SDMS Document
90391

SUPPORTING DOCUMENTATION

QUESTION 12

8428911351

DEPE-113
3/94

Return to: NJDEPE/OPP, CN 423, 401 E. State St., Trenton, NJ 08625-0423

Pollution Prevention Plan Summary - 1993

(Based on Pollution Prevention Plan on Site)

PLEASE TYPE OR PRINT CLEARLY THE ENTIRE FORM (Sections A thru D)

REICHHOLD CHEMICALS, INC.
46 Albert Avenue
Newark, NJ 07105

NJEIN: 00457000005

Indicate any changes to above information.

Indicate any changes to above information.

Section A. Facility-Level Administrative Information

(This section needs to be filled out only ONCE)

1. a. TRI Facility ID No.: 07105CLLMR46ALB

   b. Phone Number: Area Code (201) Number 589-3876
   FAX Number: (201) 589-2898

2. a. Highest Ranking Corporate Official at Facility: (Print) Last Name, Gasparik, First Name Mikulas, M.I.

   b. Position/Title: Plant Manager

   c. Official's Address & Phone No. (if different from facility): Same

3. If your facility has an approved NJRTK Research & Development Laboratory exemption pursuant to N.J.A.C. 7:1G, enter the approval number here: N/A

4. a. How many processes, including grouped processes, are there at this facility? a. 2

   b. How many processes or grouped processes are targeted? b. 2

   c. What was the facility's basis for targeting processes? (U)se/(N)PO/(R)eleases Enter U, N, or R. c. USE

5. Centroid coordinates of facility location in New Jersey State plane feet (NAD 89):
   a. X 2146410 E
   b. Y 693964 N

6. Does your facility's Pollution Prevention Plan Summary contain information which you are claiming is confidential? (Y)es or (N)o a. NO

   If "Yes", mark which type of copy this is: (C)onfidential Copy or Preliminary (P)ublic Copy b. N/A

7. a. Non-management Employee Representative at Facility: (Print) Last Name, Kolada, First Name Amin, M.I.

   b. Business Phone No.: Area Code (201) Number 589-3876 X 165

8. Certification by owner/operator of this facility that plan has been prepared and is on site:
   I certify under penalty of law that a Pollution Prevention Plan has been prepared for this industrial facility and that the Plan is available at the facility for inspection by the Department. I further certify that the information submitted in the Pollution Prevention Plan Summary is true, accurate, and complete to the best of my knowledge.

Date (MM/DD/YY)	Signature	Position/Title
06 / 30 / 94		Plant Manager
	Print or Type Name: Mikulas Gasparik	Phone No.: (If different from facility) Area Code (201) Number 589-3876

NOTE: N.J.A.C. 7:1K-5.1(b) 3.iii. requires the submission of a list of permits issued by the Department as part of a Pollution Prevention Plan summary. Because the Department currently has such permit information on file, pursuant to specific permitting programs, it is not requiring separate submission of this list in an effort to streamline reporting. However, the Department reserves the right to require submission of this permit list by any facility.

8428911352

DEPE-113
3/94

Return to: NJDEPE/OPP, CN 423, 401 E. State St., Trenton, NJ 08625-0423

Pollution Prevention Plan Summary - 1993

(Based on Pollution Prevention Plan on Site)

PLEASE TYPE OR PRINT CLEARLY THE ENTIRE FORM (Sections A thru D)

REICHHOLD CHEMICALS, INC.
400 Doremus Avenue
Newark, NJ 07105

NJEIN: 00457000006

Indicate any changes to above information.

Indicate any changes to above information.

Section A. Facility-Level Administrative Information

(This section needs to be filled out only ONCE)

1. a. TRI Facility ID No.: 07105SPNCR400DO

b. Phone Number: Area Code (201) Number 589-3709
FAX Number: (201) 817-9173

2. a. Highest Ranking Corporate Official at Facility: (Print) Last Name, First Name M.I. Gasparik, Mikulas

b. Position/Title: Plant Manager

c. Official's Address & Phone No. (if different from facility): 46 Albert Avenue, Newark, NJ 07105
(201) 589-3876

3. If your facility has an approved NJRTK Research & Development Laboratory exemption pursuant to N.J.A.C. 7:1G, enter the approval number here. N/A

4. a. How many processes, including grouped processes, are there at this facility? a. 1

b. How many processes or grouped processes are targeted? b. 1

c. What was the facility's basis for targeting processes? (U)se/(N)PO/(R)eleases Enter U, N, or R. c. USE

5. Centroid coordinates of facility location in New Jersey State plane feet (NAD 89):
a. X 2150194.E
b. Y 687442.N

6. Does your facility's Pollution Prevention Plan Summary contain information which you are claiming is confidential? (Y)es or (N)o a. NO

If "Yes", mark which type of copy this is: (C)onfidential Copy or Preliminary (P)ublic Copy b. N/A

7. a. Non-management Employee Representative at Facility: (Print) Last Name, First Name M.I. Driver, Curtis

b. Business Phone No.: Area Code (201) Number 589-3709 X202

8. Certification by owner/operator of this facility that plan has been prepared and is on site:
I certify under penalty of law that a Pollution Prevention Plan has been prepared for this industrial facility and that the Plan is available at the facility for inspection by the Department. I further certify that the information submitted in the Pollution Prevention Plan Summary is true, accurate, and complete to the best of my knowledge.

Date (MM/DD/YY): 06 / 30 / 94

Signature:

Position/Title: Plant Manager

Print or Type Name: Mikulas Gasparik

Phone No.: (if different from facility) Area Code (201) Number 589-3876

NOTE: N.J.A.C. 7:1K-5.1(b) 3.iii. requires the submission of a list of permits issued by the Department as part of a Pollution Prevention Plan summary. Because the Department currently has such permit information on file, pursuant to specific permitting programs, it is not requiring separate submission of this list in an effort to streamline reporting. However, the Department reserves the right to require submission of this permit list by any facility.

8428911353

DEPE-113
3/94

Pollution Prevention Plan Summary - 1993
(Based on Pollution Prevention Plan on Site)

Process ID: BULK STORAGE
(Must have same ID in Plan Summary and ALL Release and Pollution Prevention Reports)

Check if additional sheets are included

REICHHOLD CHEMCIALS, INC.
Facility Name DOREMUS AVENUE
NJ-EIN: 0045700000 6

Section D. Process Level Information for Targeted Processes Only

(Photocopy and use a separate page for each targeted process or targeted grouped process at your facility).

1. 5-year Reduction Goals for Hazardous Substances Used in Process or Grouped Processes:

	Hazardous Substance CAS - Number	Use Range *	Technique (Use codes from Appendix 2. in Instructions-- if "Other," describe on additional sheets. See Instructions.)	5-Year Reduction Goal Per Unit of Product (Percent) Use	NPO	Estimated Date of Introduction (Month/Year)	Estimated Date of Completion (Month/Year)
(1)	2) ETHYL BENZENE 100-41-4	E	W13	0%	N/A %	/	/
(2)	6) Methanol 67-56-1	E	W13	0%	N/A %	/	/
(3)	2) SEC-BUTANOL 78-92-2	D	W13	0%	N/A %	/	/
(4)	1) FORMALDEHYDE 50-00-0	B	W13	0%	N/A %	/	/
(5)	2 N-BUTANOL 71-36-3	E	W13	0%	N/A %	/	/
(6)	2) Glycol ETHERS -- --	E	W13	0%	N/A %	/	/

alphabetize

* Use Range: A = 0.- 4,999 lb.; B = 5,000 - 9,999 lb.; C = 10,000-24,999 lb.; D = 25,000-49,999 lb.; E = 50,000 lb. +

Optional: Do not fill out unless applicable under N.J.A.C. 7:1K-4.6

2. Raw Material Substitution Certification: See instructions for requirements. (note: all above information in D.1. is still required)

a. Identify hazardous substance for which claim is being made:

b. Explain why substitution is not feasible:

c. Certification: I certify that Parts I and II of the Pollution Prevention Plan have been completed for the specific combination of hazardous substances and production processes for which this Raw Material Substitution Certification is being claimed and that through completion of the Pollution Prevention Plan this industrial facility has determined that it is not technically or economically feasible to reduce the input use of the hazardous substance below current levels by replacing the substance with a different raw material in the specific production process.

Signature

Position/Title

Print or Type Name

8428911354

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
CERTIFICATION FORM

ITEM 1 USEPA Identification Number: NJD092217892

ITEM 2 Generator (Company) Name: REI (NL 17-D C. ZODUCTS)

ITEM 3 Contact Person: JOHN RA

ITEM 4 Phone Number: (201) 589-

ITEM 5 Certification:

I certify that the information given in this annual report is true, accurate and complete.

PAUL BRUSTOFSKI	Paul Brustofski	3-15-90
(Print or type name)	(Signature)	(Date)

ITEM 6

A ☐ This site (company) generated less than 1.33 tons of hazardous waste for the calendar year 1989 (No Fee)

B ☐ This site (company) generated greater than 1.33 tons of hazardous waste but less than 10 tons of hazardous waste during the calendar year 1989 (Fee $200)

C ☐ This site (company) generated greater than 10 tons of hazardous but less than 100 tons of hazardous waste during the calendar year (Fee $300)

D ☒ This site (company) generated greater than 100 tons of hazardous waste during the calendar year (Fee $400)

ITEM 7 Federal Vendor Identification Number

* Please submit check with your completed report.

8428911355

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE. NEWARK, NJ 07105
4. Transporter Name: PAT PARRETTI FREIGHT SERVICE
5. Transporter USEPA ID Number: NJD000692343
6. TSD Facility Name: GSX SERVICES OF SOUTH CAROLINA
7. TSD Facility EPA ID Number: SCD070375985
8. TSD Address: ROUTE 1 BOX 255 PINEWOOD, SC 29125

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	WASTE FLAMMABLE SOLID (FILTER MEDIA)	UN 1325	341,604	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911356

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: CONTINENTAL CARRIERS CORP.
5. Transporter USEPA ID Number: NJD990720658
6. TSD Facility Name: SAFETY-KLEEN CORP.
7. TSD Facility EPA ID Number: NJD002182897
8. TSD Address: 1200 SYLVAN ST. LINDEN, NJ 07036

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	489,420	P
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	40,800	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911357

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: NAPPI TRUCKING
5. Transporter USEPA ID Number: NJD000813477
6. TSD Facility Name: SAFETY-KLEEN CORP.
7. TSD Facility EPA ID Number: NJD002182897
8. TSD Address: 1200 SYLVAN ST. LINDEN, NJ 07036
9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	48,030	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911358

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name — SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number — NJD092217892
3. Site Address — 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name — DELAWARE CONTAINER COMPANY, INC.
5. Transporter USEPA ID Number — PAD064375470
6. TSD Facility Name — DELAWARE CONTAINER COMPANY, INC.
7. TSD Facility EPA ID Number — PAD064375470
8. TSD Address — W. 11th AVE. & VALLEY ROAD COATESVILLE, PA 19320

9.

Waste A.) Number (I)	Waste B.) Description (11)	DOT Haz C.) Class (11 or J)	Total D.) Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	156,620	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911359

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC.
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE. NEWARK, NJ 07105
4. Transporter Name: OLDOVER CORP.
5. Transporter USEPA ID Number: VAD040159436
6. TSD Facility Name: OLDOVER CORP.
7. TSD Facility EPA ID Number: VAD077942266
8. TSD Address: RT. 1 BOX 101
   CASCADE, VA 24069
9.

A.) Waste Number (1)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	45,390	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911360

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC.
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: OLDOVER CORP.
5. Transporter USEPA ID Number: VAD040159436
6. TSD Facility Name: OLDOVER CORP.
7. TSD Facility EPA ID Number: VAD098443443
8. TSD Address: ROUTE 1 STATE ROAD 652
   ARVONIA, VA 23004
9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN1866	40,180	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911361

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: DELAWARE CONTAINER COMPANY, INC.
5. Transporter USEPA ID Number: PAD064-375470
6. TSD Facility Name: DELAWARE CONTAINER COMPANY, INC.
7. TSD Facility EPA ID Number: PAD064-375470
8. TSD Address: W. 11th AVE. & VALLEY ROAD COATESVILLE, PA 19320
9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	156,620	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911362

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC.
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE. NEWARK, NJ 07105
4. Transporter Name: OLDOVER CORP.
5. Transporter USEPA ID Number: VAD040159436
6. TSD Facility Name: OLDOVER CORP.
7. TSD Facility EPA ID Number: VAD077942266
8. TSD Address: RT. 1 BOX 101
   CASCADE, VA 24069
9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	45,390	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911363

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC.
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: OLDOVER CORP.
5. Transporter USEPA ID Number: VAD040159436
6. TSD Facility Name: OLDOVER CORP.
7. TSD Facility EPA ID Number: VAD098443443
8. TSD Address: ROUTE 1 STATE ROAD 652 ARVONIA, VA 23004
9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN1866	40,180	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911364

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
WASTE SUMMARY FORM

Generator (Company) Name REICHHOLD CHEMICALS AND SPENCER KELLOGG PRODUCTS/NL CHEMICALS

US EPA ID Number NJD092217892

Directions

Please indicate below the total quantity of hazardous waste manifested during the 1989 report year for each unit of measure. Enter the units of measure as they appeared in item #14 of the manifest. Do not convert one form of unit of measure to another.

_____ G - Gallons (liquids only)

1,162,044 * P - Pounds

_____ T - Tons

_____ Y - Cubic Yards

_____ L - Liters (Liquids only)

_____ K - Kilograms

* REICHHOLD CHEMICALS - 85,570
SPENCER KELLOGG - 1,076,474

8428911365

OMB#: Expires

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC. AND SPENCER KELLOGG PRODUCTS/ NL CHEMICALS

EPA ID NO. NJD092217892

DRAFT 8-25-89

FORM **IC**

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC I Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6.

A. EPA ID No. Same as label ☐ or → NJD092217892

B. Site/company name Same as label ☐ or → REICHHOLD CHEMICALS, INC.

C. Has the site name associated with this EPA ID changed since 1987? ☒ 1 Yes ☐ 2 No

D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☐ or → 400 DOREMUS AVE.

E. City, town, village, etc. Same as label ☐ or → NEWARK

F. County ESSEX

G. State Same as label ☐ NJ

H. Zip Code Same as label ☐ 07105-

SEC II Mailing address of site. Instruction page 6.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (COMPLETE SEC. II)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code -

SEC III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6.

A. Please print: Last name RANKIN First name JOHN M.I.

B. Title PLANT MGR.

C. Telephone 201 559-3709 Extension

SEC IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or *the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined* activities of the site. Instruction page 7.

A.	B.	C.	D.
2821			

SEC V 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. Number of form pages submitted Form IC 2 Form WM 3

B. Please print: Last name RANKIN First name JOHN M.I.

C. Title PLANT MANAGER

D. Signature

E. Date of signature 04 16 90 (MO. DAY YR.)

EPA Form Revised OVER →

8428911366

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS AND SPENCER KELLOGG PRODUCTS/ NL CHEMICALS

EPA ID NO.: N J D 0 9 2 2 1 7 8 9 1 2

DRAFT
8-25-89

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

FORM **WM**

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I — A. Waste description, Instruction Page 11

B. EPA hazardous waste code, Page 11	C. State hazardous waste code, Page 11
F001	

D. SIC code, Page 11	E. Source code, Page 11	F. Form code, Page 12	G. Origin, Page 12
2812	A71	B409	Code 1; System type M

H. TRI constituent, Page 11	I. CAS numbers, Page 13
3	1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. 5.

Sec. II — A. Quantity generated in 1988, Instruction Page 13: 210710

B. Quantity generated in 1989, Page 13: 341604

C. UOM, Page 13: 1

D. Density, Page 14: ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989? Page 14: ☐ 1 Yes (CONTINUE TO BOX F) ☒ 2 No (SKIP TO SEC. III)

F. On-site recycling, Page 14	G. Off-site recycling, Page 14
Quantity recycled on site in 1989: 0	Quantity recycled off site in 1989: 0

Sec. III

A. Activity, Page 14	B. Other effects, Page 14	C. Quantity recycled in 1989 due to new activities, Page 14	D. Activity/Production Index, Page 15	E. Source Reduction Quantity, Page 16
WI WI WI WI	☐ 1 Yes ☐ 2 No	NA	1.0	NA

Comments: REICHHOLD CHEMICALS, INC PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911367

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.

AND SPENCER KELLOGG PRODUCTS/ NL CHEMICALS

EPA ID NO. NJD092217892

DRAFT
8-25-89

FORM
WM

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I

A. Waste description Instruction Page 11

B. EPA hazardous waste code Page 11: 2001

C. State hazardous waste code Page 11:

D. SIC code Page 11: 2821

E. Source code Page 11: A57

F. Form code Page 12: B219

G. Origin Page 12: Code 1; System type M

H. TRI constituent Page 12: 3

I. CAS numbers Page 13: 1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. - - 5. - -

A. Quantity generated in 1988 Instruction Page 13: 0

B. Quantity generated in 1989 Page 13: 126370

C. UOM Page 13: 1

D. Density Page 14: . ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989? Page 14: ☐ 1 Yes (CONTINUE TO BOX F) ☒ 2 No (SKIP TO SEC. III)

F. On-site recycling Page 14: Quantity recycled on site in 1989: 0

G. Off-site recycling Page 14: Quantity recycled off site in 1989: 0

Sec. III

A. Activity Page 14: W W W W

B. Other effects Page 14: ☐ 1 Yes ☐ 2 No

C. Quantity recycled in 1989 due to new activities Page 14: NA

D. Activity/Production Index Page 15: 1.0

E. Source Reduction Quantity Page 16: NA

Comments:

REICHHOLD CHEMICALS, INC. PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911368

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. AND SPENCER KELLOGG PRODUCTS/NL CHEMICALS

EPA ID NO.: NJD092217892

DRAFT
8-25-89

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

FORM **WM**

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I A. Waste description (Instruction Page 11)

B. EPA hazardous waste code (Page 11): F003

C. State hazardous waste code (Page 11):

D. SIC code (Page 11): 2821

E. Source code (Page 11): A57

F. Form code (Page 12): B21A

G. Origin (Page 12): Code U; System type M

H. TRI constituent (Page 12): 3

I. CAS numbers (Page 13): 1. 67-56-1; 2. 108-88-3; 3. 1330-20-7; 4. ; 5.

Sec. II A. Quantity generated in 1988 (Instruction Page 13): 2443555

B. Quantity generated in 1989 (Page 13): 6940710

C. UOM (Page 13): 1

D. Density (Page 14): . L; ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989? (Page 14): ☐ 1 Yes (CONTINUE TO BOX F) ☒ 2 No (SKIP TO SEC. III)

F. On-site recycling (Page 14): Quantity recycled on site in 1989: 0

G. Off-site recycling (Page 14): Quantity recycled off site in 1989: 0

Sec. III A. Activity (Page 14): W; W; W; W

B. Other effects (Page 14): ☐ 1 Yes ☐ 2 No

C. Quantity recycled in 1989 due to new activities (Page 14): NA

D. Activity/Production Index (Page 15): 1.0

E. Source Reduction Quantity (Page 16): NA

Comments:

REICHHOLD CHEMICALS, INC. PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911369

Site Name REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID No. NJD 092 217 892

OFFICIAL USE ONLY
Ann. Fee _____
RA _____
Date _____
Rec'd By _____

1992 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue
CN417
428 East State Street
Trenton, NJ 08625-0417
Attention: Manifest Section

Fee Category

☐	No Fee	This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
☐	$125.00	This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
☐	$180.00	This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
☐	$300.00	This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.
☑	$400.00	This site (company) manifested 150 tons or more of hazardous waste during the calendar year.
☐	$_____	Other, the attached check is for multiple sites as identified on the reverse side of this form.

8428911370

CONVERSION TABLE

Tons = Gallons (G) x $\frac{8.34}{2000}$

= Pounds (P) divided by 2000

= Cubic Yards (Y) x $\frac{1684.8}{2000}$

= Liters (L) x $\frac{2.203}{2000}$

= Kilograms (K) x $\frac{2.204}{2000}$

If the check attached is for multiple sites, then list below the EPA Identification Number for each site with each site's appropriate fee indicated.

EPA ID No.	FEE
Site 1 _____	$ _____
Site 2 _____	$ _____
Site 3 _____	$ _____
Site 4 _____	$ _____
Site 5 _____	$ _____

Total as recorded on the attached check $ 400.00

8428911371

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092217892

1992 Hazardous Waste Report

FORM **IC**

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1992 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label ☑ or →
B. County ESSEX
C. Site/company name Same as label ☐ or → REICHHOLD CHEMICALS, INC.
D. Has the site name associated with this EPA ID changed since 1989? ☑ 1 Yes ☐ 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☑ or →
F. City, town, village, etc. Same as label ☑ or →
G. State Same as label ☑
H. Zip Code Same as label ☑

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? ☑ 1 Yes (SKIP TO SEC. III) ☐ 2 No (GO TO BOX B)
B. Number and street name of mailing address
C. City, town, village, etc.
D. State
E. Zip Code

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name	First name	M.I.	B. Title	C. Telephone
BRUSTOFSKI	PAUL	A.	REGION ENVIRONMENTAL ENGINEER	919 990-7836 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.	B.	C.	D.
2821			

SEC. V "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name	First name	M.I.	B. Title
BRUSTOFSKI	PAUL	A.	REGION ENVIRONMENTAL ENGINEER

C. Signature: Paul Brustofski
D. Date of signature: 04 (MO.) 14 (DAY) 93 (YR.)

OVER →

8428911372

Sec. VI - Generator Status

EPA ID NO. NJD 092 217 892

A. 1992 Generator status
Instruction page 7
(CHECK ONE BOX BELOW)

- [x] 1 FRG/LQG
- [ ] 2 FRG
- [ ] 3 SQG
- [ ] 4 Non generator (CONTINUE TO BOX B)

(SKIP TO SEC. VII)

B. Reason for not generating
Page 9
(CHECK ALL THAT APPLY)

- [ ] 1 Never generated
- [ ] 2 Out of business
- [ ] 3 Only excluded or delisted waste
- [ ] 4 Only non-hazardous waste
- [ ] 5 Periodic or occasional generator
- [ ] 6 Waste minimization activity
- [ ] 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. Hazardous waste permitted or interim status storage Instruction page 10	B. Hazardous waste permitted or interim status treatment, disposal, or recycling Page 10	C. Hazardous waste-exempt treatment, disposal, or recycling Page 11
[/]	[/]	[/]

Sec. VIII - Waste Minimization Activity during 1991 or 1992

A. Did this site begin or expand a source reduction activity during 1991 or 1992? Instruction page 11	B. Did this site begin or expand a recycling activity during1991 or 1992? Page 12	C. Did this site systematically investigate opportunities for source reduction or recycling during 1991 or 1992? Page 12
[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1991 or 1992?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		
[x] 1	[ ] 2	a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
[ ] 1	[x] 2	b.	Lack of technical information on source reduction techniques applicable to the specific production processes
[ ] 1	[x] 2	c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
[x] 1	[ ] 2	d.	Concern that product quality may decline as a result of source reduction
[ ] 1	[x] 2	e.	Technical limitations of the production processes
[x] 1	[ ] 2	f.	Permitting burdens
[ ] 1	[x] 2	g.	Source reduction previously implemented – additional reduction does not appear to be technically feasible
[ ] 1	[x] 2	h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
[ ] 1	[x] 2	i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
[x] 1	[ ] 2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1991 or 1992?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		
[x] 1	[ ] 2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice
[ ] 1	[x] 2	b.	Lack of technical information on recycling techniques applicable to this site's specific production processes
[x] 1	[ ] 2	c.	Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment
[x] 1	[ ] 2	d.	Concern that product quality may decline as a result of recycling
[x] 1	[ ] 2	e.	Requirements to manifest wastes inhibit shipments off site for recycling
[ ] 1	[x] 2	f.	Financial liability provisions inhibit shipments off site for recycling
[x] 1	[ ] 2	g.	Technical limitations of production processes inhibit shipments off site for recycling
[x] 1	[ ] 2	h.	Technical limitations of production processes inhibit on-site recycling
[x] 1	[ ] 2	i.	Permitting burdens inhibit recycling
[x] 1	[ ] 2	j.	Lack of permitted off-site recycling facilities
[x] 1	[ ] 2	k.	Unable to identify a market for recyclable materials
[ ] 1	[x] 2	l.	Recycling previously implemented – additional recycling does not appear to be technically feasible
[ ] 1	[x] 2	m.	Recycling previously implemented – additional recycling does not appear to be economically feasible
[ ] 1	[x] 2	n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
[x] 1	[ ] 2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:

8428911373

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG. PROCESS

B. EPA hazardous waste code (Page 15): D001 NA / NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16)	E. Origin code (Page 16)	F. Source code (Page 17)	G. Point of measurement (Page 17)	H. Form code (Page 17)	I. RCRA-radioactive mixed (Page 17)
2821	1 / System type M NA	A 019	2	B A 013	2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 1330-20-7 2. 71-36-3 3. 78-93-3 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 3325010.0

C. UOM (Page 19): 1 Density: NA ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type (Page 19): M NA
Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2
On-site system type (Page 19): M NA
Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	MID 980 615 298	M 061	1	1310009.0
Site 2	ARD 981 057 870	M 061	1	1369900.0

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
W NA / W / W / W	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments: SEC. III, BOX B CONTINUED ON SUPPLEMENTAL PAGE.

8428911374

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description Instruction Page 15

B. EPA hazardous waste code Page 15

C. State hazardous waste code Page 15

D. SIC code Page 16

E. Origin code Page 16 — System type M

F. Source code Page 17 — A

G. Point of measurement Page 17

H. Form code Page 17 — B

I. RCRA-radioactive mixed Page 17

J. Reported TRI constituent Page 18

K. CAS numbers Page 18 — 1. 2. 3. 4. 5.

Sec. II

A. Quantity generated in 1991 Instruction Page 18

B. Quantity generated in 1992 Page 18

C. UOM Page 19 — Density ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type Page 19 — M

Quantity treated, disposed or recycled on site in 1992

ON-SITE SYSTEM 2

On-site system type Page 19 — M

Quantity treated, disposed or recycled on site in 1992

Sec. III

A. Was any of this waste shipped off site in 1992? Instruction Page 20
☐ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1992 Page 21
Site 1	VAD 077 942 616	M061	1	2560.0
Site 2	PAD 085 690 592	M061	1	4000.0

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 — W W W W

C. Other effects Page 22
☐ 1 Yes
☐ 2 No

D. Quantity recycled in 1992 due to new activities Page 23

E. Activity/production index Page 23

F. 1992 Source reduction quantity Page 24

Comments: SEC III, BOX B CONTINUED ON SUPPLEMENTAL PAGE.

8428911375

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE FLAMMABLE LIQUID FROM MFG. PROCESS, N-BUTANOL WITH METHANOL

B. EPA hazardous waste code (Page 15): F003 NA; NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 1; System type: MNA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 2

H. Form code (Page 17): B2013

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 111-76-2 2. 71-36-3 3. 1330-20-7 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 170740.0

C. UOM (Page 19): 1; Density: NA ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	NJD 002 182 897	M061	1	2410980.0
Site 2	NJD 980 615 298	M061	1	2000.0

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
WNA W W W	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911376

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHULD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description, Instruction Page 15: WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG. PROCESS.

B. EPA hazardous waste code, Page 15: D001 D035 F003 F005 NA

C. State hazardous waste code, Page 15: NA NA

D. SIC code, Page 18: 2821

E. Origin code, Page 18: 1; System type: MINA

F. Source code, Page 17: A09

G. Point of measurement, Page 17: 2

H. Form code, Page 17: B403

I. RCRA-radioactive mixed, Page 17: 2

J. Reported TRI constituent, Page 18: 3

K. CAS numbers, Page 18: 1. 78-93-3 2. 108-88-3 3. 3810-20-7 4. 100-41-4 5. 71-36-3

Sec. II

A. Quantity generated in 1991, Instruction Page 18: 0.

B. Quantity generated in 1992, Page 18: 396000.0

C. UOM, Page 19: 1; Density: NA. ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type, Page 19: MINA
Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2
On-site system type, Page 19: MINA
Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? Instruction Page 20
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to, Page 20	C. System type shipped to, Page 20	D. Off-site availability code, Page 21	E. Total quantity shipped in 1992, Page 21
Site 1	ARD 981 057 870	MI016	1	396000.0
Site 2	NA	MI		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity, Page 22	C. Other effects, Page 22	D. Quantity recycled in 1992 due to new activities, Page 23	E. Activity/production index, Page 23	F. 1992 Source reduction quantity, Page 24
WINA WI WI WI	☐ 1 Yes ☐ 2 No	NA	NA.	NA

Comments:

8428911377

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG. PROCESS

B. EPA hazardous waste code (Page 15): F003 F005 NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 1 — System type: MNA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 2

H. Form code (Page 17): B4013

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 108-88-3 2. 1330-20-7 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 39280.0

C. UOM (Page 19): 1 — Density: NA ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	VAD 098 443 443	M061	1	39280.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
WNA WW WW	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911378

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): HAZARDOUS WASTE SOLID FROM MFG PROCESS, IGNITABLE

B. EPA hazardous waste code (Page 15): D001 NA / NA NA NA

C. State hazardous waste code (Page 15): NA / NA

D. SIC code (Page 16)	E. Origin code (Page 16)	F. Source code (Page 17)	G. Point of measurement (Page 17)	H. Form code (Page 17)	I. RCRA-radioactive mixed (Page 17)
2821	1 / System type M NA	A09	1	B403	2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 330-20-7 2. 71-36-3 3. 78-93-3 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18)	B. Quantity generated in 1992 (Page 18)	C. UOM (Page 19)	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
0.0	19000.0	1	NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1		ON-SITE SYSTEM 2	
On-site system type (Page 19)	Quantity treated, disposed or recycled on site in 1992	On-site system type (Page 19)	Quantity treated, disposed or recycled on site in 1992
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20) ☑ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	MID 980 615 298	M061	1	19000.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22) ☐ 1 Yes (CONTINUE TO BOX B) ☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
W NA W / W W	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911379

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): HAZARDOUS WASTE PHTHALIC ANHYDRIDE SOLID FROM MFG. PROCESS

B. EPA hazardous waste code (Page 15): U190 NA NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): L; System type: MNA

F. Source code (Page 17): A58

G. Point of measurement (Page 17): L

H. Form code (Page 17): B4019

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 85-44-9 2. NA 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 3.7

B. Quantity generated in 1992 (Page 18): 2.8

C. UOM (Page 18): 2; Density: NA ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	ARD 981 057 870	M061	L	516010.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
WMA WI WI WI	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911380

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE ACRYLIC ACID FROM MFG PROCESS

B. EPA hazardous waste code (Page 15): U008 D001 NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 1 — System type: M NA

F. Source code (Page 17): A 019

G. Point of measurement (Page 17): 1

H. Form code (Page 17): B 403

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 79-10-7 2. NA 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 162900.0

C. UOM (Page 19): P — Density: NA. ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): M NA

Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2

On-site system type (Page 19): M NA

Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	0410 9810 6811 5711	M 061	1	162900.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
W NA W W W W	☐ 1 Yes ☐ 2 No	NA	NA.	NA

Comments:

8428911381

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE CORROSIVE LIQUID, METHACRYLIC ACID, FROM MFG PROCESS

B. EPA hazardous waste code (Page 15): D002 NA / NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16)	E. Origin code (Page 16)	F. Source code (Page 17)	G. Point of measurement (Page 17)	H. Form code (Page 17)	I. RCRA-radioactive mixed (Page 17)
2821	1 / System type: MNA	A09	1	B403	2

J. Reported TRI constituent (Page 18): 2

K. CAS numbers (Page 18): 1. NA 2. NA 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 22510.0

C. UOM (Page 19): 1 Density: NA. ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	OHD 980 681 571	M061	1	22510.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
W NA W / W W	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911382

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO.: NJD 092 217 892

FORM **GM**

1992 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG. PROCESS

B. EPA hazardous waste code (Page 15): D001 D035 NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 1 — System type: MNA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 2

H. Form code (Page 17): B403

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 108.88.3 2. 1330.20.7 3. 100.41.4 4. 50.00.0 5. 71.36.3

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 210.5

B. Quantity generated in 1992 (Page 18): 84.3

C. UOM (Page 19): 2 — Density: NA. ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA.

ON-SITE SYSTEM 2
On-site system type (Page 19): MNA
Quantity treated, disposed or recycled on site in 1992: NA.

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	ARD 981 057 870	M061	1	131615.0
Site 2	MID 980 615 298	M061	1	36975.0

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
WNA W W W	☐ 1 Yes ☐ 2 No	NA.	NA.	NA.

Comments:

8428911383

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): HAZARDOUS WASTE SOLID FROM CLEANUP OF FIRE.

B. EPA hazardous waste code (Page 15): U041 U147 U190 NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 2 System type: MNA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 1

H. Form code (Page 17): B4013

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 85-44-9 2. 108-31-6 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1991 (Instruction Page 18): 0.0

B. Quantity generated in 1992 (Page 18): 37613310.0

C. UOM (Page 19): 1 Density: NA ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☑ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

ON-SITE SYSTEM 2

On-site system type (Page 19): MNA

Quantity treated, disposed or recycled on site in 1992: NA

Sec. III

A. Was any of this waste shipped off site in 1992? (Instruction Page 20)
☑ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1992 (Page 21)
Site 1	ARD 981 057 870	M061	1	37613310.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☑ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1992 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1992 Source reduction quantity (Page 24)
W NA W W W	☐ 1 Yes ☐ 2 No	NA	NA	NA

Comments:

8428911384

BEFORE COPYING FORM, ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM **OI**

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: OKD 981 605 363

B. Name of off-site installation or transporter: ENVIRONMENTAL TRANSPORT SERVICE

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street: N.A.
City: State: Zip Code:

Site 2

A. EPA ID No. of off-site installation or transporter: PAD 085 690 592

B. Name of off-site installation or transporter: WASTE CONVERSION, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 2869 SANDSTONE DRIVE
City: HATFIELD State: PA Zip Code: 19440-

Site 3

A. EPA ID No. of off-site installation or transporter: MID 980 615 298

B. Name of off-site installation or transporter: PETROCHEM PROCESSING, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 421 LYCASTLE STREET
City: DETROIT State: MI Zip Code: 48214-

Site 4

A. EPA ID No. of off-site installation or transporter: ARD 981 057 870

B. Name of off-site installation or transporter: RINECO

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 1007 VULCAN RD - HASKELL
City: BENTON State: AR Zip Code: 72015-

Site 5

A. EPA ID No. of off-site installation or transporter: NJD 002 182 897

B. Name of off-site installation or transporter: SAFETY KLEEN CORP.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 1200 SYLVAN ST.
City: LINDEN State: NJ Zip Code: 07036-

Comments:

8428911385

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092217892

1992 Hazardous Waste Report

FORM **01**

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: ILD951060408

B. Name of off-site installation or transporter: SAFETY KLEEN CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 2

A. EPA ID No. of off-site installation or transporter: MID ~~618~~ 980684088 ~~0618~~

B. Name of off-site installation or transporter: SOLVENT DISTILLERS

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 3

A. EPA ID No. of off-site installation or transporter: PAD014146179

B. Name of off-site installation or transporter: ELDREDGE INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 4

A. EPA ID No. of off-site installation or transporter: ARD901900551

B. Name of off-site installation or transporter: J.B. HUNT SPECIAL COMMODITIES, INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 5

A. EPA ID No. of off-site installation or transporter: NJD982281916

B. Name of off-site installation or transporter: CLEAN VENTURE

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Comments:

8428911386

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092217892

FORM **01**

1992 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NYD046765574

B. Name of off-site installation or transporter: PRICE TRUCKING

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 2

A. EPA ID No. of off-site installation or transporter: NJD981873664

B. Name of off-site installation or transporter: AMERICAN INDUSTRIAL MARINE

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 3

A. EPA ID No. of off-site installation or transporter: PAD097155014

B. Name of off-site installation or transporter: VOCON

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 4

A. EPA ID No. of off-site installation or transporter: NJD981660919

B. Name of off-site installation or transporter: MEROLA ENTERPRISES, INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 5

A. EPA ID No. of off-site installation or transporter: NJD071629976

B. Name of off-site installation or transporter: S-J TRANSPORTATION CO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Comments:

8428911387

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092217892

FORM **01**

1992 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NJD000692343

B. Name of off-site installation or transporter: PERRETTI FREIGHT

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 2

A. EPA ID No. of off-site installation or transporter: NJD054126164

B. Name of off-site installation or transporter: FREEHOLD CARTAGE, INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 3

A. EPA ID No. of off-site installation or transporter: NJD000813477

B. Name of off-site installation or transporter: NAPPI TRUCKING CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 4

A. EPA ID No. of off-site installation or transporter: OHD009865823

B. Name of off-site installation or transporter: DART TRUCKING CO. INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Site 5

A. EPA ID No. of off-site installation or transporter: VAD040159436

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: N.A.
City: State: Zip Code:

Comments:

8428911388

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1992 Hazardous Waste Report

FORM **01**

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: VAD 098 443 443

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation
Street: STATE ROUTE 652
City: ARVONIA State: VA Zip Code: 23004-

Site 2

A. EPA ID No. of off-site installation or transporter: OHD 981 061 811 571

B. Name of off-site installation or transporter: NORTH EAST CHEMICAL CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation
Street: 3301 MONROE AVE
City: CLEVELAND State: OH Zip Code: 44113-

A. EPA ID No. of off-site installation or transporter: VAD 077 942 266

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation
Street: ROUTE 1, BOX 101
City: CASCADE State: VA Zip Code: 24069-

Site 4

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation
Street:
City: State: Zip Code: -

Site 5

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation
Street:
City: State: Zip Code: -

Comments:

8428911389

Doremus Hwy

Site Name REICHHOLD CHEMICALS INC.
400 DOREMUS AVE
NEWARK, N.J. 07105

EPA ID No. N J D 0 9 2 2 1 7 8 9 2

OFFICIAL USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

HAZARDOUS WASTE REPORT
1995 FEE VERIFICATION FORM

INSTRUCTIONS: Complete the below fee category information. If your site falls into a category that requires the submittal of a fee, attach the check where indicated. Return this page with your report. When submitting multiple reports, each site will require a separate Fee Verification Form; however, any fees owed may be combined into one check.

Attach check here (do not send cash)
Make Payable to: Treasurer State of New Jersey

Mail Report to: New Jersey Dept. of Environmental Protection
Bureau of Revenue (c/o Solid and Hazardous Waste)
CN 417
Trenton, New Jersey 08625-0417

Fee Category

[ ]	No Fee	This site was only a transporter of waste oil from exempt or small quantity generators; or this site was not a NJ large quantity generator; or this site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
[ ]	$125.00	This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
[ ]	$180.00	This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
[ ]	$300.00	This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.
[X]	$400.00	This site (company) manifested 150 tons or more of hazardous waste during the calendar year.

8428911390

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM **IC**

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label ☐ or → N J D 0 9 2 2 1 7 8 9 2	B. County ESSEX
C. Site/company name Same as label ☐ or → REICHHOLD CHEMICALS INC.	D. Has the site name associated with this EPA ID changed since 1993? ☐ 1 Yes ☒ 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label ☐ or → 400 DOREMUS AVENUE	
F. City, town, village, etc. Same as label ☐ or → NEWARK	G. State Same as label N J
H. Zip Code Same as label 0 7 1 0 5 -	

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name	First name	M.I.	B. Title	C. Telephone
KURTZ	RONALD	C	EHS MANAGER	2 0 1 4 6 5 2 1 9 9 Extension

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name	First name	M.I.	B. Title
KURTZ	RONALD	C	ENVIRONMENTAL, HEALTH & SAFETY MANAGER

C. Signature: Ronald L. Kurtz

D. Date of signature: 0 2 2 9 9 6 (MO. DAY YR.)

Over →

8428911391

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE RESIN SOLUTION

B. EPA hazardous waste code Page 19.

D001 F003
F005 NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type M 041	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821		A37	1	B203	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 215.3

B. Quantity generated in 1995 Page 21. 165.7

C. UOM Page 21. 2 Density ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	VAD 098 443 443	M061	1	152.3
Site 2	ALD 070 513 767	M061	1	13.4

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

8428911392

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE RESIN/SOLVENT

B. EPA hazardous waste code Page 19.
D001 F003
F005 D035 NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	M 051 / 057	A 37	1	B 203	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
47045.0	91609.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	ARD 981 057 870	M 061	1	91609.9
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W / W W	☐ 1 Yes ☐ 2 No			

Comments:

8428911393

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE AMINO RESIN SOLUTION

B. EPA hazardous waste code Page 19.

D001 F003
F005 NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System 041 Type	A 57	1	B 203	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
3140.0	807.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	ALD070513766	M061	1	807.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

8428911394

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE FILTERCAKE (NON-HAZARDOUS)

B. EPA hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

X 9 1 0 N A

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 8 2 1	System Type M 1 3 2	A 3 2	1	B 4 0 3	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.: 4 8 . 8

B. Quantity generated in 1995 Page 21.: 8 9 . 8

C. UOM Page 21.: 2 Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22.: M

Quantity treated, disposed, or recycled on site in 1995: .

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.: M

Quantity treated, disposed, or recycled on site in 1995: .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	P A D 0 0 0 4 2 9 5 8 9	M 1 3 2	1	8 9 . 8
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

FILTER CAKE WASTE

8428911395

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

PETROLEUM CONTAMINATED SOIL

B. EPA hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

X 7 2 5 N A

D. SIC code Page 19.	E. Origin code 2 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 8 2 1	System Type M N A	A 6 5	1	B 3 0 1	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
6 4 9 8 0 . 0	1 4 0 0 . 0	1	. ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	N A	M 0 3 9	1	1 4 0 0 . 0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

UNDERGROUND STORAGE TANK CLEANUP SOIL

8428911396

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

LEAD CONTAMINATED SOILDS

B. EPA hazardous waste code Page 19.

D 0 0 8 N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type M N A	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 8 2 1		A 5 6	1	B 3 0 7	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 0.0

B. Quantity generated in 1995 Page 21. 2 4 0 8 . 0

C. UOM Page 21. 1 Density . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	G A D 0 0 0 2 2 2 0 8 3	M 0 4 3	1	2 4 0 8 . 0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 25.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

BOILER CLEAN OUT AND METAL TANK SCRAPPINGS

8428911397

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE CORROSIVE SOLIDS

B. EPA hazardous waste code Page 19.

U190 U147

NA NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System Type M 04	A53	1	B409	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
700.0	1754.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M 043	1	1754.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

PHTHALIC ANHYDRIDE, MALEIC ANHYDRIDE

8428911398

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: NJD092217892

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FUEL OIL # 2

B. EPA hazardous waste code Page 19.
D001 NA
NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	1 System Type M 051	A57	1	B206	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
	462.0	1 ☐ 1 lbs/gal ☐ 2 sg Density	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD000222083	M 051	1	462.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W	☐ 1 Yes ☐ 2 No			

Comments:

8428911399

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE FALAMMABLE LIQUID

B. EPA hazardous waste code Page 19.

D 0 0 1 N A

N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 8 2 1	M 0 5 1	A 5 8	1	B 2 1 9	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.: 2 4 7 5 . 0

B. Quantity generated in 1995 Page 21.: 9 5 0 . 0

C. UOM Page 21.: 1 Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	G A D 0 0 0 2 2 2 0 8 3	M 0 6 1	1	9 5 0 . 0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

PROPYLENE GLYCOL

8428911400

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE HYDRAULIC FUEL OIL, COMBUSTIBLE

B. EPA hazardous waste code Page 19.

NA NA
NA NA NA

C. State hazardous waste code Page 19.

X722 NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	1 System Type M 061	A 54	1	B 219	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
91932.0	2400.0	1 ☐ 1 lbs/gal ☐ 2 sg	.	☐ 1 Yes (CONTINUE TO SYSTEM I) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M 051	1	2400.0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

8428911401

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE FORMALDEHYDE SOLUTION

B. EPA hazardous waste code Page 19.

U 1 2 2 N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code Page 19 / System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	041	59	1	219	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
5577.0	807.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	041	1	807.0
Site 2				

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
	☐ 1 Yes ☐ 2 No			

Comments:

FORMALDEHYDE FROM LINE CLEANING

8428911402

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
NON REGULATED SOLIDS

B. EPA hazardous waste code Page 19.
NA NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System / Type M 132	A 53	1	B 310	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
1350.0	34.8	2 ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM I) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M 132	1	34.8
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911403

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.

NON-REGULATED WASTE LIQUIDS, LINSEED OIL

B. EPA hazardous waste code Page 19.
N A N A
N A N A N A

C. State hazardous waste code Page 19.
N A N A

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System 1 Type M 32	A 32	1	B 319	2

Sec. II A. Quantity generated in 1994 Instruction Page 21. 14800.0

B. Quantity generated in 1995 Page 21. 23409.0

C. UOM Page 21. 1 Density ____ . ____ ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	____ . ____	M	____ . ____

Sec. III A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000222083	M 061	1	23409.0
Site 2		M		____ . ____

Sec. IV A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M ____ W ____ M ____ W ____	☐ 1 Yes ☐ 2 No	____ . ____	____ . ____	____ . ____

Comments:

WASTE LINSEED OIL/RAGS/ETC.

8428911404

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

A. Waste description - Instruction page 18.

NON-HAZARDOUS, NON- REGULATED OKO DISTILLUTE

B. Hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. Page 19.	E. Origin code 1 Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 1	N A	A 3 5	1	B 2 1 9	2

Sec. I

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0 . 0	4 4 . 7	2 Density . ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III A. Was this waste shipped off-site in 1995 Page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	N J D 0 4 5 9 9 5 6 9 3	M 0 6 1	1	4 4 . 7
Site 2		M		.

Sec. IV A. Did new activities result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W		.	.	.

Comments:

OKO DISTILLATE/ OIL

8428911405

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
OIL CONTAMINATED WITH PCB'S

B. EPA hazardous waste code Page 19.
N A N A
N A N A N A

C. State hazardous waste code Page 19.
X 7 5 0 N A

D. SIC code Page 19. 2 8 2 1

E. Origin code 1 Page 19 System Type M N A

F. Source code Page 20. A 5 4

G. Point of measurement Page 20. 1

H. Form code Page 20. B 2 1 9

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 0 . 0

B. Quantity generated in 1995 Page 21. 1 1 2 4 . 0

C. UOM Page 21. 1 Density . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	O H D 0 5 3 5 7 6 2 9 4	M 1 1 2	1	1 1 2 4 . 0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

OIL CONTAMINATED W/ PCB'S< 2 PPM

8428911406

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE POISONOUS LIQUIDS, NOS

B. EPA hazardous waste code Page 19.
NA NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System Type M 132	A09	1	B219	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	462.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M 141	1	462.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

DOWTHERM CLEAN_UP

8428911407

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RETCHHOLD CHEMICALS INC
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

NON-REGULATED, NON-HAZARDOUS SOLIDS

B. EPA hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System / Type M 132	A53	1	B319	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	404.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 22.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M 132	1	404.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) X☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 25.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

TANK FARM CLEAN-UP

8428911408

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
400 DOREMUS AVENUE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - instruction page 18.

