADDRESS P. O. Box 37
CITY, STATE, ZIP CODE Louviers, CO 80131
PHONE NO. (303) 798-8355
ORDER PLACED BY Peter A. Smeal ORDER DATE 9/12/83
CONTRACT NO. 4542 WMPS #21661

**2 DESIGNATED TSD FACILITY**

NAME Chemical Waste Management Inc
EPA NO. C A T 0 0 0 6 4 6 1 1 7
ADDRESS 2.5 mi. W of I-5 on Hwy. 41
CITY, STATE, ZIP CODE Kettleman Hills, CA 93239
PHONE NO.

**3 ALTERNATE TSD FACILITY** (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

| 4 U.S. DOT PROPER SHIPPING NAME | U.S. DOT HAZARD CLASS | UN. NA. I.D. NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER |
|---|---|---|---|---|---|
| WASTE Hazardous Liquid Waste N.O.S. | ORM-E | 9189 | 55 gal | 12 | X DRUMS; BAGS; DUMP TRUCK; ROLL OFF BOX; TANK TRUCK; OTHER |

5 WASTE CATEGORY
6 EPA HAZ. WASTE CODE NO. N/A
7 GENERATING PROCESS Solvent Extraction

8 LIST COMPONENTS:

| | | CONC. RANGE UPPER | CONC. RANGE LOWER | UNITS |
|---|---|---|---|---|
| A | Aliquat 336 | 40 | 30 | X % ☐ PPM |
| B | Cyclosol 53 | 70 | 60 | X % ☐ PPM |
| C | | | | ☐ % ☐ PPM |
| D | | | | ☐ % ☐ PPM |
| E | | | | ☐ % ☐ PPM |
| F | | | | ☐ % ☐ PPM |
| G | | | | ☐ % ☐ PPM |

NONHAZARDOUS MATERIAL ____ %

9 WASTE PROPERTIES PH ____ ☐ TOXIC ☐ IGNITABLE ☐ CORROSIVE ☐ REACTIVE X NONHAZARDOUS
10 PHYSICAL STATE ☐ SOLID X LIQUID X SLUDGE ☐ SLURRY ☐ OTHER
11 SPECIAL HANDLING INSTRUCTIONS: X GLOVES X GOGGLES X RESPIRATOR X OTHER Waste material to be incinerated.

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

S. C. Loughridge
12 S. C. Loughridge, General Manager
SIGNATURE OF AUTHORIZED AGENT & TITLE — DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

Chemical Waste Management, Inc.
CAD 003986718
2.5 mi. W. of I-5 on Hwy. 41
Kettleman Hills, CA 93239
(209) 386-9711

(TO BE SIGNED BY TRANSPORTER AT GENERATOR'S PREMISE)

14
JOB NO 14371 PICK UP DATE 8/27/83
UNIT NO 1424 TIME 8:15 ☐ AM ☐ PM

Pete Santos
15 SIGNATURE OF AUTHORIZED AGENT & TITLE

**IN THE EVENT OF A SPILL, CONTACT:**
1. THE NATIONAL RESPONSE CENTER U.S. COAST GUARD 1-800-424-8802
2. CHEMICAL WASTE MANAGEMENT, INC. 303-690-8101

**TSD FACILITY** (OPERATOR MUST COMPLETE)

16 NAME CHMI
EPA NO. C A T 0 0 0 6 4 6 1 1 7
17 QUANTITY (IF MEASURED) 12 DRS.
18 STATE FEE (IF ANY) $
19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
20 HANDLING OR DISPOSAL METHOD
☐ RECOVERY OR REUSE
☑ TREATMENT / DISPOSAL Decant
☐ STORAGE / TRANSFER
☐ REJECTED BY TSD FACILITY
23 TRANSPORTATION
A. TIME IN TSD
B. TIME OUT TSD
21 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
22 SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED/REJECTED

Copy #1 TSD keeps (sends photocopy to CDHS & EPA) — Copy #2 To Generator with invoice — Copy #3 Shipping File Copy — Copy #4 To Transporter after signed by TSD — Copy #5 Generator keeps after signed by Transporter (send photocopy to CD)