NON-HAZARDOUS, NON- REGULATED WASTE LIQUIDS

B. EPA hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System Type M N A	A 5 8	1	B 2 1 9	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	6240.	1 ☐ 1 lbs/gal ☐ 2 sg Density .	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	G A D 0 0 0 2 2 2 0 8 3	M 0 8 9	1	624.0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

PLASTICIZER (OFF-GRADE)

8428911409

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC. 400 DOREMUS AVE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

FORM 01

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: M O D 0 9 5 0 3 8 9 9 8

B. Name of off-site installation or transporter: TRI STATE MOTOR TRANSIT CO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: P.O. BOX 113
City: JOPLIN
State: M I Zip: 6 4 8 0 2

Site 2

A. EPA ID No. of off-site installation or transporter: A R D 9 8 1 0 5 7 8 7 0

B. Name of off-site installation or transporter: RINECO CHEMICALS

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1007 VOLCAN RD HASKELL
City: BENTON
State: A R Zip: 7 2 0 1 5

Site 3

A. EPA ID No. of off-site installation or transporter: N J D 9 8 2 2 8 1 0 1 6

B. Name of off-site installation or transporter: CLEAN VENTURE, INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: 201 SOUTH FIRST STREET
City: ELIZABETH
State: N J Zip: 0 7 2 0 6

Site 4

A. EPA ID No. of off-site installation or transporter: O H D 0 0 9 8 6 5 8 2 5

B. Name of off-site installation or transporter: DART TRUCKING COMPANY

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: 61 RAILROAD STREET
City: CAMPFIELD
State: O H Zip: 4 4 4 0 6

Site 5

A. EPA ID No. of off-site installation or transporter: G A D 0 0 0 2 2 2 0 8 3

B. Name of off-site installation or transporter: ENSCO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1015 NEW SOUTH HARRIS
City: DALTON
State: G A Zip: 3 0 7 0 2

Comments:

8428911410

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC. 400 DOREMUS AVE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM OI

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: N J D 0 4 5 9 9 5 6 9 3

B. Name of off-site installation or transporter: CASSIE ECOLOGY SALVAGE INC

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 3209 N. MILL ROAD
City: VINELAND
State: N J Zip: 0 8 3 6 0 -

Site 2

A. EPA ID No. of off-site installation or transporter: V A D 0 4 0 1 5 9 4 3 6

B. Name of off-site installation or transporter: OLDOVER CORPORATION

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: RTE 1, STATE RD. 652
City: ARVONIA
State: VA Zip: 2 3 0 0 4 -

Site 3

A. EPA ID No. of off-site installation or transporter: V A D 0 9 8 4 4 3 4 4 3

B. Name of off-site installation or transporter: OLDOVER CORPORATION

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: RTE 1, STATE RD 652
City: ARVONIA
State: VA Zip: 2 3 0 0 4 -

Site 4

A. EPA ID No. of off-site installation or transporter: N J D 0 5 4 1 2 6 1 6 4

B. Name of off-site installation or transporter: FREEHOLD CARTAGE, INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: P O BOX 5010
City: FREEHOLD
State: NJ Zip: 0 7 7 28 -

Site 5

A. EPA ID No. of off-site installation or transporter: P A D 0 0 0 4 2 9 5 8 9

B. Name of off-site installation or transporter: GEOLOGICAL RECLAMATION OPERATIONS & WASTE SYSTEMS

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1000 NEW FORD MILL RD
City: MORRISVILLE
State: PA Zip: 1 9 0 6 7 -

Comments:

8428911411

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC. 400 DOREMUS AVE

EPA ID NO: N J D 0 9 2 2 1 7 8 9 2

FORM 01

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: A L D 0 7 0 5 1 3 7 6 7

B. Name of off-site installation or transporter: M & M CHEMICALS AND EQUIPMENT

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1229 VALLEY DRIVE
City: ATTALLA
State: A L Zip: 3 5 9 5 4 -

Site 2

A. EPA ID No. of off-site installation or transporter: O H D 0 5 3 5 7 6 2 9 4

B. Name of off-site installation or transporter: S.D. MEYERS

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 180 S. AVENUE
City: TULLMADGE
State: O H Zip: 4 4 2 7 8 -

Site 3

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation
Street:
City:
State: Zip: -

Site 4

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation
Street:
City:
State: Zip: -

Site 5

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation
Street:
City:
State: Zip: -

Comments:

8428911412

Pollution Prevention Plan Summary - 1993

(Based on Pollution Prevention Plan on Site)

PLEASE TYPE OR PRINT CLEARLY THE ENTIRE FORM (Sections A thru D)

REICHHOLD CHEMICALS, INC.
400 Doremus Avenue
Newark, NJ 07105

NJEIN: 00457000006

Indicate any changes to above information.

Indicate any changes to above information.

Section A. Facility-Level Administrative Information

(This section needs to be filled out only ONCE)

1. a. TRI Facility ID No.: 07105SPNCR400DO

b. Phone Number: Area Code Number (201) 589-3709
FAX Number: (201) 817-9173

2. a. Highest Ranking Corporate Official at Facility: (Print) Last Name, First Name M.I. Gasparik, Mikulas

b. Position/Title: Plant Manager

c. Official's Address & Phone No. (if different from facility): 46 Albert Avenue, Newark, NJ 07105
(201) 589-3876

3. If your facility has an approved NJRTK Research & Development Laboratory exemption pursuant to N.J.A.C. 7:1G, enter the approval number here. N/A

4. a. How many processes, including grouped processes, are there at this facility? a. 1

b. How many processes or grouped processes are targeted? b. 1

c. What was the facility's basis for targeting processes? (U)se/(N)PO/(R)eleases Enter U, N, or R. c. USE

5. Centroid coordinates of facility location in New Jersey State plane feet (NAD 89):
a. X 2150194 E
b. Y 6874442 N

6. Does your facility's Pollution Prevention Plan Summary contain information which you are claiming is confidential? (Y)es or (N)o a. NO

If "Yes", mark which type of copy this is: (C)onfidential Copy or Preliminary (P)ublic Copy b. N/A

7. a. Non-management Employee Representative at Facility: (Print) Last Name, First Name M.I. Driver, Curtis

b. Business Phone No.: Area Code Number (201) 589-3709 X202

8. Certification by owner/operator of this facility that plan has been prepared and is on site:
I certify under penalty of law that a Pollution Prevention Plan has been prepared for this industrial facility and that the Plan is available at the facility for inspection by the Department. I further certify that the information submitted in the Pollution Prevention Plan Summary is true, accurate, and complete to the best of my knowledge.

Date (MM/DD/YY): 06 / 30 / 94

Signature:

Position/Title: Plant Manager

Print or Type Name: Mikulas Gasparik

Phone No.: (if different from facility) Area Code Number (201) 589-3876

NOTE: N.J.A.C. 7:1K-5.1(b) 3.iii. requires the submission of a list of permits issued by the Department as part of a Pollution Prevention Plan summary. Because the Department currently has such permit information on file, pursuant to specific permitting programs, it is not requiring separate submission of this list in an effort to streamline reporting. However, the Department reserves the right to require submission of this permit list by any facility.

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Hazardous Substance: N-BUTANOL (Butyl Alcohol)

Chemical Abstract Services (CAS) Number: 71 -- 36 -- 3

Facility Name REICHHOLD CHEMICALS, INC. Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 0 lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 0 %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 5 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: SEC-BUTANOL

Chemical Abstract Services (CAS) Number: 78 -- 92 -- 2

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE		NPO	
a. Five year reduction goal (pounds, see (i) below):	a1	0 lb.	a2	N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1	0 %	b2	N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o: Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE		NPO	
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1	lb.	a2	lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1	%	b2	%

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: ETHYL BENZENE

Chemical Abstract Services (CAS) Number: 100 - 41 - 4

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o: Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES
a3 lb.
b3 %

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: FORMALDEHYDE

Chemical Abstract Services (CAS) Number: 50 -- 00 -- 0

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 0045700006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES
a3 lb.
b3 %

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: GLYCOL ETHERS

Chemical Abstract Services (CAS) Number: N230-

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: METHANOL

Chemical Abstract Services (CAS) Number: 67 -- 56 -- 1

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES
a3 lb.
b3 %

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: PHTHALIC ANHYDRIDE

Chemical Abstract Services (CAS) Number: 85 - 44 - 9

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o: Yes

OPTIONAL INFORMATION

Items 3 through 5 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: STYRENE MONOMER

Chemical Abstract Services (CAS) Number: 100 -- 42 -5

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 5 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES
a3 lb.
b3 %

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: TOLUENE

Chemical Abstract Services (CAS) Number: 108 -88 -3

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section 3. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o: Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

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Hazardous Substance: 1,2, 4 TRIMETHYL BENZENE

Chemical Abstract Services (CAS) Number: 95 -- 63 --6

Facility Name REICHHOLD CHEMICALS, INC. Doremus Avenue

NJ-EIN: 00457000006

Section B. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. *Five year reduction goals for USE and NPO: Fill in both pounds and percent.*
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. *Reductions between 1987 or indicated year (*) and base year:*

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES
a3 lb.
b3 %

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:
4b. NPO:
4c. RELEASES:

5. Further explanation:

6. *Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)*

(Attach additional pages if necessary.)

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(Based on Pollution Prevention Plan on Site)

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Hazardous Substance: XYLENE, COAL TAR TYPE

Chemical Abstract Services (CAS) Number: 1330 - 20 - 7

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue

NJ-EIN: 00457000006

Section 3. Facility-Level Information (Photocopy and use a separate page for each hazardous substance.)

1. Five year reduction goals for USE and NPO: Fill in both pounds and percent.
Use the worksheets in the instructions for assistance.

1	USE	NPO
a. Five year reduction goal (pounds, see (i) below):	a1 Ø lb.	a2 N/A lb.
b. Five year reduction goal (percentage, see (ii) below):	b1 Ø %	b2 N/A %

(i) *USE goal will relate to total USE, which can be determined from quantities reported on 1993 Release & Pollution Prevention Report* (R & PPR), using the following formula: TOTAL USE = B5 + B6 + B7 + B8 - B11. Nonproduct Output (NPO) goal will relate to TOTAL NPO, which is reported as item B12 on the 1993 R & PPR.

(ii) To calculate the USE Percentage (%) goal, divide 1a1. by the TOTAL USE and multiply the quotient by 100. To calculate the NPO (%) goal, divide 1a2. by TOTAL NPO (i.e., item B12 on R & PPR) and multiply the quotient by 100. See accompanying instructions.

2. Are you classifying any outputs as co-product? (Y)es or (N)o: Yes

OPTIONAL INFORMATION

Items 3 through 6 may be answered if you would like to report on Pollution Prevention activities and the resulting reductions prior to preparing the Pollution Prevention Plan. You may answer any or all items in this optional section.

3. Reductions between 1987 or indicated year (*) and base year:

3	USE	NPO
a. Total Reduction (pounds): Base reductions on data for 1987 or other indicated year.	a1 lb.	a2 lb.
b. Total Reduction (percentage): Divide amount in 3a by 1987 (*) amount. Multiply quotient by 100.	b1 %	b2 %

(*) You may use 1987 data or any year afterwards. Indicate year in box if other than 1987.

RELEASES	
a3	lb.
b3	%

4. Description of methods used to achieve reductions:

Describe pollution prevention techniques used and changes (technological or otherwise) to processes and operations (e.g., a solvent substitution, a new procedure). Use the codes from Appendix 2. in instructions. Add written descriptions and explain "Other" in Further Explanation, below.

4a. USE:

4b. NPO:

4c. RELEASES:

5. Further explanation:

6. Previous pollution prevention achievements: Describe reductions of use, NPO, or releases PRIOR to 1987. (Use codes as above, if applicable.)

(Attach additional pages if necessary.)

8428911424

Pollution Prevention Plan Summary - 1993
(Based on Pollution Prevention Plan on Site)

REICHHOLD CHEMICALS, INC.

Facility Name Doremus Avenue
NJ-EIN: 00457000006

Section C. Process Description

(Photocopy and use a separate page for each process or grouped process at your facility.)

1. Process ID: Process code chosen by facility. Up to twelve characters or digits may be used. Must have same ID in Plan Summary and ALL future Release and Pollution Prevention Reports. BULK STORAGE

2. Product SIC Code: *Use 4 digit codes - list provided in Appendix 3. of instructions.* 2821

3. Process Description [3] (Fill with only one appropriate code.)

   a. Process Category:
   1 = Chemical Manufacturing (Product of process is a chemical)
   2 = Article Manufacturing (Chemicals are used in process, but product is an article)
   3 = Storage and Handling (if separate)
   4 = Treatment Operations

   b. Mode of Operation: [N] (B)atch, (C)ontinuous, or (N)ot Applicable
   Enter B, C, or N.

   c. Specific Descriptions:
   Most processes have one discrete step (for example, a "coating" process). Some may be defined to have more than one (e.g., "cleaning" and then "coating"). For a one-step process, use one descriptor (Appendix 4.). If there is a second step, use an additional descriptor for the second step. If your process category in 3a., above, is 4 (Treatment Operations), you may use the Waste Treatment Codes (Appendix 5.). Continue in this manner until all steps are described. See Instructions.

   HB9, HA1, HB8, HA5, HB2, ___, ___, ___, ___, ___

   If "Other" or "Similar to" is chosen, describe below.

   d. Identify which hazardous substances are used, generated, or released in the process or grouped process: (Use additional pages if necessary.) Check below (in box) if additional hazardous substances are included. [ ]

Hazardous Substance	CAS Number
(1) N-BUTANOL	71-36-3
(2) SEC-BUTANOL	78-92-2
(3) ETHYL BENZENE	100-41-4
(4) FORMALDEHYDE	50-00-0
(5) GLYCOL ETHERS	N230--
(6) METHANOL	67-56-1

4. Is this a targeted process? (Y)es or (N)o [Yes]

   If yes and sources have been targeted, please list: (Describe source in own words, attaching additional sheets if necessary)

5. Is this a grouped process? (Y)es or (N)o [Yes]

8428911425

Pollution Prevention Plan Summary - 1993
(Based on Pollution Prevention Plan on Site)

REICHHOLD CHEMICALS, INC.
Facility Name Doremus Avenue
NJ-EIN: 00457000006

Section C. Process Description

(Photocopy and use a separate page for each process or grouped process at your facility.)

1. Process ID: Process code chosen by facility. Up to twelve characters or digits may be used. Must have same ID in Plan Summary and ALL future Release and Pollution Prevention Reports. BULK STORAGE

2. Product SIC Code: Use 4 digit codes - list provided in Appendix 3. of instructions. 2821

3. Process Description [3] (Fill with only one appropriate code.)

a. Process Category:
1 = Chemical Manufacturing (Product of process is a chemical)
2 = Article Manufacturing (Chemicals are used in process, but product is an article)
3 = Storage and Handling (if separate)
4 = Treatment Operations

b. Mode of Operation: [N] (B)atch, (C)ontinuous, or (N)ot Applicable
Enter B, C, or N.

c. Specific Descriptions:
Most processes have one discrete step (for example, a "coating" process). Some may be defined to have more than one (e.g., "cleaning" and then "coating"). For a one-step process, use one descriptor (Appendix 4.). If there is a second step, use an additional descriptor for the second step. If your process category in 3a., above, is 4 (Treatment Operations), you may use the Waste Treatment Codes (Appendix 5.). Continue in this manner until all steps are described. See Instructions.

H B 9, H A 1, H B 8, H A 5, H B 2, ___, ___, ___, ___, ___

If "Other" or "Similar to" is chosen, describe below.

d. Identify which hazardous substances are used, generated, or released in the process or grouped process: (Use additional pages if necessary.) Check below (in box) if additional hazardous substances are included. [ ]

Hazardous Substance	CAS Number
(1) PHTHALIC ANHYDRIDE	85-44-9
(2) STYRENE MONOMER	100-42-5
(3) TOLUENE	108-88-3
(4) 1,2,4 TRIMETHYL BENZENE	95-63-6
(5) XYLENE, MIXED ISO	1330-20-7
(6)	-- --

4. Is this a targeted process? (Y)es or (N)o [Yes]

If yes and sources have been targeted, please list:
(Describe source in own words, attaching additional sheets if necessary)

5. Is this a grouped process? (Y)es or (N)o [Yes]

8428911426

DEPE-113
3/94

Pollution Prevention Plan Summary - 1993
(Based on Pollution Prevention Plan on Site)

Process ID: BULK STORAGE
(Must have same ID in Plan Summary and ALL Release and Pollution Prevention Reports)

Check if additional sheets are included

REICHHOLD CHEMCIALS, INC.
Facility Name: DOREMUS AVENUE
NJ EIN: 004570000006

Section D. Process Level Information for Targeted Processes Only

(Photocopy and use a separate page for each targeted process or targeted grouped process at your facility).

1. 5-year Reduction Goals for Hazardous Substances Used in Process or Grouped Processes:

	Hazardous Substance / CAS - Number	Use Range *	Technique (Use codes from Appendix 2 in Instructions -- if "Other," describe on additional sheets. See Instructions.)	5-Year Reduction Goal Per Unit of Product (Percent) Use	NPO	Estimated Date of Introduction (Month/Year)	Estimated Date of Completion (Month/Year)
(1)	N-BUTANOL 71--36--3	E	W13	0. %	N/A . %	/	/
(2)	SEC BUTANOL 78--92--2	D	W13	0. %	N/A . %	/	/
(3)	ETHYL BENZENE 100--41--4	E	W13	0. %	N/A . %	/	/
(4)	FORMALDEHYDE 50--00--0	B	W13	0. %	N/A . %	/	/
(5)	GLYCOL-ETHERS N230-- --	E	W13	0. %	N/A . %	/	/
(6)	METHANOL 67--56--1	E	W13	0. %	N/A . %	/	/

* Use Range: A = 0 - 4,999 lb.; B = 5,000 - 9,999 lb.; C = 10,000-24,999 lb.; D = 25,000-49,999 lb.; E = 50,000 lb. +

Optional: Do not fill out unless applicable under N.J.A.C. 7:1K-4.6

2. Raw Material Substitution Certification: See instructions for requirements. (note: all above information in D.1. is still required)

a. Identify hazardous substance for which claim is being made:

b. Explain why substitution is not feasible:

c. Certification: I certify that Parts I and II of the Pollution Prevention Plan have been completed for the specific combination of hazardous substances and production processes for which this Raw Material Substitution Certification is being claimed and that through completion of the Pollution Prevention Plan this industrial facility has determined that it is not technically or economically feasible to reduce the input use of the hazardous substance below current levels by replacing the substance with a different raw material in the specific production process.

Signature

Position/Title

Print or Type Name

8428911427

Pollution Prevention Plan Summary - 1993
(Based on Pollution Prevention Plan on Site)

Process ID: BULK STORAGE
(Must have same ID in Plan Summary and ALL Release and Pollution Prevention Reports)

Check if additional sheets are included

REICHHOLD CHEMICALS, INC.
Facility Name Doremus Avenue
NJ-EIN: 00457000006

Section D. Process Level Information for Targeted Processes Only

(Photocopy and use a separate page for each targeted process or targeted grouped process at your facility).

1. 5-year Reduction Goals for Hazardous Substances Used in Process or Grouped Processes:

	Hazardous Substance / CAS - Number	Use Range *	Technique (Use codes from Appendix 2 in Instructions-- if "Other," describe on additional sheets. See Instructions.)	5-Year Reduction Goal Per Unit of Product (Percent) Use	NPO	Estimated Date of Introduction (Month/Year)	Estimated Date of Completion (Month/Year)
(1)	PHTHALIC ANHYDRIDE 85-44-9	E	W13	Ø %	N/A %	/	/
(2)	STYRENE MONOMER 100-42-5	D	W13	Ø %	N/A %	/	/
(3)	TOLUENE 108-88-3	E	W13	Ø %	N/A %	/	/
(4)	1,2,4- TRIMETHYL BENZENE 95-63-6	C	W13	Ø %	N/A %	/	/
(5)	XYLENE, MIXED ISO 1330-20-7	E	W13	Ø %	N/A %	/	/
(6)	--			%	%	/	/

* Use Range: A = 0 - 4,999 lb.; B = 5,000 - 9,999 lb.; C = 10,000-24,999 lb.; D = 25,000-49,999 lb.; E = 50,000 lb. +

Optional: Do not fill out unless applicable under N.J.A.C. 7:1K-4.6

2. Raw Material Substitution Certification: See instructions for requirements. (note: all above information in D.1. is still required)

a. Identify hazardous substance for which claim is being made:

b. Explain why substitution is not feasible:

c. Certification: I certify that Parts I and II of the Pollution Prevention Plan have been completed for the specific combination of hazardous substances and production processes for which this Raw Material Substitution Certification is being claimed and that through completion of the Pollution Prevention Plan this industrial facility has determined that it is not technically or economically feasible to reduce the input use of the hazardous substance below current levels by replacing the substance with a different raw material in the specific production process.

Signature

Position/Title

Print or Type Name

8428911428

WASTE MINIMIZATION PLAN

REICHHOLD CHEMICALS, INC.
400 Doremus Avenue
Newark, NJ 07105

Revision: July 1994

8428911429

WASTE MINIMIZATION PLAN

Introduction:

Reichhold Chemicals, Inc. (Reichhold) is committed to the ongoing effort to minimize the quantity and toxicity of waste materials generated at its operating facilities. This plan is intended to support this effort at Reichhold's facility on Doremus Avenue, Newark.

This plan is designed to be used in conjunction with the facility's Pollution Prevention Plan and Hazardous Waste Management Plan to achieve an integrated approach to waste management and minimization.

It is the policy of Reichhold to:

i) Minimize the quantity and toxicity of hazardous and non-hazardous wastes generated, to the extent that it is technically feasible and economically practicable;

ii) Recycle, recover, and reuse wastes whenever possible; and

iii) Choose on-site and off-site methods of treatment and storage or off-site methods of disposal that comply with applicable local, state and federal law.

Purpose:

The implementation of this plan will support various waste minimization objectives, as described below:

i) Minimize the generation of waste, and beneficially reuse wastes which are generated;

ii) Minimize the impact of waste on human health and the environment;

iii) Reduce the costs and liabilities associated with waste treatment and disposal;

iv) Ensure the accuracy of the waste minimization certification statement on hazardous waste shipping manifests;

v) Provide data for New Jersey's annual RCRA hazardous waste generator reports;

vi) Provide data necessary to complete the pollution prevention section of SARA 313 Form R Reports;

vii) Provide data necessary to complete the annual CMA Waste Survey;

viii) Meet the requirements of CMA's Pollution Prevention Code;

ix) Satisfy Reichhold's Policy on Waste Minimization as stated in Policy No. 207 of Reichhold's Environmental, Health and Safety Manual.

Applicability:

This policy applies to the generation of hazardous and non-hazardous wastes generated at Reichhold's operating facility at 400 Doremus Avenue in Newark, NJ.

Updates:

This plan will be updated annually, documenting current year waste generation, improvements over last year, program successes and failures, and plans to reduce waste in the upcoming year. Updates will also be made when any material part of the plan changes, such as the introduction or elimination of a waste stream.

Waste Minimization Coordinator:

The plant manager of the facility is the designated Waste Minimization Coordinator and is primarily responsible for implementing this plan. Assistance will be provided by members of the plant and corporate Environment, Health and Safety teams. Input will be solicited from all personnel at the plant on an ongoing basis.

Training:

Employees will receive classroom and on-the-job training in waste minimization techniques and procedures relevant to their positions. Employees are encouraged to identify and implement waste minimization opportunities.

Waste Streams:

Reichhold's Newark, Doremus Avenue facility produces a wide variety of alkyd and polyester resins which are used in the coatings industry. The manufacturing process involves the reaction of proprietary raw materials in a reaction vessel to form a base resin polymer, which is then mixed with a solvent or other thinning agent. As part of this process, several waste streams or byproducts are generated which must be properly handled and stored at the facility prior to being treated, reused or disposed of at properly-licensed off-site facilities.

Filter Cake:

Filter cake is generated during the process of filtering finished product resin through various filter media (e.g., bags, paper, cartridges). During filtering, the filter media becomes coated with inert filter aid material containing small quantities of resin which cannot be reused. Filter cake is accumulated in a roll-off container staged on site and transported off-site to a secure landfill.

The quantity of filter cake generated is a function of the quantity of finished product requiring filtering prior to sale. Because the filtering process is designed to remove fine particles from the product, it is a necessary step in meeting customer requirements. A further reduction in this waste stream is not economically or technically feasible.

No filter cake was generated in 1993 due to the temporary closure of the Doremus Avenue facility. The amount of filter cake generated in 1994 is maintained on hazardous waste shipping manifest forms which are filed in the Environment, Health and Safety (EHS) office. The amount of waste filter cake generated in future years will be reported on the annual hazardous waste generator report submitted to the state of New Jersey by March 15 of each year, and maintained in the EHS office.

Waste Resin Solution:

Waste resin solution is generated at various stages of the production process, including in-process and finished product sampling, reactor and line wash, and general housekeeping. The quantity of waste resin solution has been reduced in recent years due to an effort to reuse materials when such reuse will not affect the quality of the finished product resin. Improvements have also been made in the scheduling of compatible batches in sequence to minimize the amount of cleaning between batches.

Another waste minimization practice in place is a requirement to segregate all liquid resin wastes from solid waste streams. Satellite accumulation areas have been designated throughout the production building and have been equipped with a drum for solid or dry wastes, and a drum

for liquid resin wastes. Segregation of waste streams prevents contamination of non-hazardous wastes with hazardous wastes.

Waste resin solution is characterized as a hazardous waste liquid carrying the EPA waste codes D001 (ignitable), F003 and F005 (solvent-containing). The material is shipped in drums to an off-site RCRA-licensed facility for reuse as an alternate fuel. The annual hazardous waste generator reports on file at the EHS office contain previous year generation rates of liquid resin wastes.

Waste Oil:

Certain oil-based products made at the facility generate a byproduct which must be disposed of off-site as a non-hazardous non-flammable liquid. Reichhold ships this material to a licensed fuel blender off-site for use as an alternate fuel.

Process Wastewater:

The facility generates approximately 5,000 gals per day of non-hazardous process wastewater each week from various sources, including floor washings, reactor steam sparging, vacuum jets, and condensate water from reaction. The quantity of this waste stream is largely related to the quantity of finished product produced and waste minimization efforts are limited to reducing the amount of water used for cleaning around the plant, switching to dry cleaning methods where possible, and reducing the frequency of cleaning operations. All process wastewater is treated on-site in a wastewater steam stripper before being discharged to a local treatment authority (PVSC) for additional treatment.

Miscellaneous:

Occasionally, there is a need to dispose of an off-spec batch, raw material, or miscellaneous materials from the laboratory which are out of date or no longer used. These materials, and any other wastes not mentioned above, are brought to the attention of the environmental manager for proper characterization and disposal. Since miscellaneous wastes are by definition non-routine, waste minimization efforts are limited to improving product processing and quality capabilities to prevent the production of off-grade products, and returning obsolete materials to suppliers, whenever possible.

Hazardous Waste Management Plan

Reichhold Chemicals, Inc.
400 Doremus Avenue
Newark, NJ 07105
Essex County

RCRA EPA Identification No. NJD092217892

(201) 589-3709

April 1994

8428911434

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Appendix A - New Jersey Hazardous Waste Regulations

Appendix B - Map of Designated Waste Storage Areas

Appendix C - Hazardous Waste Container Label

Appendix D - Documentation of Inspections

Appendix E - New Jersey Hazardous Waste Shipping Manifest Form

Appendix F - Documentation of Training

INTRODUCTION

Reichhold's facility at 400 Doremus Avenue in Newark is a large quantity generator of hazardous waste. The term "large quantity generator" means that the facility is capable of generating, in one month's time, more than 100 kg (appx. 1/2 drum) of hazardous waste.

Reichhold ships all hazardous wastes to licensed hazardous waste management facilities within 90 days or less and therefore is not required to obtain a RCRA permit for storage of hazardous waste.

The Environmental Protection Agency (EPA) regulates generators of hazardous waste under the Resource Conservation and Recovery Act (RCRA). To keep track of hazardous waste generators, EPA assigns a unique number to facilities that generate hazardous waste. The EPA RCRA identification number assigned to Reichhold's Doremus Avenue plant is NJD092217892.

New Jersey regulations pertaining to hazardous waste are contained in Title 7, Chapter 26 of the New Jersey Administrative Code (N.J.A.C.) (see Appendix A). New Jersey's hazardous waste regulations are required to be at least as stringent as EPA's regulations.

This document contains an overview of New Jersey' hazardous waste requirements as they apply to the Doremus Avenue plant. It is extremely important for each employee to understand what the law requires of them. The penalties for failing to carry out these requirements can result in fines as large as $25,000 per day and imprisonment.

8428911436

HAZARDOUS WASTES GENERATED

Reichhold's Doremus Avenue plant generates several types of hazardous wastes as described below:

(1) Filter Cake (or Press Cake):

Filter cake is produced from the filtering of finished product resin through a plate and frame filter press. Filter cake waste is stored in 55-gal steel drums and bulk container roll-offs and is classified as a Hazardous Waste identified by New Jersey's hazardous waste code C386.

The typical composition of filter cake varies depending on the finished products filtered, as follows:

Diatomaceous Earth	30 - 50 %
Filter Paper	30 - 50 %
Waste Resin	10 - 20 %
Organic Solvents	0 - 10 %

(2) Liquid Resin Waste:

Liquid resin waste is generated from several sources, including in-process quality control samples, filter press drip troughs, and off-spec resin. Liquid resin waste is stored in 55-gal steel drums and 5-gal steel pails and is classified as a hazardous waste identified by EPA's hazardous waste code DOO1.

Liquid resin wastes typically range in composition as follows:

Waste Resin	40 - 90 %
Organic Solvents	10 - 60 %

(3) Miscellaneous

Wastes which do not meet the description of filter cake or liquid resin waste are classified on a case by case basis by the plant environmental manager.

8428911437

HAZARDOUS WASTE HANDLING

Hazardous waste handling procedures are described in Reichhold's Hazard Communication Program Manual. Employees should review the material safety data sheet and consult the plant environmental manager regarding any material or waste which the employee is not properly trained to handle.

8428911438

HAZARDOUS WASTE SATELLITE ACCUMULATION AREAS, N.J.A.C. 7:26-9.3(d)

The facility maintains several hazardous waste satellite accumulation areas. These are areas within the plant where drums or pails are staged while being filled. The site map included as Appendix B indicates the designated locations of each satellite accumulation area. The following requirements must be met at each satellite accumulation area at all times.

(1) Each designated area must contain a hazardous waste satellite accumulation area placard;

(2) Only one drum or pail containing hazardous waste is allowed at each satellite accumulation area at any given time;

(3) A lid or bung cap must be secured on each drum or pail, except when being filled or emptied;

(4) Each container must be marked with the words "Hazardous Waste"; and

(5) As soon as a container is completely filled, it must be transported to the hazardous waste storage area shown in the Appendix B site map.

HAZARDOUS WASTE STORAGE AREA, N.J.A.C. 7:26-9.3(a)

The designated hazardous waste storage area for the Doremus Avenue plant is shown in Appendix B.

The hazardous waste storage area is where drums and other containers are temporarily staged prior to off-site shipment to one of the licensed hazardous waste management facilities listed in Appendix B of Reichhold's Environmental Health and Safety Policy No. 203. Reichhold's Doremus Avenue facility is not permitted to store liquid hazardous waste in bulk storage tanks. The following rules pertaining to the hazardous waste storage area must be followed at all times:

(1) Only hazardous wastes are allowed to be placed in the designated hazardous waste storage area;

(2) Containers holding ignitable or reactive hazardous waste must be located at least 50 feet from the facility's property line;

(3) As soon as a hazardous waste drum, pail, roll-off or other container is placed in the hazardous waste storage area, the label shown in Appendix C must be placed on the side of the container, so that it is readily visible;

(4) The label, or its equivalent, must be completed with the following information: The words "Hazardous Waste", the date it was first placed in the hazardous waste storage area, and the most suitable shipping description contained under applicable Department of Transportation (DOT) regulations. On the day of shipment, the generator's name and address, and state manifest document number must be included on the container label; and

(5) Hazardous wastes must be shipped to a licensed off-site facility no more than 90 days from the date on which they were generated. An extension of up to 30 days is available if granted in writing by New Jersey's Division of Hazardous Waste Management based on unforeseen, temporary, and uncontrollable circumstances and the extension is requested prior to the 90-day expiration date pursuant to N.J.A.C. 7:26-9.3(c).

8428911440

INSPECTIONS, N.J.A.C. 7:26-9.4(d)(5)

The environmental manager or their designee must conduct daily inspections of all hazardous waste satellite accumulation and storage areas to identify any possible leaks and deterioration caused by corrosion or other factors. Completed inspection forms documenting hazardous waste inspections and any corrective measures taken are filed in Appendix D.

HAZARDOUS WASTE SHIPPING MANIFEST FORMS, N.J.A.C. 7:26-7.3

A completed Hazardous Waste Shipping Manifest form must accompany all off-site shipments of hazardous waste. A New Jersey Hazardous Waste Shipping Manifest form is included as Appendix E. The generator (Reichhold) must use the manifest form supplied by the state to which the waste is being shipped (destination state). If forms are not available from the destination state, the generator must use New Jersey's manifest form.

Each manifest must be completed in full and signed by both an authorized Reichhold employee and the hauler prior to shipment. The generator must retain the generator copy and mail the appropriate copies of the hazardous waste manifest to the state of origin (New Jersey) and to the destination state. The hauler takes all remaining copies.

The generator must keep a copy of the manifest signed by the hazardous waste management facility for a period of three years. If the hazardous waste management facility does not provide a signed manifest to the state of origin (New Jersey) and destination state acknowledging receipt of the shipment, the generator must ensure that a copy is mailed to both states.

Copies of hazardous waste manifests are maintained by the plant environmental manager.

8428911442

WASTE MINIMIZATION

Reichhold is required to have a written program in place to minimize the quantity and toxicity of hazardous waste generated. A Pollution Prevention Plan has been developed to identify opportunities for reducing waste at the point of generation and to measure the plant's progress towards meeting waste minimization objectives. A copy of Reichhold's Pollution Prevention Plan is maintained by the plant environmental manager.

8428911443

TRAINING, N.J.A.C. 7:26-9.4(g)

Facility personnel whose duties may include the management of hazardous waste must successfully complete a hazardous waste training program within six months of their initial hire or within six months of first being assigned to a position which involves hazardous waste management. Employees must also take part in an annual hazardous waste training refresher course. Employees must not work in unsupervised positions until they have completed the appropriate hazardous waste training requirements pertaining to their positions.

This document (Hazardous Waste Management Plan) should be used as a tool to assist in the initial training and annual refresher training of employees whose job duties may include the handling, labelling, shipment or other management of hazardous waste.

As part of the training program, the plant environmental manager must maintain the following documents and records at the facility:

1. The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job;

2. A written job description for each position listed in item 1 above, kept current at all times, including the requisite skills, education, or other qualifications, and duties of employees assigned to each position;

3. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed in item 1 above; and

4. Documentation that training has been given to, and completed by, facility personnel.

Hazardous waste training requirements and documentation required under items 1 through 4 above are provided in Appendix F.

8428911444

REPORTING

Reichhold is required to file an annual Hazardous Waste Generator Report with the New Jersey Department of Environmental Protection and Energy (NJDEPE) by March 1 of every year, summarizing the previous year generation of hazardous waste.

Copies of hazardous waste generator reports are maintained by the plant environmental manager.

8428911445

CONTINGENCY PLAN AND EMERGENCY PROCEDURES, N.J.A.C. 7:26-9.7

Hazardous waste generators are required to develop a written contingency plan. The purpose of the contingency plan is to minimize hazards to human health or the environment in the event of a fire, explosion, spill or other emergency involving hazardous waste.

Reichhold's Site Emergency Response and Recovery Plan, Discharge Prevention Control and Countermeasure (DPCC) Plan, and Discharge Cleanup and Removal (DCR) Plan detail the procedures to be followed in the event of an emergency, including an emergency involving hazardous wastes. Site Contingency Plans are available at various locations around the plant for use and review by all employees and are used as part of Reichhold's emergency preparedness training.

8428911446

EMERGENCY DRILLS

In accordance with N.J.A.C. 7:26-9.4(g)(8), semi-annual drills involving all employees and the appropriate local authorities are conducted to test emergency response capabilities at the facility.

Under N.J.A.C. 7:26-9.6(f), arrangements have been made to familiarize police, fire departments, hospitals, and emergency response teams with the layout of the facility, properties of hazardous waste handled, places where facility personnel would normally be working, entrances to and roads inside the facility, and possible evacuation routes. Arrangements have been made to have the local fire department inspect the facility on a regular basis with at least two inspections annually.

Reichhold has retained the national on-call services of OH Materials to respond to emergencies if necessary.

APPENDIX A

NEW JERSEY HAZARDOUS WASTE REGULATIONS

8428911448

1. Final approval has been obtained from all appropriate State and local authorities; and

2. All conditions imposed prior to such discharge are met.

(d) As of September 25, 1986 final disposal of acute hazardous waste (H), as listed in N.J.A.C. 7:26-8.15(a)5, and toxic waste (T) as listed in N.J.A.C. 7:26-8.15(a)6, is prohibited by any person unless:

1. The final disposal method is a land treatment unit, regulated in accordance with N.J.A.C. 7:14A-4, to treat and dispose of one or more of the wastes listed in N.J.A.C. 7:26-8.15(a)5 or 6;

2. The owner or operator receives from the generator a copy of documentation that the waste type(s) have been approved by the Department for final land disposal in accordance with N.J.A.C. 7:26-7.4(a)10 and 11.

(e) A person shall not cause, suffer, allow, or permit the placement, including disposal, of any hazardous waste in any salt dome formation, salt bed formation, underground mine, or cave.

7:26-9.3 Accumulation of hazardous waste for 90 days or less

(a) A generator may accumulate hazardous waste on-site without a permit for 90 days or less provided that:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.

2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).

3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container. While being accumulated on-site, each container shall be clearly labeled or marked with the words "Hazardous Waste" and labeled in accordance with 49 CFR 172.304.

4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

(b) A generator may accumulate hazardous waste on-site in an above-ground tank, for 90 days or less without a permit, after obtaining written approval from the Department, provided that the following requirements are met:

1. Each tank shall have sufficient shell thickness to ensure that the tank will not collapse or rupture. The Department shall specify a minimum shell thickness to be maintained as part of the approval;

2. Each tank shall be equipped with controls to prevent overfilling in accordance with N.J.A.C. 7:26-10.5(c);

3. Each tank or tank storage area shall have adequate secondary containment in accordance with N.J.A.C. 7:26-10.5(d);

4. Each tank shall be designed so that at least 99 percent of the volume of each tank can be readily emptied by direct pumping or drainage;

5. Each tank is rendered empty, as defined at N.J.A.C. 7:26-1.4, every 90 days or less;

6. All waste removed from the tank(s) shall be shipped off-site to an authorized facility or placed in an on-site, authorized facility, as defined at N.J.A.C. 7:26-1.4; and

7. The generator shall comply with the requirements for owners or operators of hazardous waste facilities under N.J.A.C. 7:26-9.4(g) concerning personnel training, and under N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures.

8. No part of the tank(s) is below grade unless the tank(s) is constructed to allow visual inspection of the tank, comparable to a totally above-ground tank, and to provide secondary containment for the below-grade part of the tank.

9. While being accumulated on-site, each tank shall be clearly labeled or marked with the words "Hazardous Waste".

(c) A generator who accumulates hazardous waste for more than 90 days is an operator of a storage facility and is subject to all applicable standards and requirements of this subchapter, and the permit requirements of N.J.A.C. 7:26-12.1 et seq. unless the accumulation is performed in accordance with (d) below or the generator has been granted a temporary extension to the 90 day period.

1. An extension established under this subsection may be granted in writing by the Department's Division of Hazardous Waste Management if hazardous wastes must remain on-site for longer than 90 days due to unforeseen, temporary, and uncontrollable circumstances.

2. An extension of up to 30 days may be granted at the discretion of the Division Director on a case-by-case basis.

3. Persons seeking such an extension shall contact in writing the Assistant Director for Enforcement prior to exceeding the 90 day storage period, in order to initiate the approval process.

(d) A generator may accumulate hazardous waste on-site without a permit and without complying with (a) above provided that:

1. The quantity of waste in each accumulation area is less than 55 gallons of hazardous waste or less than one quart of acutely hazardous waste listed in N.J.A.C. 7:26-8.15(e);

2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d)2, 9.4(d)3, and 9.4(d)4i.

3. The accumulation area is at or near any point of generation where wastes initially accumulate in a process, which is under the control of the operator of the process generating the waste;

4. The generator marks the containers with the words "Hazardous Waste";

5. The generator marks the container with the date that the quantity of waste reaches the volume indicated in (d)1 above; and

6. Within three days after the quantity of waste reaches the volume identified in (d)1 above, the generator complies with one of the following:

i. Places the container in an accumulation area in accordance with (a) above; or

ii. Places the container in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4; or

iii. Transports the container to an off-site authorized commercial hazardous waste facility in accordance with N.J.A.C. 7:26-7.

7:26-9.4 General facility standards

(a) The owner or operator of a facility shall comply with the notice requirements of this subsection.

1. The owner or operator of a facility which receives a new hazardous waste stream from an off-site source (except where the owner or operator is also the generator) shall inform the generator in writing that, the owner or operator has the appropriate permit(s) for, and will accept, the waste that the generator is shipping.

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The owner or operator must keep a copy of this written notice as part of the operating record.

2. Before transferring ownership or operation of a facility during its operating life, or of a disposal facility during the post-closure care period, the owner or operator shall notify the new owner or operator in writing of the requirements of this subchapter (see also N.J.A.C. 7:26-12.5).

3. Before accepting an off-site waste stream for waste reuse, the owner/operator shall notify the Department and comply with the requirements of N.J.A.C. 7:26-9.1(c)13.

(b) The owner or operator of a facility shall comply with the waste analysis requirements of this subsection.

1. Before an owner or operator treats, stores, or disposes of any hazardous waste, the owner or operator shall obtain a detailed chemical and physical analysis of a representative sample of the waste.

i. At a minimum, this analysis shall contain all the information which must be known to treat, store, or dispose of the waste in accordance with the requirements of this subchapter.

ii. The analysis may include data developed under N.J.A.C. 7:26-8.1 et seq. and existing published or documented data on the hazardous waste or on hazardous waste generated from similar processes.

iii. The analysis shall be repeated as necessary to insure that it is accurate and up-to-date. At a minimum, the analysis must be repeated when the owner or operator is notified, or knows or should know, that the process or operation generating the hazardous waste has changed.

iv. For off site facilities, the analysis shall be repeated when the results of the inspection required in N.J.A.C. 7:26-9.4(b) 1.v indicate that the hazardous waste received at the facility does not match the waste designated on the accompanying manifest or shipping paper.

v. The owner or operator of an off site facility shall inspect each hazardous waste shipment received at the facility and analyze, unless not required by the approved waste analysis plan, to determine whether it matches the identity of the waste specified on the accompanying manifest or shipping paper.

2. The owner or operator must develop and follow a written waste analysis plan which describes the procedures which the owner or operator will perform to comply with (b)1 above. The owner or operator must keep this plan at the facility. At a minimum the plan must specify:

i. The parameters for which each hazardous waste stream will be analyzed including constituents listed at N.J.A.C. 7:26-8.16, and the rationale for the selection of these parameters;

ii. The test methods which will be used to test for these parameters;

iii. The sampling method which will be used to obtain a representative sample of the waste to be analyzed;

iv. The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date;

v. For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply; and

vi. Where applicable, the methods which will be used to meet the additional waste analysis requirements for specific waste management methods as specified in N.J.A.C. 7:26-10 and N.J.A.C. 7:26-11.

vii. Procedures which will be used to identify changes in wastestream characteristics.

3. The owner or operator shall submit the waste analysis plan as part of the permit application for the facility or sooner if so required by the Department.

i. The Department may require modifications to the plan when the proposed plan is inadequate to accomplish the purpose of this section.

ii. Until final approval by the Department of the plan developed pursuant to paragraph 9.4(b)2, the facility owner or operator shall conform the waste analysis with the provisions of the proposed plan.

iii. Upon approval of a waste analysis plan by the Department, the facility owner or operator shall conform the waste analysis to the plan as modified and approved by the Department.

4. For off site facilities, the waste analysis plan required in paragraph 9.4(b)2 shall also specify the procedures which will be used to inspect each shipment of hazardous waste received at the facility and analyze, unless not required by the approved waste analysis plan, to ensure that it matches the identity of the waste designated on the accompanying manifest or shipping paper. At a minimum, the plan shall describe:

i. The procedures which will be used to determine the identity of each shipment of waste managed at the facility; and

ii. The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling.

(c) The owner or operator shall comply with the requirements of this subsection for unauthorized waste shipments.

1. No owner or operator shall accept any material at a hazardous waste facility unless the material to be accepted is, in fact, a material which the facility is authorized to handle.

2. An owner or operator, if offered hazardous waste of a type which the facility is not authorized to handle, shall:

i. Not accept the waste from hauler;

ii. Instruct the hauler to contact the generator for further instructions;

iii. Telephone the generator, and inform the generator that the owner or operator is not authorized to accept the waste and that the owner or operator instructed the hauler to contact the generator for further instructions;

iv. Confirm the telephone call to generator, pursuant to N.J.A.C. 7:26-9.4(c)2iii, with a letter verifying the telephone conversation;

v. Contact the Hazardous Waste Enforcement Regional Field Office or Hazardous Waste Enforcement Element, at telephone number 609-633-0700, and report the unauthorized waste shipment; and

vi. Confirm the telephone call to the Department, pursuant to N.J.A.C. 7:26-9.4(c)2v with a letter verifying the telephone conversation.

(d) The owner or operator of a facility shall comply with the requirements for the use and management of containers in this subsection.

1. No owner or operator shall store containerized hazardous waste at the hazardous waste facility unless the containers meet the following requirements:

i. Containers shall be of sturdy, leakproof construction of adequate wall thickness of adequate weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the ability of the container to fully contain the hazardous waste.

ii. Lids, caps, hinges, or other closure devices shall be of sufficient strength and construction so that when closed they will withstand dropping, overturning or other shock without impairment of the container's ability to contain the hazardous waste. Gasketed closures shall be fitted with gaskets of a material that is sufficient to prevent leakage and that will not be deteriorated by the contents.

2. If a container holding hazardous

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waste is not in good condition, or if it begins to leak, the owner or operator shall transfer the hazardous waste from the container to a container that is in good condition, or manage the waste in some other way that complies with the requirements of this section.

3. The owner or operator shall use a container made of or lined with materials which will not react with, and are otherwise compatible with, the hazardous waste to be stored, so that the ability of the container to contain the waste is not impaired.

4. Management of containers shall conform to the following requirements:

i. Except during filling or emptying, the container shall be securely closed so that there is no escape of hazardous waste or its vapors;

ii. In the event that state or federal law or regulation requires a container to be vented, the container shall be equipped with a vapor control system;

iii. A container holding hazardous waste shall not be opened, handled, or stored in a manner which may rupture the container or cause it to leak;

iv. Containerized hazardous waste shall be segregated in storage by waste type;

v. Every container shall be arranged so that its identification label is visible;

vi. All cleaning to remove hazardous waste residues from containers or vehicles shall take place in a designated area identified in the approved engineering design;

vii. All rinse waters or cleaning agents resulting from the cleaning of containers or vehicles to remove hazardous waste residues shall be handled or disposed of in a manner consistent with N.J.A.C. 7:26-7.1 et seq. and N.J.A.C. 7:26-9.1 et seq.; and

viii. Reuse of containers in transportation must be in compliance with U.S. Department of Transportation regulations including those set forth in 49 CFR 173.28.

5. The owner or operator shall inspect areas where containers are stored, at least daily, looking for leaks and for deterioration caused by corrosion or other factors.

6. Containers holding ignitable or reactive waste shall be located at least 50 feet (15 meters) from the facility's property line.

7. Special requirements for incompatible wastes include the following:

i. Incompatible wastes, or incompatible wastes and materials, shall not be placed in the same container, except in compliance with (e)2 below;

ii. Hazardous waste shall not be placed in an unwashed container that previously held an incompatible waste or material, except in compliance with(e)2 below;

iii. A storage container holding a hazardous waste that is incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments shall be separated from the other materials or protected from them by means of a dike, berm, wall, or other device.

(e) General requirements for ignitable, reactive, or incompatible wastes include the following:

1. The owner or operator shall take precautions to prevent accidental ignition or reaction of ignitable or reactive waste:

i. This waste shall be separated and protected from sources of ignition or reaction including but not limited to: open flames, smoking, cutting and welding, hot surfaces, frictional heat, sparks (static, electrical, or mechanical), spontaneous ignition, and radiant heat;

ii. While ignitable or reactive waste is being handled, the owner or operator shall confine smoking and open flame to specially designated locations;

iii. "No Smoking" signs shall be conspicuously placed wherever there is a hazard from ignitable or reactive waste.

2. The treatment, storage, or disposal of ignitable or reactive waste, and the mixture of incompatible wastes, or incompatible wastes and materials, shall be conducted so that it does not:

i. Generate extreme heat or pressure, fire or explosion, or violent reaction;

ii. Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health;

iii. Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion;

iv. Damage the structural integrity of the device or facility containing the waste; or

v. Threaten human health or the environment.

(f) General inspection requirements include the following:

1. The owner or operator shall inspect the facility for malfunctions and deterioration, operator errors, and discharges which may be causing, or may lead to:

i. Discharge of hazardous waste constituents to the environment; or

ii. A threat to human health.

2. The owner or operator shall conduct these inspections often enough to identify problems in time to correct them before they harm human health or the environment.

3. The owner or operator shall develop and follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection, or response to environmental or human health hazards.

i. The owner or operator shall submit the written inspection schedule as part of the permit application for the facility or sooner if so required by the Department.

ii. The Department may require modifications to the plan is inadequate to accomplish the purpose of this section.

iii. The schedule shall be kept at the facility.

iv. The schedule shall identify the types of problems which are to be looked for during the inspection.

v. The frequency of inspection may vary for the items on the schedule, however, it shall be based on the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunction or any operator error goes undetected between inspections. Areas subject to spills, such as loading and unloading areas, shall be inspected daily when in use.

4. Until final approval by the Department of the schedule submitted pursuant to (f)3 above, the owner or operator shall conform the monitoring equipment inspection schedule with the provisions of the proposed inspection schedule. Upon approval of a monitoring equipment inspection schedule by the Department, the owner or operator shall conform the monitoring equipment inspections to the plan as modified and approved by the Department.

5. The owner or operator shall remedy any deterioration or malfunction of equipment or structures which the inspection reveals, on a schedule which ensures that the problem does not lead to an environmental or human health hazard. Where a hazard is imminent or has already occurred, remedial action must be taken immediately.

6. The owner or operator shall record inspections in an inspection log or summary. The owner or operator must keep these records for at least three years from the date of inspection. At a minimum,

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these records must include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial actions.

(g) Hazardous waste facility personnel shall successfully complete a program of classroom instruction or on-the-job training that teaches them to perform their duties in a way that ensures the hazardous waste facility's compliance with the requirements of this subchapter.

1. The owner or operator shall ensure that this program includes all the elements described in the document required under N.J.A.C.7:26-9.4(g)6iii.

2. This program shall be directed by a person trained in hazardous waste management procedures, and must include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed.

3. At a minimum, the training program shall be designed to ensure that facility personnnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including, where applicable:

i. Personnel safety equipment;

ii. Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment;

iii. Key parameters for automatic waste feed cut-off systems;

iv. Communications or alarm systems;

v. Response to fires or explosions;

vi. Response to groundwater contamination incidents; and

vii. Shutdown of operations.

4. Facility personnel shall sucessfully complete the program required in paragraphs 9.4(g)1-3 within six months after the effective date of this subchapter or six months after the date of their employment or assignment to a facility, or to a new positon at a facility, whichever is later. Employees hired after the effective date of this subchapter must not work in unsupervised positions until they have completed the training requirements of paragraphs 9.4(g)1-3.

5. Facility personnel shall take part in an annual review of the initial training required in paragraphs 9.4(g)1-3.

6. The owner or operator shall maintain the following documents and records at the facility:

i. The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job;

ii. A written job description for each position listed under subparagraph 9.4(g)6i. This shall be current at all times. This description may be consistent in its degree of specificity with descriptions of other similar positions in the same company location or bargaining unit, but shall include the requisite skill, education, or other qualifications, and duties of employees assigned to each position.

iii. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under subparagraph 9.4(g)6i.

iv. Records that document that the training required by (g)1 through 5 above has been given to, and completed by, facility personnel.

7. Training records on current personnel shall be kept until closure of the facility; training records on former emploeyes shall be kept for at least three years from the date the employee last worked at the facility. Personnel training records may accompany personnel transferred within the same company.

8. Semi-annual drills involving all employees and appropriate local authorities shall be conducted to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to N.J.A.C.7:26-9.7.

i. An owner or operator may petition the Department for an exemption from the semi-annual drill requirement.

ii. An owner or operator may petition the Department for an exemption from the involvement of some or all local officials in the semi-annual drills provided the specific local officials to be excluded have provided the Department with written approval of the exemption.

(h) The owner or operator shall prevent the unknowing entry, and minimize the possibility for the unauthorized entry, of persons or livestock onto the active portion of the facility.

1. A facility shall have:

i. A 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility; or

ii. An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility.

2. The requirements of paragraph 9.4(h)1 are satisfied if the hazardous waste storage, treatment or disposal site is located in a facility which itself has a surveillance system, or a barrier and a means to control entry, which complies with the requirements of subparagraph 9.4(h)1i or 9.4(h)1ii.

3. The owner or operator shall post a sign with the legend, "Danger Unauthorized Personnel Keep Out", at each entrance to the active portion of a facility, and at other locations, in sufficient numbers to be seen from any approach to this active portion. The legend shall be written in English and in any other language prevalent in the area surrounding the facility and must be legible from a distance of at least 25 feet (7.6 meters). Existing signs with a legend other than "Danger — Unauthorized Personnel Keep Out" may be used if the legend on the sign indicates that only authorized personnel are allowed to enter the active portion, and that entry onto the active portion can be dangerous.

(i) The owner or operator shall keep a written operating record at the facility in which the following information shall be recorded, as it becomes available, and maintained until closure of the facility:

1. A description and the quantity of each hazardous waste received, and the method(s) and date(s) of its treatment, storage, or disposal at the facility.

2. The location of each hazardous waste within the facility and the quantity of each hazardous waste must be recorded. For all facilities this information must include cross-references to specific manifest document numbers, if the waste was ascompanied by a manifest.

3. Records and results of waste analyses performed as specified in N.J.A.C.7:26-9.4(b), N.J.A.C.7:26-9.4(e) and N.J.A.C.7:26-10.1 et seq. as applicable.

4. Notation in the operating record of all incidents that require implementing the contingency plan as specified in N.J.A.C. 7:26-9.7(1)9;

5. Records and results of inspections as required by N.J.A.C. 7:26-9.4(f)6, N.J.A.C. 7:26-10.1 et seq. as applicable

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and N.J.A.C. 7:26-11.1 et seq. as applicable; and

6. For off-site facilities, notices to generators as specified in N.J.A.C. 7:26-9.4(a)1.

7. Monitoring, testing or analytical data where required by N.J.A.C. 7:14A-6.1 et seq; and

8. All closure cost estimates required in N.J.A.C. 7:26-9.10(d) and, for hazardous disposal facilities, all post-closure cost estimates under N.J.A.C. 7:26-9.11(c).

9. Declinations by authorities, in accordance with N.J.A.C. 7:26-9.6(f).

10. Descriptions of resolved and unresolved significant manifest discrepancies pursuant to N.J.A.C. 7:26-7.6(a)4iii and iv. Each description shall include the following information:

i. The exact nature of the discrepancy;

ii. The reason(s) why the discrepancy occurred;

iii. How the discrepancy was resolved or why it remains unresolved; and

iv. Steps taken to prevent future similar discrepancies.

(j) The owner or operator shall prepare and submit two copies of an annual report to the Department by March 1 of each year in accordance with N.J.A.C. 7:26-7.6(f)2.

(k) Records shall be available according to the following requirements.

1. All records shall be furnished upon request, and made available at all reasonable times for inspection, by any officer, employee, or representative of the Department who is duly designated by the Department; and

2. The retention period for all records required in N.J.A.C. 7:26-9.1 et seq. is extended automatically during the course of any unresolved enforcement action regarding the facility or as requested by the Department; and

3. A copy of waste disposal locations and quantities under N.J.A.C. 7:26-9.4(i)2 shall be submitted to the Department and local land authority upon closure of the facility.

(l) An owner or operator shall provide, when requested by the Department, working space at the facility for equipment, and an on-site inspector employed by the Department for the purpose of overseeing all groundwater monitoring and waste analysis activities at the facility.

(m) The Department and its authorized representatives shall have the right to enter and inspect any building or other portion of the facility for the purpose of:

1. Investigating an actual or suspected source of pollution of the environment; and

2. Ascertaining compliance or non-compliance with statutes of the State of New Jersey or any rules or regulations of the Department.

(n) An owner or operator shall post a warning sign provided by the Department in all work areas in the facility.

(o) The owner or operator shall report to the Department:

1. Releases, fires and explosions as specified in N.J.A.C. 7:26-9.7(1);

2. Groundwater contamination and monitoring data as specified in N.J.A.C. 7:14A-6.1 et seq. (Rules of the Division of Water Resources); and

3. Facility closure as specified in N.J.A.C. 7:26-9.8(1).

7:26-9.5 Groundwater monitoring system

By December 6, 1982, the owner or operator shall design, construct, and implement a groundwater monitoring system in accordance with N.J.A.C. 7:14A-6 unless the owner or operator can demonstrate to the Department that all or part of the groundwater monitoring requirements may be waived, pursuant to 40 C.F.R. 265.90(c). The Department may, in its discretion, only grant waivers which satisfy the requirements of 40 C.F.R. 265.90(c). Modification of groundwater monitoring requirements under N.J.A.C. 7:14A-6.1(a)3 is not available to owners and operators of hazardous waste facilities to narrow or limit any requirement found in N.J.A.C. 7:14A-6. In no case shall all of the groundwater monitoring requirements for a hazardous waste management facility or an industrial waste management facility be waived.

7:26-9.6 Preparedness and prevention

(a) Facilities shall be designed, constructed, maintained and operated to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to the air, soil, surface water or groundwater which could threaten human health or the environment.

(b) All facilities shall be equipped with emergency equipment, unless it can be demonstrated to the Department that none of the hazards posed by waste handled at the facility could require a particular kind of equipment, including but not limited to:

1. An internal communications or alarm system capable of providing immediate emergency instruction (voice or signal) to facility personnel;

2. A device, such as a telephone (immediately available at the scene of operations) or a hand-held two-way radio, capable of summoning emergency assistance from local police departments, fire departments, or State or local emergency response teams;

3. Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment; and

4. Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems.

(c) All facility communications or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment, where required, shall be tested and maintained as necessary to assure its proper operation in time of emergency.

(d) Access to communications or alarm system must be maintained as follows:

1. Whenever hazardous waste is being poured, mixed, spread, or otherwise handled, all personnel involved in the operation shall have immediate access to an internal alarm or emergency communication device, either directly or through visual or voice contact with another employee, unless the Department has ruled that such a device is not required under paragraph 9.6(b); and

2. If there is ever only one employee on the premises while the facility is operating, that employee shall have immediate access to a device, such as a telephone (immediately available at the scene of operation) or a hand-held two-way radio, capable of summoning external emergency assistance, unless the Department has ruled that such a device is not required under paragraph 9.6(b).

(e) The owner or operator shall maintain aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment, and decontamination equipment to any area of facility operation in an emergency, unless aisle space is not needed for any of these purposes.

(f) The owner or operator shall make the following arrangements, in addition to the requirememts of N.J.A.C. 7:26-9.4(g)8, as appropriate for the type of waste handled at the facility and the potential need for the services of these

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organizations:

1. Arrangements to familiarize police, fire departments, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to and roads inside the facility, and possible evacuation routes;

2. Where more than one police and fire department might respond to an emergency, agreement designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to the primary emergency authority;

3. Agreements with emergency response contractors, and equipment suppliers;

4. Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility; and

5. Arrangements to have the local fire department inspect the facility on a regular basis with at least two (2) inspections annually.

6. Where the authorities identified in (f) 1 through 5, above, decline to enter into such arrangements, the owner or operator must document the refusal in the operating record.

7:26–9.7 Contingency plan and emergency procedures

(a) Each owner or operator shall have a contingency plan for the facility. The contingency plan shall be designed to minimize hazards to human health or the environment from fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water.

(b) The provisions of the plan shall be carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment.

(c) The contingency plan shall describe the actions facility personnel shall take to comply with paragraphs 9.7(a), (b) and (e) and in respect to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility.

(d) If the owner or operator has already prepared a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 40 CFR 300, or a Discharge Prevention, Containment and Countermeasure (DPCC) plan in accordance with N.J.A.C. 7:1E-4, the owner or operator needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section.

(e) The plan shall describe arrangements agreed to by local police department, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to N.J.A.C. 7:26-9.6(f).

(f) The plan shall list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and this list must be kept up to date. Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.

(g) The plan shall include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required. This list shall be kept up-to-date. In addition, the plan shall include the location and a physical description of each item on the list, and a brief outline of its capabilities.

(h) The plan shall include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary. This plan shall describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires).

(i) A copy of the contingency plan and all revisions to the plan must be:

1. Maintained at the facility; and

2. Submitted to all local police departments, fire departments, hospitals, and State and local emergency response teams that may be called upon to provided emergency services.

(j) The contingency plan shall be reviewed and immediately amended, if necessary, whenever:

1. Applicable regulations are revised;

2. The plan fails in an emergency;

3. The facility changes (in its design, construction, operation, maintenance, or other circumstances) in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency;

4. The list of emergency coordinators changes; or

5. The list of emergency equipment changes.

(k) At all times, there shall be at least one employee either on the facility premises or on call with the responsibility for coordinating all emergency response measures. This emergency coordinator shall be thoroughly familiar with all aspects of the facility's contingency plan, all operations and activities at the facility, and location and characteristics of waste handled, the location of all records within the facility, and the facility layout. In addition, this person shall have the authority to commit the resources needed to carry out the contingency plan.

(l) Emergency procedures are as follows:

1. Whenever there is an imminent or actual emergency situation, the emergency coordinator (or a designee when the emergency coordinator is on call) shall immediately:

i. Identify the character, exact source, amount, and areal extent of any discharged materials;

ii. Active internal facility alarms or communication systems, where applicable, to notify all facility personnel; and

iii. Notify appropriate State or local agencies with designated response roles if their help is needed.

2. Concurrently, the emergency coordinator shall assess possible hazards to human health or the environment that may result from the discharge, fire, or explosion. This assessment shall consider both direct and indirect effects of the discharge, fire, or explosion.

3. If the emergency coordinator determines that the facility has had a discharge, fire, or explosion which would threaten human health, or the environment, outside the facility, the emergency coordinator shall:

i. Immediately notify appropriate local authorities if an assessment indicates that evacuation of local areas may be advisable. The emergency coordinator shall be available to help appropriate officials decide whether local areas should be evacuated; and

ii. Immediately notify either the Department at (609) 292-5560 during business hours or (609) 292-7172 at all other times

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(if a call to the first number is not answered, the second number shall be called); and

iii. When notifying the Department pursuant to subsection 9.7(e)3ii, report the type of substance and the estimated quantity discharged, if known; the location of the discharge; actions the person reporting the discharge proposes to take to contain, clean up and remove the substance if any and any other information concerning the discharge which the Department may request at the time of notification.

4. During an emergency, the emergency coordinator shall take all reasonable measures necessary to ensure that fires, explosions, and discharges do not occur, recur, or spread to other hazardous waste at the facility. These measures must include, where applicable, stopping processes and operations, collecting and containing released waste, and removing or isolating containers.

5. If the facility stops operations in response to a fire, explosion, or discharge, the emergency coordinator shall monitor for leaks, pressure buildup, gas generation, or ruptures in valves, pipes, or other equipment, wherever this is appropriate.

6. Immediately after an emergency, the emergency coordinator shall provide for treating, storing, or disposing of recovered waste, contaminated soil or surface water, or any other material that results from a discharge, fire, or explosion at the facility.

7. The emergency coordinator shall insure that, in the affected area(s) of the facility:

i. No waste that may be incompatible with the discharged material is treated, stored, or disposed of until cleanup procedures are completed; and

ii. All emergency equipment listed in the contingency plan is cleaned and fit for its intended use before operations are resumed.

8. The owner or operator shall notify the Department, and appropriate local authorities, that the facility is in compliance with subparagraph 9.7(1)7 before operations are resumed in the affected area(s) of the facility.

9. The owner or operator shall note in the operating record the time, date, and details of any incident that requires implementing the contingency plan. Within 15 days after the incident, the owner or operator shall submit a written report on the incident to the Department. The report shall include, but not be limited to:

i. Name, address, and telephone number of the owner or operator;

ii. Name, address, and telephone number of the facility;

iii. Date, time, and type of incident;

iv. Name and quantity of material(s) involved;

v. The extent of injuries, if any;

vi. An assessment of actual or potential hazards to human health or the environment, where this is applicable;

vii. Assessment of the scope and magnitude of the problem;

viii. Description of the immediate actions that have been taken and the estimated quantity and disposition of recovered material that resulted from the incident; and

ix. Provide implementation schedule for undertaking suggested measures to eliminate the problem.

7:26-9.8 General closure requirements

(a) The requirements of this section apply as follows:

1. Except as N.J.A.C. 7:26-9.1 provides otherwise, this section applies to all hazardous waste facilities.

2. The owner or operator of an existing facility shall comply with the applicable provisions of this section by the effective date of this subchapter.

(b) The owner or operator shall close the hazardous waste facility or management unit in a manner that minimizes the need for further maintenance and controls, minimizes or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous constituents, leachate, contaminated run-off or waste decomposition products to the groundwater, or surface waters, or to the atmosphere. In addition, the owner or operator shall comply with all other applicable closure requirements in this section and at N.J.A.C. 7:26-9.10, 7:26-9.12, 7:26-10, and 7:26-11 and, if applicable, the provisions of the Soil Erosion and Sediment Control Act, 4:24-39 et seq. (1976).

(c) The owner or operator shall have a written closure plan. In addition, for surface impoundments at which the owner or operator intends to remove or decontaminate the hazardous waste at partial or final closure, the owner or operator shall submit a contingent closure plan at the same time as submission of the closure plan. The contingent closure plan shall establish procedures for closing the surface impoundment as a landfill in the event that not all hazardous wastes can be removed or decontaminated at closure. The owner or operator shall keep a copy of the closure plan and all revisions to the plan at the facility until closure is completed in accordance with (1) below.

(d) The closure plan shall be submitted with the permit application in accordance with N.J.A.C. 7:26-12 and approved by the Department as part of the permit issuance proceeding. The approved closure plan will become a condition of any permit issued under N.J.A.C. 7:26-12. For facilities with existing facility status under N.J.A.C. 7:26-12.3, the plan shall be submitted in accordance with (h)1 below. The Department's decision shall ensure that the approved closure plan is consistent with the provisions of this section as well as all applicable provisions of N.J.A.C. 7:26-10 or 7:26-11. Until final closure is completed to the Department's satisfaction and certified in accordance with (1) below, a copy of the approved plan and all approved revisions shall be furnished to the Department upon request, including request by mail.

(e) The closure plan shall identify the steps necessary to completely or partially close the facility at any point during the facility's active life. The closure plan shall include at least:

1. A description of:

i. How each hazardous waste management unit will be closed in accordance with (b) above;

ii. The maximum extent of the operation which will be unclosed during the life of the facility; and

iii. How the requirements of (b) above for final closure and all other applicable closure requirements this section and N.J.A.C. 7:26-10 or N.J.A.C. 7:26-11 for existing facilities prior to final disposition of permit application, will be met;

2. An estimate of the maximum inventory of solid waste, including hazardous waste, ever on-site at any given time during the active life of the facility, a detailed description of the methods to be used during partial and final closure, including, but not limited to, methods for removing,

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0013-9211/93/$0+$1.00

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APPENDIX B

MAP OF DESIGNATED WASTE STORAGE AREAS

APPENDIX C

HAZARDOUS WASTE CONTAINER LABEL

HAZARDOUS WASTE

FEDERAL AND/OR STATE LAWS PROHIBIT IMPROPER DISPOSAL
IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY AUTHORITY, THE U.S. ENVIRONMENTAL PROTECTION AGENCY OR THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY.

GENERATOR INFORMATION:

NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EPA ID NO. _____ MANIFEST DOCUMENT NO. _____

STATE MANIFEST DOCUMENT NO. _____

ACCUMULATION START DATE _____ EPA WASTE NO. _____

_____
_____
_____

D.O.T. PROPER SHIPPING NAME AND UN OR NA NO. WITH PREFIX

HANDLE WITH CARE!

STYLE CFWMNJ6

Printed by Labelmaster, An American Labelmark Co., Chicago, IL 60646 (800) 621-5808 REV292

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APPENDIX D

DOCUMENTATION OF INSPECTIONS

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APPENDIX E

NEW JERSEY HAZARDOUS WASTE SHIPPING MANIFEST FORM

VHW-001 (REV. 3/86)

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

8428911461

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number **NJA 1511780**

B. State Generator's ID

5. Transporter 1 Company Name | 6. US EPA ID Number

C. State Trans. ID

7. Transporter 2 Company Name | 8. US EPA ID Number

D. Transporter's Phone ( )

E. State Trans. ID

9. Designated Facility Name and Site Address | 10. US EPA ID Number

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone ( )

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. c.

b. d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

In case of an emergency or spill immediately call the state the emergency number ...

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

1 — TSD MAIL TO - TSD'S STATE

APPENDIX F

DOCUMENTATION OF TRAINING

New Jersey Hazardous Waste Training Requirements
N.J.A.C 7:26-9.4(g)

(g) Hazardous waste facility personnel shall successfully complete a program of classroom instruction or on-the-job training that teaches them to perform their duties in a way that ensures the hazardous waste facility's compliance with the requirements of this subchapter.

1. The owner or operator shall ensure that this program includes all the elements described in the document required under N.J.A.C.7:26-9.4(g)6iii.

2. This program shall be directed by a person trained in hazardous waste management procedures, and must include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed.

3. At a minimum, the training program shall be designed to ensure that facility personnnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including, where applicable:

i. Personnel safety equipment;

ii. Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment;

iii. Key parameters for automatic waste feed cut-off systems;

iv. Communications or alarm systems;

v. Response to fires or explosions;

vi. Response to groundwater contamination incidents; and

vii. Shutdown of operations.

4. Facility personnel shall sucessfully complete the program required in paragraphs 9.4(g)1-3 within six months after the effective date of this subchapter or six months after the date of their employment or assignment to a facility, or to a new positon at a facility, whichever is later. Employees hired after the effective date of this subchapter must not work in unsupervised positions until they have completed the training requirements of paragraphs 9.4(g)1-3.

5. Facility personnel shall take part in an annual review of the initial training required in paragraphs 9.4(g)1-3.

6. The owner or operator shall maintain the following documents and records at the facility:

i. The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job;

ii. A written job description for each position listed under subparagraph 9.4(g)6i. This shall be current at all times. This description may be consistent in its degree of specificity with descriptions of other similar positions in the same company location or bargaining unit, but shall include the requisite skill, education, or other qualifications, and duties of employees assigned to each position.

iii. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under subparagraph 9.4(g)6i.

iv. Records that document that the training required by (g)1 through 5 above has been given to, and completed by, facility personnel.

7. Training records on current personnel shall be kept until closure of the facility; training records on former emploeyes shall be kept for at least three years from the date the employee last worked at the facility. Personnel training records may accompany personnel transferred within the same company.

8. Semi-annual drills involving all employees and appropriate local authorities shall be conducted to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to N.J.A.C.7:26-9.7.

i. An owner or operator may petition the Department for an exemption from the semi-annual drill requirement.

ii. An owner or operator may petition the Department for an exemption from the involvement of some or all local officials in the semi-annual drills provided the specific local officials to be excluded have provided the Department with written approval of the exemption.

Job description for each position at the facility related to hazardous waste management, and the name of the employee filling each job:

JOB TITLE	DUTIES	QUALIFICATIONS	EMPLOYEE NAMES
Management, technical staff, supervisors, maintenance, and production personnel.	General duties include identification, labelling, handling, and shipping of solid and hazardous waste. Additional job duties are kept in personnel files at plant.	Classroom and on-the-job training related to all aspects of hazardous waste management. Additional qualifications are kept in personnel files at plant.	See employee roster kept in files at plant.

Description of the type and amount of both introductory and continuing training given to each person filling a position related to hazardous waste management:

Introductory training covers all topics listed under N.J.A.C. 9.4(g) (see Appendix F, Documentation of Training).

Continuing training, conducted at least annually, includes refresher training for all topics listed under N.J.A.C. 9.4(g).

The following employees have completed hazardous waste training pursuant to the requirements contained in N.J.A.C. 7:26-9.4(g):

EMPLOYEE NAME	HAZARDOUS WASTE TRAINING RECEIVED (INITIAL/REFRESHER)	DATE	EMPLOYEE SIGNATURE

F-Doremus-Haz Waste

8428911467

HAZARDOUS WASTE MANAGEMENT PROGRAM

Reichhold Chemicals

Doremus Avenue, Newark, NJ

March, 1991

PURPOSE

To set forth procedures by which hazardous waste, if generated, is managed prior to off-site disposal.

Reichhold is committed to reducing the quantity and toxicity of wastes which are generated at its operating facilities, to the extent practicable. In accordance with Reichhold's Waste Minimization Program, wastes will be recycled or otherwise reused, and discarded only as a last resort.

INTRODUCTION

Federal and state regulations require that all hazardous wastes are managed in accordance with strict guidelines. Penalties for violating hazardous waste regulations include monetary fines (up to $50,000 per day) and criminal sanctions.

Reichhold's Hazardous Waste Management Program is intended to meet, if not exceed, all requirements under applicable federal and state law. This program must be updated periodically (at least annually) to incorporate regulatory changes which have occurred since the previous update.

This document is to be used as a guide for instructing plant employees in the safe and lawful management of hazardous waste. Readers are referred to applicable regulations at the local,

state and federal level, and other Reichhold policies and programs for additional guidance in this area.

DESCRIPTION OF WASTES

Reichhold generates two types of hazardous wastes on a routine basis - waste filter cake and waste liquids (such as spent solvents and discarded resin). All other waste materials should be referred to the shift supervisor or environmental coordinator.

1. Waste Filter Cake

Filter cake is generated by filtering liquid resin product through filter presses, cartridges and bags. Wastes in this category include spent filter powder, filter paper, filter cartridges, and filter bags. Filter cake is considered hazardous due to the flammability of product residues which remain on these materials after filtering. Due to government restrictions, waste filter cake must not contain free flowing liquids, or any other solid debris which does not meet the description above.

2. Waste Liquids

Waste liquids include spent wash solvents, process hose leaks, and liquid resin which cannot be recycled or otherwise reused. Waste liquids are hazardous due to flammability. Due to government restrictions, hazardous waste liquids must not be intermixed with any materials which do not meet the description above.

DAILY PROCEDURES

A hazardous waste staging area is located on each floor of the production building and various other locations, designated by "HAZARDOUS WASTE" signs. These areas are to be used for the temporary storage of hazardous wastes only.

All hazardous waste containers must be sealed at all times, except when being filled.

At the end of each shift, the shift supervisor is responsible for having all filled hazardous waste containers removed to the staging area on each floor. Filled containers must be properly sealed and labeled as shown in Appendix A. Everyday, filled containers will be removed from staging areas and placed in the hazardous waste yard storage area.

Hazardous waste containers which are not filled may remain on the production area floor, provided they are sealed and labeled as shown in Appendix A.

PROCEDURES PRIOR TO OFF-SITE SHIPMENT

Reichhold operates under RCRA 90-day generator status, which requires that all hazardous wastes are properly disposed of within 90 days of being generated. Prior to off-site shipment, hazardous waste containers must be inspected daily to ensure safe conditions. A daily inspection log is provided in Appendix B. A map showing hazardous waste storage areas is provided in Appendix C.

APPENDIX A

HAZARDOUS WASTE CONTAINER LABELS

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90 DAY ACCUMULATION

HAZARDOUS WASTE

ACCUMULATION START DATE ENTER DATE WHEN CONTAINER IS FULL

CONTENTS OR DESCRIPTION OF WASTE FILTER CAKE

HANDLE WITH CARE

©SAFETY SIGN CO CLEVELAND, OHIO 44136

8428911472

90 DAY ACCUMULATION

HAZARDOUS WASTE

ACCUMULATION START DATE ENTER DATE WHEN CONTAINER IS FULL

CONTENTS OR DESCRIPTION OF WASTE RESIN SOLUTION

HANDLE WITH CARE

©SAFETY SIGN CO CLEVELAND, OHIO 44136

APPENDIX B

HAZARDOUS WASTE CONTAINER INSPECTION LOG

DAILY HAZARDOUS WASTE CONTAINER INSPECTION LOG

Reichhold Chemicals
400 Doremus Ave
Newark, New Jersey

✓ = ACCEPTABLE X = NOT ACCEPTABLE

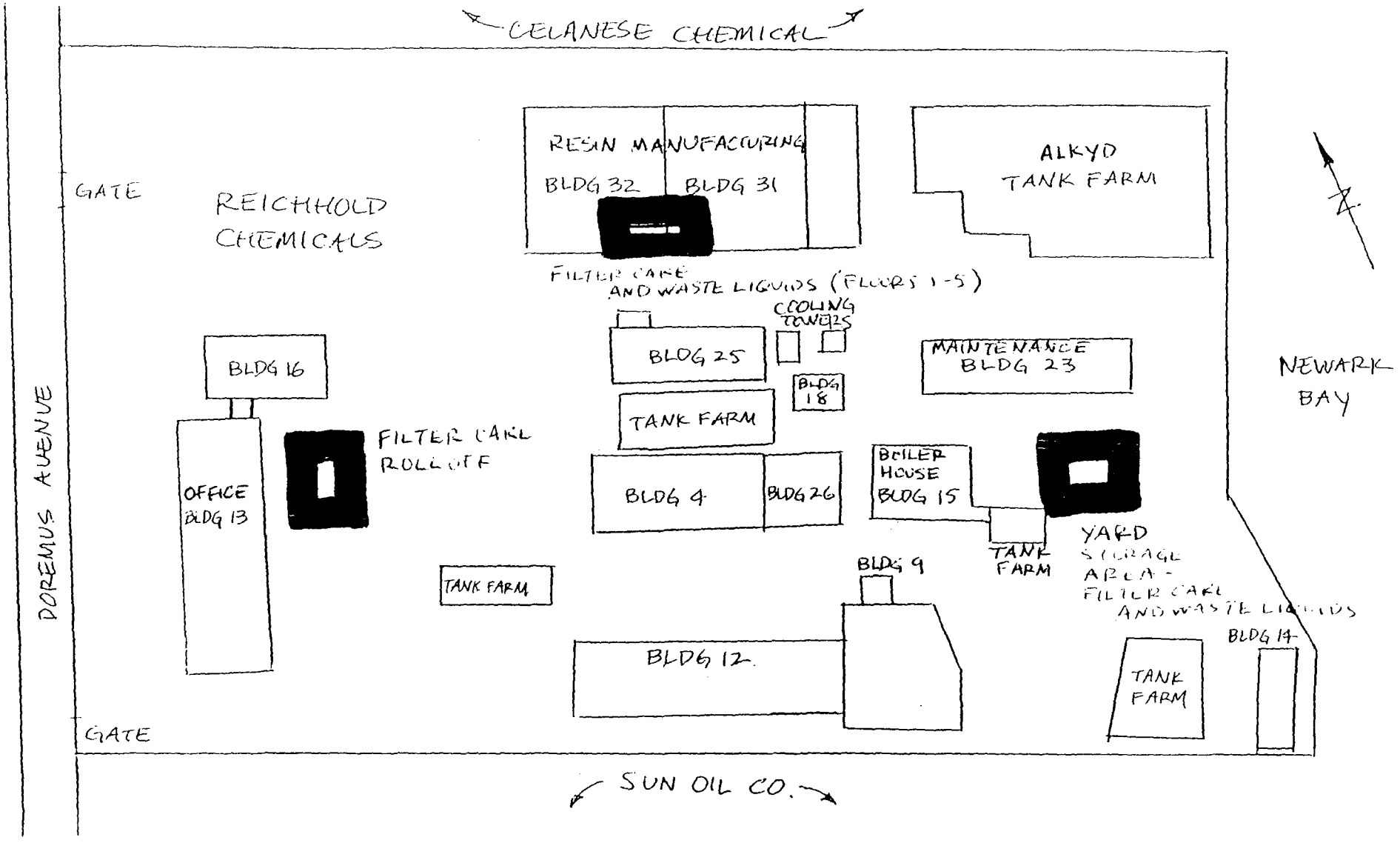
DATE	INSPECTOR	CONTAINERS CLOSED	CONTAINER & PALLET INTEGRITY	2' AISLE SPACE	LABELS COMPLETE & LEGIBLE	ACCUMULATION START-DATE LESS THAN 90 DAYS	COMMENTS	REMEDIAL ACTION

2/91

8428911474

APPENDIX C

HAZARDOUS WASTE STORAGE AREAS



REICHHOLD CHEMICALS
400 DOREMUS AVE.
NEWARK, NJ 07105

842891476

HAZARDOUS WASTE PROCEDURES

At the end of each shift, the shift supervisor or his designee must verify that all hazardous waste containers are:

1. **SEALED**

All hazardous waste containers (drums and pails) must be sealed at all times, except when being filled.

Closed-head drums and pails must be sealed with a bung cap or safety funnel. Open-head drums and pails must be sealed with a cover and ring-lock.

2. **LABELED**

All hazardous waste containers must be labeled with a hazardous waste label and a short description of its contents (e.g., "filter cake" or "resin solution"). Labels are available from the environmental coordinator.

3. **STAGED**

All hazardous waste containers which are filled must be placed in the hazardous waste staging area on each floor, designated by "HAZARDOUS WASTE" signs. The hazardous waste label must be marked with the date on which a drum is completely filled.

Doremus w Wat

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

March 13, 1996

Mike Baxi
Reichhold Chemical Inc.
400 Doremus Avenue
Newark NJ 07105

RE: SLUG DISCHARGE CONTROL PLAN APPROVAL

Dear Mr. Baxi:

This is to inform you that we have reviewed the Slug Loading Control Questionnaire you submitted in the month of March 1996, and found that the preventative measures your company is already performing conforms to the requirements expressed under USEPA General Pretreatment Regulation 40 CFR 403.8(f)(2)(v). As a result your company will be considered to be operating under an approved Slug Discharge Control Plan, effective as of the date of this letter.

You are reminded that, if in the future there is a change in your company's ability to adequately handle a potential slug loading, PVSC must be notified so that you may be directed further. If you have any questions, please contact Andy Caltagirone at (201)817-5723.

Very truly yours,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Robert J. Davenport
Executive Director

RJD/sml

cc: Frank P. D'Ascensio

8428911478

Slug Loadings Control Questionnaire

Reichhold Chemicals, Inc.
400 Doremus Avenue
Newark, New Jersey 07105

8428911479

SLUG LOADINGS CONTROL QUESTIONNAIRE

I. GENERAL INFORMATION

Facility Name & Address: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE, NEWARK, N.J. 07105

Permit Number 20406320-44100-0201

Facility Contract & Phone Number: RON KURTZ (201) 465-2199

Type of Business: RESIN MANUDACTURER

Operating Schedule (Hours per day) (Days per Week) 24 HRS/DAY - 7 DAYS/WEEK

Average Daily Flow (gallons/day) 15 - 25,000 GALLONS/DAY

II. FACILITY LAYOUT

Prepare a site diagram which shows the location of the following: (Where applicable) (SEE ATTACHMENT)

1. Property boundaries
2. Entrances/Exits
3. Manufacturing areas
4. Hazardous Materials Process & Storage Areas
5. Waste Handling, Storage and Treatment Facilities
6. Loading and unloading areas
7. Drainage directions and destinations
8. Tanks Greater than 100 gallons (list capacity)
9. Any Diked or Contained areas designed to abate slug discharges

III. HAZARDOUS MATERIALS DATA (SEE ATTACHMENT)

1. List maximum volume (at any given time) of all hazardous or toxic materials used in hazardous materials process "storage areas" depicted on facility layout diagram.

IV. SLUG PREVENTION EQUIPMENT AND PROCEDURES (SEE ATTACHMENT)

1. List any equipment other than those depicted or explained above which would serve slug prevention.

2. List inspection and maintenance procedures of slug prevention or response equipment.

V. EMERGENCY RESPONSE EQUIPMENT AND PROCEDURES

1. Alarms or communications equipment: YES (SEE ATTACHMENT)
2. Spill containment/control equipment: YES (SEE ATTACHMENT)
3. Spilled material storage containers: YES (SEE ATTACHMENT)

If there is an approved response program and associated procedures, describe the following: (check here if N/A_____).

1. Spill and Slug Assessment Procedures
2. Spill and Slug Cleanup Procedures
3. Decontamination Procedures
4. Procedures for Disposing or Treating Spills Materials

SEE ATTACHMENT

VI SLUG REPORTING

Describe: SEE ATTACHMENT

1. Slug Reporting Procedures in Place at your facility

VII TRAINING PROGRAM

Describe: SEE ATTACHMENT

1. Any training aimed at Emergency Response or Spill Containment

VIII MISCELLANEOUS

SEE ATTACHMENT

1. Are there any safeguards in place to assure that current PVSC Rules and Regulations Prohibitions (see Section 312) will not be exceeded in Slug quantities.

2. Metals loadings to PVSC are of acute concern as they are problematic constituents in sludge generated at the plant. In fact, there will be local limits imposed for the following metals; aresenic, cadmium, chromium, copper, lead, mercury, molybdenum, nickel, and zinc. Are there any possibilities existing for slug release of these metals to the sewer? If so, what metal (s) are affected, and what will be done to prevent a slug discharge? If no possibility exists of sludge metal discharges list what was done to achieve this condition.

Upon receipt of this information, a determination will be made as to whether or not a formal Slug Control Plan for your facility will be required. Thank you for your time in this matter.

SLUG LOADINGS CONTROL QUESTIONNAIRE

I. GENERAL INFORMATION

Reichhold Chemicals, Inc.
400 Doremus Avenue
Newark, New Jersey 07105
(201) 589-3709

Permit No. 20406320-44100-0201

Ronald C. Kurtz - Environmental, Health & Safety Manager (201) 465-2199
(201) 817-9173 Fax

Resin Manufacturer with an SIC No. 2821

24hours/day, 7 days/week, 365 days/year (Try to shutdown for major holidays, depends on work load)

Average Daily Flow 15 - 25,000 gallons per day

II FACILITY LAYOUT

Attachment A Includes an overall Site Plan

1) Property boundaries: Hoechst Celanese to the north, Newark Bay to the east, Sunoco to the south, and Doremus Avenue to the west.

2) Entrances/Exits: There is one railroad entrance along Doremus Avenue, as well as, two vehicle/employee entrances (North & South Gates). There is also water transportation access from Newark Bay, however , this is no longer used.

3) Manufacturing Areas: All manufacturing is performed within Building 31/32.

4) Hazardous Materials Process & Storage Areas: Building 13 is used as a warehouse to store bags and drums of hazardous materials in dry form , as well as, non-hazardous liquids and powders. The storage areas in the Alkyd Tank Farm, Buildings 4 & 26, Building 31/32, Monomer Tank Farm, and Tanks 309/310/311 are all identified in Table 1.

5) Waste Handling, Storage and Treatment Facilities: Hazardous Waste is stored in 55-gallon drums in the Hazardous Waste Storage Area near the guard house. Hazardous Waste is also accumulated at satellite stations throughout the facility.

6) Loading and Unloading Areas: There are six loading/unloading areas in the plant: Beside the Alkyd Tank Farm, Between Buildings 31/32 and 25, west of Building 4, south side of Building 4, Railroad tracks on the site's north side, and East of Building 13. Reichhold receives material in railroad cars, tank wagons, and box trailers.

7) Drainage Directions and Destinations: For the most part, the facility drains towards the eastern portion of the property. Furthermore most of the site is asphalt paved with stormwater drains, drainage will eventually go to Newark Bay.

8) Tanks greater than 100 gallons: All Bulk storage Tanks are identified in Table 1. Additional, process tanks greater than 100 gallons can be found in Building 31/32.

9) Any Diked or Contained Areas: All aboveground storage tanks, production areas, loading/unloading areas, equipment used to transfer material, and material storage areas are diked whether or not they contain hazardous materials. Reichhold has just completed an secondary containment upgrade schedule as part of our DPCC/DCR Plan in accordance with N.J.A.C. 7:1E.

III HAZARDOUS MATERIALS DATA

A list of the 1995 maximum inventory, at any given time, of all active hazardous or toxic materials along with there locations is identified in our Community Right to Know Survey (see attachment). Laboratory chemicals in Building 31/32 do vary in quantities but are limited in amounts (not greater than 5-gallons in size).

IV SLUG PREVENTION EQUIPMENT AND PROCEDURES

Reichhold does have numerous secondary containment systems throughout the plant which can be considered as slug prevention devices. In addition, as part of the facility's DPCC/DCR requirements, Reichhold has SOP's and checklists to assist in the prevention of hazardous material discharges. In the event of an emergency at the facility, the Reichhold Emergency Response Plan will be implemented. The facility's plan consists of general procedures to be followed, as well as, procedures for Fire Emergency, a Disaster Emergency, a Bomb Threat, an Environmental Emergency, and more. The facility's Incident Command system will be implemented. The maintenance department also has a preventative maintenance program which inspects containment systems routinely.

V EMERGENCY RESPONSE EQUIPMENT AND PROCEDURES

1) Alarms or Communication Equipment: In general, Reichhold has alarms for pH & LEL for its wastewater discharges throughout the facility. With regards to communication equipment, Reichhold has a facility audible alarm system, area PA systems, radio systems, in-house telephone system, and pagers on selected managers/supervisors.

2) Spill Containment/Control Equipment: The facility does store a variety of spill response equipment (Spill Kits) throughout the site and within production areas. Equipment consists of a HAZMAT Trailer full of supplies/equipment, a variety of absorbents, fire fighting equipment, personal protective equipment, drum repair kits, overpack drums, pumps, shovels, etc.. Equipment and procedures are outlined in the facility Emergency Response Plan. Furthermore, Reichhold has a HAZMAT Team.

3) Spilled Material Storage Containers: For the most part, Reichhold has a large quantity of empty material storage containers on-site. Containers can consist of empty raw material containers to empty product containers. In addition, there are overpack drums and empty storage tanks on-site within storage areas and production areas in the event of an emergency.

4) Approved Response Program and Associated Procedures: Reichhold does have an Emergency Response Plan which outlines procedures to be followed in the event of an emergency. In addition to this plan, Reichhold was required to prepare a DPCC/DCR Plan pursuant to NJAC 7:1E. The facility's DPCC/DCR Plan includes a schedule of upgrades to be completed over the next few years in order to prevent the discharge of hazardous substances into the environment. The plan also dictates Reichhold to inspect and periodically test storage tanks and to provide procedures for spill response and spill cleanup.

   With regard to decontamination procedures, Reichhold has procedures for personnel and equipment decontamination. Decontamination of the environment and sewer would be subjected to the material spilled. Likewise, Reichhold does have formal procedures for disposing or treating spill materials since the material in question could be recovered and reused (rework, cleaning solution, etc.).

VI SLUG REPORTING

In the event of a major spill at the Reichhold facility, all attempts to contain and prevent the spilled material from entering the sewer system would be made using the Emergency Response Plan. If the spilled material enters the sewer system, the Plan requires Reichhold personnel to make all attempts to stop the discharge into the sewer system and to notify PVSC immediately.

VII TRAINING PROGRAM

Pursuant to Reichhold's DPCC/DCR Plan, personnel are trained in spill containment procedures which includes hands-on training with practice spill drills. Other types of training such as emergency response, first aid, CPR, and fire prevention are provided. In addition, Reichhold has a HAZMAT Team.

VIII MISCELLANEOUS

1) Safeguards: For the most part, there are safeguards in place to assure that the current PVSC Rules and Regulations (section 312) will not exceed Slug quantities. It should be noted that pursuant to Reichhold's DPCC/DCR Plan, additional safeguards are currently, or are scheduled to be, installed.

2) Metals loadings above PVSC local limit is not a concern since Reichhold does not use, store, or process any of the following metals: arsenic, cadmium, chromium, copper, lead, mercury, molybdenum, nickel, or zinc.

TABLE 1

TANK NUMBER	LOCATION	VOLUME GALLONS	MATERIAL OF CONSTRUCTION	STORES
1	Alkyd Tank Farm	50,000	Cladd-Stain.Steel	Tall Oil Fatty Acids
2	Alkyd Tank Farm	50,000	Cladd-Stain.Steel	Vegetable Oil
3	Alkyd Tank Farm	50,000	Cladd-Stain.Steel	Vegetable Oil
4	Alkyd Tank Farm	50,000	Steel	Linseed Oil
5	Alkyd Tank Farm	50,000	Steel	Linseed Oil
6	Alkyd Tank Farm	20,000	Stainless Steel	GLYCERIN
7	Alkyd Tank Farm	13,000	Stainless Steel	Vegetable Oil Fatty Acid
8	Alkyd Tank Farm	20,000	Steel	Solvents
9	Alkyd Tank Farm	20,000	Steel	# 2 FUEL OIL
10	Alkyd Tank Farm	20,000	Steel	Solvent 150
11	Alkyd Tank Farm	20,000	Steel	Xylene
12	Alkyd Tank Farm	20,000	Steel	Resin Product
13	Alkyd Tank Farm	20,000	Steel	Resin Product
14	Alkyd Tank Farm	20,000	Steel	Resin Products
15	Alkyd Tank Farm	20,000	Steel	Resin Products
16	Alkyd Tank Farm	20,000	Steel	VM&P Naphtha
17	Alkyd Tank Farm	20,000	Steel	Resin Products
18	Alkyd Tank Farm	20,000	Steel	XYLENE
19	Alkyd Tank Farm	20,000	Steel	VARSOL-18/Solvents
20	Alkyd Tank Farm	20,000	Steel	Resin/Oil Products
21	Alkyd Tank Farm	13,000	Stainless Steel	Vegetable Oil Fatty Acid
22	Alkyd Tank Farm	13,000	Stainless Steel	Vegetable Oil
23	Alkyd Tank Farm	13,000	Steel	Resin Products
24	Main Tank Farm	13,000	Steel	TOLUENE
25	Main Tank Farm	13,000	Steel	ISOBUTANOL
26	Main Tank Farm	13,000	Steel	Resin Products
27	Main Tank Farm	13,000	Steel	Resin Products
28	Main Tank Farm	13,000	Steel	Resin Products
29	Main Tank Farm	13,000	Steel	Resin Products
30	Main Tank Farm	13,000	Steel	Sec-Butanol
31	Main Tank Farm	29,000	Stainless Steel	Molten Phthalic Anhydride
32	Main Tank Farm	13,000	Steel	Alcohols/Solvents
33	Main Tank Farm	13,000	Steel	Storm Water
44	Bldg. 31/32 - 3rd Floor	6,500	Steel	Resin Thin Tank
45	Bldg. 31/32 - 1st Floor	12,700	Steel	Resin Thin Tank

TABLE 1

TANK NUMBER	LOCATION	VOLUME GALLONS	MATERIAL OF CONSTRUCTION	STORES
46	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
47	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
48	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
49	Bldg. 32 - 4th Floor	6,000	Steel	Process Thin Tanks
50	Bldg. 32 - 4th Floor	6,000	Steel	Process Thin Tanks
51	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
52	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
53	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
54	Bldg. 32 - 4th Floor	6,000	Steel	Process Thin Tank
55	Bldg. 32 - 4th Floor	6,000	Steel	Process Thin Tank
56	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
57	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
58	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
59	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
60	Bldg. 32 - 4th Floor	6,000	Steel	Oil Processing Tank
61	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
62	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
63	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
64	Bldg. 32 - 4th Floor	6,000	Steel	Resin Products
65	Bldg. 32 - 4th Floor	6,000	Steel	Oil Blend Tank
66	Bldg. 31/32 - 1st Floor	5,600	Steel	Wastewater
67	Bldg. 31/32 - 1st Floor	5,600	Stainless Steel	Solvent/Water Decanter
68	Bldg. 31/32 - 3rd Floor	7,500	Steel	Resin Thin Tank
69	Bldg. 31/32 - 3rd Floor	7,500	Steel	Resin Thin Tank
70	Bldg. 31/32 - 2nd Floor	5,000	Steel	Resin Thin Tank
77	Bldg. 31/32 - 5th Floor	7,800	Steel	Emergency Relief Holding Tank
78	Bldg. 31/32 - 3rd Floor	2,000	Stainless Steel	Solvent Blow Down Tank
80	Bldg. 31/32 - 1st Floor	12,700	Steel	Resin Thin Tank
81	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
82	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
83	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
84	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
85	Bldg. 32 - 3rd Floor	6,200	Steel	Resin/Oil Product
86	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
87	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product

TABLE 1

TANK NUMBER	LOCATION	VOLUME GALLONS	MATERIAL OF CONSTRUCTION	STORES
88	Bldg. 32 - 3rd Floor	6,200	Steel	Resin/Oil Product
89	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
90	Bldg. 32 - 3rd Floor	6,200	Steel	Oil Product
91	Bldg. 32 - 4th Floor	6,200	Steel	Resin/Oil Product
92	Bldg. 32 - 4th Floor	6,200	Steel	Resin/Oil Product
93	Bldg. 32 - 4th Floor	6,200	Steel	Resin/Oil Product
94	Bldg. 32 - 4th Floor	6,200	Steel	Resin/Oil Product
95	Bldg. 32 - 4th Floor	6,200	Steel	Resin Product
96	Bldg. 32 - 4th Floor	6,200	Steel	Oil Product
97	Bldg. 32 - 4th Floor	6,200	Steel	Oil Product
98	Bldg. 32 - 4th Floor	6,200	Steel	Resin/Oil Products
108	Bldg. 32 - 5th Floor	1,332	Stainless Steel	Butyl Cellosolve Weigh Tank
111	Main Tank Farm	15,000	Steel	Butyl Cellosolve
112	Main Tank Farm	14,276	Aluminum	Aromatic Solvent 100
113	Main Tank Farm	5,000	Steel	Mineral Spirits
114	Main Tank Farm	5,000	Steel	Alcohol/Solvents
115	Main Tank Farm	5,000	Aluminum	n-Butyl Alcohol
116	Main Tank Farm	5,000	Steel	Alcohol/Solvents
119	Bldg. 31/32 - 5th Floor	7,800	Stainless Steel	Monomer Premix
120	Bldg. 31/32 - 2nd Floor	8,800	Stainless Steel	Resin Thin Tank
121	Bldg. 31/32 - 2nd Floor	8,800	Stainless Steel	Resin Thin Tank
125	Bldg. 31/32 - 5th Floor	650	Stainless Steel	Resin Thin Tank
126	Bldg. 31/32 - 4th Floor	10,600	Steel	Resin Thin Tank
127	Monomer Tank Farm	15,000	Stainless Steel	Trimethylol Propane Diol (TMPD)
128	Monomer Tank Farm	15,000	Stainless Steel	Molten Trimethylol Propane (TMP)
129	Monomer Tank Farm	15,000	Stainless Steel	NPG/Hexanediol Mixture
130	Monomer Tank Farm	15,000	Stainless Steel	NPG
131	Monomer Tank Farm	15,000	Steel	Propylene Glycol
132	Monomer Tank Farm	15,000	Lined Steel	Resin/Oil Products
133	Monomer Tank Farm	15,000	Lined Steel	Resin/Oil Products
134	Monomer Tank Farm	15,000	Lined Steel	Resin/Oil Products
135	Monomer Tank Farm	15,000	Steel	Ethylene Glycol
136	Monomer Tank Farm	15,000	Lined Steel	Resin/Oil Products
138	Bldg. 31/32 - 1st Floor	10,600	Steel/Stainless	Wastewater Holding Tank
201	Building 4	20,000	Steel	Resin Product

TABLE 1

TANK NUMBER	LOCATION	VOLUME GALLONS	MATERIAL OF CONSTRUCTION	STORES
202	Building 4	20,000	Steel	Resin Product
203	Building 4	20,000	Steel	Resin Product
204	Building 4	20,000	Steel	Resin Product
205	Building 4	20,000	Steel	Resin Product
206	Building 4	20,000	Steel	Resin Product
207	Building 4	20,000	Steel	Resin Product
208	Building 4	20,000	Steel	Resin Product
209	Building 4	20,000	Lined Steel	Resin Product
210	Building 4	20,000	Lined Steel	Resin Product
211	Building 4	20,000	Lined Steel	Resin Product
212	Building 4	20,000	Lined Steel	Resin Product
213	Building 4	20,000	Lined Steel	Resin Product
214	Building 4	20,000	Lined Steel	Resin Product
215	Building 4	20,000	Lined Steel	Resin Product
216	Building 4	20,000	Lined Steel	Resin Product
217	Building 4	20,000	Lined Steel	Resin Product
218	Building 4	20,000	Lined Steel	Resin Product
219	Building 26	9,000	Aluminum	SOLVENT-140
220	Building 26	9,000	Aluminum	Resin Product
221	Building 26	9,000	Aluminum	Resin/Oil Product
264	Building 26	9,000	Steel	Resin Product
265	Building 26	9,000	Steel	Resin Product
309	Yard	47,000	Steel	Wastewater
310	Yard	47,000	Steel	Wastewater
311	Yard	47,000	Steel	Wastewater

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, **1995**

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **1,4-CYCLOHEXANEDIMETHANOL**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 105088	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **150 FLASH AROMATIC SOLVENT**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 64742-94-5	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **24 % ZIRCONIUM HEXACHE**	(X) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 22464999	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 5th Floor		
Name: **6-HEXENDIOL**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 629-11-8	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **ACETIC ACID SOLUTION 80%**	(X) Fire	Container Type	DP
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 64197	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
[illegible]	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] **NOTE** Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, **1995**

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **ACONEW**500**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 61790123	( ) Reactive	Avg. daily inventory	16
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **ACOSIX**700**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: Properieta	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s)		
Name: **ADIPIC ACID**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 124-04-9	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **ALK REFINED LINSEED OIL**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 8001261	( ) Reactive	Avg. daily inventory	17
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **BENZOIC ACID**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 65-85-0	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
[illegible]	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES[1]

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure
01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **BUTYL ACETATAE**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 123864	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 2nd Floor		
Name: **BUTYL CELLOSOLVE**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 111762	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **CASTER OIL # 1**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 8001794	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 3nd Floor		
Name: **CHINAWOOD OIL**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 8001205	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 2nd Floor		
Name: **COCONUT OIL**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 8001318	( ) Reactive	Avg. daily inventory	15
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 4th Fl Tank Farm		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
[illegible]	[illegible]arboy	RC	Railcar
[illegible]	[illegible]lo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

1 **NOTE** Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **DIBUTYL TIN**	( ) Fire	Container Type :	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 77587	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **DIETHYLENE GLYCOL**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 111-46-6	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **EMPOL 1008**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 68783415	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 2nd Floor		
Name: **EPON RESIN 1004F**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 25036253	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **ETHYL 3-ETHOXYPROPIONATA**	(X) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 763699	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
	Carboy	RC	Railcar
	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

Please type all responses
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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **ETHYL ALCOHOL**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 64-17-5	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **ETHYLENE GLYCOL**	( ) Fire	Container Type	TA
Substance Number: 0878	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 107-21-1	( ) Reactive	Avg. daily inventory	15
DOT Number: 1142	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) New Tank Farm		
Name: **GLYCERINE**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 56-81-5	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **HAZARDOUS WASTE**	(X) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: N/A	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Haz Waste Area, Yard		
Name: **HEXAMETHYLENE TETYRAMINE**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 100970	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	275
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-13, 1st Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
[illegible]	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES[1]

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure
01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: HYDROGENATED BISPHENOL A	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 80046	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: ISOBUTYL ALCOHOL	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 78831	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: ISOPHTHALIC ACID	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 121-91-5	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: LINSEED FATTY ACID	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 68424453	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: LITHIUM TEN CHEM 2%	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 27253-30-1	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
[illegible]	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] **NOTE** Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **MINERAL SPIRITS**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 64741-41-9	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **MPD**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 2163420	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **N-BUTYL ALCOHOL**	(X) Fire	Container Type	TA
Substance Number: 1330	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 71-36-3	( ) Reactive	Avg. daily inventory	13
DOT Number: 1120	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **NEOPENTYLYL GLYCOL**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 126-30-7	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
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13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] **NOTE** Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

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Reporting Period: January 1 - December 31, 1995

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **NITROGEN, LIQUID**	( ) Fire	Container Type	TA
Substance Number:	(X) Sudden release of pressure	Max. daily inventory	14
CAS Number: 7727-37-9	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	2
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Plant Yard By Bldg-13		
Name: **NON-BREAK SAFFLO OIL**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 8001238	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 3nd Floor		
Name: **NON-BREAK SOYABEAN OIL**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	19
CAS Number: 8001227	( ) Reactive	Avg. daily inventory	17
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **P-TERT BUTYL BENZOIC ACID**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 98-73-7	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **PAMOLYN 210**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 60-33-3	( ) Reactive	Avg. daily inventory	16
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

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SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **PAMOLYN 240**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 0000000000	( ) Reactive	Avg. daily inventory	14
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **PENTAERYTHRITOL=PURE**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 115-77-5	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **PHENOLIC 29008**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 25085-50-1	( ) Reactive	Avg. daily inventory	13
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **PHOSPHORIC ACID**	( ) Fire	Container Type	DP
Substance Number: 1516	( ) Sudden release of pressure	Max. daily inventory	13
CAS Number: 7664-38-2	(X) Reactive	Avg. daily inventory	13
DOT Number: 1805	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **PHTHALIC ANHYDRIDE**	( ) Fire	Container Type	RC
Substance Number: 1535	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 85-44-9	(X) Reactive	Avg. daily inventory	15
DOT Number: 2214	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	5
Trade Secret: ( ) Check if claiming	Locations(s) By Alkyd Tank Farm		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, **1995**

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Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **PHTHALIC ANHYDRIDE**	( ) Fire	Container Type :	TA
Substance Number: 1535	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 85-44-9	(X) Reactive	Avg. daily inventory	16
DOT Number: 2214	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	5
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **PHTHALIC ANHYDRIDE**	( ) Fire	Container Type	BA
Substance Number: 1535	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 85-44-9	(X) Reactive	Avg. daily inventory	16
DOT Number: 2214	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **PROPELENE GLYCOL**	( ) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 57-55-6	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) New Tank Farm		
Name: **REFINED SOYA BEAN OIL**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 8001227	( ) Reactive	Avg. daily inventory	14
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 3nd Floor		
Name: **RESIN SOLUTION**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	19
CAS Number: Properieta	( ) Reactive	Avg. daily inventory	19
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	5
Trade Secret: ( ) Check if claiming	Locations(s) bldg-4		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
	Silo	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure
01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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0 0 4 5 7 0 0 0 0 6 0 7 1 4

REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, **1995**

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **RESIN SOLUTION**	(X) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: Properieta	( ) Reactive	Avg. daily inventory	15
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 1st Floor		
Name: **SILICONE Z-6018**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 68037-90-1	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **SODIUM HYDROXIDE**	( ) Fire	Container Type	BN
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 1310732	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	( ) Chronic health effects	Storage pressure	1
[illegible]id ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
[illegible]ade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 1st Floor		
Name: **SOLVENT 100**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 64742-95-6	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **SULFURIC ACID**	( ) Fire	Container Type	BN
Substance Number: 1761	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 7664-93-9	(X) Reactive	Avg. daily inventory	13
DOT Number: 1830	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 1st Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
[illegible]	[illegible]o	OT	Other

INVENTORY RANGE CODES

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **TA-22 TEREPHTHALIC ACID**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 100-21-0	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **TALL OIL ROSIN**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: Properieta	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **TOFA OULU-1**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	15
CAS Number: 61790123	( ) Reactive	Avg. daily inventory	14
DOT Number:	( ) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	(X) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 2nd Floor		
Name: **TOLUENE**	(X) Fire	Container Type	TA
Substance Number: 1866	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 108-88-3	( ) Reactive	Avg. daily inventory	16
DOT Number: 1294	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **TRIMET**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 77-85-0	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
[illegible]	ilo	OT	Other

INVENTORY RANGE CODES[1]

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2

1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **TRIMETHYLOLPROPANE**	( ) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 77-99-6	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **TRIMETTALIC ANHYDRIDE**	(X) Fire	Container Type	BA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	16
CAS Number: 552-30-7	( ) Reactive	Avg. daily inventory	14
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	(X) Chronic health effects	Storage pressure	1
Solid (X) Liquid ( ) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-32, 5th Floor		
Name: **TRIS(NONYPHENYL)PHOSPHITE**	( ) Fire	Container Type	DS
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	14
CAS Number: 26523784	( ) Reactive	Avg. daily inventory	13
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Bldg-31, 2nd Floor		
Name: **VARSOL 18**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 8052413	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		
Name: **VM & P NAPHTHA LOW**	(X) Fire	Container Type	TA
Substance Number:	( ) Sudden release of pressure	Max. daily inventory	17
CAS Number: 8032324	( ) Reactive	Avg. daily inventory	16
DOT Number:	(X) Acute health effects	Days on site	365
Pure (X) or Mixture ( )	( ) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		

CONTAINER CODES AND DESCRIPTION

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
[illegible]	[illegible]lo	OT	Other

INVENTORY RANGE CODES[1]

20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] NOTE Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure

01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature

04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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REICHHOLD DOREMUS PLANT
400 DOREMUS AVENUE

PART 2
1995 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 1995

Please type all responses
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.tional forms.

SUBSTANCE DESCRIPTION (Check all that apply)	HAZARDS	INVENTORY INFORMATION	
Name: **XYLENE (MIXED ISOMERS)**	(X) Fire	Container Type	TA
Substance Number: 2014	( ) Sudden release of pressure	Max. daily inventory	18
CAS Number: 1330-20-7	( ) Reactive	Avg. daily inventory	17
DOT Number: 1307	(X) Acute health effects	Days on site	365
Pure ( ) or Mixture (X)	(X) Chronic health effects	Storage pressure	1
Solid ( ) Liquid (X) Gas ( )	( ) None per MSDS	Storage temperature	4
Trade Secret: ( ) Check if claiming	Locations(s) Alkyd Tank Farm		

CONTAINER CODES AND DESCRIPTION			
TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel Drum	BG	Bottles or jugs (glass)
DP	Plastic Drum	BP	Bottles or jugs (plastic)
DF	Fiber Drum	BN	Tote Bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
[illegible]	Silo	OT	Other

INVENTORY RANGE CODES[1]
20 Greater than 10 million pounds
19 1,000,001 to 10 million pounds
18 500,001 to 1 million pounds
17 250,001 to 500,000 pounds
16 100,001 to 250,000 pounds
15 50,001 to 100,000 pounds
14 10,001 to 50,000 pounds
13 1,001 to 10,000 pounds
12 101 to 1,000 pounds
11 11 to 100 pounds
10 1 to 10 pounds
09 Less than 1 pound

[1] **NOTE** Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODE

Pressure
01 Ambient* pressure
02 Greater than ambient pressure
03 Less than ambient pressure

Temperature
04 Ambient temperature
05 Greater than ambient temperature
06 Less than ambient temperature but not cryogenic (freezing conditions)
07 Cryogenic conditions (less than -200 C

*Ambient means "normal," "surrounding," or "room" conditions

DEQ-094

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PART 2
1995 CHEMICAL INVENTORY REPORT

REICHHOLD CHEMICAL INC.
400 DOREMUS AVENUE
NEWARK, N.J. 07105

Reporting Period: January 1 - December 31, 1995

Please type all responses.
Photocopy this page if you need additional forms.
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: FUEL OIL Substance Number: ____ CAS Number: ____ DOT Number: ____ Pure (X) or Mixture ( ) *Check one* Solid ( ) Liquid (X) or Gas ( ) *Check one* Trade Secret: ( ) *Check if claiming*	(X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects ( ) Chronic health effects ( ) None per MSDS	Container Type TA Max. daily inventory 14 Avg. daily inventory 14 Days on site 365 Storage pressure 01 Storage temperature 04
Location(s) ALKYD TANK FARM		
Name: ____ Substance Number: ____ CAS Number: ____ DOT Number: ____ Pure ( ) or Mixture ( ) *Check one* Solid ( ) Liquid ( ) or Gas ( ) *Check one* Trade Secret: ( ) *Check if claiming*	( ) Fire ( ) Sudden release of pressure ( ) Reactive ( ) Acute health effects ( ) Chronic health effects ( ) None per MSDS	Container Type ____ Max. daily inventory ____ Avg. daily inventory ____ Days on site ____ Storage pressure ____ Storage temperature ____
Location(s) ____		
Name: ____ Substance Number: ____ CAS Number: ____ DOT Number: ____ Pure ( ) or Mixture ( ) *Check one* Solid ( ) Liquid ( ) or Gas ( ) *Check one* Trade Secret: ( ) *Check if claiming*	( ) Fire ( ) Sudden release of pressure ( ) Reactive ( ) Acute health effects ( ) Chronic health effects ( ) None per MSDS	Container Type ____ Max. daily inventory ____ Avg. daily inventory ____ Days on site ____ Storage pressure ____ Storage temperature ____
Location(s) ____		
Name: ____ Substance Number: ____ CAS Number: ____ DOT Number: ____ Pure ( ) or Mixture ( ) *Check one* Solid ( ) Liquid ( ) or Gas ( ) *Check one* Trade Secret: ( ) *Check if claiming*	( ) Fire ( ) Sudden release of pressure ( ) Reactive ( ) Acute health effects ( ) Chronic health effects ( ) None per MSDS	Container Type ____ Max. daily inventory ____ Avg. daily inventory ____ Days on site ____ Storage pressure ____ Storage temperature ____
Location(s) ____		
Name: ____ Substance Number: ____ CAS Number: ____ DOT Number: ____ Pure ( ) or Mixture ( ) *Check one* Solid ( ) Liquid ( ) or Gas ( ) *Check one* Trade Secret: ( ) *Check if claiming*	( ) Fire ( ) Sudden release of pressure ( ) Reactive ( ) Acute health effects ( ) Chronic health effects ( ) None per MSDS	Container Type ____ Max. daily inventory ____ Avg. daily inventory ____ Days on site ____ Storage pressure ____ Storage temperature ____
Location(s) ____		

CONTAINER CODES AND DESCRIPTIONS

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel drum	BG	Bottles or jugs (glass)
DP	Plastic drum	BP	Bottles or jugs (plastic)
DF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank Wagon
CY	Carboy	RC	Railcar
SI	Silo	OT	Other (Describe)

INVENTORY RANGE CODES[1]

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

[1]NOTE: Please see pages 14 thru 17 for gallon and cubic feet conversion factors.

STORAGE TEMPERATURE AND PRESSURE CODES

Pressure

01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure

Temperature

04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

*Ambient means "normal," "surrounding," or "room" conditions.

CEQ-094

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8428911505

Reichhold Chemicals, Inc.
Coating Polymers & Resins Division
46 Albert Avenue
Newark, New Jersey 07105

bcc: D. Bright
P. Brustofski
M. Gasparik
N. Prato
J. Rankin

REICHHOLD

SENT CERTIFIED MAIL
RETURN RECEIPT REQUESTED

July 16, 1990

Division of Solid Waste Management
Hall of Records - Room 514 a
465 Dr. Martin Luther King Blvd.
Newark, N.J. 07102

Dear Sir:

Enclosed is our completed Essex County Industrial Waste Survey. This is for our Reichhold Plant, and is in response to the Certified Mailed Letters that you sent to:

1. Polychrome Chemicals Corp. Cellomer Division
2. Cellomer Corp., Sub. of Polychrome Corp.
3. Non-certified letter dated July 2, 1990 as per attachment #1.
4. Non-certified letter dated July 2, 1990 as per attachment #2.

The plant changed it's name in March of 1989 from Cellomer to Reichhold Chemicals, Inc.

We attempted to answer to the best of our knowledge the questions relating to non-hazardous waste. All this type of information and records are not readily available to us in this very short time period of seven days that you gave us to complete this survey. We made our best attempt to comply with your request, and are requesting that all information be kept confidential.

Please do not hesitate to contact us if you need any clarification or assistance.

Very truly yours,

Joseph Pointek
Manager - Regulatory Affairs

JP/glm
enclosure

(800) 548-5456
TEL. (201) 589-3875
(212) 267-2489

Information complete ___ yes ___ no
Field investigation required ___ yes ___ no
FOR COUNTY USE ONLY

ESSEX COUNTY
INDUSTRIAL WASTE SURVEY

1. Company Name: REICHHOLD CHEMICALS, INC. (formerly CELLOMER)
2. Address: 46 ALBERT AVENUE
   NEWARK NJ 07105
3. Contact Person: MGR REGULATORY AFFAIRS – JOSEPH POINTEK
4. Title: PLANT MGR – MICHAELS GASPARIK
5. Phone #: 589-3875 6. Fax #: 589-2898
7. Briefly describe the nature of your firm's business:
   Mfg Synethetic resins and polymer coatings

Please indicate the following information for your firm:

8. Standard Industrial Classification (SIC) number: 2821
9. Resource Conservation Recovery Act (RCRA) number: NJD048797195
10. If you have a RCRA number, are you a:
    - Generator ☑
    - Small Quantity Generator ☐
    - Very Small Qty Generator ☐
    - Transporter ☐
    - Treat, store, disposal (TSD) ☐
11. Sewage Authority/Commission which services your firm:
    PASSAIC VALLEY SEWER COMMISSION
12. Sewage/Water discharge permit number: SCP 2040-3701-43700/3702
13. For each raw material used in your firm's operations, please indicate the following (use additional sheets if necessary):

Name of material	% of material used in final product	Is unused amount recycled	If yes, in-house or outside recycler
VEGETABLE OILS	>99 %	yes ___ no ✓	
ALOHOLS / POLYOLS	>99 %	yes ___ no ✓	
RESIN POLYMERS	>99 %	yes ✓ no ___	IN HOUSE
SOLVENTS	>98 %	yes ✓ no ___	BOTH
	___ %	yes ___ no ___	

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14. Please list all chemicals and other process consumables (oil, solvents, paint, etc.) which your firm uses in its operations (use additional sheets if necessary):

Name of material	Is waste amount recycled	If yes, in-house or outside recycler	If no, Current treatment/ disposal method
PETROLEUM OILS	yes ___ no ✓		RECLAIMER or TSD FUEL BLD
CAUSTIC CLEANERS	yes ___ no ✓		NEUTRALIZED WATER WASTE
WATER	yes ___ no ✓		POTW
TIER II CHEMICALS (see PEGGY)	yes ___ no ✓		TSD
FUELS NAT. GAS or FUEL OIL	yes ___ no ✓		OXIDIZED AIR EMISS.

15. Does your firm generate waste in the following categories:

Category			Quantity per frequency	
Solid	yes ✓	no ___	360 yd³	per year
Hazardous	yes ✓	no ___	varies	per ___
Sludge	yes ___	no ✓	___	per ___
Wastewater	yes ✓	no ___	varies	per ___

16. Please provide specific information concerning each waste which your firm generates (use additional sheets if necessary):

Waste	Quantity per frequency	Current treatment/ disposal method
EMPTY PAPER BAGS	___ per ___	
EMPTY PLASTIC BAGS	___ per ___	
SPENT FILTER MAT'L	___ per ___	
GLASS JARS	___ per ___	
RAGS	360 cu yd per year	SOLID WASTE HAULER (Transf St)
OFFICE PAPER	___ per ___	
LUNCH ROOM WASTE	___ per ___	
USED MAINTEN. PARTS (Light Bulbs etc)	___ per ___	
	___ per ___	

17. Does any of your firm's waste consist of construction demolition debris: yes ___ no ✓

18. Does your firm anticipate generating any construction demolition debris from within your facility within the next two years: yes ___ no ___ UNKNOWN

19. Does any of your firm's waste contain asbestos or asbestos-containing materials: yes ___ no ✓ If yes, please describe the nature, quantity, and treatment/disposal methods ___

8428911507

"THE CHAMPION LINE" NO. 810
CROSS SECTION - 10 SQUARES TO INCH

8428911508

Reichhold Chemicals, Inc.
7/13/90

16. CONT.

WASTE	QUANTITY PER FREQUENCY	CURRENT DISPOSAL METHOD
EMPTY STEEL DRUMS	600 /mo.	DRUM RECLAIMER
WOODEN PALLETS	100 /mo.	SALVAGER & SOLID WASTE
EMPTY PLASTIC CONTAINERS	20 /mo.	RETURN VENDOR & SOLID WASTE
GALV. STEEL CONTAINERS	30 /mo.	SALVAGER
MOTOR FLEET TIRES	10 /mo	SALVAGER
USED TRUCK PARTS	VARIES (>5T/yr)	SOLID WASTE
USED TRUCK BATTERIES	VARIES (<10/yr)	SALVAGER

20. Please identify the components of the waste your firm generates by their NJDEP identification number, and their respective percentage and quantity (approximate). A list of the NJDEP ID numbers and brief description follow:

ID #	Description	Quantity per frequency	Percent of total waste generated
10	Municipal (houshold, commercial, institutional)	50 cu.yd. per year	14 %
12	Dry sewage, sludge	per	%
13	Bulky waste	per	%
23	Vegetative waste	per	%
25	Animal and food processing waste	per	%
27	a. non-hazardous oil spill cleanup waste	per	%
	b. small qty hazardous waste per NJAC 7:26-8.3	per	%
	c. dry non-hazardous pesticides	per	%
	d. research & develop. process waste	per	%
	e. asbestos-containing waste	per	%
	f. remaining dry industrial waste	310 cu.yd. per year	86 %
72	Bulk liquids & semi-liquids	per	%
73	Septic tank cleanout waste	per	%
74	Liquid sewage sludge	per	%

21. During operations, does your firm produce, store, or dispose of any of the following (please check each item that applies):

Lead-acid batteries	✓	Waste oil	✓
Household batteries		Polyvinyl chloride (PVC)	
Electronic circuits		Metal cuttings or residuals	
Automobile parts		Transformers	
Pesticides/herbicides		Tires	✓
Petroleum contaminated soil		Solder	
Explosives		Rubber	

22. Is your firm a small quantity generator of hazardous waste per NJAC 7:26-8.3:
yes ____ no ✓ If yes, does your firm dispose of the waste as:
NJDEP ID 27: ____ or NJDEP hazardous waste: ____

23. Does your firm currently practice on-site separation of hazardous and non-hazardous waste: yes ✓ no ____

24. Is there a seasonal fluctuation in the type or amount of waste that your firm generates: yes ____ no ✓ If yes, please explain ____

25. Please provide specific information concerning each waste hauler which your firm uses (use additional sheets if necessary):

Name of hauler	Waste handled	Frequency of pickup
Allegro	ID #10 & 27	monthly
R. J. CIUBA	" "	weekly

26. Is your firm aware that County waste flow orders require that within three months all of your firm's acceptable waste (see attached definition) must be directed to the Essex County Resource Recovery Facility, and that all of your firm's non-acceptable, non-hazardous waste must be directed to the appropriate transfer station as directed by the County: yes ✓ no ____

27. In your judgement, will it be necessary for any of your firm's waste to "bypass" the Resource Recovery Facility and be disposed of by other means. (For example, are any components of the waste non-combustible, may cause damage to any part of the Facility, or generally not suitable for incineration due to emission or residue concerns). Please include any substance which you may consider questionable in this regard (use additional sheets if necessary):
No

28. Does your firm believe that the information presented in this survey will be representative of the firm's operations and waste stream for the next two years:
yes ____ no ____ If no, please explain UNKNOWN

Joseph J. Pointek Jr. — 7/13/90

SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM — DATE SIGNED

MGR REGULATORY AFFAIRS — JOSEPH POINTEK

TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

8428911510

8428911511

Information Complete	___ yes ___ no
Field Investigation Required	___ yes ___ no
FOR ECUA USE ONLY	

ECUA

Essex County Utilities Authority

120 Fairview Avenue, Cedar Grove, New Jersey 07009
Tele: 201-857-2350 FAX: 201-857-9361

WASTE SURVEY

1. Facility Name: Reichhold Chemicals,Inc.
2. Address: 46 Albert Ave.
   Newark, New Jersey 07105
3. Contact Person: Mike Baxi
4. Title: Envionmental Engineer
5. Phone #: (201) 589-3876 6. Fax #: (201) 491-9473
7. Number of employees at the above location: 57
8. Briefly describe the nature of your facility's business or operations:
   Mfg. of Alkyd, Polyester & synthetic resins.

Please indicate the following information for your facility:

9. Standard Industrial Classification (SIC) number: 2821
10. a. US EPA ID number (if applicable): NJD048797195
    b. NJDEPE Regulated Medical Waste generator ID number (if applicable): N/A
11. If you have a US EPA ID number, are you a :

Fully Regulated Generator	X	Transporter	☐
Small Quantity Generator	☐	Treatment, storage, disposal (TSD) Facility	☐
Intermittent Generator	☐		

12. Sewerage Authority/Commission which services your facility:
    Passaic Valley Sewerage Commissioners
13. Wastewater/Water discharge permit number (if applicable): 20 403701

8428911512

14. If you are a manufacturer, please indicate the following for each raw material, feedstock, or consumable product used in your facility's operations (use additional sheets if necessary):

Name of Material	% of material used in final product	Is unused amount recycled	If yes, in-house or outside recycler
see attached list	100 %	yes ✓ no ___	in ✓ out ___
	___ %	yes ___ no ___	in ___ out ___
	___ %	yes ___ no ___	in ___ out ___
	___ %	yes ___ no ___	in ___ out ___
	___ %	yes ___ no ___	in ___ out ___

15. Please list all organic and inorganic chemicals and process consumables (oil, solvents paint, etc.) which your facility uses in its operations (use additional sheets if necessary):

Name of Material	Is waste amount recycled	If yes, in-house or outside recycler	If no, current treatment/ disposal method
see attached list	yes X no ___	in X out ___	N/A
	yes ___ no ___	in ___ out ___	
	yes ___ no ___	in ___ out ___	
	yes ___ no ___	in ___ out ___	
	yes ___ no ___	in ___ out ___	

16. During operations, does your firm produce or dispose of any of the following (please check each item that applies) ?

Aerosol spray cans	X	Lead-acid batteries	___
Animal maintenance products	___	Metal cuttings or residuals	X
Antifreeze/Coolants	___	Mercury	___
Asphaltic products (caulking, tar paper, etc.)	___	Mercury-containing products	___
Automobile maintenance products (fluids, lubricants, additives, etc.)	___	Petroleum contaminated soil	___
Automobile parts	___	Pesticides/herbicides/fertilizers	___
Cleaning products/polishes/waxes	___	Polyvinyl chloride (PVC)	___
Cosmetics (dyes, cosmetic removers, etc.)	___	Prescription or non-prescription drugs	___
Electronic components	___	Radioactive materials	___
Explosives	___	Solder	___
Fluorescent lights/fixtures	X	Thermometers/thermostats	X
Glues	___	Tires or rubber products	___
Heavy metals	___	Transformers	___
Heavy metal containing products	___	Wall board or sheetrock	___
High sulfur content materials	___	Waste oil	X
Household batteries	___	Waste paint/solvents/stains/ varnishes	X
		Yard waste	___

8428911513

17. Does your facility generate waste(s) in the following categories ?

Category					Quantity per Month (in cubic yards, tons, or gallons-circle one)
Solid NJDEPE ID 10, 12, 13, 23, 25, 27	yes	X	no		80 (cy) ton gal per month
Hazardous NJAC 7:26-8.1 et. seq.	yes	X	no		22.4 cy (ton) gal per month
Sludge Industrial or Wastewater	yes		no	X	N/A cy ton gal per month
Wastewater (process)	yes	X	no		50,000 cy ton (gal) per month

18. Please identify the components of the waste your facility generates by their NJDEPE identification number, and their respective percentage and quantity (approximate). A list of the NJDEPE waste ID numbers and a brief description of each follow:

ID #	Description	Quantity per Month (in cubic yards, tons, or gallons-circle one)	Percent of total waste generated
10	Municipal (household, commercial, institutional)	80 (cy) ton gal per month	12 %
12	Dry sewage, sludge	cy ton gal per month	%
13	Bulky waste	cy ton gal per month	%
23	Vegetative waste	cy ton gal per month	%
25	Animal and food processing waste	cy ton gal per month	%
27	a. non-hazardous oil spill cleanup waste	cy ton gal per month	%
	b. small qty hazardous waste per NJAC 7:26-8.3	cy ton gal per month	%
	c. dry non-hazardous pesticides	cy ton gal per month	%
	d. research & development process waste	cy ton gal per month	%
	e. asbestos-containing waste	cy ton gal per month	%
	f. remaining dry industrial waste process water	cy ton gal per month	%
72	Bulk liquids & semi-liquids	50,000 cy ton (gal) per month	80 %
73	Septic tank cleanout waste	cy ton gal per month	%
74	Liquid sewage sludge	cy ton gal per month	%
NJAC 7:26-3A.6	Regulated Medical Waste	cy ton gal per month	%
NJAC 7:26-8.1 et. seq.	Hazardous Waste	cy ton gal per month	8 %

8428911514

19. Please provide specific information concerning each liquid, solid, and semi-solid waste which your facility generates (use additional sheets if necessary):

Waste	Quantity per Month (in cubic yards, tons, or gallons-circle one)	Current treatment/ disposal method
NJ I.D. #10	80 (cy) ton gal per month	County Incenerator
NJAC 7:26; 8.1	15 cy (ton) gal per month	Fuel Blending
SC 7777	5 cy (ton) gal per month	Landfill
Non Haz.spill	0.1 cy (ton) gal per month	Landfill
Wastewater	50,000 cy ton (gal) per month	Pretreatment & Potw.
	cy ton gal per month	

20. Please provide specific information concerning each NJDEPE registered waste hauler which your facility uses for waste disposal (use additional sheets if necessary):

Name of Hauler	Waste Type Transported	Disposal Location
Reichhold Chemical	Process Water	Reichhold plant,DOR.
Cleanventure	Liq. Resin Waste	Elizabeth,NJ
Allegro Sanitation	NJ I.D.#10	Essex County Incinerator
Laidlaw Enviornmental	Filtercake (SC-7777)	Pinewood, SC
Oldover Corp.	Liq. Resin waste	Cascade, Arvonia, VA.

21. Does any of your facility's solid waste consist of construction demolition debris (NJDEPE ID 13) yes X no ___ ?

22. Does your facility anticipate generating or receiving any construction demolition debris within the next two years yes X no ___ ?

23. Does any of your facility's waste contain asbestos or asbestos-containing materials yes X no ___ ? If yes, please describe the nature, quantity, and treatment/disposal methods TIME TO TIME Contracts are awarded to Asbestos Removal Companies & they dispose the materials.

24. Is your facility a small quantity generator of hazardous waste per NJAC 7:~~26-8~~.3 yes ___ no X ? If yes, does your facility dispose of the waste as NJDEPE ID 27 ___ or Hazardous waste ___ ?

25. Does any of your facility's waste contain heavy metals or heavy metal containing materials yes ___ no X ? If yes, please describe the nature, quantity, and treatment/disposal methods (use additional sheets if necessary): ___

26. Does any of your facility's waste contain yard waste products (grass clippings, leaves, etc.) yes ___ no X ? If yes, please describe the nature, quantity, and treatment/disposal methods (use additional sheets if necessary): ___

8428911515

27. Does your facility generate Regulated Medical Waste (NJAC 7:26-3A.6)
yes ___ no X ? If yes, does your facility utilize methods to disinfect and destroy the regulated materials, and then dispose of the residue as solid waste
yes ___ no ___ ? If yes, please describe the methods utilized, and provide your NJDEPE Facility Registration ID number (use additional sheets if necessary): _____

28. Does your facility currently practice on-site separation of hazardous and non-hazardous waste yes X no ___ not applicable ___ ?

29. Briefly describe the processes employed by your facility for segregating various waste types (include the methods used to separate recyclables, hazardous waste, bulky waste, etc. from the residual waste stream) All waste are segregated and stored in different containers. Employees are trained to segregate recyclable, hazardous & bulky waste, etc.

30. Is there a seasonal fluctuation in the type or amount of liquid, solid, or semi-solid waste that your facility generates yes ___ no X ? If yes, please explain

31. Do you understand that Essex County/NJDEPE waste flow orders require that all of your facility's acceptable waste (see attached definition) must be directed to the Essex County Resource Recovery Facility yes X no ___ ?

32. In your judgment, will it be necessary for any of your facility's waste to "bypass" the Essex County Resource Recovery Facility and be disposed of by other means (for example, are any components of the waste non-combustible; could any components cause damage to any part of the Essex County Resource Recovery Facility; or are any components generally not suitable for incineration due to emission or residue concerns)? Please include any substance which you may consider questionable in this regard (use additional sheets if necessary). N/A

33. Does your facility believe that the information presented in this survey will be representative of the firm's operations and waste stream for the next two years
yes X no ___ ? If no, please explain _____

Mike Baxi
SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM

9/28/93
DATE SIGNED

Environmental Engineer
TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

Reichhold Chemicals, Inc
46 ALBERT AVE
Newark, NJ 07105

RUN 09/25/93 AT 2:16
REPORT = AMAPINV1
FOR 08 NEWARK(A)

RCI - COATING POLYMERS
INVENTORY QUANT

PRODUCT NUMBER	PRODUCT DESCRIPTION	OLD CODE
08-00014-00-00	ETHLENE GLYCOL	
08-00027-00-00	GLACIAL ACETIC ACID	
08-00030-00-00	PHOS ACID TECH 75%	
08-00033-00-00	CAUSTIC SODA FLAKE	
08-00050-00-00	FUMARIC ACID	FUMARIC ACID
08-00052-00-00	DIETHYLENE GLYCOL	
08-00057-00-00	ADIPIC ACID	
08-00110-00-00	PROPLYENE GLYCOL	
08-00113-00-00	PTBBA	
08-00133-00-00	BENZOIC ACID	
08-00139-00-00	HYDROQUINONE	
08-00146-00-00	TRIPHENYLPHOSITE	
08-00149-00-00	SOYA LECITHIN	
08-00171-00-00	PENTAERYTHRITOL=PURE	
08-00174-00-00	8% ZINC NAP-ALL	
08-00195-00-00	TRIMET	
08-00196-00-00	TRIMETHYLOLPROPANE	
08-00207-00-00	NEOPENTYL GLYCOL	
08-00211-00-00	BUTYLENG GYLCOL	
08-00225-00-00	CYCLOHEXANONE	
08-00275-00-00	DIMETHYLAMINOETHANOL	
08-00277-00-00	COBOLT 12%	
08-00281-00-00	HYDROSULFITE AWC PDR	
08-00390-00-00	ACRYLIC ACID, GLACIA	
08-00390-10-00	ACRYLIC ACID, GLACIA	
08-00398-00-00	BUTYL ACRYLATE-EO	
08-00418-00-00	PELARGONIC ACID	
08-00422-00-00	BHT(2,6,DIT-BUTYL HY	
08-00470-00-00	TRIMELLITIC	ANHYDRIDE
08-00525-00-00	MEHQ	
08-00709-00-00	DIBUTYL TIN	DILAURATE
08-00768-00-00	LITHIUM TEN CHEM 2%	
08-00779-00-00	SILICONE Z-6018	
08-00796-00-00	LITHIUM CARBONATE	
08-00801-00-00	BENZOGUANAMINE	
08-01217-00-00	TRIMETHYL PENTANEDIO	
08-01517-00-00	ISOPHTHALIC ACID	
08-01539-00-00	DIBUTYL TIN OXIDE	
08-01720-00-00	POTASSIUM CARBONATE	
08-02032-00-00	TERGITOL #4	
08-02122-00-00	TALL OIL FA 4.5%	
08-02427-00-00	FASCAT 4100	
08-02564-00-00	10% CALCIUM CEM-ALL	
08-02602-00-00	GLYCERINE (NATURAL &	SYNTHETIC)
08-02620-00-00	METHANOL	METHANOL
08-02620-10-00	METHANOL	
08-02631-00-00	MALEIC ANHYDRIDE	BRIQUETTES
08-02640-00-00	PHTHALIC ANHYDRIDE	
08-02641-00-00	PHTHALIC ANHYDRIDE	
08-02663-00-00	GLYCOLETHER EP	ETHOLENE GLYCOL MONO
08-02671-00-00	PENTAERYTHRITOL TECH	GRADE
08-02771-00-00	UVINOL 400	
08-02773-00-00	WORVANOL	
08-02831-00-00	6-HEXANEDIOL	
08-02853-00-00	CYCLOHEXANOL	
08-02854-00-00	METHYL AMYL KETONE	KETONE
08-02986-00-00	HYDROXYETHYL ACRYLAT	
08-03017-00-00	PROPYLENE GLYCOL	METHYL ETHER ACETATE
08-03073-00-00	EXKIN#2	
08-03122-00-00	METHYL NORMAL PROPAL	KETONE
08-03130-00-00	EKTAPRO EEP	
08-03216-00-00	UNIREZ**POLYAMIDE R	
08-03232-00-00	TA-22 TEREPHTHALIC A	
08-03234-00-00	PANASOL AN-3N	
08-03237-00-00	DIBASIC ESTER	
08-03249-00-00	B-CHLOR QUINONE	
08-03273-00-00	MANGANESE 9% DRIER	
08-03277-00-00	PA-74-864	
08-03285-00-00	VAZO 64	
08-03289-00-00	CHDA	
08-03317-00-00	META ALIPHATIC ISOCY	
08-03320-00-00	SILWET 7605	

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RUN 09/25/93 AT 2:16
REPORT = AMAPINV1
FOR 08 NEWARK(A)

Reichhold Chemicals, Inc
46 ALBERT AVE
Newark, NJ-07105

(2)

RCI - COATING POLY
INVENTORY C

PRODUCT NUMBER	PRODUCT DESCRIPTION	OLD CODE
08-03329-00-00	XYLENOL	
08-03347-00-00	BENZYL DIMETHYLAMINE	
08-03369-00-00	HYDROFOL ACIDS 1650	
08-03389-00-00	CHDM-R-90	
08-03392-00-00	TMP-MOLTEN	
08-03405-00-00	WYTOX 312	
08-03430-00-00	BAKELITE CKM-2400	
08-03432-00-00	LEXOREZ 1400-120	
08-03436-00-00	BAKELITE CKM 1634	
08-03454-00-00	EPON 1001F	
08-03458-00-00	VERSAMID 335	
08-03475-00-00	CALCIUM 8%	
08-03525-00-00	NEVILLE LX-685-135	
08-03540-00-00	PAMOLYN 240	
08-03572-00-00	MPD	
08-03584-00-00	SUPER BECKAMINE 20	
08-03585-00-00	BECKACITE 43111	
08-03647-00-00	BECKACITE 43-135	
08-03648-00-00	TALL OIL ROSIN	
08-03649-00-00	ACOSIX**700	
08-03650-00-00	ACONEW**500	
08-03685-00-00	CALCIUM OXIDE	
08-03689-00-00	24% ZIRCONIUM HEXCHE	
08-03698-00-00	EMPOL 1008	
08-03702-00-00	FASCAT 9100	
08-03711-00-00	POLYACID PU-1613-U18	
08-03842-00-00	EPON RESIN 1004F	
08-03861-00-00	CYASORB UV-24	
08-04001-00-00	HI FINISH OIL	
08-04003-00-00	CHINAWOOD OIL	
08-04004-00-00	CASTOR OIL	
08-04009-00-00	LINSEED FATTY ACID	FATTY ACID
08-04013-00-00	ALK REF LINSEED OIL	ALK REF LINSEED OIL
08-04017-00-00	ONCE REFINED SOYBEAN	
08-04020-00-00	NON BREAK SAFFLO OIL	
08-04031-00-00	DEHYD CASTOR FA 9-11	
08-04039-00-00	COCONUT OIL	
08-04070-00-00	610 SOYA FATTY ACID	EMERY 610
08-04071-00-00	NEOFAT 12	
08-04076-00-00	CRUDE SAFFLOWER OIL	
08-04111-00-00	SUNFLOWER OIL	
08-04115-00-00	PAMOLYN 200	
08-04129-00-00	PAMOLYN 300	TOFA
08-05010-00-00	WG GUM ROSIN	
08-07000-10-00	DEIONIED WATER	
08-07004-00-00	BUTANOL, BUTYL	ALCOHOL
08-07008-00-00	TOLUENE	
08-07010-00-00	XYLENE COAL TAR TYPE	
08-07013-00-00	MINERAL SPIRITS	
08-07014-00-00	METHYL ETHYL KETONE	
08-07016-00-00	ISOPROPANOL(ALCOHOL)	
08-07017-00-00	ETHYL ALCOHOL	
08-07034-00-00	150 FLASH AROMATIC	SOLVENT
08-07035-00-00	ODORLESS MINERAL	SPIRITS
08-07042-00-00	METHYISOBUTYL KETONE	
08-07046-00-00	AROMATIC PETROLEUM	SOLVENT
08-07047-00-00	ISOBUTYL ALCOHOL	
08-07049-00-00	BUTYL CELLOSOLVE	
08-07071-00-00	GLYCOL ETHER EE	ACETATE
08-07099-00-00	BUTYL CELLOSOLVE ACE	
08-07105-00-00	BUTYL CARBITOL	
08-07118-00-00	BUTYL ACETATE	
08-07130-00-00	VM&P NAPHTHA LOW	AROMATICS
08-07131-00-00	MINERAL SPIRITS 66/3	LOW AROMATICS
08-08213-10-00	SODIUM CARBONATE	
08-08903-00-00	ACETIC ACID SOL 80%	
08-09514-00-00	PHO-7028	
08-09518-10-00	CONSIGNMENT MAT'L	
08-09519-00-00	EMERY 622 COCO FA	
08-09741-00-00	DOWANOL DPM	
08-09790-00-00	TPT	

8428911517

James Eftaxes
Transportation Manager
Reichhold Chemicals, Inc. - 3455
45 Albert Avenue
Newark, NJ 07105

CONTACT:
ROBERT
CHAMBERS
1-800-275-1308

U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

OMB No. 2040-0179
Expires 03/31/98

EPA

PART A: TECHNICAL INFORMATION

APRIL 1995

The public reported burden for this collection of information is estimated to be 65 hours to 339 hours per response, depending upon the size of the facility. The reporting burden includes time for reviewing instructions, gathering data, and completing and reviewing the questionnaire. Please return the questionnaire to EPA within 60 calendar days of receipt. Late filing or failure to comply with these instructions may result in criminal fines, civil penalties, and other sanctions as provided by law. If you have any questions regarding the burden estimate or any other aspect of this data collection, including suggestions for

Chief, Information Policy Branch
U.S. Environmental Protection Agency
401 M Street, S.W. (2136)
Washington, D.C. 20460

and

Office of Management and Budget
Paperwork Reduction Project (2040-0146)
Washington, D.C. 20503.

Printed on recycled paper

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U.S. ENVIRONMENTAL PROTECTION AGENCY
1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

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U.S. ENVIRONMENTAL PROTECTION AGENCY 1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

GENERAL INSTRUCTIONS

INTRODUCTION

The U.S. Environmental Protection Agency (EPA) is developing effluent limitations guidelines and standards for the Transportation Equipment Cleaning (TEC) Industry which consists of facilities that perform interior cleaning of tank trucks, closed-top hopper tank trucks, intermodal tank containers, intermediate bulk containers (IBCs and totes), rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and other similar tanks (excluding drums). This questionnaire requests detailed information concerning operation of tank interior cleaning facilities. Your facility has been selected to receive this detailed questionnaire based on a stratified statistical random sampling of facilities identified as performing transportation equipment cleaning operations in a screener questionnaire administered in early 1994.

This detailed questionnaire is divided into two sections: Part A - Technical Information, and Part B - Financial and Economic Information. The data collected in "Part A: Technical Information" of this survey will be used to characterize the operations and wastewater generation, treatment, and discharges of tank interior cleaning facilities; to evaluate the performance of the wastewater treatment technologies currently in use at tank interior cleaning facilities; and to develop potential wastewater discharge regulations for the TEC industry. The data collected by "Part B: Financial and Economic Information" of this survey will be used to characterize the economics of the TEC industry and to evaluate the possible economic impacts of wastewater regulations.

AUTHORITY

This survey is conducted under the authority of Section 308 of the Clean Water Act (the Federal Water Pollution Control Act as amended, 33 U.S.C. Section 1318), Section 114 of the Clean Air Act (as amended, 42 U.S.C. Section 7414), and Section 3007 of the Resource Conservation and Recovery Act (42 U.S.C. Section 6927). All facilities that receive this questionnaire must respond. **PLEASE RETURN THE QUESTIONNAIRE TO EPA WITHIN 60 CALENDAR DAYS OF RECEIPT. LATE FILING OR FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN CRIMINAL FINES, CIVIL PENALTIES, AND OTHER SANCTIONS AS PROVIDED BY LAW.**

OVERVIEW OF THE QUESTIONNAIRE

As stated above, this detailed questionnaire is divided into two sections: Part A: Technical Information, and Part B: Financial and Economic Information. Different types of information are requested in Part A and Part B; therefore, these two sections may be completed by separate individuals. However, EPA recommends that all personnel who assist in completing the questionnaire be provided with a full copy of the questionnaire, and that each individual read the entire questionnaire before answering, and that Part A and Part B respondents coordinate their efforts as needed. Both sections must be completed

and the blue Certification Forms for both Parts A and B must be completed, signed, and returned to EPA with the questionnaire. The certification form for Part A is located in Section 6. Please note that verifying the accuracy of the information provided in each section of the questionnaire and signing the questionnaire certification is the responsibility of a single individual.

EPA has prepared this questionnaire for use by a variety of transportation equipment cleaning facilities. Therefore, not all of the questions may apply to this facility. Type or clearly write all responses in dark ink. Report items as whole numbers, except when instructed otherwise. Use the Comment section to elaborate on your responses or to provide further information. Reference each comment with the corresponding question number. Some tables may require multiple responses; please photocopy the tables as needed before writing on them.

Unless instructed otherwise, you are expected to make an effort to respond to every questionnaire item. You are not required, however, to perform non-routine tests or measurements solely for the purpose of responding to this questionnaire. If exact data are not available but can be estimated, please provide estimates. Note on the Comments page at the end of each section any question for which your answer is an estimate, and provide the method(s) used to make the estimation.

RESPONDENTS TO QUESTIONNAIRE

All recipients of the questionnaire must complete the questionnaire, even if TEC operations are not a primary line of business (e.g. your facility's primary line of business is manufacturing or transportation equipment repair or maintenance).

Special Cases

Completion of this questionnaire is required of the facility that has ultimate responsibility for disposal and/or discharge of wastewater generated from TEC operations conducted by the facility. Additional guidance is provided below for two special cases of TEC facility operations:

- Mobile TEC facilities; and
- Facilities which use contract or other non-facility personnel to perform TEC operations.

Mobile TEC facilities perform TEC operations at the client or customer site. Non-mobile TEC facilities require the client or customer to bring the tank to be cleaned to the TEC facility site. The majority of TEC facilities are non-mobile TEC facilities. All non-mobile TEC facilities which receive this questionnaire are required to coordinate and obtain all information necessary to complete this questionnaire.

IF YOU OPERATE A MOBILE TEC FACILITY, and wastewater generated from TEC operations is handled using any of the following methods, you are required to coordinate and obtain all information necessary to complete this questionnaire: (1) collection and discharge or disposal of wastewater is arranged for, provided by, or paid for by the mobile TEC facility; (2) the permit under which the mobile TEC facility wastewater is disposed and/or discharged is in the mobile TEC facility's name; or (3) the mobile TEC facility bills the customer or client for whom TEC operations were performed for wastewater discharge and/or disposal.

IF YOUR FACILITY USES CONTRACT OR OTHER NON-FACILITY PERSONNEL TO PERFORM TEC OPERATIONS, OR YOUR FACILITY CONTRACTS A MOBILE FACILITY TO PERFORM TEC OPERATIONS, but disposal and/or discharge of the wastewater generated from TEC operations is arranged for, provided by, or paid directly by your facility, or the permit under which your facility's TEC wastewater is disposed and/or discharged is in your facility's name, you are required to coordinate and obtain all information necessary to complete this questionnaire.

IF YOU SUPPLY CONTRACT PERSONNEL TO PERFORM TEC OPERATIONS FOR ANOTHER FACILITY, and wastewater generated from TEC operations is handled using any of the following methods, you are required to coordinate and obtain all information necessary to complete this questionnaire: (1) collection and discharge or disposal of wastewater is arranged for, provided by, or paid for by the contract facility; (2) the permit under which the TEC facility wastewater is disposed and/or discharged is in the contract facility's name; or (3) the contract facility bills the customer or client for whom TEC operations were performed for wastewater discharge and/or disposal.

Note that additional guidance for mobile TEC facilities and contract TEC operations is provided on page A-140a. If you are still unclear as to your responsibility in completing this detailed questionnaire, contact the Technical Information Help-line at 1-800-275-1308.

HELP-LINE

Toll-free help-lines are available to respond to questions you may have on any section of this questionnaire. The help-line toll-free numbers are:

Part A: Technical Information	1-800-275-1308 operated by Radian Corporation
Part B: Financial and Economic Information	1-800-945-9545 operated by ERG, Incorporated

The help-lines are operated Monday through Friday from 9:00 a.m. to 5:00 p.m. Eastern Standard Time.

NOTE: The Part A Helpline is only available until June 30, 1995.

RETURNING THE QUESTIONNAIRE

Your response must be postmarked no later than 60 calendar days after receipt of this questionnaire. After completing the entire questionnaire and signing the certification form located in Section 6, use the enclosed envelope to mail the package to:

David Hoadley
Document Control Officer
U.S. Environmental Protection Agency
Transportation Equipment Cleaning Questionnaire
Room E913C (4303)
401 M Street, S.W.
Washington, D.C. 20460

Please retain a copy of the completed questionnaire, including attachments. EPA will review the information submitted and may request your cooperation in answering follow-up questions, if necessary, to complete analyses.

PROVISIONS REGARDING DATA CONFIDENTIALITY

Regulations governing the confidentiality of business information are contained in 40 CFR Part 2 Subpart B. You may assert a business confidentiality claim covering all or part of the information that you submit, with the exception of effluent data and air emissions data, as described in 40 CFR 2.203(b):

> "(b) Method and time of asserting business confidentiality claim. A business which is submitting information to EPA may assert a business confidentiality claim covering the information by placing on (or attaching to) the information, at the time it is submitted to EPA, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as 'trade secret,' 'proprietary,' or 'company confidential.' Allegedly confidential portions of otherwise non-confidential documents should be clearly identified by the business, and may be submitted separately to facilitate identification and handling by EPA. If the business desires confidential treatment only until a certain date or until the occurrence of a certain event, the notice should so state."

Effluent data are not eligible for confidential treatment pursuant to Section 308(b) of the CWA. If no business confidentiality claim accompanies the information when it is received by EPA, EPA may make the information available to the public without further notice. You may claim confidentiality by checking the appropriate box next to each question number for which responses contain confidential business information (CBI). Any response where "yes" is not checked will be considered non-confidential.

Information covered by the claim of confidentiality will be disclosed by EPA only to the extent, and by means set forth in 40 CFR Part 2, Subpart B. In general, submitted information protected by a business confidentiality claim may be disclosed to other employees, officers, or authorized representatives of the United States concerned with carrying out the objectives of the Clean Water Act and the Clean Air Act.

The information submitted will be made available to EPA contractors for carrying out work required by their contracts with EPA. All EPA contracts provide that contractor employees shall use the information only for the purpose of carrying out the work required by their contract and shall refrain from disclosing any CBI to anyone other than EPA without the prior written approval of each affected business or of the EPA legal office. The contractors and subcontractors that will be providing support to EPA during the development of these regulations include: Radian Corporation, Herndon, VA; ABB Environmental Services, Arlington, VA; VíGYAN Inc., Falls Church, VA; Information Systems Solutions International Inc., Vienna, VA; Viar and Co., Alexandria, VA; Eastern Research Group, Lexington, MA; Science Applications International Corporation, McLean, VA; Highland Data Services, Bluegrass, VA; Software Technology Group, Fairfax, VA; Tetra Tech Inc., Fairfax, VA; and Versar Inc., Springfield, VA.

Any comments you may wish to make on this issue must be issued in writing at the time of submitting your response. Please direct any questions regarding CBI in Part A of the questionnaire to the Technical Information Help-Line, operated by Radian Corporation, EPA's technical contractor, at 1-800-275-1308. Please direct any questions regarding CBI in Part B of the questionnaire to the Financial and Economic Information Help-Line, operated by ERG, EPA's economics contractor, at 1-800-945-9545.

SPECIFIC INSTRUCTIONS FOR PART A - TECHNICAL INFORMATION

1. **Read all definitions.** Read all definitions beginning on page A-9 carefully before completing Part A of the questionnaire. The individual who responds to each section must be familiar with the pertinent aspects of the facility's transportation equipment cleaning operations and related activities.

2. **Mark responses for each question.** Fill in the appropriate response(s) legibly and in black ink for each question. Complete all questions that require written responses by printing or typing in the spaces provided. If the space allowed for the answer to any question is inadequate for your complete response, please continue the response in the Comments area at the end of each section of the questionnaire, referencing the appropriate question number. If additional attachments are used to clarify a response, please make certain that the code number for this questionnaire, which appears at the top of each page, is also placed at the top of each page of the attachments.

3. **Pay close attention to the units in each question.** A conversion table is provided on page A-16.

4. **Answer all items unless instructed otherwise.** The purpose of this questionnaire is to gather all available information pertinent to transportation equipment cleaning operations. If a question is not applicable, indicate so by writing NA. If, after conscientious attempts to obtain requested information, an item remains unknown and cannot be estimated, write UNK and explain in the Comments area at the end of the appropriate section why such information is unknown. If an item seems ambiguous, please call the Part A Help-line, operated by Radian Corporation, EPA's technical contractor, at 1-800-275-1308 for clarification. State all assumptions made in answering questions in the Comments section, and reference all explanations and assumptions by the appropriate question numbers. If actual data are not available to answer a question, please provide an estimate and indicate that you have done so in the Comments section.

5. **Enter zero (0) where appropriate.** Do not leave an entry blank if the answer is zero (0). Leave an entry blank only if instructed to do so.

6. **Indicate information that should be treated as confidential.** Please follow the instructions given in the "Provisions Regarding Data Confidentiality" section on page A-6. Indicate if your response to a specific question is considered confidential business information by checking the appropriate box to the left of each question number.

7. **RETAIN A COPY OF THE COMPLETED QUESTIONNAIRE.** EPA will review the information submitted and may request, if necessary, your cooperation in answering follow-up clarification questions to complete the data collection effort. Please retain a copy of the completed questionnaire, including attachments, in case EPA must contact you to verify your responses. Also, please maintain a record of sources used to complete the technical section.

8. **If you detach any portion of Part A: Technical Information of the questionnaire, please reattach it and return all of Part A to:**

   David Hoadley
   Document Control Officer
   U.S. Environmental Protection Agency
   Transportation Equipment Cleaning Questionnaire
   Room E913C (4303)
   401 M Street, S.W.
   Washington, D.C. 20460

9. **Response Certification.** Sign and return to EPA the blue Questionnaire Certification for Part A: Technical Information with the questionnaire. The Part A Certification Form is located on page A-140.

10. **Call in questions.** If you have any questions about Part A, please telephone the Part A Help-line, operated by Radian Corporation, EPA's technical contractor, at 1-800-275-1308. Please note: this help-line is available only until June 30, 1995.

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DEFINITION OF KEY TERMS

Ballast Water Treatment Facility (BWTF) - A facility which accepts for treatment ballast water or any water which has contacted the interior of cargo spaces or tanks in an ocean/sea tanker.

Builder/Leaser - A facility that manufactures and/or leases tank trucks, closed-top hopper tank trucks, intermodal tank containers, intermediate bulk containers, rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, and/or ocean/sea tankers, and that cleans the interiors of these tanks after equipment has been placed in service.

Carrier-Operated - A facility that owns, operates, and cleans a tank fleet used to transport commodities or cargos for other companies.

Clean Water Act - *Federal legislation enacted by Congress to "restore and maintain the chemical,* physical, and biological integrity of the Nation's waters" (Federal Water Pollution Control Amendments of 1972, as amended, 33 U.S.C. 1251 et seq.).

Closed-Top Hopper Rail Tank Cars - A completely enclosed storage vessel pulled by a locomotive that is used to transport dry bulk commodities or cargos over railway access lines. Closed-top hopper rail cars are not designed or contracted to carry liquid commodities or cargos and are typically used to transport grain, soybeans, soy meal, soda ash, fertilizer, plastic pellets, flour, sugar, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. Closed-top hopper rail cars are typically divided into three compartments, carry the same commodity or cargo in each compartment, and are generally top loaded and bottom unloaded. The hatch covers on closed-top hopper rail cars are typically longitudinal hatch covers or round manhole covers.

Closed-Top Hopper Tank Trucks - A motor-driven vehicle with a completely enclosed storage vessel used to transport dry bulk commodities or cargos over roads and highways. Closed-top hopper tank trucks are not designed or constructed to carry liquid commodities or cargos and are typically used to transport grain, soybeans, soy meal, soda ash, fertilizer, plastic pellets, flour, sugar, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. Closed-top hopper tank trucks are typically divided into three compartments, carry the same commodity or cargo in each compartment, and are generally top loaded and bottom unloaded. The hatch covers used on closed-top hopper tank trucks are typically longitudinal hatch covers or round manhole covers. Closed-top hopper tank trucks are also commonly referred to as dry bulk cargo tanks.

Closed-Top Inland Hopper Tank Barges - A self- or non-self-propelled vessel constructed or adapted primarily to carry dry commodities or cargos in bulk through inland rivers and waterways, and may occasionally carry commodities or cargos through oceans and seas when in transit from one inland waterway to another. Closed-top inland hopper barges are not designed to carry liquid commodities or cargos and are typically used to transport corn, wheat, soy beans, oats, soy meal, animal pellets, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. The basic types of tops on closed-top inland hopper barges are telescoping rolls, steel lift covers, and fiberglass lift covers.

Combined Treatment Works (CTW) - Any privately owned and operated device or system used by multiple facilities to recycle, reclaim, or treat liquid sewage or liquid industrial wastes, including wastes generated by the private owner.

Commodity or Cargo - Any chemical, material, or substance transported in a tank truck, closed-top hopper tank truck, intermodal tank container, intermediate bulk container, rail tank car, closed-top hopper rail tank car, inland tank barge, closed-top inland hopper barge, ocean/sea tanker, or other similar tank that comes in direct contact with the chemical, material, or substance. A commodity may also be referred to as a cargo.

Consignee - Customer or agent to whom commodities or cargos are delivered.

Direct Discharger - A facility that conveys untreated or facility-treated process wastewater or nonprocess wastewater directly to surface waters of the United States, such as rivers, lakes, or oceans. (See **United States Surface Waters** definition.)

Discharge - The conveyance of wastewater: (1) to United States surface waters such as rivers, lakes, and oceans, or (2) to a publicly-owned, privately-owned, federally-owned, combined, or other treatment works.

Facility - Physical location corresponding to the site listed on the questionnaire facility identification label (affixed to the cover page of each section of this questionnaire) where industrial and non-industrial activities are conducted. The activities conducted include, but are not limited to: transportation equipment cleaning, manufacturing, rebuilding, repair, maintenance, painting, and associated office operations, cafeteria operations, or sanitary/shower facilities.

Federally-Owned Treatment Works (FOTW) - Any device or system owned and/or operated by a United States Federal Agency to recycle, reclaim, or treat liquid sewage or liquid industrial wastes.

Hazardous Air Pollutants (HAPs) - Substances listed by EPA as air toxics under Section 112 of the Clean Air Act. A list of HAPs is provided in Appendix B on page A-144.

Hazardous Substances - Defined as: (A) any substance designated pursuant to Section 311(b)(2)(A) of the Federal Water Pollution Control Act; (B) any element, compound, mixture, or substance designated pursuant to Section 102 of Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (Superfund); (C) any hazardous waste having the characteristics identified under or listed pursuant to Section 3001 of the Solid Waste Disposal Act (but not including any waste the regulation of which under the Solid Waste Disposal Act has been suspended by Act of Congress); (D) any toxic pollutant listed under Section 307(a) of the Federal Water Pollution Control Act; (E) any hazardous air pollutant listed under Section 112 of the Clean Air Act; and (F) any imminently hazardous chemical substance or mixture with respect to which the Administration has taken action pursuant to Section 7 of the Toxic Substances Control Act. Hazardous substances does not include petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance under (A) through (F). Hazardous substance also does not include natural gas, natural gas liquids, liquefied natural gas, or synthetic gas usable for fuel (or mixtures of natural gas and such synthetic gas).

Heel - Any material remaining in a tank or container following unloading, delivery, or discharge of the transported commodity or cargo. Heels may also be referred to as *residual materials* or *residuals*.

Independent - *A facility that provides cleaning services on a commercial basis, either as a primary or* secondary business, for tanks which they do not own or operate.

Indirect Discharger - A facility that conveys by pipes or conduits or hauls wastewater to a publicly-owned treatment works, federally-owned treatment works, combined treatment works, or other treatment works. Indirect dischargers may or may not treat their wastewater at their facility.

Inland Tank Barge - A self- or non-self-propelled vessel constructed or adapted primarily to carry commodities or cargos in bulk in cargo spaces (or tanks) through rivers and inland waterways, and may occasionally carry commodities or cargos through oceans and seas when in transit from one inland waterway to another. The commodities or cargos transported are in direct contact with the tank interior. There are no maximum or minimum vessel or tank volumes.

Intermediate Bulk Container (IBC or tote) - A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities or cargos which are in direct contact with the tank interior. Intermediate bulk containers may be loaded onto flat beds for either truck or rail transport, or onto ship decks for water transport. There are no maximum or minimum values for intermediate bulk container volumes, although larger containers are generally considered to be intermodal tank containers. Fifty-five gallon drums and/or pails are not considered IBCs and should not be reported in response to this questionnaire. IBCs are also commonly referred to as totes or tote bins.

Intermodal Tank Container (ITC) - A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities or cargos which come in direct contact with the tank interior. Intermodal tank containers may be loaded onto flat beds for either truck or rail transport, or onto ship decks for water transport. There are no maximum or minimum values for intermodal tank containers, although smaller containers are generally considered to be intermediate bulk containers or totes.

Metal Products and Machinery (MP&M) Manufacturing, Rebuilding, or Maintenance Wastewater - Wastewater generated during manufacturing, rebuilding, or maintenance (including repair) of metal parts, products, or machines (including tanks). This includes wastewater which comes in direct contact with the metal part, product, or machine, and wastewater generated from air pollution control of these activities. MP&M wastewater may be generated by performing these activities for at least 15 industrial sectors, including but not limited to: aircraft, mobile industrial equipment, bus and truck, motor vehicle, railroad, and ships and boats.

NPDES Program - The National Pollutant Discharge Elimination System (NPDES) program authorized by Sections 307, 318, 402, and 405 of the Clean Water Act that applies to facilities that discharge wastewater directly to United States surface waters.

Nonprocess Wastewater - Wastewater that is not generated from industrial processes or that does not come into contact with process wastewater. Nonprocess wastewater includes, but is not limited to, wastewater generated from restrooms, cafeterias, and showers.

Ocean/Sea Tanker - A self- or non-self-propelled vessel constructed or adapted to transport commodities or cargos in bulk in cargo spaces (or tanks) through oceans and seas, where the commodity or cargo carried comes in direct contact with the tank interior. There are no maximum or minimum vessel or tank volumes.

Pollution Prevention - The use of materials, processes, or practices that reduce or eliminate the creation of pollutants or wastes. It includes practices that reduce the use of hazardous and nonhazardous materials, energy, water, or other resources, as well as those practices that protect natural resources through conservation or more efficient use. Pollution prevention consists of source reduction, in-process recycle and reuse, and water conservation practices.

Prerinse - Within a TEC cleaning process, a rinse, typically with hot or cold water, performed at the beginning of the cleaning sequence to remove residual material from the tank interior.

Presolve Wash - Use of diesel, kerosene, gasoline, or any other type of fuel or solvent as a tank interior cleaning solution.

Privately-Owned Treatment Works (PrOTW) - Any device or system owned and operated by a private company that is used to recycle, reclaim, or treat liquid industrial wastes not generated by that company.

Process Wastewater - Wastewater which is generated from or comes in contact with water generated from industrial activities including, but not limited to, transportation equipment cleaning, manufacturing, rebuilding, repairing, maintenance, painting, hydrotesting, and other industrial activities performed at a facility.

Publicly-Owned Treatment Works (POTW) - Any device or system owned by a state or municipality that is used to recycle, reclaim, or treat liquid municipal sewage or liquid industrial wastes.

Rail Tank Car - A completely enclosed storage vessel pulled by a locomotive that is used to transport liquid, solid, or gaseous commodities or cargos over railway access lines. A rail tank car storage vessel may have one or more storage compartments and the stored commodities or cargos come in direct contact with the tank interior. There are no maximum or minimum vessel or tank volumes.

Shipper-Operated - A facility that transports or engages a carrier for transport of their own commodities or cargos and cleans the fleet used for such transport. Also included in the scope of this definition are facilities which provide tank cleaning services to fleets that transport raw materials to their location.

Source Reduction - Any practice which reduces the amount of any hazardous substance, pollutant, or contaminant entering any waste stream or otherwise released into the environment prior to recycling, treatment, or disposal. Source reduction can include equipment or technology modifications, process or procedure modifications, substitution of raw materials, and improvements in housekeeping, maintenance, training, or inventory control.

Tank - A generic term used to describe any closed container used to transport commodities or cargos. The commodities or cargos transported come in direct contact with the container interior, which is cleaned by TEC facilities. Examples of containers which are considered tanks include but are not limited to: tank trucks, closed-top hopper tank trucks, intermodal tank containers, intermediate bulk containers, rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and other similar tanks (excluding drums). Containers used to transport pre-packaged materials are not considered tanks, nor are 55-gallon drums or pails.

Tank Truck - A motor-driven vehicle with a completely enclosed storage vessel used to transport liquid, solid or gaseous materials over roads and highways. The storage vessel or tank may be detachable, as with tank trailers, or permanently attached. The commodities or cargos transported come in direct contact with the tank interior. A tank truck may have one or more storage compartments. There are no maximum or minimum vessel or tank volumes. Tank trucks are also commonly referred to as cargo tanks.

Totes or Tote Bins - A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities or cargos which come in direct contact with the vessel interior. Totes may be loaded onto flat beds for either truck or rail transport, or onto ship decks for water transport. There are no maximum or minimum values for tote volumes, although larger containers are generally considered to be intermodal tank containers. Totes or tote bins are also referred to as intermediate bulk containers or IBCs. Fifty-five gallon drums and pails are not considered totes or tote bins and should not be reported in response to this questionnaire.

Toxicity Characteristic Leaching Procedure (TCLP) - A test procedure designed to determine the mobility or leachability of both organic and inorganic analytes present in liquid, solid, and multiphasic wastes. For additional information, see 40 CFR Part 261.

Transportation Equipment Cleaning (TEC) Area - The specific physical location(s) within the facility where TEC operations are performed.

Transportation Equipment Cleaning (TEC) Operations - TEC operations include cleaning the interiors of tanks. The tank interiors cleaned include, but are not limited to: tank trucks, closed-top hopper tank trucks, intermodal tank containers, intermediate bulk containers, rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and other similar tanks (excluding drums).

Transportation Equipment Cleaning (TEC) Process Wastewater - Any wastewater generated from TEC operations which may contain cleaning solutions and traces of commodities or cargos transported in a tank truck, closed-top hopper tank truck, intermodal tank container, intermediate bulk container, rail tank car, closed-top hopper rail tank car, inland tank barge, closed-top inland hopper barge, ocean/sea tanker, and other similar tanks (excluding drums).

Treatment, Storage, and Disposal Facility (TSDF) - A facility that treats, stores, or disposes of hazardous waste in compliance with the applicable standards and permit requirements set forth in 40 CFR Parts 264, 265, 266, and 270. TSDFs are assigned EPA 12-digit identification numbers.

United States Surface Waters - Waters including, but not limited to, oceans and all interstate and intrastate lakes, rivers, streams, mudflats, sand flats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, and natural ponds.

Volatile Organic Compound (VOCs) - Any compound of carbon, excluding carbon monoxide, carbon dioxide, carbonic acid, metallic carbides or carbonates, and ammonium carbonate, which participates in atmospheric photochemical reactions. See 40 CFR Part 51.100 for additional detail and exclusions.

ACRONYMS, ABBREVIATIONS, AND SYMBOLS

%	Percent
atm	Atmosphere
bbls	Barrels
°C	Degrees Celsius
CBI	*Confidential Business Information*
CFR	Code of Federal Regulations
CTW	Combined treatment works
D	Day
°F	Degrees Fahrenheit
FOTW	Federally-owned treatment works
FT	Foot
FT^2	Square foot
FT^3	Cubic foot
GAL	Gallons
GPD	Gallons per day
GPM	Gallons per minute
HAP	Hazardous Air Pollutant
HP	Horsepower
HR	Hour
IBC	Intermediate Bulk Container
ITC	Intermodal Tank Container
KG	Kilograms
KKG	1,000 kilograms or metric ton
KW	Kilowatt
L	Liter
LB	Pound
LPM	Liters per minute
LPS	Liters per second
m	Meter
m^2	Square meter
m^3	Cubic meter
mg	Milligram
MGD	Million gallons per day
Min	Minute
mmHg	Millimeter of mercury
MSDS	Material Safety Data Sheet
NA	Not Applicable
NPDES	National Pollutant Discharge Elimination System
POTW	Publicly-owned treatment works
PrOTW	Privately-owned treatment works
PSI	Pounds per square inch
PSIA	Pounds per square inch in absolute
PSIG	Pounds per square inch gauge
RCRA	Resource Conservation and Recovery Act
s	Seconds
SCFM	Standard cubic feet per minute
ST	Short ton

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ACRONYMS, ABBREVIATIONS, AND SYMBOLS (cont.)

TCLP	Toxicity Characteristic Leaching Procedure
TEC	Transportation Equipment Cleaning
TPY	Tons Per Year
TSDF	Treatment, storage, and disposal facility
TSS	Total suspended solids
UNK	Unknown
VOC	Volatile Organic Compound
YR	Year

CONVERSION TABLE

To Obtain	Multiply	By
Atmosphere (atm)	Pounds per square inch absolute (PSIA)	0.06805
Cubic feet (FT^3)	Cubic meter (m^3)	35.3
Feet (FT)	Meters (m)	3.28
Gallons (GAL)	Barrels (bbl)	42
Gallons (GAL)	Liters (L)	0.264
Gallons per day (GPD)	Liters per minute (LPM)	380
Gallons per minut PM)	Liters per second (LPS)	15.85
Horsepower	Kilowatt (KW)	1.34
Kilograms (KG)	Grams (g)	0.001
Million gallons per day (MGD)	Cubic meters per day (m^3/d)	0.000264
Pound (LB)	Kilograms (KG)	2.205
Pounds per square inch (PSI)	Millimeters of mercury at 0°C (mmHg)	0.0193
Pounds per square inch gauge (PSIG)	Pounds per square inch absolute (PSIA)	1 and subtract 14.7
Short ton (ST)	1,000 kilograms (KKG)	1.10
Square feet (FT^2)	Square meter (m^2)	10.76

NOTE: If you have any questions regarding conversions, please contact the Technical Information Help-Line, operated by Radian Corporation, EPA's technical contractor, at 1-800-275-1308.

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U.S. ENVIRONMENTAL PROTECTION AGENCY 1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

James Eftaxes
Transportation Manager
Reichhold Chemicals, Inc. - 3455
45 Albert Avenue
Newark, NJ 07105

SECTION 1: GENERAL FACILITY INFORMATION

1-1 Facility Identification
1-2 Facility Layout Diagram and Description
1-3 Facility Regulatory and Discharge Status

Please answer all questions in sequence, unless directed to SKIP. If you wish to provide additional information or to clarify a particular response, use the Comment page at the end of this section. Indicate the confidential business information (CBI) status of your responses by checking the appropriate box to the left of each question or table. Any response where "yes" is not checked will be considered non-confidential.

1-1 Facility Identification

1. Is the mailing address shown on the facility identification label affixed to page A-17 correct? If the mailing address is not correct, please enter the correct information in the spaces below.

   a. Yes, the mailing address is correct ☑

   b. No, the mailing address is not correct *(list correct address below)* ☐

   c. _____
   Facility name

   d. _____
   Mailing address: Street or P.O. Box

   e. _____ _____ _____ - _____
   City State Zip Code

2. If the street (i.e., physical) address of your facility is different from the mailing address, please print the street address in the spaces provided below.

   a. The street address for this facility is the same as the mailing address ☑

   b. The street address for this facility is not the same as the mailing address *(list correct address below)* ☐

   c. _____
   Facility Name

   d. _____
   Street Address

   e. _____ _____ _____ - _____
   City State Zip Code

3. Provide the name, title, and telephone number of the individual(s) who may be contacted to answer TECHNICAL questions concerning the information submitted in this questionnaire.

a. PAUL BRUSTOFSKI
Name of Technical Contact 1

b. REGIONAL ENVIRONMENTAL ENGINEER
Title of Contact

c. (919) 990 - 7536 _____
Telephone Number Ext.

d. RETCHKOLD CHEMICALS, INC 2400 ELLIS RD
Street Address

e. DURHAM NC 27703 - 3582
City State Zip Code

f. P.O. BOX 13582
P.O. Box Address (if applicable)

g. RTP NC 27709 - 3582
P.O. Box City State Zip Code

- -

h. _____
Name of Technical Contact 2

i. _____
Title of Contact

j. (____) _____ - _____ _____
Telephone Number Ext.

k. _____
Street Address

l. _____ _____ _____ - _____
City State Zip Code

m. _____
P.O. Box Address (if applicable)

n. _____ _____ _____ - _____
P.O. Box City State Zip Code

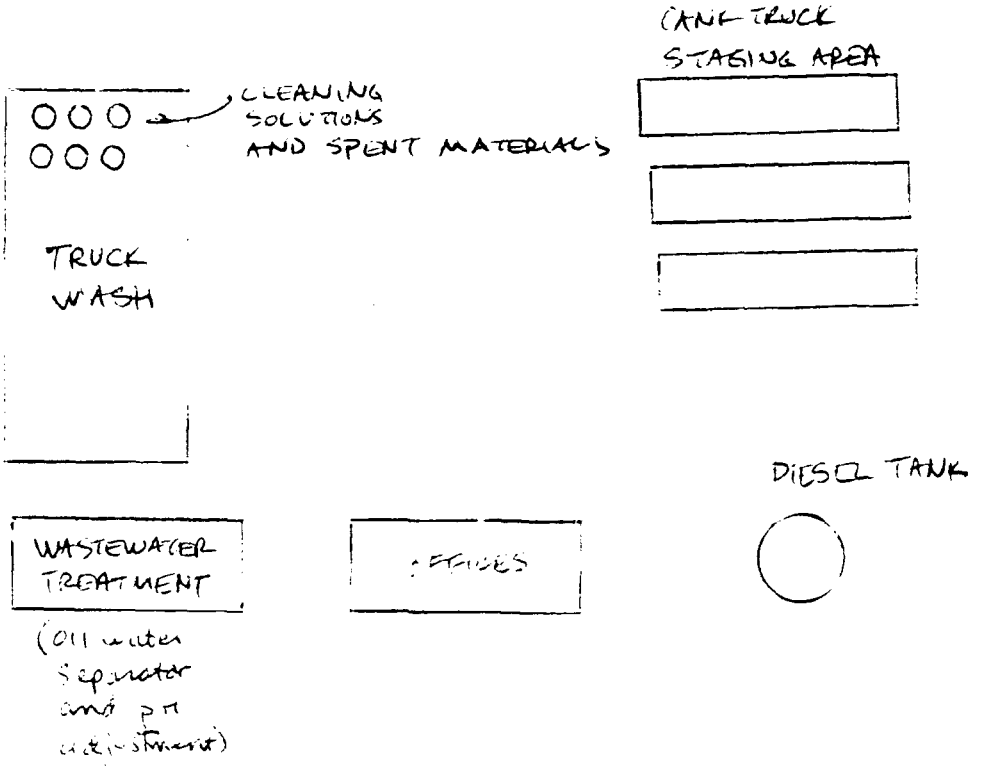
1-2 Facility Layout Diagram and Description

Instructions for Question 4
Facility Layout Diagram

Question 4 on page A-22 asks you to provide a Facility Layout Diagram that shows the physical location of operations at your facility in calendar year 1994. Specific instructions for completing the Facility Layout Diagram, are provided below.

On the diagram, please indicate the physical locations of all wash racks (indicate food grade or chemical grade), wash docks, cleaning solution storage tanks, wastewater storage tanks, heel storage areas, treatment units, sludge storage tanks, buildings, and any other major areas associated with TEC operations. Please also indicate the general locations of non-TEC operations (specify types of operations). Draw areas in approximate scale.

Example facility layout diagrams are provided on the following page.



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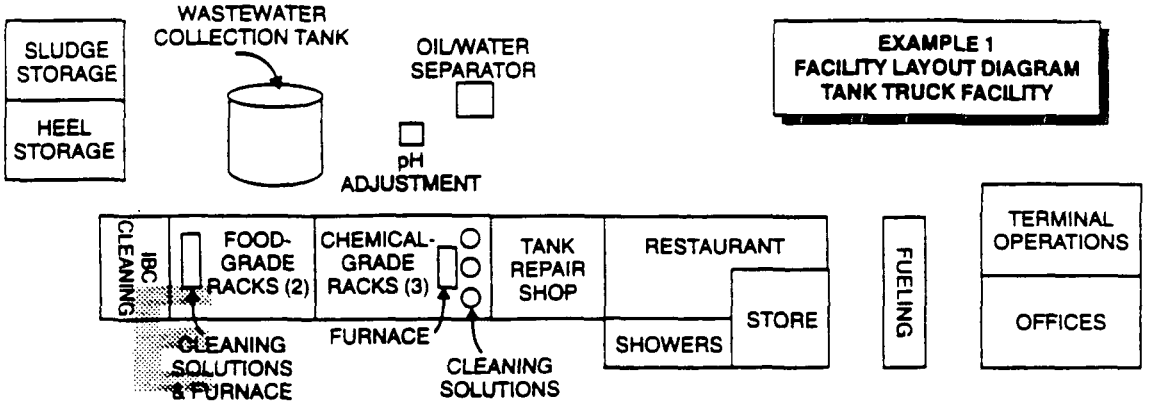
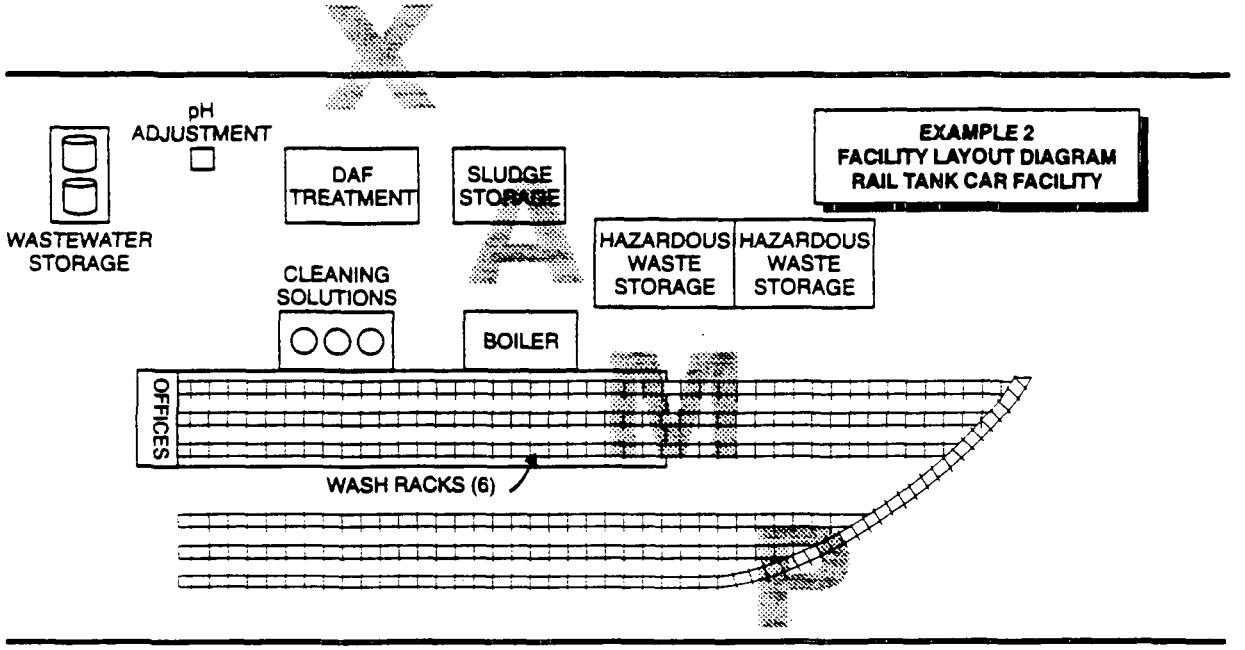
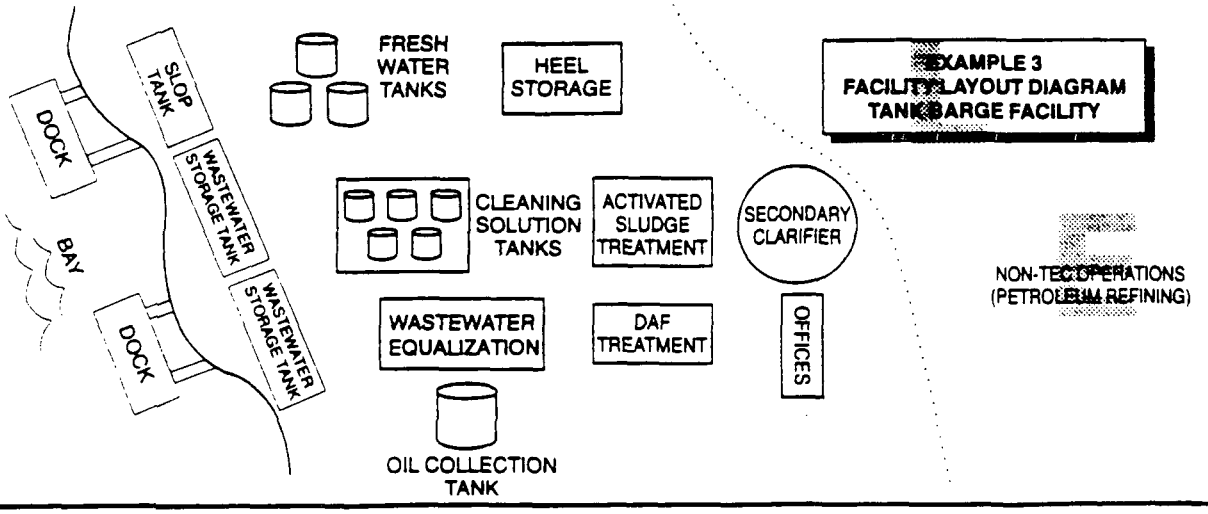
EXAMPLE FACILITY LAYOUT DIAGRAMS







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Confidential
Yes ☐
No ☐

4. Provide a Facility Layout Diagram that shows the physical location of operations at your facility in calendar year 1994. Refer to the example diagrams provided on page A-21 for desired diagram format.

FACILITY LAYOUT DIAGRAM (Question 4)

SEE PAGE A-20

Confidential
Yes ☐
No ☐

5. In what year was your facility constructed? If the year of construction is unknown, indicate the year in which your facility was acquired.

19 87 ☐ Year constructed
☑ Year acquired

Confidential
Yes ☐
No ☐

6. In what year did TEC operations begin at your facility? If the year TEC operations began is unknown, indicate the year in which your facility was acquired.

19 87 ☐ Year TEC operations began
☑ Year acquired

Confidential
Yes ☐
No ☐

7. If available, what are the latitude and longitude of your facility as measured at the center of your TEC operations?

a. Unknown . . . . . ☑

b. Latitude: ____ degrees _____ minutes _____ seconds

c. Longitude: ____ degrees _____ minutes _____ seconds

Confidential
Yes ☐
No ☐

8. Have any major modifications (e.g., additional wash racks or washing capabilities, space increases, additional wastewater treatment, etc.) associated with TEC operations been made at this facility since the current owner purchased the facility? If so, describe the modifications and the intended purpose in the spaces provided below. If no major modifications associated with TEC operations have been made at this facility, check the box in 8a. **If you need more space, photocopy this page before writing on it and number each copy in the space provided.**

a. No major modifications associated with TEC operations . . . . . ☐

Page ___

Year	Description of Modification	Purpose of Modification	Describe the Effect of the Modification on Operational Efficiency
92	WASTEWATER TREATMENT UPGRADES	COMPLIANCE WITH LOCAL SEWER ORDINANCE	IMPROVED EFFLUENT CHARACTERISTICS

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1-3 Facility Regulatory and Discharge Status

9. Does this facility hold any current federal, state, or local environmental permits (e.g., RCRA, water, or air permits) or any approved hazardous waste generator identification numbers? If this facility does not hold any environmental permits, check the box in 9a. If this facility does hold environmental permits, list the information requested in the space provided for 9c through 9e. **If you have more than three permits, photocopy this page before writing on it and number each copy in the space provided.**

Page ___

a. No environmental permits ☐

b. Yes, this facility has environmental permits *(list below)* ☑

c. SANITARY/PROCESS WASTEWATER
Permit Type
PASSAIC Valley Sewer Authority
Issuing Agency
20407042
Permit Number
4 - 20 - 92 (month) (day) (year) Effective Date
4 - 20 - 97 (month) (day) (year) Expiration Date

d. Air permit for diesel tank
Permit Type
New Jersey Dept. of Envil Protection
Issuing Agency
Permit Number
___ - ___ - ___ (month) (day) (year) Effective Date
___ - ___ - ___ (month) (day) (year) Expiration Date

e. ___
Permit Type
___
Issuing Agency
___
Permit Number
___ - ___ - ___ (month) (day) (year) Effective Date
___ - ___ - ___ (month) (day) (year) Expiration Date

10. In calendar year 1994, did this facility discharge, either continuously or intermittently, treated or untreated TEC process wastewater to a POTW, PrOTW, FOTW, CTW, or BWTF? Refer to the Definition of Key Terms beginning on page A-9 for definitions of these wastewater discharge options.

Yes ..... ☑
No ..... ☐

11. Provide the name, address, and National Pollutant Discharge Elimination System (NPDES) permit number of the POTW, PrOTW, FOTW, CTW, or BWTF, to which your facility discharges TEC process wastewater. **If you discharge to more than two types of facilities, photocopy this page before writing on it and number each copy in the space provided.**

Page ___

a. Did not discharge TEC process wastewater to a POTW, PrOTW, FOTW, CTW, BWTF, or Other in 1994 ..... ☐

b. Check the applicable facility type:

☑ POTW ☐ FOTW ☐ BWTF
☐ PrOTW ☐ CTW ☐ Other

(1) Passaic Valley Sewer Commission
POTW, PrOTW, FOTW, CTW, BWTF, or Other Name

(2) _____
POTW, PrOTW, FOTW, CTW, BWTF, or Other Street Address

(3) Newark — NJ — 07105
City — State — Zip Code

(4) _____
NPDES Permit Number

- -

c. Check the applicable facility type (if more than one):

☐ POTW ☐ FOTW ☐ BWTF
☐ PrOTW ☐ CTW ☐ Other

(1) _____
POTW, PrOTW, FOTW, CTW, BWTF, or Other Name

(2) _____
POTW, PrOTW, FOTW, CTW, BWTF, or Other Street Address

(3) _____ — _____ — ____ - ____
City — State — Zip Code

(4) _____
NPDES Permit Number

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12. In calendar year 1994, did this facility discharge, either continuously or intermittently, treated or untreated TEC process wastewater directly to surface waters (e.g., river, lake, or stream)?

Yes ..... ☐
No ..... ☑

13. Provide the name of the surface water to which TEC process wastewater is discharged and the NPDES permit number for this facility. (See United States Surface Waters definition on page A-13.)

a. Did not discharge TEC process wastewater to surface water ..... ☑

b. _____
Name of Surface Water

c. _____
NPDES Permit Number

Confidential
Yes ☐
No ☐

14. Are any of the wastewaters generated at this site currently regulated under one or more existing national categorical limitations or standards (effluent guidelines)?

	Yes	No
TEC Wastewaters	☐	☑
Non-TEC Wastewaters	☐	☑

Confidential
Yes ☐
No ☐

15. Indicate the Industrial Category (or Categories) under which TEC and non-TEC wastewaters generated at your facility are regulated. Non-TEC wastewaters may be generated from non-TEC processes including, but not limited to manufacturing, refining maintenance, repair, etc.

	TEC Wastewaters	Non-TEC Wastewaters	
a.	☐	☐	Dairy Products Processing
b.	☐	☐	Grain Mills
c.	☐	☐	Cement Manufacturing
d.	☐	☐	Organic Chemicals, Plastics, and Synthetic Fibers
e.	☐	☐	Inorganic Chemicals Manufacturing
f.	☐	☐	Soap and Detergent Manufacturing
g.	☐	☐	Fertilizer Manufacturing
h.	☐	☐	Petroleum Refining
i.	☐	☐	Metal Products and Machinery Manufacturing, Rebuilding, or Maintenance
j.	☐	☐	Mineral Mining and Processing
k.	☐	☐	Ore Mining and Dressing
l.	☐	☐	Paint Formulating
m.	☐	☑	Other *(specify)*: Sanitary
n.	☐	☐	Other *(specify)*:
o.	☐	☑	**None of the above categories**

Confidential
Yes ☐
No ☐

16. Indicate whether you perform the following operations:

	Yes	No	
a.	☐	☑	Treatment, storage, or disposal of hazardous waste
b.	☐	☑	Operate a landfill
c.	☐	☑	Operate an incinerator

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COMMENTS FOR SECTION 1: GENERAL FACILITY INFORMATION

Please cross-reference your comments by question number and indicate the confidential status of your comment by checking "yes" or "no" in the column titled "CBI" (Confidential Business Information). **If you need additional space, please photocopy this page before writing on it, and number each copy in the space provided.**

Page ___

Question Number	CBI	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

SECTION 2 - TEC OPERATIONS

2-1 TEC Process Flow Diagram
2-2 Types and Number of Tanks Cleaned
2-3 Cleaning Processes and Equipment
2-4 Cleaning Solutions and Commodities or Cargos Cleaned
2-5 Commodities or Cargos Cleaned and Heels Generated
2-6 Tank Hydrotesting, Exterior Washing, and Other Operations
2-7 Air Emissions from TEC Operations

Please answer all questions in sequence unless directed to SKIP. A list of the information codes required to complete this section are provided below for your reference. If you wish to provide additional information or to clarify a particular response, use the Comment page at the end of this section. Indicate the confidential business information (CBI) status of your responses by checking the appropriate box to the left of each question or table. Any response where "yes" is not checked will be considered not confidential.

INFORMATION CODES FOR SECTION 2

Cleaning Solution Codes

W: Water
S: Steam
CS: Caustic Solution
DS: Detergent/Soap Solution
AS: Acid Solution
PS: Presolve Solution
OS1: Other Solution *(please describe here)* _____

Cleaning Process Codes

HR: Heel Removal
VR: Vapor Removal/Gas Freeing
PR: Presolve Treatment
DW: Detergent/Soap Wash
CW: Caustic Wash
AW: Acid Wash
OC1: Other Cleaning Sequence 1
(please describe here) _____
OC2: Other Cleaning Sequence 2
(please describe here) _____

HWW: Hot Water Wash
HWR: Hot Water Rinse
CWW: Cold Water Wash
CWR: Cold Water Rinse
MW: Manual Cleaning Activity
SC: Steam Cleaning

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INFORMATION CODES FOR SECTION 2 (Continued)

Tank Type Codes

BT	Inland Tank Barge
BT1	<10,000 barrels
BT2	10,000 - 16,000 barrels
BT3	>16,000 - 25,000 barrels
BT4	>25,000 - 35,000 barrels
BT5	>35,000 barrels
RT	Rail Tank Car
RT1	<15,000 gallons
RT2	15,000 - 20,000 gallons
RT3	>20,000 - 30,000 gallons
RT4	>30,000 gallons
TT	Tank Truck
TT1	<3,500 gallons
TT2	3,500 - 7,500 gallons
TT3	>7,500 gallons
IT	Intermediate Bulk Container
IT1	<400 gallons
IT2	400 - 700 gallons
IT3	>700 gallons
MT	Intermodal Tank Container
MT1	<3,500 gallons
MT2	3,500 - 7,500 gallons
MT3	>7,500 - 10,000 gallons
MT4	>10,000 gallons
OT	Other Container
OT1	Other Container 1 *(please describe here)* _____
OT2	Other Container 2 *(please describe here)* _____
OT3	Other Container 3 *(please describe here)* _____

BH	Closed-Top Hopper Barges
BH1	<50,000 ft^3
BH2	50,000 - 90,000 ft^3
BH3	>90,000 - 140,000 ft^3
BH4	>140,000 - 200,000 ft^3
BH5	>200,000 ft^3
RH	Closed -Top Hopper Rail Tank Cars
RH1	<2,000 ft^3
RH2	2,000 - 3,000 ft^3
RH3	>3,000 - 4,000 ft^3
RH4	>4,000 ft^3
TH	Closed-Top Hopper Tank Trucks
TH1	<450 ft^3
TH2	450 - 1,000 ft^3
TH3	>1,000 ft^3
NT	Ocean/Sea Tanker
NT1	<400,000 barrels
NT2	400,000 - 600,000 barrels
NT3	>600,000 barrels

INFORMATION CODES FOR SECTION 2 (Continued)

Heel Discharge/Disposal Codes

WW:	Discharged with tank cleaning wastewater
ID:	Discharged or hauled separately from tank cleaning wastewater to a POTW, PrOTW, FOTW, CTW, or BWTF
DD:	Discharged or hauled separately from tank cleaning wastewater to United States Surface Water
EV:	Evaporation
LD:	Onsite or offsite land disposal
LA:	Onsite or offsite land application
IN:	Onsite or offsite incineration
HR:	Onsite or offsite heat recovery
RR:	Onsite or offsite reuse/recycle
DW:	Deep Well Injection
HD:	Discharged or hauled separately from tank cleaning wastewater to a hazardous waste treatment, storage, and disposal facility (TSDF)
OD1:	Other Discharge/Disposal Method 1 *(please describe here)* _____
OD2:	Other Discharge/Disposal Method 2 *(please describe here)* _____

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2-1 TEC Process Flow Diagram

Instructions for Question 17
Transportation Equipment Cleaning Process Flow Diagram

Question 17 on page A-36 asks you to provide a facility process flow diagram that shows the general layout of the TEC processes at your facility in calendar year 1994. Specific instructions for completing the diagram are provided below. An example diagram is provided on page A-35.

On the diagram, please include cleaning solution vats or storage tanks; wash areas, bays, docks, racks, or stations; cleaning solution/water/steam influents and effluents for the wash areas, bays, docks, or racks; wastewater drainage or collection systems; vapor recovery systems; heel storage areas; and any cleaning solution/water recycle and/or reuse.

Specific Instructions

2-1a Assign a unique number (for example: 1, 2, 3) for each diagram that you submit and write that number at the top of each page.

2-1b Draw a block for each specific cleaning solution storage tank or vat in the TEC cleaning process. Use the abbreviations below to label these blocks. Provide a description below for any other cleaning solution used at your facility but not listed.

W:	Water	DS:	Detergent/Soap Solution
S:	Steam	AS:	Acid Solution
CS:	Caustic Solution	PS:	Presolve Solution
OS1:	Other Solution 1		
	(please describe here) _____		
OS2:	Other Solution 2		
	(please describe here) _____		

If you have more than one of a certain type of cleaning solution storage tank or vat, assign each a unique unit number on the diagram. For example, if your facility has two caustic solution storage tanks, label these tanks as CS-1 and CS-2 on the diagram.

2-1c Draw a block for each specific wash area, bay, dock, rack, or station in the TEC cleaning process. Assign each individual wash area, bay, dock, rack, or station a number on the diagram. Indicate whether each wash area, bay, dock, rack, or station is designed for chemical grade cleaning or food grade cleaning. For example, if your facility has two wash racks (one food grade and one chemical grade) and one wash area (chemical grade), the blocks should be labeled as Wash Rack-1 (food grade), Wash Rack-2 (chemical grade), and Wash Area-3 (chemical grade).

2-1d For each wash area, bay, dock, rack, or station identified, indicate what types of tank containers (i.e., tank trucks, rail tank cars, tank barges, etc.) are cleaned using the tank type codes listed in the general instructions for this section (i.e., TT, RT, BT, etc.).

Instructions for Question 17 (Continued)

2-1e Indicate with arrows the cleaning solution influents to each wash area, bay, dock, rack, or station.

2-1f Indicate steam cleaning, manual cleaning, and vapor removal/gas freeing as points of entry into the wash area, bay, dock, rack, or station with arrows. Use the abbreviations below to label these arrows.

SC: Steam Cleaning
MW: Manual Cleaning Activity
VP: Vapor Removal/Gas Freeing
OC1: Other Cleaning Activity *(please describe here)*: _____
OC2: Other Cleaning Activity *(please describe here)*: _____

2-1g Draw a circle for each specific disposal destination from the wash area, bay, dock, rack, or station (e.g., heel storage area, prerinse storage area, wastewater drain system, wastewater collection system, and/or vapor recovery system). If you have more than one of a certain type of these units, assign each unit a number on the diagram. For example, if your facility has two heel storage areas, label these as Heel Storage Area-1 and Heel Storage Area-2 on the diagram.

2-1h Draw a circle for each heel or prerinse disposal method (e.g., heel fed to cattle, heel recycled, etc.).

2-1i Draw a circle to indicate evaporation of wastewater, if wastewater is not collected.

2-1j Indicate with arrows the effluents from each wash area, bay, dock, rack, or station to the units indicated in 2-1f, 2-1g, and 2-1h.

2-1k Indicate with arrows the recycle of cleaning solutions from each wash area, bay, dock, rack, or station. Draw arrows showing the return of each cleaning solution to the storage tank or vat. Label each recycle stream with the cleaning solution type (listed in 2-1b) followed by the letter "R". For example, the caustic solution recycle stream from the wash area would be labeled as "CSR".

2-1l Indicate with arrows the recycle of water from each wash area, bay, dock, rack, or station. Draw arrows indicating the destination of the recycled water (either reused in the cleaning process or used in other processes). Label each water recycle stream with "WR".

2-1m For each heel or prerinse storage area, indicate with arrows and circle the disposal method (i.e., heel recycle/reuse, heel disposal off-site, and/or heel discharge to on-site wastewater treatment).

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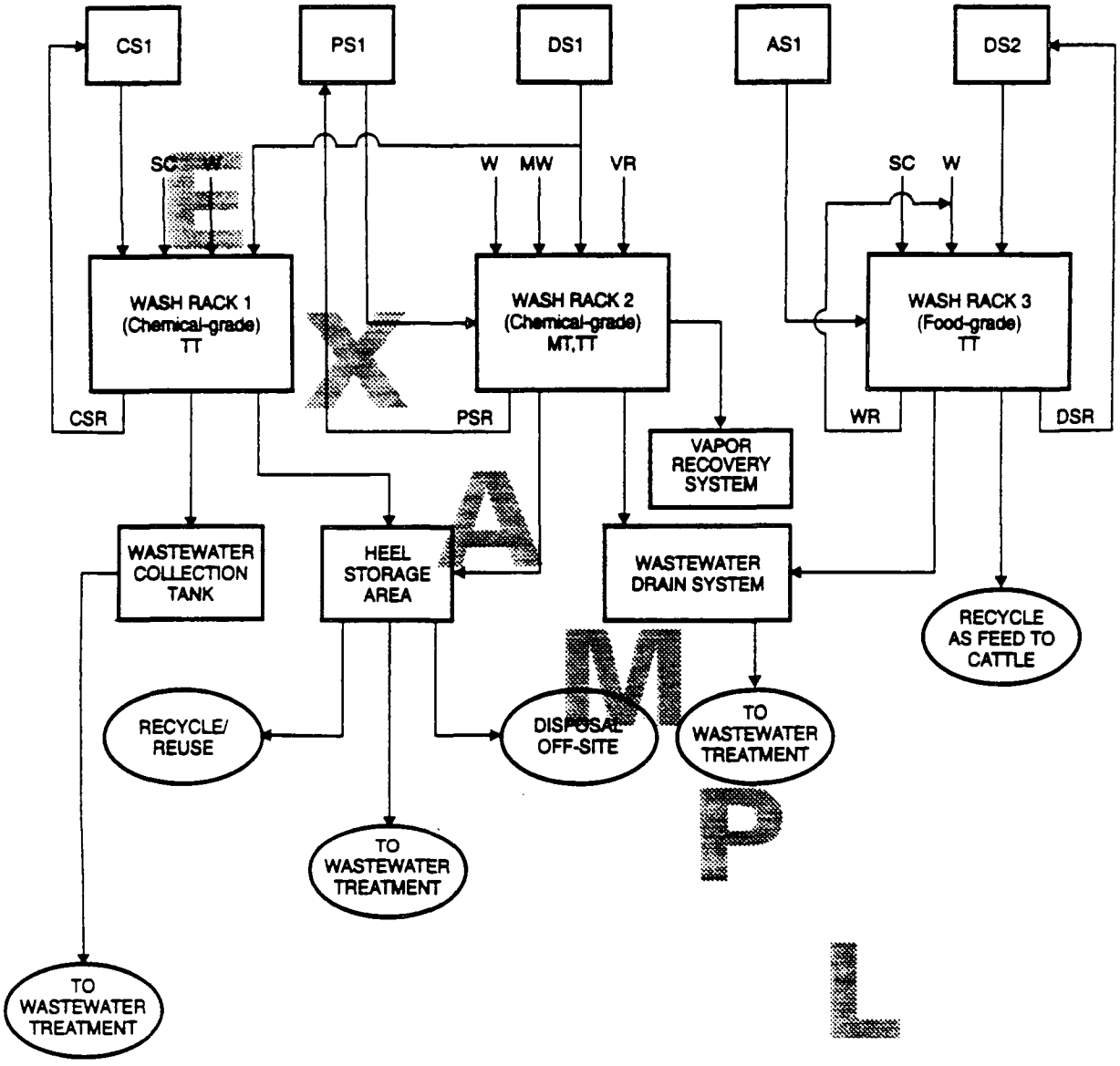
EXAMPLE CLEANING PROCESS FLOW DIAGRAM



EXAMPLE

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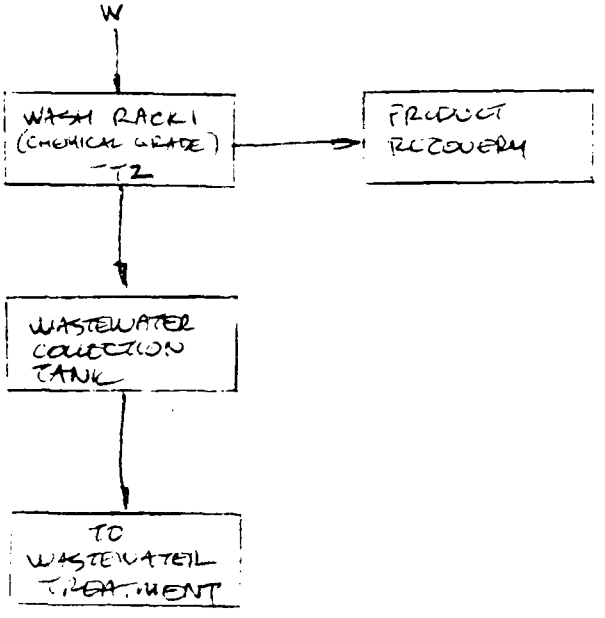
Confidential
Yes ☐
No ☐

17. Provide a facility process flow diagram that shows the general layout of the TEC processes at your facility in calendar year 1994. Refer to that example diagram provided on page A-35 for desired diagram format.

Page ___

TRANSPORTATION EQUIPMENT CLEANING PROCESS FLOW DIAGRAM
(Question 17)



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18. TEC Process Flow Diagram Checklist

Use the list below to ensure that you have correctly completed the TEC Process Flow Diagram. Did you...

		Yes	No
✓	Include a diagram(s) of the route taken by water, cleaning solutions, cleaning processes, wastewater, and heels?	☑	☐
✓	Label the diagram(s) with unique diagram number(s)?	☑	☐
✓	Indicate all cleaning solution storage tanks or vats?	☑	☐
✓	Label each cleaning solution storage tank or vat with a unique unit number using the abbreviations provided?	☑	☐
✓	Indicate all TEC wash areas, bays, docks, racks, or stations?	☑	☐
✓	Label each TEC wash area, bay, dock, rack, or station with a unique unit number, indicate food grade or chemical grade, and identify tank types cleaned?	☑	☐
✓	Indicate all cleaning solution influents to each wash area, bay, dock rack, or station?	☑	☐
✓	Indicate steam cleaning, manual cleaning, and vapor removal/gas freeing activities for each wash area, bay, dock, rack, or station?	☑	☐
✓	Indicate each specific disposal destination from the wash area, bay, dock, rack, or station (i.e., heel storage area, prerinse storage area, wastewater drain system, wastewater collection system, evaporation, and/or vapor recovery system) on the diagram?	☑	☐
✓	Label each disposal destination with a unique number?	☑	☐
✓	Indicate each water or cleaning solution recycle/reuse stream on the diagram and label each recycle/reuse stream with the appropriate code?	☑	☐
✓	Indicate each heel and/or prerinse disposal method from either the wash area, bay, dock, rack, or station, or the heel and/or prerinse storage area?	☑	☐

If your response to any checklist item is "NO," please revise your diagram as needed.

Confidential
Yes ☐
No ☐

19. Provide a brief description of your facility's typical or most often used TEC process in calendar year 1994 from the time the transportation equipment enters the facility until the time it leaves the facility. Please distinguish multiple process descriptions by numbering each process described (i.e., (1) typical food grade TEC process, (2) typical chemical grade TEC process). Please contact the Technical Information Help-Line for guidance on how to generalize process descriptions if the number of multiple processes is excessive. **Please limit the cleaning processes described to include no more than the five cleaning processes performed most often by your facility. If you need additional space, photocopy this page before writing on it and number each copy in the space provided.**

Page ___

Water used as cleaning agent. Introduced into tank truck manway with high-pressure low volume spray nozzle (mechanical agitation.)

2-2 Types and Number of Tanks Cleaned

Confidential
Yes ☐
No ☐

20. For how many calendar days in 1994 did your facility conduct TEC operations?

300 days

Confidential
Yes ☐
No ☐

21. For how many hours per day, on average, for the days indicated in Question 20, did your facility conduct TEC operations in calendar year 1994?

8 hours per day

22. Table A. Types and Number of Tanks Cleaned in Calendar Year 1994

Table A requests information on the types and number of each type of tank cleaned at your facility in calendar year 1994. If exact data are not available, please provide estimates, and indicate that the response is an estimate on the appropriate comment page. Instructions for completing Table A are provided below.

Columns 1 and 3:	Listing of Tank Type Codes. Refer to the Tank Type Codes and descriptions provided in the Section 2 general instructions on page A-31.
Columns 2 and 4:	Indicate the number of cleanings performed in calendar year 1994 for each Tank Type listed in Columns 1 and 3. If no cleanings were performed for a specific tank type, enter a 0 (zero) in that particular cell of the table.

An example Table A is provided on page A-40.

Confidential
Yes ☐
No ☐

Table A (Question 22). Types and Number of Tanks Cleaned in Calendar Year 1994

EXAMPLE

(1) Tank Types	(2) Number of Tanks Cleaned
RT1	10
RT2	0
RT3	100
RT4	0
RH1	0
RH2	0
RH3	0
RH4	0
TT1	0
TT2	690
TT3	0
TH1	0
TH2	0
TH3	0
BT1	0
BT2	0
BT3	25
BT4	0
BT5	0
Subtotal Column 2	**825**

(3) Tank Types	(4) Number of Tanks Cleaned
BH1	0
BH2	0
BH3	0
BH4	0
BH5	0
NT1	0
NT2	0
NT3	0
IT1	0
IT2	300
IT3	0
MT1	0
MT2	20
MT3	0
OT1	0
OT2	0
OT3	0
Subtotal Column 4	**320**

Total Number of Cleanings Performed: ***(Subtotal Column 2 plus Subtotal Column 4)***	**1,145**

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Confidential Table A (Question 22). Types and Number of Tanks Cleaned in Calendar Year 1994

Yes ☐

No ☐

(1) Tank Types	(2) Number of Tanks Cleaned
RT1	0
RT2	0
RT3	0
RT4	0
RH1	0
RH2	0
RH3	0
RH4	0
TT1	0
TT2	600
TT3	0
TH1	0
TH2	0
TH3	0
BT1	0
BT2	0
BT3	0
BT4	0
BT5	0
Subtotal Column 2	600

(1) Tank Types	(2) Number of Tanks Cleaned
BH1	0
BH2	0
BH3	0
BH4	0
BH5	0
NT1	0
NT2	0
NT3	0
IT1	0
IT2	0
IT3	0
MT1	0
MT2	0
MT3	0
OT1	0
OT2	0
OT3	0
Subtotal Column 4	0

Total Number of Cleanings Performed: ***(Subtotal Column 2 plus Subtotal Column 4)***	600

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2-3 Cleaning Processes and Equipment

23. Table B. Transportation Equipment Cleaning Process Information for Calendar Year 1994

Table B requests information pertaining to the types of cleaning processes and apparatus (i.e., spinners, nozzles, or butterworths) that your facility used to perform TEC operations in calendar year 1994. Provide information that is specific to each cleaning process that your facility uses for TEC operations. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner**. Instructions for completing Table B are provided below.

Column 1: Indicate the cleaning process code. Refer to the cleaning process listed in the Section 2 general instructions on page A-30.

Column 2 Report the operating pressure of the cleaning apparatus in pounds per square inch gauge.

Column 3: Report the solution (cleaning solution or water) flow rate through the cleaning apparatus (i.e., spinners, nozzles, or butterworths) in gallons per minute.

Column 4: Report the average, maximum, and minimum solution temperature in degrees Fahrenheit.

An example Table B is provided on page A-43.

.nfidential
Yes ☐
No ☐

Page 1

Table B (Question 23). Transportation Equipment Cleaning Process Information for Calendar Year 1994

E X A M P L E

(1) Cleaning Process	(2) Operating Pressure (PSIG)	(3) Solution Flow Rate (GPM)	(4) Solution Temperature (°F)		
			Average	Minimum	Maximum
VR	NA	NA	NA	NA	NA
PR	150	70	68	68	180
DW1	400	15	68	68	68
CW	150	70	68	68	68
AW	150	90	68	68	68
HWW	150	100	180	140	200
HWR	600	15	180	140	200
CWW	200	100	68	68	68
CWR	150	70	68	68	68
SC	150	70	360	250	400
DW2	300	20	68	68	180

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Confidential
Yes ☐
No ☐

Page ____

Table B (Question 23). Transportation Equipment Cleaning Process Information for Calendar Year 1994

(1) Cleaning Process	(2) Operating Pressure (PSIG)	(3) Solution Flow Rate (GPM)	(4) Solution Temperature (°F) Average	Minimum	Maximum
HR					
CWW			70	60	75
CWR			70	60	75

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2-4 Cleaning Solutions and Commodities or Cargos Cleaned

24. Table C. Cleaning Solutions Used in Calendar Year 1994

Table C requests information on the types and amounts of cleaning solutions used at your facility in calendar year 1994 to clean transportation equipment. List the name of each chemical in each cleaning solution or material and the percentage of each by weight or volume. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Instructions for completing Table C are provided below.

Column 1: Indicate the common name of each cleaning solution used for transportation equipment cleaning.

Column 2: Indicate the Cleaning Solution Type for each cleaning solution listed in Column 1. Refer to the Cleaning Solution Codes listed in the Section 2 general instructions on page A-30.

Columns 3 and 4: Specify in these columns the chemical content of each cleaning solution used in the cleaning process. Complete a separate row for each chemical, including water, in the cleaning solution. Report the chemical name in Column 3, and the percentage of the chemical in the cleaning solution by weight or volume in Column 4. **Report the composition of undiluted solutions (i.e., solutions as received rather than solution as applied).**

NOTE: If you need more than three lines to report the chemical content of the cleaning solution listed in Column 1, rewrite the cleaning solution name and cleaning solution code in the next row in Columns 1 and 2, and continue listing chemicals and percentages in Columns 3 and 4.

Column 5: Report the name of the manufacturer of the cleaning solution.

Column 6: Report the amount of cleaning solution used in calendar year 1994. Specify whether each response is reported in pounds or gallons. **These amounts should be specified for virgin cleaning solutions, and not recycled cleaning solutions. Report amount of undiluted solutions (i.e., solutions as received rather than as applied).**

An example Table C is provided on page A-46.

Confidential
Yes ☐
No ☐

Table C (Question 24). Cleaning Solutions Used in Calendar Year 1994

E X A M P L E

(1) Name of Cleaning Solution	(2) Cleaning Solution Code	Chemical Content of Cleaning Solution: (3) Chemical	(4) Percentage	(5) Manufacturer of Cleaning Solution	(6) Amount of Cleaning Solution Used in 1994
Cleaner A	DS1	Hydrocarbon solvent	80 ☐ Weight % ☑ Volume %	Company A	6,000 ☐ Pounds ☑ Gallons
		Water	20 ☐ Weight % ☑ Volume %		
			☐ Weight % ☐ Volume %		
Cleaner B	DS2	Acetone	8 ☑ Weight % ☐ Volume %	Company B	8,000 ☐ Pounds ☑ Gallons
		Methanol	10 ☑ Weight % ☐ Volume %		
		Toluene	8 ☑ Weight % ☐ Volume %		
Cleaner B	DS2	Mixed Xylenes	6 ☑ Weight % ☐ Volume %	NA	NA ☐ Pounds ☐ Gallons
		Water	20 ☑ Weight % ☐ Volume %		
		Unknown	48 ☑ Weight % ☐ Volume %		

EXAMPLE

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Confidential
Yes ☐
No ☐

Page

Table C (Question 24). Cleaning Solutions Used in Calendar Year 1994

(1) Name of Cleaning Solution	(2) Cleaning Solution Code	Chemical Content of Cleaning Solution		(5) Manufacturer of Cleaning Solution	(6) Amount of Cleaning Solution Used in 1994
		(3) Chemical	(4) Percentage		
N/A			☐ Weight % ____ ☐ Volume %		☐ Pounds ____ ☐ Gallons
			☐ Weight % ____ ☐ Volume %		
			☐ Weight % ____ ☐ Volume %		
			☐ Weight % ____ ☐ Volume %		☐ Pounds ____ ☐ Gallons
			☐ Weight % ____ ☐ Volume %		
			☐ Weight % ____ ☐ Volume %		
			☐ Weight % ____ ☐ Volume %		☐ Pounds ____ ☐ Gallons
			☐ Weight % ____ ☐ Volume %		
			☐ Weight % ____ ☐ Volume %		

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Confidential
Yes ☐
No ☐

25. Are any spent cleaning solutions routed to your facility's wastewater treatment system or otherwise discharged or combined with other facility wastewaters?

Yes . . . . . ☐
No . . . . . ☐

Confidential
Yes ☐
No ☐

26. Does your facility pretreat spent cleaning solutions prior to discharge to the wastewater treatment system or disposal?

Cleaning solutions not discharged to wastewater treatment system or disposal . . . . . ☐

	Prior to Wastewater Treatment System	Prior to Disposal
Yes	☐	☐
No	☐	☐

Confidential
Yes ☐
No ☐

27. Describe the pretreatment technologies used to prevent cleaning solutions discharged to your wastewater treatment system or disposal:

Cleaning solutions not discharged to wastewater treatment system or disposal . . . . . ☐
Cleaning solutions not pretreated prior to discharge to wastewater treatment system or disposal . . . . . ☐

28. Complete Table D for the cleaning solutions discharged to wastewater treatment in calendar year 1994. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Instructions for completing Table D are provided below.

Column 1: Indicate the cleaning solution code for each cleaning solution discharged. Refer to the cleaning solution codes provided in the Section 2 general instructions, on page A-30.

Column 2: Specify whether the cleaning solution is used for food grade (FG) cleaning or chemical grade (CG) cleaning. If the solution is used for both food grade and chemical grade cleaning, write "FG, CG" in Column 2.

Column 3: Indicate whether discharge of the spent cleaning solution to the wastewater treatment system is continuous or batch (periodical).

Column 4: For continuous discharge, indicate the average daily flow rate of the spent cleaning solution discharged in gallons per day.

Columns 5: through 7 For batch discharge, indicate the average volume of each batch discharge, the frequency of discharge, and the frequency period. Indicate volume in gallons, frequency in whole numbers, and period in day, week, month, year, etc. For example, if you discharge a 300-gallon vat of caustic solution used for chemical grade cleaning twice every month, Table D would read as follows:

Column 1: Cleaning Solution Type - "CS;"
Column 2: Food Grade or Chemical Grade - "CG;"
Column 3: Batch or Continuous Discharge - "B;"
Column 4: Continuous Discharge - "NA;"
Column 5: Average Volume - "300;"
Column 6: Frequency - "2;"
Column 7: Frequency Period - "month."

An example Table D is provided on page A-50.

Confidential
Yes ☐
No ☐

Table D (Question 28). Cleaning Solutions Discharged to Wastewater Treatment in Calendar Year 1994

E X A M P L E

Page 1

Spent cleaning solutions not discharged to wastewater treatment system . . . . . ☐

(1) Cleaning Solution Type	(2) Food Grade or Chemical Grade	(3) Batch or Continuous Discharge	(4) Continuous Discharge (GPD)	Batch Discharge (5) Average Volume (gallons)	(6) Frequency	(7) Frequency Period
CS1	FG	C	120	NA	NA	NA
DS1	FG, CG	C	65	NA	NA	NA
AS	CG	B	NA	300	2	month
PS	CG	B	NA	300	2	year
DS2	CG	B	NA	300	1	week
CS2	CG	B	NA	300	2	month

EXAMPLE

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Confidential
Yes ☐
No ☐

Table D (Question 28). Cleaning Solutions Discharged to Wastewater Treatment in Calendar Year 1994

Page ____

N/A

Spent cleaning solutions not discharged to wastewater treatment system . . . . . ☐

(1) Cleaning Solution Type	(2) Food Grade or Chemical Grade	(3) Batch or Continuous Discharge	(4) Continuous Discharge (GPD)	Batch Discharge		
				(5) Average Volume (gallons)	(6) Frequency	(7) Frequency Period

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2-5 Commodities or Cargos Cleaned and Heels Generated

Confidential
Yes ☐
No ☐

29. *Indicate the types of commodities or cargos transported in tanks which your facility accepted for cleaning in calendar year 1994 (check all that apply).* See Appendix A for commodity or cargo group definitions and specific examples of commodities or cargos. If your facility maintains a list of commodities or cargos accepted, please submit a copy with your questionnaire response. A cover sheet for this attachment entitled "Information Submittal for Question 29 - Commodities or Cargos Accepted" is provided in Appendix C.

Group A - Food Grade Products, Beverages, and Animal and Vegetable Oils ..... ☐
Group B - Petroleum and Coal Products ..... ☐
Group C - Latex, Rubber, and Resins ..... ☐
Group D - Soaps and Detergents ..... ☐
Group E - Biodegradable Organic Chemicals ..... ☐
Group F - Refractory (Non-biodegradable) Organic Chemicals ..... ☐
Group G - Inorganic Chemicals ..... ☐
Group H - Agricultural Chemicals and Fertilizers ..... ☐
Group I - Chemical Products ..... ☑
Group J - Hazardous Waste (as defined by RCRA in 40 CFR Part 261) ..... ☐
Group K - Non-Hazardous Waste ..... ☐
Group L - Dry Bulk Commodities or Cargos, Including Grains, Plastic Pellets, etc. .. ☐
Group M - Other 1 *(please describe here)*: _____ ☐
Group N - Other 2 *(please describe here)*: _____ ☐
Group O - Other 3 *(please describe here)*: _____ ☐

Confidential
Yes ☐
No ☐

30. Indicate the reasons your facility may refuse to accept a particular commodity or cargo for cleaning:

Federal, state, local, or other environmental permits ..... ☐
Safety considerations ..... ☐
Facility cleaning capabilities ..... ☐
Facility wastewater treatment system capabilities ..... ☐
Only clean tanks used to transport commodities manufactured at this location (i.e., shipper facility) ..... ☑
Other *(please describe)* _____ .. ☐
Other *(please describe)* _____ .. ☐

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Confidential
Yes ☐
No ☐

31. If the commodities or cargos your facility accepts for cleaning are limited by an environmental permit, please list the permit information below. (Refer to permit names listed in response to Section 1, Question 9.)

Commodities or cargos accepted for cleaning not affected by facility environmental permits . . . . . ☑

Permit Number Issuing Agency

Permit Number Issuing Agency

Permit Number Issuing Agency

Confidential
Yes ☐
No ☐

32. List the commodities or cargos your facility does not accept for cleaning as a result of environmental permits.

Commodities or cargos accepted for cleaning not affected by facility environmental permits . . . . . ☑

Commodities or Cargos Not Accepted

Confidential
Yes ☐
No ☐

33. Indicate the methods used to identify commodities or cargos transported in tanks accepted for cleaning by your facility *(check all that apply)*:

- ☑ Bill of Lading
- ☑ Material Safety Data Sheet (MSDS)
- ☐ Hazardous Waste Manifest
- ☐ Verbal Description
- ☐ Other *(please describe)* _____
- ☐ None

Confidential
Yes ☐
No ☐

34. Which of the following types of information does the bill of lading, MSDS, or hazardous waste manifest contain? Indicate all that apply by checking the appropriate box.

a. Bill of lading, MSDS, or hazardous waste manifest not received . . . . . ☑
b. Commodity or cargo name . . . . . ☑
c. Chemical content of commodity or cargo . . . . . ☑
d. Commodity or cargo manufacturer . . . . . ☑
e. Health risks of the chemical (inhalation, toxicity) . . . . . ☑
f. Safety measures to be taken in case of release . . . . . ☑

35. Table E requests information on the commodities or cargos cleaned from tanks by your facility in calendar year 1994. You are asked to provide information for each commodity or cargo group indicated in Question 29, including the type and number of tanks cleaned, typical cleaning sequence used, the amount of heel removed, and the amount of wastewater generated. If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided at the top right corner**. Specific instructions for completing Table E are provided below.

Column 1: List the commodity or cargo groups cleaned by your facility in calendar year 1994. Refer to the commodity or cargo groups listed in Question 29.

Column 2: List the tank types cleaned which transported commodities or cargos from the commodity or cargo group listed in Column 1. Refer to the Tank Type Codes presented in Section 2 general instructions, page A-31. These tank types should match those indicated in Table A (Question 22).

Column 3: List the total number of cleanings performed in calendar year 1994 for each combination of commodity or cargo group and tank type listed in Columns 1 and 2. Note that the sum of this column should equal the total indicated at the bottom of Column 2 in Table A (Question 22).

Column 4: List the typical cleaning sequence used to clean the commodities or cargos from the commodity or cargo group listed in Column 1. The typical cleaning sequence is that which is used most often. Use the Cleaning Process Codes provided in the Section 2 general instructions, page A-30, and separate successive cleaning process codes with commas.

Column 5: Provide the average amount of heel removed per cleaning and a range of the amount of heel removed per cleaning for each tank type listed in Column 2. Specify whether amounts are reported in gallons or pounds per cleaning.

Column 6: Provide the average amount of wastewater generated per cleaning and a range of the amount of wastewater generated per cleaning for each tank type listed in Column 2. Report amounts in gallons per cleaning.

An example Table E is provided on page A-55.

Confidential
Yes ☐
No ☐

Table E (Question 35). Commodities or Cargos Cleaned in Calendar Year 1994

Page 1

EXAMPLE

(1) Commodity or Cargo Group	(2) Tank Types	(3) Number of Cleanings Performed	(4) Typical Cleaning Sequence	(5) Amount of Heel Removed Per Cleaning: Average (gallons or pounds)	(5) Range (gallons or pounds): Minimum	(5) Range (gallons or pounds): Maximum	(6) Amount of Wastewater Generated Per Cleaning: Average (gallons)	(6) Range (gallons): Minimum	(6) Range (gallons): Maximum
B	BT2	10	HR, CWR, DW, HWR, CWR	400 gallons	300 gallons	800 gallons	12,000	8,000	30,000
	BT3	30		500 gallons	300 gallons	800 gallons	15,000	10,000	40,000
	TT2	220		5 gallons	3 gallons	20 gallons	490	300	1,200
A	BH2	18	HR, CWR	600 pounds	500 pounds	1,000 pounds	350	200	800
	TH2	180		20 pounds	10 pounds	100 pounds	75	0	150
	RH3	100		50 pounds	40 pounds	200 pounds	120	100	600

EXAMPLE

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Confidential
Yes ☐
No ☐

Table E (Question 35). Commodities or Cargos Cleaned in Calendar Year 1994

Page

(1) Commodity or Cargo Group	(2) Tank Types	(3) Number of Cleanings Performed	(4) Typical Cleaning Sequence	(5) Amount of Heel Removed Per Cleaning: Average (gallons or pounds)	(5) Range (gallons or pounds): Minimum	(5) Range (gallons or pounds): Maximum	(6) Amount of Wastewater Generated Per Cleaning: Average (gallons)	(6) Range (gallons): Minimum	(6) Range (gallons): Maximum
I	T??	660	[illegible]	20 GALS	0 GALS	50 GALS	[illegible]	[illegible]	[illegible]

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36. Table F requests additional information on specific commodities or cargos transported in tanks cleaned by your facility in calendar year 1994. You are asked to provide information, **for each of the 25 specific commodities or cargos cleaned most often by your facility in calendar year 1994**, including the type and number of tanks cleaned, typical cleaning sequence used, the amount of heel removed, and the amount of wastewater generated. If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Specific instructions for completing Table F are provided below:

Provide the following information for each of the top 25 commodities or cargos last contained in tanks cleaned most often by your facility:

Column 1: List the general commodity or cargo group corresponding to the 25 commodities or cargos cleaned most often by your facility. Refer to the Commodity or Cargo Groups listed in Question 29.

Column 2: List the specific commodity or cargo name for the 25 commodities or cargos cleaned most often.

Column 3: List all tank types cleaned which last contained the commodity or cargo listed in Column 2. Refer to the Tank Type Codes provided in the Section 2 general instructions, page A-31.

Column 4: List the total number of cleanings performed in calendar year 1994 for each tank type listed in Column 3.

Column 5: List the typical cleaning sequence used to clean the commodity or cargo listed in Column 2. The typical cleaning sequence is that which is used most often. Refer to the Cleaning Process codes provided in the Section 2 general instructions, page A-30, and separate successive cleaning process codes with commas.

Column 6: Provide the average amount of heel removed per cleaning and a range of the amount of heel removed per cleaning for each tank type listed in Column 3. Specify whether amounts are reported as pounds or gallons per cleaning.

Column 7: Provide the average amount of wastewater generated per cleaning and a range of wastewater generated per cleaning for each tank type listed in Column 3. Report amounts in gallons per cleaning.

Complete Columns 1 through 7 for each of the 25 commodities or cargos cleaned most often by your facility.

An example Table F is provided on page A-58.

Confidential
Yes ☐
No ☐

Table F (Question 36). 25 Commodities or Cargos Cleaned Most Often in Calendar Year 1994

EXAMPLE

(1) Commodity or Cargo Group	(2) Specific Commodity or Cargo	(3) Tank Type	(4) Number of Cleanings Performed	(5) Typical Cleaning Sequence	(6) Amount of Heel Removed Per Cleaning: Average (gallons or pounds)	(6) Range (gallons or pounds): Minimum	(6) Range (gallons or pounds): Maximum	(7) Amount of Wastewater Generated per Cleaning: Average (gallons per cleaning)	(7) Range (gallons per cleaning): Minimum	(7) Range (gallons per cleaning): Maximum
C	Latex A	TT2	70	HR, CWR, HWR, DW, HWR, DW, HWR, CWR	20 gallons	10 gallons	150 gallons	500	300	2,000
	Latex A	MT2	30		50 gallons	20 gallons	300 gallons	500	300	2,000
	Resin B	MT3	20		70 gallons	50 gallons	300 gallons	800	600	5,000
D	Soap A	IT1	150	HR, CWR, HWR, CWR	3 gallons	2 gallons	30 gallons	80	20	150
	Soap B	RT3	20		70 gallons	50 gallons	250 gallons	2,800	1,600	18,000
	Soap C	MT2	30		60 gallons	30 gallons	125 gallons	800	300	12,000

EXAMPLE

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Confidential
Yes ☐
No ☐

Table F (Question 36). 25 Commodities or Cargos Cleaned Most Often in Calendar Year 1994

Page

(1) Commodity or Cargo Group	(2) Specific Commodity or Cargo	(3) Tank Type	(4) Number of Cleanings Performed	(5) Typical Cleaning Sequence	(6) Amount of Heel Removed Per Cleaning: Average (gallons or pounds)	(6) Range (gallons or pounds): Minimum	(6) Range (gallons or pounds): Maximum	(7) Amount of Wastewater Generated per Cleaning: Average (gallons per cleaning)	(7) Range (gallons per cleaning): Minimum	(7) Range (gallons per cleaning): Maximum
I	RESIN PRODUCTS	172	600	Clear Clear	20 G	0 G	50 G	200 G	0 G	[illegible]

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Confidential
Yes ☐
No ☐

37. Were any of the heels removed from tanks cleaned at your facility stored onsite in calendar year 1994 (this includes RCRA and non-RCRA storage)?

Yes, RCRA storage ..... ☑
Yes, non-RCRA storage ..... ☑
No ..... ☐

Confidential
Yes ☐
No ☐

38. Were any of the heels removed from tanks cleaned at your facility in 1994 considered to be hazardous waste? A waste is considered hazardous under RCRA if it is listed in 40 CFR Part 261, Subpart D OR if it exhibits one or more of the four characteristics in 40 CFR Part 261, Subpart C (i.e., ignitability, corrosivity, reactivity, and/or presence of certain concentrations of pollutants as determined by a toxicity characteristic leaching procedure (TCLP) test).

Yes ..... ☑
No ..... ☐

Confidential
Yes ☐
No ☐

39. Provide the names of any listed and characteristic wastes, as defined by 40 CFR Part 261, that your facility had to manifest for off-site removal.

No hazardous wastes handled ..... ☐

Hazardous Waste Resin D001
Hazardous Waste Solvents D001

Confidential
Yes ☐
No ☐

40. How did you track the amount of heel removed during the cleaning process (e.g., computerized tracking system, on paper)? Please describe your tracking system and attach an example heel log. A cover sheet for this attachment entitled "Information Submittal for Question 40 - Example Heel Log" is provided in Appendix C.

Shipments of hazardous waste off-site.
Material received as waste product,
then placed on active inventory

8428911579

41. Table G requests additional information on the types and total amount of heel removed from tanks and discharged or disposed by your facility in calendar year 1994. If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Specific instructions for completing Table G are provided below:

Provide the following information on heel removal and discharge or disposal by your facility:

Column 1: List the general commodity or cargo group for all heels removed from tanks and either discharged or disposed. Refer to the Commodity or Cargo Groups listed in Question 29.

Column 2: List the heel discharge or disposal methods (each on a separate row) used by your facility. Refer to the Heel Discharge/Disposal codes provided in the Section 2 general instructions, page A-32.

Column 3: Provide the amount of heel discharged or disposed using each method listed in Column 2 in pounds per year or gallons per year.

Column 4: Indicate the method used to determine the amount of heel reported in Column 2.

An example Table G is provided on page A-62.

Confidential
Yes ☐
No ☐

Table G (Question 41). Destination of the Heels Removed from Tanks During TEC Operations in Calendar Year 1994

Page 1

E X A M P L E

(1) Commodity or Cargo Group	(2) Heel Discharge or Disposal Method	(3) Amount of Heel Removed (lbs/yr or gal/yr)	(4) Method of Measurement
A	WW	2,000 ☑ lbs/yr ☐ gal/yr	☐ Measured ☑ Estimated
A	RR	8,000 ☑ lbs/yr ☐ gal/yr	☐ Measured ☑ Estimated
B	ID	1,000 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
B	RR	20,000 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
C	ID	6,000 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
D	RR	800 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
E	DD	2,500 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
F	DD	6,000 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
H	LA	6,500 ☑ lbs/yr ☐ gal/yr	☐ Measured ☑ Estimated
I	ID	1,500 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
J	HD	9,200 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
K	WW	10,000 ☐ lbs/yr ☑ gal/yr	☑ Measured ☐ Estimated
		☐ lbs/yr ☐ gal/yr	☐ Measured ☐ Estimated

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Confidential
Yes ☐
No ☐

Table G (Question 41). Destination of the Heels Removed from Tanks During TEC Operations in Calendar Year 1994

Page ___

(1) Commodity or Cargo Group	(2) Heel Discharge or Disposal Method	(3) Amount of Heel Removed (lbs/yr or gal/yr)	(4) Method of Measurement
[illegible]	FUEL BLEND	☐ lbs/yr 1,000 ☑ gal/yr	☐ Measured ☑ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated
		☐ lbs/yr _____ ☐ gal/yr	☐ Measured ☐ Estimated

2-6 Tank Hydrotesting, Exterior Washing, and Other Operations

Confidential
Yes ☐
No ☐

42. Did your facility perform tank hydrotesting in calendar year 1994?

- Yes ☐
- No ☑

Confidential
Yes ☐
No ☐

43. Did your facility generate wastewater from tank hydrotesting?

- No tank hydrotesting performed ☑
- Yes ☐
- No ☐

Confidential
Yes ☐
No ☐

44. Indicate the point in the tank cleaning process when hydrotesting is most often performed?

- No hydrotesting performed ☑
- Prior to tank cleaning ☐
- After tank cleaning complete ☐
- As part of cleaning process ☐
- Other *(please describe)* _____ ☐

Confidential
Yes ☐
No ☐

45. Was the wastewater generated from tank hydrotesting commingled with TEC process wastewater? Indicate the response which most accurately describes your operations.

- No tank hydrotesting performed ☑
- All ☐
- None ☐
- Some ☐

Confidential
Yes ☐
No ☐

46. What was the destination of tank hydrotesting wastewater that was not commingled with TEC process wastewater? Indicate all that apply.

a. No tank hydrotesting performed ☑
b. All tank hydrotesting wastewater commingled with TEC process wastewater ☐
c. Overland flow to storm sewer ☐
d. Overland flow to percolation or evaporation ☐
e. Recycle/Reuse ☐
f. Discharge to POTW, PrOTW, FOTW, or CTW ☐
g. Discharge to United States Surface Water ☐
h. Other *(please describe here)*: _____ ☐

Confidential
Yes ☐
No ☐

47. Was the wastewater from tank hydrotesting commingled with TEC process wastewater before or after wastewater treatment?

a. No tank hydrotesting performed ☑
b. Tank hydrotesting washing wastewater not commingled with TEC process wastewater ☐
c. Before Treatment ☐
d. After Treatment ☐
e. Wastewater Not Treated ☐

Confidential
Yes ☐
No ☐

48. Did your facility perform tank exterior washing in calendar year 1994?

Yes ☐
No ☑

Confidential
Yes ☐
No ☐

49. Did your facility generate wastewater from tank exterior washing?

No tank exterior washing performed ☑
Yes ☐
No ☐

Confidential
Yes ☐
No ☐

50. Indicate the point in the tank cleaning process when tank exterior washing is most often performed.

No tank exterior washing performed ☑
Prior to tank cleaning ☐
After tank cleaning complete ☐
As part of cleaning process ☐
Other *(please describe)* _____ ☐

Confidential
Yes ☐
No ☐

51. Was the wastewater generated from tank exterior washing commingled with TEC process wastewater? Indicate the response which most accurately describes your operations.

No tank exterior washing performed ☑
All ☐
None ☐
Some ☐

Confidential
Yes ☐
No ☐

52a. What was the destination of tank exterior washing wastewater that was not commingled with TEC process wastewater? Indicate all that apply.

a. No tank exterior washing performed ☑
b. All tank exterior washing wastewater commingled with TEC process wastewater ☐
c. Overland flow to storm sewer ☐
d. Overland flow to percolation or evaporation ☐
e. Recycle/Reuse ☐
f. Discharge to POTW, PrOTW, FOTW, or CTW ☐
g. Discharge to United States Surface Water ☐
h. Other *(please describe here)*: _____ ☐

Confidential
Yes ☐
No ☐

52b. Was the wastewater from tank exterior washing commingled with TEC process wastewater before or after wastewater treatment?

a. No tank exterior washing performed ☑
b. Tank exterior washing wastewater not commingled with TEC process wastewater ☐
c. Before Treatment ☐
d. After Treatment ☐
e. Wastewater Not Treated ☐

Confidential
Yes ☐
No ☐

53a. Did your facility perform tank manufacturing, rebuilding, or maintenance (including repair) activities in 1994?

Yes ☐
No ☑

Confidential
Yes ☐
No ☐

53b. Did your facility generate wastewater from tank manufacturing, rebuilding, or maintenance activities?

No tank manufacturing, rebuilding, or maintenance, activities performed ☑
Yes ☐
No ☐

Confidential
Yes ☐
No ☐

53c. Indicate the point in the tank cleaning process when tank manufacturing, rebuilding, or maintenance activities are most often performed.

No tank manufacturing, rebuilding, or maintenance, activities performed ☑
Prior to tank cleaning ☐
After tank cleaning complete ☐
As part of cleaning process ☐
Other *(please describe)* ☐

Confidential
Yes ☐
No ☐

53d. Was the wastewater generated from tank manufacturing, rebuilding, or maintenance activities commingled with TEC process wastewater? Indicate the response which most accurately describes your operations.

- No tank manufacturing, rebuilding, or maintenance activities performed . . . . . ☑
- All . . . . . ☐
- None . . . . . ☐
- Some . . . . . ☐

Confidential
Yes ☐
No ☐

53e. What was the destination of tank manufacturing, rebuilding, or maintenance activities wastewater that was not commingled with TEC process wastewater? Indicate all that apply.

a. No tank manufacturing, rebuilding, or maintenance activities performed . . . . . ☑
b. All tank manufacturing, rebuilding, or maintenance wastewater commingled with TEC process wastewater . . . . . ☐
c. Overland flow to storm sewer . . . . . ☐
d. Overland flow to percolation or evaporation . . . . . ☐
e. Recycle/Reuse . . . . . ☐
f. Discharge to POTW, PrOTW, FOTW, or CTW . . . . . ☐
g. Discharge to United States Surface Water . . . . . ☐
h. Other *(please describe here)*: _____ ☐

Confidential
Yes ☐
No ☐

53f. Was the wastewater from tank manufacturing, rebuilding, or maintenance activities commingled with TEC process wastewater before or after wastewater treatment?

a. No tank manufacturing, rebuilding, or maintenance activities performed . . . . . ☑
b. Tank manufacturing, rebuilding, or maintenance activities wastewater not commingled with TEC process wastewater . . . ☐
c. Before Treatment . . . . . ☐
d. After Treatment . . . . . ☐
e. Wastewater Not Treated . . . . . ☐

2-7 Air Emissions From TEC Operations

Confidential
Yes ☐
No ☐

54. Does your facility currently perform TEC operations for any commodities or cargos which may contribute to the emission of air pollutants? Air pollutants include, but are not limited to: criteria pollutants such as lead, particulate matter, SO_2, CO, ozone, (NO_x and volatile organic compounds (VOCs)), and hydrocarbons; hazardous air pollutants (HAPs); odors; and fumes. See Section 302g of the Clean Air Act for definitions of terms.

Yes ..... ☑
No ..... ☐
Unknown ..... ☐

Confidential
Yes ☐
No ☐

55. Does your facility have an air permit which applies to emissions from TEC operations? If yes, the permit number for this facility should be provided in Question 9.

Yes ..... ☐
No ..... ☑

Confidential
Yes ☐
No ☐

56. Does your facility operate a vapor recovery system associated with TEC operations or emissions?

Yes ..... ☐
No ..... ☑

Confidential
Yes ☐
No ☐

57. Does your facility operate any air pollution control equipment to control emissions from TEC operations?

Yes ..... ☐
No ..... ☑

58. Table H requests additional information on air pollutant emissions from TEC operations performed at your facility in calendar year 1994. **You are required to complete Table H only if your facility: (1) has an air permit which applies to emissions from TEC operations (i.e., you indicated "Yes" to Question 55); (2) operates a vapor recovery system associated with TEC operations or emissions (i.e., you indicated "Yes" to Question 56); and/or (3) operates any air pollution control equipment to control emissions from TEC operations (i.e., you indicated "Yes" to Question 57).** If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. Note that you cannot claim as confidential data from air pollutant emissions which exit your facility. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Specific instructions for completing Table H are provided below:

Provide the following information on air pollutant emissions generated from TEC operations at your facility:

Column 1: List a maximum of 25 HAPs, VOCs, or other air pollutants generated from TEC operations which are emitted or whose emission is controlled by your facility. (A list of HAPs is provided in Appendix B.)

Column 2: Provide a brief description of how air pollutants are emitted during TEC operations. Include emissions from abatement equipment such as flares and other combustion devices.

Column 3: Indicate the amount of pollutant emitted per unit time in 1994.

Column 4: Indicate the method used to determine the amount of pollutant emitted reported in Column 3.

Column 5: Indicate the type of air pollution control equipment used to control emissions of the air pollutant listed in Column 1, such as air stripper, flare, fume hood, carbon adsorption unit, bag house, cyclone, condenser, thermal incinerator, no air pollution control equipment used, or some other type of unit.

An example Table H is provided on page A-70.

Table H (Question 58). Air Pollutant Emissions From TEC Operations in Calendar Year 1994 Page 1

EXAMPLE

(1) Air Pollutant Emitted	(2) Description of How Pollutant is Emitted	(3) Average Amount of Pollutant Emitted	(4) Estimation Method for Air Pollutant Emissions	(5) Air Pollution Control Equipment Used
Vinyl Chloride	Vapors escape tank when tank is opened and during cleaning operation	1 ☑ tons/yr ☐ lbs/yr	AP-42[1]	Flare
Benzene	Vapors removed during gas freeing	3 ☑ tons/yr ☐ lbs/yr	Estimate based on vapor pressure calculation	Flare
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		

[1]U.S. Environmental Protection Agency. Compilation of Air Pollutant Emission Factors. Vol I: Stationary Point and Area Sources. Research Triangle Park, NC, 1985.

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Table H (Question 58). Air Pollutant Emissions From TEC Operations in Calendar Year 1994 Page ___

(1) Air Pollutant Emitted	(2) Description of How Pollutant is Emitted	(3) Average Amount of Pollutant Emitted	(4) Estimation Method for Air Pollutant Emissions	(5) Air Pollution Control Equipment Used
NEGLIGIBLE		☐ tons/yr ☐ lbs/yr		
LOSSES DURING		☐ tons/yr ☐ lbs/yr		
CLEANING DUE TO		☐ tons/yr ☐ lbs/yr		
FUGITIVE EVAPORATIVE		☐ tons/yr ☐ lbs/yr		
LOSS OF VARIOUS		☐ tons/yr ☐ lbs/yr		
SOLVENTS (XYLENE,		☐ tons/yr ☐ lbs/yr		
TOLUENE, MINERAL SPIRITS		☐ tons/yr ☐ lbs/yr		
VM&P NAPHTHA)		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		
		☐ tons/yr ☐ lbs/yr		

COMMENTS FOR SECTION 2: GENERAL TEC OPERATIONAL INFORMATION

Please cross-reference your comments by question number and indicate the confidential status of your comment by checking "yes" or "no" in the column titled "CBI" (Confidential Business Information). **If you need additional space, please photocopy this page before writing on it, and number each copy in the space provided.**

Page ___

Question Number	CBI	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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SECTION 3: WASTEWATER GENERATION, TREATMENT, AND DISCHARGE

3-1 Wastewater Generation, Treatment, and Discharge Diagram
3-2 Wastewater Streams Generated
3-3 Wastewater Streams Discharged or Disposed
3-4 Wastewater Recycle/Reuse Streams
3-5 Wastewater Treatment Unit Operations
3-6 Wastewater Treatment Residuals
3-7 Wastewater Treatment Unit Costs
3-8 Wastewater Generation, Treatment, and Discharge Checklist

Please answer all questions in sequence unless directed to SKIP. If you wish to provide additional information or to clarify a particular response, use the Comment page at the end of this section. Indicate the confidential business information (CBI) status of your responses by checking the appropriate box to the left of each question or table. Any response where "yes" is not checked will be considered non-confidential.

ADDITIONAL DEFINITIONS

Effluent - As used in Section 3, effluent refers to any solid, liquid, or gaseous stream which is discharged or emitted from a facility.

Influent - As used in Section 3, influent refers to any solid, liquid, or gaseous stream which enters a treatment unit or flows into another waste stream. As used in Section 3, influent does not refer to waste streams which exit one wastewater treatment unit and enter another wastewater treatment unit.

Residence Time - A design and operating parameter indicating the average time wastewater is held in a treatment unit. Residence time is calculated by dividing the volume of the tank at any given time by the flow rate into or out of the tank. Residence time may also be referred to as holding time or detention time.

3-1 **Wastewater Generation, Treatment, and Discharge Diagram**

Instructions for Question 59
Wastewater Generation, Treatment, and Discharge Diagram

Question 59 on page A-78 asks you to provide a diagram that shows the generation, collection, treatment, and discharge of wastewater at your facility in calendar year 1994. Specific instructions for completing the diagram are provided on the following pages. An example diagram is provided on page A-77.

On the diagram, please indicate all sources of wastewater, influents to each wastewater treatment system (including all process and production areas, sanitary flows, cooling water, and stormwater runoff), and effluents from the wastewater treatment system. In addition, include all wastewater recycle and/or reuse streams, and any material/chemical recycle and/or reuse streams.

Specific Instructions

3-1a Complete Question 60 on page A-79 concerning the types of wastewater streams generated at your facility. Include both TEC process wastewaters and any other process or non-process wastewaters.

3-1b Complete Question 62 on page A-83 summarizing the effluent wastewater stream destinations employed by your facility.

3-1c Assign a unique number (for example: 1, 2, 3) for each diagram you submit and write that number at the top of each page in the space provided.

(continued)

3-1d Draw a block for each treatment unit in the treatment system. Use the abbreviations below to label these blocks. Provide a description for any other treatment units that are used at your facility but not listed.

If you have more than one of a certain type of unit, assign each tank a unique unit number on the diagram. For example, if you have two equalization tanks, label the tanks as EQ-1 and EQ-2 on the diagram. These unit labels will be used to complete Section 3-5, Wastewater Treatment Unit Operations.

GS: Gravity Separation/Settling Tank
EQ: Equalization Tank
pH: pH Adjustment
DAF: Dissolved Air Flotation Unit
CLR: Clarification/Coagulation Unit
FIL: Filtration Unit
OW: Oil/Water Separator
BO: Biological Oxidation
SD: Sludge Dewatering Unit
GC: Grit Chamber
CP: Chemical Precipitation
AC: Activated Carbon Unit
CO: Chemical Oxidation Tank
RO: Reverse Osmosis Unit
UF: Ultrafiltration or Microfiltration Unit
SS: Steam Stripping Unit
AS: Air Stripping Unit

OT1: Other Treatment *(please describe here)*: _____

OT2: Other Treatment *(please describe here)*: _____

OT3: Other Treatment *(please describe here)*: _____

3-1e Indicate with arrows the points of entry into the wastewater treatment system of each wastewater stream generated at your facility that was checked in response to Question 60. Wastewater streams that are discharged or disposed without treatment should be indicated with an arrow as shown on the example diagram on page A-77.

3-1f Label each influent stream with a unique stream number (i.e., 1, 2, 3).

3-1g Indicate with arrows the flow of wastewater from one unit to another. Include all recycle streams.

3-1h Label each recycle stream with the letter "R" and a unique stream number (i.e., R1, R2, R3).

3-1i Identify any chemicals and reagents added to the wastewater treatment system and indicate with arrows the point of entry into the wastewater treatment system.

3-1j Label each chemical or reagent stream with the name of the material added.

3-1k Indicate with arrows where solid, liquid, or sludge streams exit the treatment system.

3-1l Label each effluent stream with a unique stream letter (i.e., A, B, C).

(continued)

3-1m	Indicate the destination for each effluent stream (e.g., POTW, NPDES Outfall #1, evaporation, stormwater sewer).
3-1n	Label each wastewater sampling point with the letters "SP" and a unique sample point number (i.e., SP1, SP2, SP3).
3-1o	Transcribe the influent stream numbers to Table I (Question 61, page A-82) and provide the information requested about each stream in the table.
3-1p	Transcribe the effluent stream letters to Table J (Question 63, page A-86) and provide the information requested about each stream in the table.
3-1q	Transcribe the recycle stream codes to Table K (Question 64, page A-89) and provide the information requested about each stream in the table.
3-1r	Transcribe each treatment unit code to the appropriate table in Section 3-5, beginning on page A-92, and provide the information requested about each unit in the table.
3-1s	Complete the Wastewater Generation, Treatment, and Discharge Checklist (Section 3-8, page A-116).

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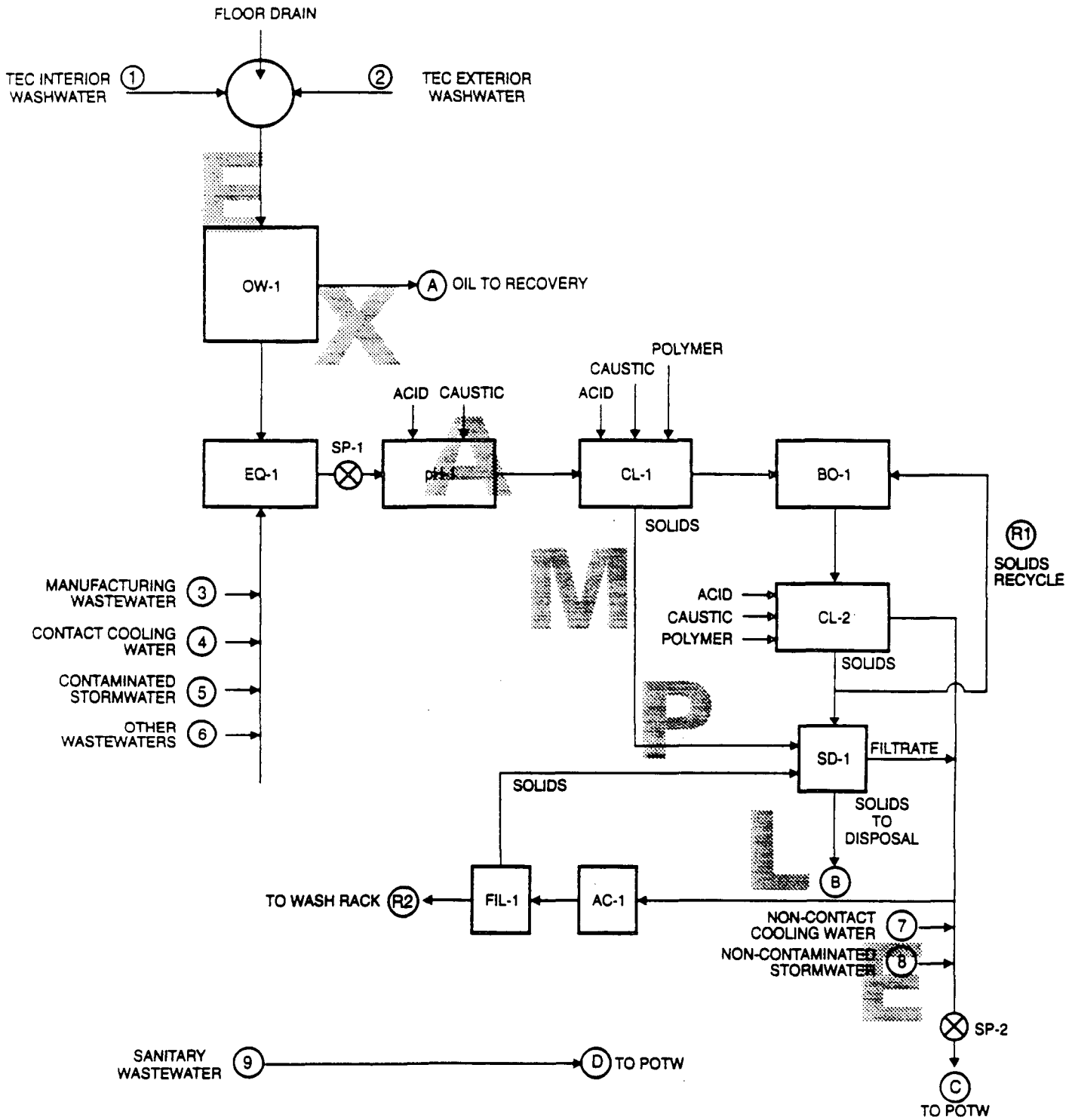
EXAMPLE WASTEWATER GENERATION, TREATMENT, AND DISCHARGE DIAGRAM



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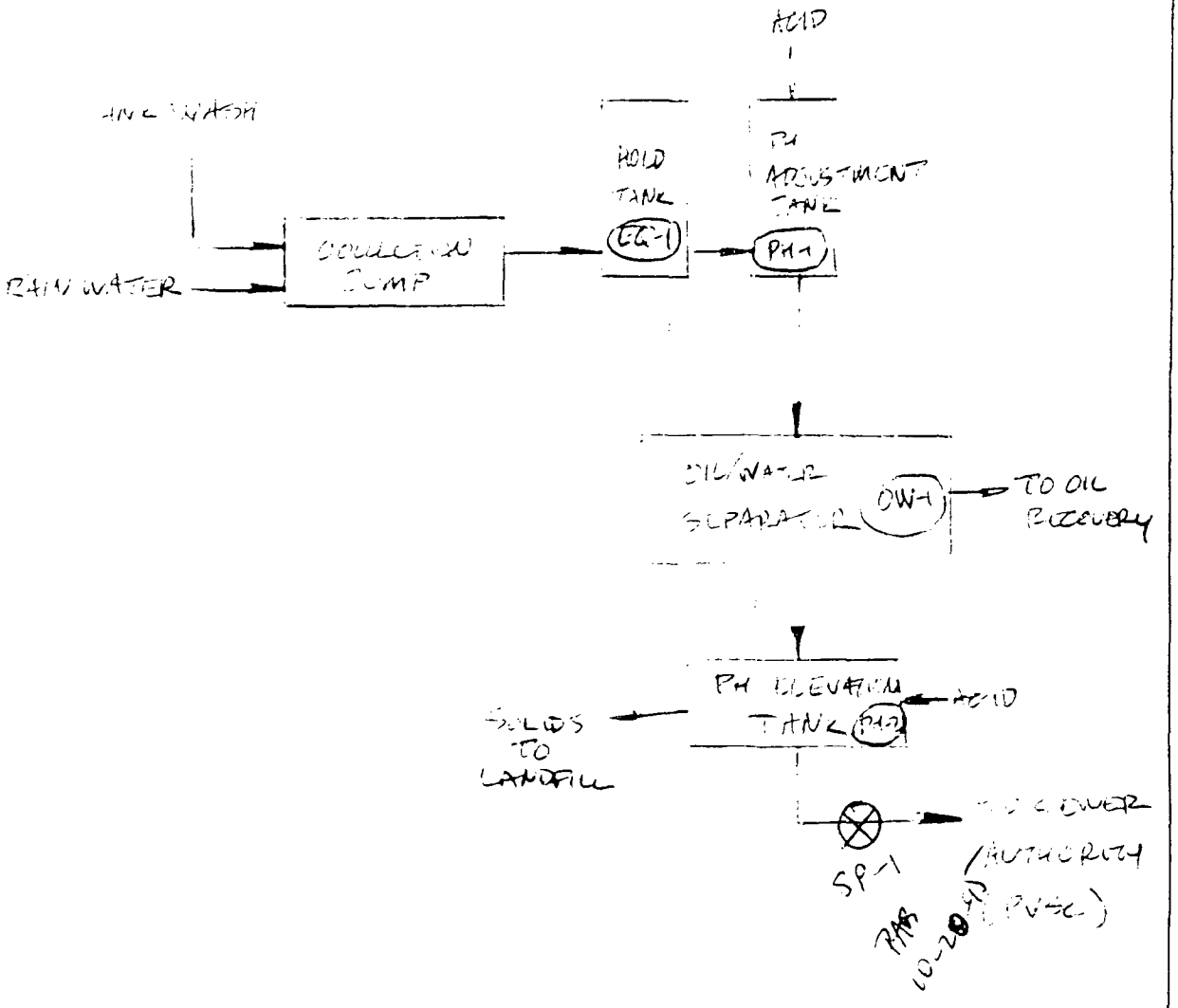
Yes ☐
No ☐

59. Provide a diagram that shows the generation, collection, treatment, and discharge of wastewater at your facility in calendar year 1994. Refer to the diagram provided on page A-77 for desired diagram format.

Page ___

WASTEWATER GENERATION, TREATMENT, AND DISCHARGE DIAGRAM (Question 59)



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3-2 Wastewater Streams Generated

Confidential
Yes ☐
No ☐

60. Indicate if the following types of wastewater streams are generated at your facility:

a.	TEC Process Wastewater	☑ Yes	☐ No
b.	TEC Prerinse Wastewater (a specific type of TEC process wastewater)	☐ Yes	☐ No
c.	Sanitary Wastewater (includes shower wastewater, laundry wastewater, etc.)	☑ Yes	☐ No
d.	Safety Equipment Cleaning Wastewater	☐ Yes	☐ No
e.	TEC Contaminated Stormwater	☐ Yes	☐ No
f.	Non-TEC Contaminated Stormwater	☐ Yes	☐ No
g.	Uncontaminated Stormwater	☑ Yes	☐ No
h.	Air Pollution Control Equipment Effluent Wastewater	☐ Yes	☐ No
i.	Incinerator Blowdown Water	☐ Yes	☐ No
j.	TEC Contaminated Cooling Water	☐ Yes	☐ No
k.	Non-TEC Contaminated Cooling Water	☐ Yes	☐ No
l.	Non-Contact (uncontaminated) Cooling Water	☐ Yes	☐ No
m.	Laboratory Wastewater	☐ Yes	☐ No
n.	Flare Condensate	☐ Yes	☐ No
o.	Hydrotesting Water	☐ Yes	☐ No
p.	Metal Products and Machinery Manufacturing, Rebuilding, or Maintenance Wastewater	☐ Yes	☐ No

q. Other Non-TEC Process Wastewater *(please describe here)*:

_____

r. Other Wastewater Sources *(please describe here)*:

_____

(Note: All wastewater streams for which a "yes" was checked should be included in Table I, Question 61)

61. Table I. Wastewater Streams Generated

Table I requests information on the types, flow rates, and destinations of wastewater streams generated by your facility in calendar year 1994. If exact data are not available, please provide estimates, and indicate that the response is an estimate on the table. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner**. Instructions for completing Table I are provided below.

Column 1: List the unique stream numbers (i.e., 1, 2, 3, etc.) for all wastewater streams generated by your facility. These stream numbers should match those indicated on your wastewater generation, treatment and discharge diagram (Question 59). Be sure to also include wastewater streams that are discharged or disposed without treatment.

Column 2: Provide descriptions for the wastewater streams listed in Column 1. These descriptions should match those included on your wastewater generation, treatment, and discharge diagram (Question 59).

Column 3: Provide the average flow rate and range of flow rates in gallons per day or pounds per day for each wastewater stream listed in Column 1. Note the appropriate units (GPD or PPD) next to the response provided.

Column 4: Indicate whether the wastewater flow rates provided in Column 3 are measured or estimated values.

Column 5: Indicate the treatment unit to which the wastewater stream is routed. The treatment unit code should match the code indicated on your wastewater generation, treatment, and discharge diagram (Question 59). If the wastewater stream is discharged or disposed without treatment, indicate "NA" in the column for "not applicable."

Note: Be sure to provide a separate estimate for TEC wastewater flowrates.

An example Table I, corresponding to the example diagram on page A-77, is provided on page A-81.

ADDITIONAL DEFINITIONS

MP&M Wastewater - Wastewater which comes in direct contact with a metal parts, products or machines (including tanks) during manufacturing, rebuilding, or maintenance (including repair) activities. For a more detailed definition, see page A-11.

Non-TEC Contaminated Stormwater or Cooling Water - Stormwater or cooling water which comes in contact with or is commingled with any raw material, intermediate product, waste product, finished product, or process wastewater other than TEC process wastewater.

Non-Contact or Uncontaminated Stormwater or Cooling Water - Stormwater or cooling water which neither comes in contact with nor is commingled with any raw material, intermediate product, waste product, finished product, or process wastewater.

Safety Equipment Cleaning Wastewater - Safety equipment cleaning wastewater includes wastewater generated from cleaning safety equipment such as cranes, hoists, respirators, harnesses, etc., used when performing transportation equipment cleaning operations.

TEC Contaminated Stormwater or Cooling Water - Stormwater or cooling water which comes in contact with or is commingled with TEC process wastewater.

Confidential
Yes ☐
No ☐

Table I (Question 61). Wastewater Influent Streams Generated Page 1

E X A M P L E

(1) Influent Stream Code	(2) Stream Description	(3) Wastewater Flow Rate: Average (GPD or PPD)	(3) Range (GPD or PPD): Minimum	(3) Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Treatment Unit
1	TEC interior cleaning wastewater	20,000 GPD	10,000 GPD	40,000 GPD	☑ Measured ☐ Estimated	OW-1
2	Exterior cleaning wastewater	5,000 GPD	500 GPD	8,000 GPD	☐ Measured ☑ Estimated	OW-1
3	Manufacturing wastewater	35,000 GPD	30,000 GPD	50,000 GPD	☑ Measured ☐ Estimated	EQ-1
4	Non-TEC contact cooling water	0 GPD	0 GPD	5,000 GPD	☑ Measured ☐ Estimated	EQ-1
5	Contaminated stormwater	800 GPD	0 GPD	8,000 GPD	☐ Measured ☑ Estimated	EQ-1
6	Other wastewater	3,000 GPD	2,000 GPD	5,000 GPD	☑ Measured ☐ Estimated	EQ-1
7	Non-contact cooling water	10,000 GPD	8,000 GPD	20,000 GPD	☑ Measured ☐ Estimated	NA
8	Non-contaminated stormwater	2,000 GPD	0 GPD	20,000 GPD	☐ Measured ☑ Estimated	NA
9	Sanitary wastewater	4,000 GPD	1,000 GPD	6,000 GPD	☐ Measured ☑ Estimated	NA
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each influent stream number shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table I and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

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Confidential
Yes ☐
No ☐

Table I (Question 61). Wastewater Influent Streams Generated Page ____

(1) Influent Stream Code	(2) Stream Description	(3) Wastewater Flow Rate: Average (GPD or PPD)	Range (GPD or PPD): Minimum	Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Treatment Unit
1	TLC INTERIOR CLEANING WASTEWATER	2,000 GPD	1,000 GPD	3,000 GPD	☐ Measured ☑ Estimated	OW-1 EQ-1 PH-1, 2
2	UNCONTAMINATED STORMWATER	200 GPD	100 GPD	300 GPD	☐ Measured ☑ Estimated	OW-1 EQ-1 PH-1 2
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each influent stream number shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table I and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

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3-3 Wastewater Streams Discharged or Disposed

Confidential
Yes ☐
No ☐

62. Indicate if the following types of discharge or disposal destinations were used for any liquid, solid, or sludge effluent stream generated at your facility:

A.	Discharge to CTW	☐ Yes	☑ No
B.	Discharge to POTW	☑ Yes	☐ No
C.	Discharge to FOTW	☐ Yes	☑ No
D.	Discharge to PrOTW	☐ Yes	☑ No
E.	Discharge to BWTF	☐ Yes	☑ No
F.	Contract Haul to CTW, POTW, FOTW, and/or PrOTW	☐ Yes	☑ No
G.	Lost by Evaporation	☑ Yes	☐ No
H.	United States Surface Water Discharge (i.e., NPDES outfall)	☐ Yes	☑ No
I.	On-Site or Off-Site Disposal (e.g., landfill, deep-well injection, incineration)	☑ Yes	☐ No
J.	On-Site or Off-Site Heat Recovery	☑ Yes	☐ No
K.	On-Site or Off-Site Recycle/Reuse	☐ Yes	☑ No
L.	On-Site or Off-Site Land Application	☐ Yes	☑ No
M.	Other Discharge or Disposal Destination *(please describe here)*:		

NOTE: All wastewater destinations that are indicated as being used by your facility should be included on Table J, Question 63.

63. Table J. Wastewater Streams Discharged or Disposed

Table J requests information on the types, flow rates, and destinations of wastewater streams discharged or disposed by your facility in calendar year 1994. Do not list the destination of sludges and other solid wastes in this table. If exact data are not available, please provide estimates, and indicate that the response is an estimate on the table. Note that you cannot claim as confidential data from wastewater streams which exit your facility. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Instructions for completing Table J are provided below.

Column 1: List the unique stream letters (i.e., A, B, C, etc.) for all wastewater streams discharged or disposed by your facility. These stream letters should match those included on your wastewater treatment operation, and discharge diagram (Question 59). Be sure to also include wastewater streams that are discharged or disposed without treatment.

Column 2: Provide descriptions for the wastewater streams listed in Column 1. These descriptions should match those indicated on your wastewater generation, treatment, and discharge diagram (Question 59).

Column 3: Provide the average flow rate and range of flow rates in gallons per day or pounds per day for each wastewater stream listed in Column 1. Note the appropriate units (GPD or PPD) next to the response provided.

Column 4: Indicate whether the wastewater flow rates provided in Column 3 are measured or estimated values.

Column 5: Indicate the destination of the wastewater streams. Refer to the wastewater destination letters listed in Question 62.

An example Table J, corresponding to the example diagram on page A-77, is provided on page A-85.

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Confidential
Yes ☐
No ☐

Table J (Question 63). Wastewater Streams Discharged or Disposed Page 1

EXAMPLE

(1) Effluent Stream Code	(2) Stream Description	(3) Flow Rate Information: Average (GPD or PPD)	(3) Range (GPD or PPD): Minimum	(3) Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Effluent Stream Destination
A	Oil to recovery	800 GPD	600 GPD	900 GPD	☐ Measured ☑ Estimated	I
B	Solids to disposal	200 PPD	100 PPD	300 PPD	☐ Measured ☑ Estimated	H
C	Wastewater to POTW	65,800 GPD	40,000 GPD	80,000 GPD	☑ Measured ☐ Estimated	B
D	Wastewater to POTW	4,000 GPD	1,000 GPD	6,000 GPD	☐ Measured ☑ Estimated	B
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each effluent stream letter shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table J and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

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Confidential
Yes ☐
No ☐

Table J (Question 63). Wastewater Streams Discharged or Disposed Page ___

(1) Effluent Stream Code	(2) Stream Description	(3) Flow Rate Information: Average (GPD or PPD)	(3) Range (GPD or PPD): Minimum	(3) Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Effluent Stream Destination
A	OIL TO RECOVERY	10 PPD	0 PPD	20 PPD	☐ Measured ☑ Estimated	FUEL BLEND
B	SOLIDS TO LANDFILL	10 PPD	PPD	20 PPD	☐ Measured ☑ Estimated	LANDFILL
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each effluent stream letter shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table J and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

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3-4 Wastewater Recycle/Reuse Streams

64. Table K. Wastewater Recycle/Reuse Streams

Table K requests information on the types, flow rates, and destinations of wastewater recycle/reuse streams employed by your facility in calendar year 1994. If exact data are not available, please provide estimates and indicate that the response is an estimate on the table. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Instructions for completing Table K are provided below.

Column 1: List the unique stream number (i.e., R1, R2, R3, etc.) for all wastewater recycle/reuse streams employed by your facility. These stream numbers should match those indicated on your wastewater generation, treatment, and discharge diagram (Question 59). Be sure to also include wastewater streams that are recycled/reused without treatment.

Column 2: Provide descriptions for the wastewater streams listed in Column 1.

Column 3: Provide the average flow rate and range of flow rates in gallons per day or pounds per day for each wastewater stream listed in Column 1. Note the appropriate units (GPD or PPD) next to the response provided.

Column 4: Indicate whether the wastewater flow rates provided in Column 3 are measured or estimated values.

Column 5: Indicate the destination of the recycle/reuse stream. If the stream is recycled/reused to a treatment unit in the wastewater treatment system, write the treatment unit code to which the stream is recycled/reused in Column 5. If the wastewater stream is recycled/reused in a TEC process, write "TEC" in Column 5. If the wastewater stream is recycled/reused to a non-TEC process operation, write "non-TEC" in Column 5.

An example Table K, corresponding to the example diagram on page A-77, is provided on page A-88.

Confidential
Yes ☐
No ☐

Table K (Question 64). Wastewater Recycle/Reuse Streams Page 1

EXAMPLE

(1) Effluent Stream Code	(2) Stream Description	(3) Flow Rate Information: Average (GPD or PPD)	(3) Range (GPD or PPD): Minimum	(3) Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Recycle/ Reuse Stream Destination
R1	Clarification solids	4,000 GPD	2,000 GPD	5,000 GPD	☐ Measured ☑ Estimated	BO-1
R2	Filter effluent	10,000 GPD	8,000 GPD	12,000 GPD	☑ Measured ☐ Estimated	TEC
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each recycle/reuse stream number shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table K and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

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onfidential
Yes ☐
No ☐

Table K (Question 64). Wastewater Recycle/Reuse Streams Page ____

(1) Effluent Stream Code	(2) Stream Description	(3) Flow Rate Information: Average (GPD or PPD)	(3) Range (GPD or PPD): Minimum	(3) Range (GPD or PPD): Maximum	(4) Method of Measurement	(5) Recycle/ Reuse Stream Destination
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	
					☐ Measured ☐ Estimated	

CHECK: Is each recycle/reuse stream number shown on your wastewater generation, treatment, and discharge diagram (Question 59) listed in Table K and vice versa?

☑ Yes
☐ No *(please revise table or diagram)*

3-5 Wastewater Treatment Unit Operations

Confidential
Yes ☐
No ☐

65. Did your facility operate a wastewater treatment system in calendar year 1994? Note that if you discharge wastewater without pre-treatment to a POTW or another facility that treats your wastewater, or if you directly discharge wastewater without treatment, your facility does not operate a treatment system.

Yes ..... ☑ (Continue)
No ..... ☐ (SKIP to Section 3-6 on page A-108)

8428911609

66. Table L. Wastewater Treatment Unit Operations

Instructions for Question 66
Table L. Wastewater Treatment Unit Operations

Table L requests information concerning the operation of wastewater treatment units operated by your facility in calendar year 1994. Table L is divided into the following 11 sections which correspond to treatment operations used within the TEC industry. **If you have more than one unit of the same type, photocopy the appropriate section before writing on it, and number each copy in the space provided in the top right corner of each section.**

1. GRAVITY SEPARATION/SETTLING
2. EQUALIZATION
3. PH ADJUSTMENT
4. DISSOLVED AIR FLOTATION
5. CLARIFICATION/COAGULATION
6. FILTRATION
7. OIL/WATER SEPARATION
8. BIOLOGICAL OXIDATION
9. SLUDGE DEWATERING
10. GRIT CHAMBER
11. CHEMICAL PRECIPITATION
12. OTHER TREATMENT UNIT *(please specify)* _____

For each treatment unit indicated on the Wastewater Generation, Treatment, and Discharge Diagram (Question 59), please complete the section of the table that best describes the treatment unit. Complete Section 12 (OTHER TREATMENT UNIT) of the table to describe any treatment unit indicated on the Wastewater Generation, Treatment, and Discharge Diagram that is not included in Sections 1 through 11. Specific instructions for completing the tables for the wastewater treatment unit operations are provided below.

Specific Instructions

3-5a	Complete a table for each wastewater treatment unit at your facility. **If you have more than one unit of the same type, photocopy the appropriate Table L section before writing on it, and number each copy of that section in the space provided in the top right corner.**
3-5b	Provide the treatment unit number (from the Wastewater Generation, Treatment, and Discharge Diagram (Question 59)) at the top, center of each table.
3-5c	Be sure to indicate the type of unit for Section 12 (OTHER TREATMENT UNIT), if applicable, and provide values for all parameters that apply.
3-5d	Check your Wastewater Generation, Treatment, and Discharge Diagram (Question 59) to ensure that Table L sections have been completed for each wastewater treatment unit indicated on the diagram.
3-5e	Be sure to provide both hours per day and days per year operating time for each treatment unit.
3-5f	If exact data are not available, please provide estimates, and indicate that the response is an estimate on the appropriate comment page. Provide average values for parameters, as necessary.

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations **Page ____**

Complete a separate table for each unit.

1. GRAVITY SEPARATION/SETTLING

Treatment Unit Number: **GS-____** (from Diagram)

Unit Operating Data

Wastewater Flow Into Unit	_____	gallons per day
Wastewater Flow Out of Unit	_____	gallons per day
Volume of Treatment Unit	_____	gallons
Residence Time	_____	hours
Operating Time	_____	hours per day
	_____	days per year

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(please describe here)*: _____

Are any solids collected from this unit?
☐ Yes
☐ No

If yes, indicate the amount of solids collected *(specify units)*: _____ ☐ pounds per day, ___% moisture ☐ gallons per day, ___% solids

Are any chemicals added to this unit to assist the flocculation/coagulation and precipitation of settleable solids?
☐ Yes
☐ No

If yes, indicate the amount of each chemical listed below that is added *(check all that apply and specify units)*:

☐ Polymer	_____	☐ pounds per day ☐ gallons per day
☐ Lime	_____	☐ pounds per day ☐ gallons per day
☐ Alum	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day

8428911611

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) Page ____

Complete a separate table for each unit.

2. EQUALIZATION

Treatment Unit Number: EQ- 1 (from Diagram)

Unit Operating Data

Wastewater Flow Through Unit	2,000	gallons per day
Volume of Treatment Unit	300	gallons
Residence Time	3.6	hours
Operating Time	10	hours per day
	250	days per year
Mixing: Number of mixers	—	mixers
Total horsepower	—	horsepower

Shape of Unit *(check one)*:
☑ Circular
☐ Rectangular

Construction of Unit *(check one)*:
☐ Concrete
☑ Steel
☐ Other *(specify)*: _____

Are any chemicals added to this unit to adjust wastewater pH prior to treatment by downstream processes or final discharge?
☐ Yes
☑ No

If yes, indicate the amount of each chemical listed below that is added *(check all that apply and specify units)*:

☐ Sulfuric Acid	_____	☐ pounds per day ☐ gallons per day
☐ Hydrochloric Acid	_____	☐ pounds per day ☐ gallons per day
☐ Sodium Hydroxide (caustic soda)	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day

8428911612

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

3. pH ADJUSTMENT

Treatment Unit Number: pH-12 (from Diagram)

Unit Operating Data

Wastewater Flow Through Unit	2,000	gallons per day
Volume of Treatment Unit	200	gallons
Residence Time	2.4	hours
Operating Time	10	hours per day
	250	days per year
Mixing: Number of mixers	—	mixers
Total horsepower	—	horsepower

Shape of Unit *(check one)*:
- ☒ Circular
- ☐ Rectangular

Construction of Unit *(check one)*:
- ☐ Concrete
- ☒ Steel
- ☐ Other *(please describe here)*: _____

Indicate the amount of each chemical listed below that is added to adjust wastewater pH *(check all that apply and specify units)*:

☒ Sulfuric Acid	10	☐ pounds per day ☒ gallons per day
☐ Hydrochloric Acid		☐ pounds per day ☐ gallons per day
☐ Sodium Hydroxide (caustic soda)		☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____		☐ pounds per day ☐ gallons per day

8428911613

Confidential Yes ☐ No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

4. DISSOLVED AIR FLOTATION

Treatment Unit Number: **DAF-____** (from Diagram)

Unit Operating Data

Wastewater Flow Into Unit	_____	gallons per day
Wastewater Flow Out of Unit	_____	gallons per day
Volume of Treatment Unit	_____	gallons
Residence Time	_____	hours
Operating Time	_____	hours per day
	_____	days per year
Surface Area	_____	square feet
Depth of Unit	_____	feet
Pressurized Feed Flow (if unit does not recycle effluent subnatant)	_____	gallons per day
Pressurized Recycle Flow (if unit recycles effluent subnatant)	_____	gallons per day
Operating Pressure	_____	pounds per square inch gauge

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(please describe here)*: _____

Does the unit have a bottom collection mechanism for collecting bottom (settled) sludge?
☐ Yes
☐ No

(continued)

ADDITIONAL DEFINITIONS

Effluent Subnatant - Treated water effluent from a DAF unit, exits the unit from below the floating solids layer.

Pressurized Feed Flow - Wastewater influent to a DAF unit. An aeration tank is used to pressurize, then saturate all or part of the wastewater influent stream with air to facilitate flotation in the DAF unit.

Pressured Recycle Flow - Wastewater influent is mixed with pressurized, aerated, recycled effluent subnatant prior to release into the DAF unit.

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ___**

Complete a separate table for each unit.

4. DISSOLVED AIR FLOTATION (Continued)

Treatment Unit Number: **DAF-____** *(from Diagram)*

Unit Operating Data

Volume of Float Sludge Generated . . . . . _____ ☐ pounds per day, __% moisture ☐ gallons per day, __% solids

Volume of Bottom Sludge Generated . . . . . _____ ☐ pounds per day, __% moisture ☐ gallons per day, __% solids

Are any chemicals added to assist the flocculation/coagulation of solids?
☐ Yes
☐ No

If yes, then indicate the amount of each below that is added *(check all that apply and specify units)*:

☐ Sulfuric Acid	_____	☐ pounds per day ☐ gallons per day
☐ Hydrochloric Acid	_____	☐ pounds per day ☐ gallons per day
☐ Lime	_____	☐ pounds per day ☐ gallons per day
☐ Sodium Hydroxide	_____	☐ pounds per day ☐ gallons per day
☐ Alum	_____	☐ pounds per day ☐ gallons per day
☐ Iron Salts	_____	☐ pounds per day ☐ gallons per day
☐ Polymer	_____	☐ pounds per day ☐ gallons per day
☐ Activated Silica	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day

8428911615

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

5. CLARIFICATION/COAGULATION

Treatment Unit Number: CLR-____ (from Diagram)

Unit Operating Data

Wastewater Flow Into Unit . . . . . _____ gallons per day

Wastewater Flow Out of Unit . . . . . _____ gallons per day

Residence Time . . . . . _____ hours

Operating Time . . . . . _____ hours per day
_____ days per year

Surface Area of Unit . . . . . _____ square feet

Depth of Unit . . . . . _____ feet

Overflow Rate (surface loading rate) . . . . . _____ gallons per square foot per day

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(specify)*: _____

Amount of Settled Sludge Collected from Bottom of Unit (specify units) . . . . . _____ ☐ pounds per day, ___% moisture ☐ gallons per day, ___% solids

Are any chemicals added to the clarifier to assist the flocculation/coagulation and precipitation of settleable solids?
☐ Yes
☐ No

If yes, indicate the amount of each chemical listed below that is added *(check all that apply and specify units)*:

☐ Polymer . . . . . _____ ☐ pounds per day ☐ gallons per day

☐ Lime . . . . . _____ ☐ pounds per day ☐ gallons per day

☐ Alum . . . . . _____ ☐ pounds per day ☐ gallons per day

☐ Other *(please describe here)*: _____ _____ ☐ pounds per day ☐ gallons per day

☐ Other *(please describe here)*: _____ _____ ☐ pounds per day ☐ gallons per day

8428911616

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

6. FILTRATION

Treatment Unit Number: **FIL-____** (from Diagram)

Unit Operating Data

Wastewater Through Unit . . . . . _____ gallons per day

Type of Filter Media *(check all that apply)*:
☐ Sand
☐ Anthracite
☐ Diatomaceous earth
☐ Garnet
☐ Other *(please describe here)*: _____

Operating Time . . . . . _____ hours per day

_____ days per year

Direction of Wastewater Flow *(check one)*:
☐ Upflow
☐ Downflow

At what pressure does the filtration unit operate?
☐ Gravity
☐ Other *(indicate the operating pressure)* . . . . . _____ pounds per square inch gauge

Depth of Filter Bed . . . . . _____ inches

Filtration Rate . . . . . _____ gallons per square feet per minute

Backwash Cycle(s) . . . . . ☐ Continuous backwash
☐ Non-continuous backwash:

_____ minutes per backwash cycle

_____ backwash cycles per day

Backwash Filtration Rate . . . . . _____ gallons per square feet per minute

8428911617

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

7. OIL/WATER SEPARATION

Treatment Unit Number: OW- 1 (from Diagram)

Unit Operating Data

Wastewater Flow Into Unit	2,000	gallons per day
Wastewater Flow Out of Unit	1,995	gallons per day
Oil Recovered	5	gallons per day
Residence Time	24	hours
Operating Time	24	hours per day
	365	days per year

Type of Device:
- ☑ Corrugated Plate Separator
- ☐ Skimmer
- ☐ Coalescer
- ☐ Microfilter
- ☐ Oil Mop
- ☐ Other *(please describe here)*: _____

Are any chemicals added to break oil/water emulsions?
- ☐ Yes
- ☑ No

If yes, indicate the name and amount of each chemical that is added to break emulsions *(specify units)*:

(1) _____ _____ ☐ pounds per day ☐ gallons per day

(2) _____ _____ ☐ pounds per day ☐ gallons per day

(3) _____ _____ ☐ pounds per day ☐ gallons per day

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

8. BIOLOGICAL OXIDATION

Treatment Unit Number: BO-____ (from Diagram)		
Unit Operating Data		
Type of Unit *(check one)*	☐ Activated Sludge ☐ Aerated Stabilization Basin (ASB)	
Wastewater Flow Into Unit (excluding any sludge recycle)	_____	gallons per day
Wastewater Flow Out of Unit (i.e., out of ASB or secondary clarifiers)	_____	gallons per day
Surface Area	_____	square feet
Liquid Depth	_____	feet
Volume of Aeration Zone	_____	gallons
Hydraulic Retention Time	_____	hours
Type of Aeration *(check one)*:	☐ Surface ☐ Submerged	
Connected Horsepower for Aeration	_____	horsepower
Submerged Air Flow	_____	standard cubic feet per minute
For Activated Sludge Units:		
Mixed liquor suspended solids (MLSS)	_____	mg/L
Food to microorganism ratio (F:M)	_____	:1
Sludge Recycle Flow	_____	gallons per day
Percent Solids of Sludge Recycle	_____	percent

8428911619

onfidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

9. SLUDGE DEWATERING

Treatment Unit Number: **SD-____** (from Diagram)

Unit Operating Data

Sludge Flow Into Unit *(specify units)* ..... _____ ☐ pounds per day, ___% moisture ☐ gallons per day, ___% solids

Filtrate Flow Rate Out of Unit ..... _____ gallons per day

Dewatered Sludge Mass Generated ..... _____ pounds per day, ___% moisture

Type of Device *(check one)*:
☐ Belt Filter
☐ Plate-and-Frame Filter
☐ V Press
☐ Screw Press
☐ Centrifuge
☐ Rotary Vacuum Filter
☐ Other *(please describe here)*: _____

Operating Time ..... _____ hours per day

_____ days per year

Is the sludge chemically conditioned prior to dewatering?
☐ Yes
☐ No

If yes, then indicate the amount of each conditioning chemical listed below that is added *(check all that apply and specify units)*:

☐ Lime ..... _____ ☐ pounds per day ☐ gallons per day

☐ Polymer ..... _____ ☐ pounds per day ☐ gallons per day

☐ Ferric chloride ..... _____ ☐ pounds per day ☐ gallons per day

☐ Other *(please describe here)*:
_____ _____ ☐ pounds per day ☐ gallons per day

8428911620

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

10. GRIT CHAMBER

Treatment Unit Number: GC-____ (from Diagram)

Unit Operating Data

Type of Unit *(check one)* . . . . . ☐ Horizontal
☐ Aerated
☐ Vortex

Wastewater Flow Into Unit . . . . . _____ gallons per day

Wastewater Flow Out of Unit . . . . . _____ gallons per day

Volume of Treatment Unit . . . . . _____ gallons

Detention Time . . . . . _____ hours

Operating Time . . . . . _____ hours per day
_____ days per year

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular
☐ Square

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(please describe here)*: _____

Are any solids collected from this unit?
☐ Yes
☐ No

If yes, indicate the amount of solids collected *(specify units)*: . . . . . _____ ☐ pounds per day, ___% moisture
☐ gallons per day, ___% solids

Air Supply (for aerated grit chambers) . . . . . _____ ft^3/min/ft of length

8428911621

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

11. CHEMICAL PRECIPITATION

Treatment Unit Number: CP-____ (from Diagram)		
Unit Operating Data		
Wastewater Flow Into Unit	_____	gallons per day
Wastewater Flow Out of Unit	_____	gallons per day
Residence Time	_____	hours
Operating Time	_____	hours per day
	_____	days per year
Surface Area of Unit	_____	square feet
Depth of Unit	_____	feet
Operating Temperature	_____	°F
Operating Pressure	_____	PSIG

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(specify)*: _____

Amount of Settled Sludge Collected from Bottom of Unit (specify units) _____ ☐ pounds per day, ___% moisture ☐ gallons per day, ___% solids

Are any chemicals added to the unit to assist the precipitation and settling of solids?
☐ Yes
☐ No

(continued)

8428911622

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

11. CHEMICAL PRECIPITATION (Continued)

Treatment Unit Number: CP-____ (from Diagram)

Unit Operating Data

If yes, indicate the amount of each chemical listed below that is added *(check all that apply and specify units)*:

☐ Lime	_____	☐ pounds per day ☐ gallons per day
☐ Soda Ash	_____	☐ pounds per day ☐ gallons per day
☐ Sodium Aluminate	_____	☐ pounds per day ☐ gallons per day
☐ Caustic	_____	☐ pounds per day ☐ gallons per day
☐ Alum	_____	☐ pounds per day ☐ gallons per day
☐ Ferric Sulfate	_____	☐ pounds per day ☐ gallons per day
☐ Polymer	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

12. OTHER TREATMENT UNIT

Treatment Unit Number: OT-____ (from Diagram)

Design Operating Data
(Complete all that apply)

Type of Unit	_____	
Wastewater Flow Into Unit	_____	gallons per day
Wastewater Flow Out of Unit	_____	gallons per day
Volume of Treatment Unit	_____	gallons
Residence Time	_____	hours
Operating Time	_____	hours per day
	_____	days per year
Surface Area	_____	square feet
Depth of Unit	_____	feet

Shape of Unit *(check one)*:
☐ Circular
☐ Rectangular
☐ Other *(please describe here)*: _____

Construction of Unit *(check one)*:
☐ Concrete
☐ Steel
☐ Other *(please describe here)*: _____

Mixing:

Number of Mixers	_____	mixers
Total Horsepower	_____	horsepower

(continued)

Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

12. OTHER TREATMENT UNIT (Continued)

Treatment Unit Number: OT-____ (from Diagram)

Unit Operating Data

Aeration:
Number of Aerators . . . . . _____ aerators

Total Horsepower . . . . . _____ horsepower

Type of Aerator *(check one)*:
☐ Mechanical surface
☐ Diffused-air
☐ Mechanical submerged turbine
☐ Other *(please describe here)*: _____

Flotation:
Method of introducing air into wastewater *(check one)*:
☐ Aeration at atmospheric pressure
☐ Saturation at atmospheric pressure and then application of vacuum

Mechanism used to introduce air into wastewater *(check one)*:
☐ Diffusers
☐ Impellers
☐ Other *(please describe here)*: _____

Sludge Generation:
Is float sludge collected from the wastewater surface in the unit?
☐ Yes
☐ No

Volume of Float Sludge Generated *(specify units)* . . _____ ☐ pounds per day, ___% moisture
☐ gallons per day, ___% solids

(continued)

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Confidential
Yes ☐
No ☐

Table L (Question 66). Wastewater Treatment Unit Operations (Continued) **Page ____**

Complete a separate table for each unit.

12. OTHER TREATMENT UNIT (Continued)

Treatment Unit Number: **OT-____** *(from Diagram)*

Unit Operating Data

Is settled sludge collected from bottom of the unit?
☐ Yes
☐ No

Volume of Bottom Sludge Generated *(specify units)* . _____ ☐ pounds per day, ___% moisture ☐ gallons per day, ___% solids

Volume of Oil Recovered . . . . . _____ gallons per day

Chemical Addition *(check all that apply and specify units)*:

☐ Acid *(specify type)*: _____	_____	☐ pounds per day ☐ gallons per day
☐ Lime	_____	☐ pounds per day ☐ gallons per day
☐ Sodium Hydroxide	_____	☐ pounds per day ☐ gallons per day
☐ Alum	_____	☐ pounds per day ☐ gallons per day
☐ Iron Salts	_____	☐ pounds per day ☐ gallons per day
☐ Polymer	_____	☐ pounds per day ☐ gallons per day
☐ Other *(please describe here)*: _____	_____	☐ pounds per day ☐ gallons per day

Other Parameters *(please describe here)*:

_____ _____ units: _____
_____ _____ units: _____
_____ _____ units: _____
_____ _____ units: _____

3-6 Wastewater Treatment Residuals

Confidential
Yes ☐
No ☐

67. Did your facility generate any wastewater treatment residuals or recover any oil from wastewater in calendar year 1994? Wastewater treatment residuals include wastewater treatment sludge and oil recovered from oil skimming units.

Yes ..... ☑ (Continue)
No ..... ☐ (SKIP to Section 3-7, on page A-111)

68. Table M. Wastewater Treatment Residual Disposal Activities

Table M requests information on wastewater treatment residual disposal activities at your facility in calendar year 1994. Wastewater treatment residuals include wastewater treatment sludge and oil recovered from oil skimming units. If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. Note that you cannot claim as confidential data (other than cost data) from wastes which exit your facility. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner.** Instructions for completing Table M are provided below.

Column 1: Report each method that was used to dispose of treatment residuals. If treatment residuals were landfilled, indicate whether the landfill was a hazardous waste landfill (RCRA Subtitle C) or a nonhazardous waste landfill (RCRA Subtitle D) or if both types of landfills were used for disposal. RCRA Subtitle D landfills include municipal landfills.

Column 2: Identify the treatment unit(s) from which the wastewater treatment residual was generated. The treatment unit codes should match those indicated on your Wastewater Generation, Treatment, and Discharge Diagram (Question 59). Separate multiple treatment unit codes with commas.

Column 3: Report the quantity of treatment residual disposed in calendar year 1994 in pounds per year or gallons per year.

Column 4: If the treatment residual was a sludge, report the final moisture content as a percent of the total (wet) weight.

Column 5: Report the unit disposal cost for the treatment residual (include both transportation and disposal charges).

Column 6: Indicate whether the treatment residual is considered as hazardous under RCRA. A waste is considered hazardous under RCRA if it is listed in 40 CFR Part 261, Subpart D OR if it exhibits one or more of the four characteristics identified in 40 CFR Part 261, Subpart C (i.e., ignitability, corrosivity, reactivity, and/or the presence of certain concentrations of pollutants as determined by a TCLP test).

Confidential
Yes ☐
No ☐

Table M (Question 68). Wastewater Treatment Residual Disposal Activities

Page

(1) Disposal Method	(2) Source (Treatment Unit Codes)	(3) Quantity Disposed In Calendar Year 1994	(4) Average Moisture Content (For Sludges)	(5) Average Unit Disposal Cost	(6) Was Residual Hazardous Under RCRA?
Landfill ☑ Hazardous ☑ Nonhazardous		3000 ☑ lb/yr [illegible] ☑ gal/yr	-10 %	$ 30 per: ☑ dry ton ☐ wet ton ☐ gallon	☐ Yes RCRA Waste Code(s) ☑ No
Incineration		☐ lb/yr ☐ gal/yr	%	$ per: ☐ dry ton ☐ wet ton ☐ gallon	☐ Yes RCRA Waste Code(s) ☐ No
Oil Reclamation		☐ lb/yr ☐ gal/yr	NA	$ per gallon	☐ Yes RCRA Waste Code(s) ☐ No

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Confidential
Yes ☐
No ☐

Table M (Question 68). Wastewater Treatment Residual Disposal Activities (Continued)

Page

(1) Disposal Method	(2) Source (Treatment Unit Codes)	(3) Quantity Disposed In Calendar Year 1994	(4) Average Moisture Content (For Sludges)	(5) Average Unit Disposal Cost	(6) Was Residual Hazardous Under RCRA?
Other *(specify)*: FUEL BLEND		1000 ☐ lb/yr ☒ gal/yr	[illegible] %	$ [illegible] per: ☐ dry ton ☐ wet ton ☒ gallon	☒ Yes RCRA Waste Code(s): D001 ☐ No
Other *(specify)*:		☐ lb/yr ☐ gal/yr	%	$ per: ☐ dry ton ☐ wet ton ☐ gallon	☐ Yes RCRA Waste Code(s) ☐ No
Other *(specify)*:		☐ lb/yr ☐ gal/yr	%	$ per: ☐ dry ton ☐ wet ton ☐ gallon	☐ Yes RCRA Waste Code(s) ☐ No

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3-7 Wastewater Treatment Unit Costs

69. Table N. Wastewater Treatment Unit Capital Costs

Table N requests information on wastewater treatment capital costs for your facility. Complete Columns 2 through 5 in Table N for each wastewater treatment unit identified on the Wastewater Generation, Treatment, and Discharge Diagram (Question 59). If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner**. Instructions for completing Table N are provided below. If the wastewater treatment system at your facility was purchased as a packaged system, and you do not know the costs for the individual components of the system, please complete only the "Packaged System" row at the bottom of the table. Enter the data requested in Columns 2 through 5 for the entire system, and list the treatment unit codes for the system on the Comments page at the end of this section.

Column 1: Enter the treatment unit code from the Wastewater Generation, Treatment, and Discharge Diagram (Question 59).

Column 2: Report the total capital cost in dollars of the treatment unit, including design, equipment purchase, installation, administrative, licensing, and legal costs.

Column 3: Report the year in which the treatment unit was installed at your facility.

Column 4: Report the expected service life of the treatment unit.

Column 5: Report the lifetime used to depreciate the treatment unit as estimated for tax purposes.

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Confidential
Yes ☐
No ☐

Table N (Question 69). Wastewater Treatment Unit Capital Costs Page _____

(1) Treatment Unit Code	(2) Total Capital Cost	(3) Year Unit Installed	(4) Expected Service Life	(5) Equipment Depreciation Lifetime
OW-1	$ 50,000	19 95	10 years	10 years
PM-1, EQ-1, PM-2	$ 40,000	19 92	15 years	15 years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
	$_____	19__	_____ years	_____ years
Packaged System(a)	$_____	19__	_____ years	_____ years

(a)List the treatment unit numbers of the system on Comments for Section 3: Wastewater Generation, Treatment, and Discharge, page A-118.

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70. Table O. Wastewater Treatment Operating and Maintenance Costs

Table O requests information on wastewater treatment operating and maintenance costs for your facility for calendar year 1994. If exact data are not available, please provide estimates and indicate that the response is an estimate on the appropriate comment page. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided in the top right corner**. Instructions for completing Table O are provided below.

Column 1: Lists the types of wastewater treatment operating and maintenance cost your facility may incur. Specify other costs incurred, if applicable.

Column 2: Report the 1994 operating and maintenance costs in dollars.

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Confidential
Yes ☐
No ☐

Table O (Question 70). Wastewater Treatment Operating and Maintenance Costs

Page ___

(1) Operating and Maintenance Cost Type	(2) 1994 Operating and Maintenance Cost
Depreciation (if available)	$_____
Labor	$_____
Energy and Power	$_____
Chemicals	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____
Other *(specify)*:	$_____

See forwarded information attd.

8428911633

Confidential
Yes ☐
No ☐

71. How much usable facility-owned land is sufficiently near the wastewater treatment system or TEC operations to be appropriate for the construction of additional wastewater treatment facilities?

a. 0.5 acre(s)
b. Operate a floating barge treatment system . . . . . ☐

Confidential
Yes ☐
No ☐

72. If additional land were required, what is the estimated market value associated with the nearest available land?

a. — dollars per acre
b. Operate a floating barge treatment system . . . . . ☐

Confidential
Yes ☐
No ☐

73. Is the nearest available land contiguous to the facility?

Yes . . . . . ☐
No . . . . . ☑

Confidential
Yes ☐
No ☐

74. What is the distance to the nearest available land?

a. 300 Specify unit of measure: FT
b. Land is contiguous . . . . . ☐
c. Operate a floating barge treatment system . . . . . ☐

Confidential
Yes ☐
No ☐

75. Were any improvements to your wastewater treatment system planned or implemented in or after 1994?

a. Yes . . . . . ☐
b. No . . . . . ☑
c. Operate a floating barge treatment system . . . . . ☐

Confidential
Yes ☐
No ☐

76. Briefly describe the planned treatment system improvement and provide the estimated capital cost.

No treatment system improvements planned . . . . . ☑

Date to be Completed	Description of Improvement	Estimated Capital Cost ($)

3-8 Wastewater Generation, Treatment, and Discharge Checklist

77. Use the list below to ensure that you have correctly completed the wastewater generation, treatment, and discharge diagram and tables. Did you...

		Yes	No
✓	Include a diagram(s) of the route taken by wastewater from intake to discharge?	☑	☐
✓	Label the diagram(s) with unique diagram number(s)?	☑	☐
✓	Indicate all sources of influent wastewater to the treatment system?	☑	☐
✓	Label each wastewater influent with a unique stream number?	☑	☐
✓	Include each influent stream in Table I?	☑	☐
✓	Indicate all effluent streams from the wastewater treatment system?	☑	☐
✓	Label each wastewater effluent with a unique stream letter?	☑	☐
✓	Include each effluent stream in Table J?	☑	☐
✓	Indicate all chemical and reagent additions to the treatment system?	☑	☐
✓	Indicate wastewater treatment system recycle/reuse streams on the diagram?	☑	☐
✓	Label each recycle/reuse stream with a unique stream number?	☑	☐
✓	Include each recycle/reuse stream in Table K?	☑	☐
✓	Indicate each wastewater treatment unit with the appropriate code?	☑	☐
✓	Complete the corresponding treatment unit tables in Section 3-5 for each treatment unit shown on Diagram (Question 59)?	☑	☐

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77. Use the list below to ensure that you have correctly completed the wastewater generation, treatment, and discharge diagram and tables. Did you...

		Yes	No
✓	List wastewater treatment residual disposal activities in Table M?	☑	☐
✓	Indicate capital costs in Table N for each treatment unit or packaged unit shown on Diagram (Question 59)?	☑	☐
✓	Indicate treatment system operating and maintenance costs in Table O?	☑	☐

If your response to any checklist item is "NO," please revise your response to the indicated question.

COMMENTS FOR SECTION 3: WASTEWATER GENERATION, TREATMENT, AND DISCHARGE

Please cross-reference your comments by question number and indicate the confidential status of your comment by checking "yes" or "no" in the column titled "CBI" (Confidential Business Information). **If you need additional space, please photocopy this page before writing on it, and number each copy in the space provided.**

Page ___

Question Number	CBI	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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SECTION 4: WASTEWATER CHARACTERIZATION DATA

4-1 Analytical Data
4-2 Treatability Study Data

Please answer all questions in sequence unless directed to SKIP. If you wish to provide additional information or to clarify a particular response, use the Comment page at the end of this section. Indicate the confidential business information (CBI) status of your responses by checking the appropriate box to the left of each question or table. Any response where "yes" is not checked will be considered non-confidential.

4-1 Analytical Data

Confidential
Yes ☐
No ☐

78. In calendar year 1994, did you monitor or sample your untreated wastewater or the influent, effluent, or any intermediate point in your wastewater treatment system?

Yes ..... ☑
No ..... ☐

Confidential
Yes ☐
No ☐

79. Did you maintain an electronic version of your monitoring or sampling data?

a. No monitoring performed ..... ☐

b. Yes, electronic version of data maintained ..... ☐
Please specify format ..... ☐ Spreadsheet
☐ Database
☐ Other _____

c. Monitoring performed but electronic version of data not maintained ..... ☑

If yes, provide a copy of the format of the electronic version of your analytical data. A cover sheet for the attachment entitled "Information Submittal for Question 79 - Electronic Analytical Data Format" is provided in Appendix C.

80. Table P. Wastewater Characterization Data

Table P requests information on the characteristics of the wastewater generated by your facility. Complete a copy of Table P for each location at your facility at which samples were collected in calendar year 1994. Include the appropriate sample point code (for example: SP1, SP2, and SP3) for the sample point provided on the Wastewater Generation, Treatment, and Discharge Diagram (Question 59). If you do not have data from 1994, then please provide sampling/monitoring data from the most recent year that is available. Note that you cannot claim as confidential data from wastewater streams which exit your facility. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided at the top right corner. If you need additional space to list other parameters not specified in the table, photocopy page 2 of the table, and number each copy in the space provided in the top right corner.** Instructions for completing Table P are provided below.

Table Heading: *In the space provided, list the sample point number identified on the* Wastewater Generation, Treatment, and Discharge diagram from which the analytical data were collected, the name and a brief description of the waste stream, the average daily flow at the sample point in gallons per day, the maximum daily flow at the sample point in gallons per day, and the sampling dates, including the month(s), day(s), and year, if available.

Column 1: Parameters commonly used to characterize wastewater are listed in this column of the table. Complete a section of the table for each parameter for which you have collected analytical data as part of routine wastewater sampling or analysis activities.

Column 2: Report the average daily concentration of each applicable parameter at the sample point in milligrams per liter (mg/L).

Column 3: Identify the collection method (grab or composite) used to collect the sample(s). If a composite method is used, provide the period of collection **in hours** in the space provided. For example, the period of collection for a sample composited every 4 hours for 24 hours would be listed as 24 hours.

Column 4: Report the total number of samples that were collected at the sampling point in calendar year 1994.

Column 5: Identify the analytical method (e.g., EPA Method number) that was used to analyze the sample.

Column 6: Identify whether the analytical method listed in Column 5 is an EPA method.

Confidential
Yes ☐
No ☐

Table P (Question 80). Wastewater Characterization Data Page ____

DAS 10-26-95

Sample Point: SP 1 (from the Facility Process Flow Diagram)
Waste Stream Name/Description: TCC INTERIM CLEANING WW AND UNCONTAM STORMWATER
Average Daily Flow: 1100 GPD
Maximum Daily Flow: 2200 GPD
Sample Date(s) or Monitoring Dates:

(1) Parameter	(2) Average Daily Concentration at Sample Point	(3) Sample Collection Method	(4) Number of Samples	(5) Analytical Method (Method No.)	(6) EPA Analytical Method
Biochemical Oxygen Demand (Five-Day)	~~[illegible]~~ 10,000 mg/L	☑ Grab ☐ Composite ___ hours	1		☑ Yes ☐ No
Total Suspended Solids	~~[illegible]~~ 500 mg/L	☑ Grab ☐ Composite ___ hours	1		☑ Yes ☐ No
Oil and Grease	~~[illegible]~~ mg/L	☐ Grab ☐ Composite ___ hours	~~[illegible]~~		☑ Yes ☐ No
Total Petroleum Hydrocarbons	25 mg/L	☑ Grab ☐ Composite ___ hours	1		☑ Yes ☐ No
Chemical Oxygen Demand	____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Nitrogen, as Ammonia	____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
pH	7 standard units	☑ Grab ☐ Composite ___ hours	CONTINUOUS		☑ Yes ☐ No
Other *(please describe here)*	____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No

Check: Did you list sampling or monitoring dates in the space provided at the top of Table P?

Confidential
Yes ☐
No ☐

Table P (Question 80). Wastewater Characterization Data Page ____

Sample Point: _____ (from the Facility Process Flow Diagram)
Waste Stream Name/Description: _____
Average Daily Flow: _____ GPD
Maximum Daily Flow: _____ GPD
Sample Date(s) or Monitoring Dates:

(1) Parameter	(2) Average Daily Concentration at Sample Point	(3) Sample Collection Method	(4) Number of Samples	(5) Analytical Method (Method No.)	(6) EPA Analytical Method
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No
Other *(please describe here)* _____	_____ mg/L	☐ Grab ☐ Composite ___ hours			☐ Yes ☐ No

Check: Did you list sampling or monitoring dates in the space provided at the top of Table P?

_____

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4-2 Treatability Study Data

Confidential
Yes ☐
No ☐

81. Since 1991, have you performed or contracted to perform any wastewater treatment studies to investigate the treatment, removal, recycle, reuse, or recovery of TEC wastewaters? Indicate yes only if the majority of the wastewater tested (greater than 50%) was generated from TEC operations.

Yes . . . . . ☐
No . . . . . ☑ (SKIP to Section 5, page A-126)

If yes, please submit a copy of any TEC wastewater treatability studies with your questionnaire response. A cover sheet for this attachment, entitled "Information Submittal for Question 81 - Treatability Studies" is provided in Appendix C.

82. Table Q. Treatment Test Description

Table Q requests information concerning TEC wastewater treatment tests performed by your facility. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided at the top right corner.**

Column 1: Provide the title of the treatment test.

Column 2: List the treatment technology(ies) tested.

Column 3: Provide the month and year the test was conducted (e.g., August 1994).

Column 4: Provide the name of the vendor of the treatment technology equipment used.

Column 5: Describe the wastewater streams tested.

Confidential
Yes ☐
No ☐

Table Q (Question 82). Treatment Test Description

Page ____

(1) Treatment Test Title	(2) Treatment Technology Tested	(3) Month and Year of Test	(4) Treatment Technology Vendor	(5) Wastewater Streams Tested

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COMMENTS FOR SECTION 4: WASTEWATER CHARACTERIZATION DATA

Please cross-reference your comments by question number and indicate the confidential status of your comment by checking "yes" or "no" in the column titled "CBI" (Confidential Business Information). **If you need additional space, please photocopy this page before writing on it, and number each copy in the space provided.**

Page ___

Question Number	CBI	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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SECTION 5: POLLUTION PREVENTION AND WATER CONSERVATION ACTIVITIES

5-1 Pollution Prevention Plan
5-2 TEC Wastewater Pollution Prevention and Water Conservation Activities
5-3 Solid Waste Pollution Prevention Activities
5-4 Air Pollution Prevention Activities

Please answer all questions in sequence unless directed to SKIP. If you wish to provide additional information or to clarify a particular response, use the Comment page at the end of this section. Indicate the confidential business information (CBI) status of your responses by checking the appropriate box to the left of each question or table. Any response where "yes" is not checked will be considered non-confidential.

POLLUTION PREVENTION: EPA STATEMENT OF DEFINITION

Under Section 6602(b) of the Pollution Prevention Act of 1990, Congress established a national policy that:

- Pollution should be prevented or reduced at the source whenever feasible;
- Pollution that cannot be prevented should be recycled in an environmentally-safe manner whenever feasible;
- Pollution that cannot be prevented or recycled should be treated in an environmentally-safe manner whenever feasible; and
- Disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally-safe manner.

ADDITIONAL DEFINITIONS

Pollution Prevention - The use of materials, processes, or practices that reduce or eliminate the creation of pollutants or wastes. It includes practices that reduce the use of hazardous and nonhazardous materials, energy, water, or other resources as well as those practices that protect natural resources through conservation or more efficient use. Pollution prevention consists of source reduction, in-process recycle and reuse, and water conservation practices.

Source Reduction - Any practice which reduces the amount of any hazardous waste substance, pollutant, or contaminant entering any waste stream or otherwise released into the environment prior to recycling, treatment, or disposal. Source reduction can include equipment or technology modifications, process or procedure modifications, substitution of raw materials, and improvements in housekeeping, maintenance, training, or inventory control.

5-1 Pollution Prevention Plan

Confidential
Yes ☐
No ☐

83. Does your facility have a written pollution prevention policy or plan?

Yes . . . . . ☐
No . . . . . ☑

If yes, please attach a copy of your facility's pollution prevention policy or plan to the completed questionnaire. A cover sheet for this attachment entitled "Information Submittal for Question 83 - Pollution Prevention Policy/Plan" is provided in Appendix C.

5-2 TEC Wastewater Pollution Prevention and Water Conservation Activities

Confidential
Yes ☐
No ☐

84. Has your facility implemented any pollution prevention activities related to TEC operations in the past five years that resulted in a reduction in quantity or change in the composition of wastewater generated from the TEC operations? Examples of TEC pollution prevention activities include, but are not limited to: in-process recycling of wash water, detergent, acid, or caustic solutions.

Yes . . . . . ☐
No . . . . . ☑ (SKIP to Question 87, page A-131)

85. Table R. Wastewater Pollution Prevention Activities

Table R requests information concerning TEC pollution prevention activities implemented by your facility. Examples of TEC pollution prevention activities include, but are not limited to: in-process recycling of wash water, detergent, acid, or caustic solutions. **If you need additional space, photocopy the table before writing on it, and number each copy in the space provided at the top right corner.**

Column 1: Briefly describe the wastewater pollution prevention activity implemented by your facility.

Column 2: Provide the month and year the wastewater pollution prevention activity was implemented (e.g., August 1994).

Column 3: List the TEC wastewater stream(s) affected by the pollution prevention activity.

Column 4: Provide the name of the wastewater pollutant reduced and the amount reduced, and describe the method used to measure the reduction.

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Confidential
Yes ☐
No ☐

Table R (Question 85). Wastewater Pollution Prevention Activities

Page ____

(1) Description of Wastewater Pollution Prevention Activity	(2) Month and Year Implemented	(3) TEC Wastewater Stream(s) Affected	(4) Pollutant Reductions Achieved		
			Pollutant	Amount Reduced	Method of Measurement
More efficient heel removal methods, please describe: _____				____ ☐ pounds ☐ gallons ☐ other ____	
Refusal to accept certain commodities for cleaning, such as: _____				____ ☐ pounds ☐ gallons ☐ other ____	
Substitution of less toxic cleaning chemicals				____ ☐ pounds ☐ gallons ☐ other ____	
Improved training of TEC employees				____ ☐ pounds ☐ gallons ☐ other ____	
Other, please describe _____				____ ☐ pounds ☐ gallons ☐ other ____	
Other, please describe _____				____ ☐ pounds ☐ gallons ☐ other ____	

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Confidential
Yes ☐
No ☐

86. Describe any negative impacts, such as increased cost to customers or increased labor costs, of implementing the wastewater pollution prevention activities described in Table R. **If you need additional space, photocopy this table before writing on it, and number each copy in the space provided at the top right corner.**

Page ___

Wastewater Pollution Prevention Activity	Negative Impact

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Confidential
Yes ☐
No ☐

87. Table S. Water Conservation Practices

Table S requests information on water conservation practices used at your facility. If exact data are not available, please provide estimates. **If you need additional space for water conservation practices not specified on this table, photocopy the second page of the table, and number each copy in the space provided in the top right corner.**

Table S (Question 87). Water Conservation Practices **Page ____**

No water conservation practices used . . . . . ☑

(1) Water Conservation Practice	(2) Year Implemented	(3) Quantity of Water Conserved
High pressure/low volume cleaning of transportation equipment	19____	_____ GPD
Careful monitoring of TEC water use	19____	_____ GPD
Prompt attention to faulty equipment, leaks, and other problems in TEC area	19____	_____ GPD
Recycling of TEC wastewater	19____	_____ GPD
Reuse of noncontact cooling water as TEC process makeup water	19____	_____ GPD
Implementation of alternative TEC processes requiring less water (please describe the process): _____ _____ _____	19____	_____ GPD
Equipment monitoring program to check for leaks or spills from TEC equipment	19____	_____ GPD
Reuse of final rinse wastewater as initial rinse water	19____	_____ GPD

Confidential
Yes ☐
No ☐

Table S (Question 87). Water Conservation Practices (Continued) Page ____

(1) Water Conservation Practice	(2) Year Implemented	(3) Quantity of Water Conserved
Other (Specify) _____	19____	_____ GPD
Other (Specify) _____	19____	_____ GPD
Other (Specify) _____	19____	_____ GPD
Other (Specify) _____	19____	_____ GPD
Other (Specify) _____	19____	_____ GPD
Other (Specify) _____	19____	_____ GPD

Confidential
Yes ☐
No ☐

88. Describe any negative impacts, such as increased cost to customers or increased labor costs, of implementing the water conservation practices described in Table S. **If you need additional space, photocopy this table before writing on it, and number each copy in the space provided at the top right corner.**

No water conservation practices implemented . . . . . ☐

Water conservation practices implemented with no negative impacts . . . . . ☐

Page ___

Water Conservation Practice	Negative Impact

5-3 Solid Waste Pollution Prevention Activities

Confidential
Yes ☐
No ☐

89. Do you or your customers (shippers, carriers, or consignees) employ any measures to limit the amount of heel or residue that your facility has to handle (e.g., rejecting tanks or charging a customer more if the amount of heel remaining in the tank is greater than a pre-determined amount)?

Yes ..... ☑
No ..... ☐

Confidential
Yes ☐
No ☐

90. Provide a brief description of the measures employed to minimize the amount of heel that the shipper, consignee, or your facility leaves in the tanks.

No heel minimization measures employed ..... ☐

Tanks emptied using all natural means

Confidential
Yes ☐
No ☐

91. How much have these measures decreased the amount heel that your facility has to handle or dispose? Provide an estimate of the amount of heel that your facility handled both before and after these measures were employed.

No heel minimization measures employed ..... ☐
Amount of heel generated before measure was employed _____ lbs/day
Amount of heel generated after employing the measure _____ lbs/day

Confidential
Yes ☐
No ☐

92. Provide a description of how the quantities reported for Question 91 were calculated?

No heel minimization measures employed ..... ☐

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Confidential
Yes ☐
No ☐

93. Describe any negative impacts of the heel minimization measures employed at your facility.

No heel minimization measures employed . . . . . ☐

Heel minimization measures employed with no negative impacts . . . . . ☐

Yes, negative impacts of heel minimization measures *(describe below)* . . . . . ☐

_____

_____

_____

_____

5-4 Air Pollution Prevention Activities

Confidential
Yes ☐
No ☐

94. Has your facility implemented any air pollution prevention activities related to TEC operations in the past five years that resulted in a reduction in quantity or change in the amount of air emissions generated from the TEC operations?

Yes . . . . . ☐
No . . . . . ☑ (SKIP to Section 6, page A-140)

95. *Table T. Air Pollution Prevention Activities*

Table T requests information concerning TEC air pollution prevention activities implemented by your facility. **You are required to complete Table H only if your facility: (1) has an air permit which applies to emissions from TEC operations (i.e., you indicated "Yes" to Question 55); (2) operates a vapor recovery system associated with TEC operations or emissions (i.e., you indicated "Yes" to Question 56); and/or (3) operates any air pollution control equipment to control emissions from TEC operations (i.e., you indicated "Yes" to Question 57). If you need additional space, photocopy the table before writing on it, and number each copy in the space provided at the top right corner.**

Column 1: Briefly describe the air pollution prevention activity implemented by your facility.

Column 2: Provide the month and year the air pollution prevention activity was implemented (e.g., August 1994).

Column 3: List the TEC air emissions affected by the air pollution prevention activity.

Column 4: Provide the name of the air pollutant reduced and the amount reduced, and describe the method used to measure the reduction.

Confidential
Yes ☐
No ☐

Table T (Question 95). Air Pollution Prevention Activities

Page ____

(1) Description of Air Pollution Prevention Activity	(2) Month and Year Implemented	(3) TEC Air Emissions Stream(s) Affected	(4) Pollutant Reductions Achieved		
			Pollutant	Amount Reduced	Method of Measurement
More efficient heel removal methods, please describe _____				☐ pounds ☐ tons _____ ☐ other Describe _____	
Substitution of less volatile cleaning chemicals				☐ pounds ☐ tons _____ ☐ other Describe _____	
Other, please describe _____				☐ pounds ☐ tons _____ ☐ other Describe _____	
Other, please describe _____				☐ pounds ☐ tons _____ ☐ other Describe _____	
Other, please describe _____				☐ pounds ☐ tons _____ ☐ other Describe _____	

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Confidential
Yes ☐
No ☐

96. Describe any negative impacts, such as increased cost to customers or increased labor costs, of implementing the air pollution prevention activities described in Table S.
If you need additional space, photocopy this table before writing on it, and number each copy in the space provided at the top right corner.

Page ___

Air Pollution Prevention Activity	Negative Impact

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COMMENTS FOR SECTION 5: POLLUTION PREVENTION AND WATER CONSERVATION ACTIVITIES

Please cross-reference your comments by question number and indicate the confidential status of your comment by checking "yes" or "no" in the column titled "CBI" (Confidential Business Information). **If you need additional space, please photocopy this page before writing on it, and number each copy in the space provided.**

Page ___

Question Number	CBI	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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SECTION 6: QUESTIONNAIRE CERTIFICATION

Following completion of Sections 1 through 5 of Part A - Technical Information of the questionnaire, and assembly of all additional required information, the individual responsible for directing or supervising the preparation of Part A must read and sign the certification statement listed below. The certifying official must be a responsible corporate official or a duly authorized representative.

I certify under penalty of law that the attached Part A - Technical Information of the questionnaire was 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.

[signature] 6-2

Signature of Certifying Official for Technical Information Date

PAUL A. BRUSTOFF

Printed Name of Certifying Official

REGION ENVIRONMENTAL ENGINEER

Title of Certifying Official

REICHHOLD CHEMICALS, INC.

Facility Name

Does this questionnaire submittal for Part A - Technical Information contain *any* confidential business information?

Yes ..... ☐
No ..... ☑

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SPECIAL CASES

If you use contract personnel to perform TEC operations or operate a mobile facility as described under Special Cases on page A-4, **AND** are unable to complete any section of this questionnaire, because only the contract company or mobile facility has access to the information, in the space below provide: the name, company name, and phone number of the person who should be contacted to supply the missing information. In addition, list the questions numbers or sections you were unable to complete and expect the contact person to complete.

Name of Contact Person

Company Name

Telephone Number

Mailing Address

City State Zip Code

Question Numbers or Sections Not Completed

APPENDIX A

COMMODITY OR CARGO GROUP DEFINITIONS AND EXAMPLES

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GROUP A - Food Grade Products, Beverages, and Animal and Vegetable Oils

Group A includes edible and non-edible food grade products. Specific examples include: alcoholic beverages, corn syrup, dairy products, flavorings, molasses, non-alcoholic beverages, sweeteners, water, and other related edible and non-edible commodities or cargos.

GROUP B - Petroleum and Coal Products

Group B includes the products of the fractionation or straight distillation of crude oil, redistillation of unfinished petroleum derivatives, cracking, or other refining processes. This group also includes products obtained from the refining or processing of natural gas and coal. Specific examples include: asphalt; carbon black; coal tar; crude oil; fuels; fuel oils; gasoline; greases; heavy, medium, and light oils; jet fuel; kerosene; liquid petroleum gases (LPG) gases including butane and propane; lubrication oils; paraffin and other waxes; tall oil; tar; and other related petroleum- and coal-based commodities or cargos.

GROUP C - Latex, Rubber, and Resins

Group C includes liquid latex products, liquid rubber products, liquid resins, liquid rosins, and liquid oleoresins; materials produced from resins; and nonvulcanizable elastomers. Latex is a specific synthetic emulsion elastomer. Rubber products include manufacturing products produced from natural, synthetic, or reclaimed rubber, and other related rubber commodities or cargos. Specific examples of other Group C materials include: cellulose plastic materials, epoxy resins, melamine resins, propylene resins, styrene resins, vinyl resins, and other related latex, resin, or rubber commodities or cargos.

GROUP D - Soaps and Detergents

Group D includes: surfactants, fatty acids, detergents, polishes, sanitation goods, surface active agents, toilet preparations, and other related commodities or cargos.

GROUP E - Biodegradable Organic Chemicals

Group E includes organic chemicals with carbon-hydrogen bonds which are easily biodegraded in aerobic or anaerobic biological treatment units. Examples of Group E Biodegradable Organic Compounds include, but are not limited to: alcohols, aldehydes, formaldehyde, phenols, peroxides, organic salts, amines, amides, other nitrogen compounds, other aromatic compounds, aliphatic organic chemicals, glycols, glycerines, and organic polymers.

GROUP F - Refractory (Non-biodegradable) Organic Chemicals

Group F includes organic chemicals with carbon-hydrogen bonds which are not easily biodegraded in aerobic or anaerobic biological treatment units. Examples of Group F Refractory (Non-biodegradable) Organic Chemicals include, but are not limited to: ketones, nitriles, olefins, organo-metallic compounds containing chromium, cadmium, mercury, copper, zinc, etc.

GROUP G - Inorganic Chemicals

Group G inorganic chemicals are materials which do not contain carbon-hydrogen bonds such as inorganic acids, alkalis, and salts. Specific examples of Group G Inorganic Chemicals include: aluminum sulfate, ammonia, ammonium nitrate, ammonium sulfate, bleach, cadmium chloride, calcium chloride, caustic (sodium hydroxide), cupric chloride, liquefied and

compressed chlorine, hydrochloric acid, lime, nickel sulfate, nitric acid, phosphoric acid, potash, sodium bichromates, sodium carbonate, sodium sulfate, sulfuric acid, titanium dioxide, zinc chromate, and other related inorganic commodities or cargos.

GROUP H - Agricultural Chemicals and Fertilizers

Group H includes chemicals used for agricultural purposes such as fertilizers, pesticides, and other agricultural chemicals. Specific examples of Group H Agricultural Chemicals and Fertilizers include: agricultural disinfectants, chemical sheep dips, exterminating products, fungicides, growth regulating herbicides, insecticides, nitrogenous fertilizers, pest repellents, pesticides, phosphatic fertilizers, pyrethrin containing products, urea, and other related agricultural commodities or cargos.

GROUP I - Chemical Products

Group I includes chemical products not elsewhere classified. Specific examples include: drugs, lacquers, medicines, paints, pigments, adhesives, sealants, other paint allied products, pharmaceuticals, varnishes, and other related chemical product commodities or cargos.

GROUP J - Hazardous Waste

Group J includes hazardous waste liquids, solids, sludges and other materials that are defined as hazardous by 40 CFR Part 261.

GROUP K - Non-Hazardous Waste

Group K includes non-hazardous waste liquids, solids and sludges, and non-hazardous municipal waste.

GROUP L - Dry Bulk Commodities or Cargos, Including Grains, Plastic Pellets, Etc.

Group L includes dry bulk commodities or cargos not classified in Groups A - K, such as: calcium chloride (salt), carbon black, cement, clay, coal, glass, grains, lime, metallic ores, molding sand, non-metallic minerals, plastic pellets, potash, stone, and other mineral inorganic solids.

GROUP M - Other 1

Any commodity or cargo or group of commodities or cargos which does not meet the definitions provided above for Group A - Group L.

GROUP N - Other 2

Any commodity or cargo or group of commodities or cargos which does not meet the definitions provided above for Group A - Group M.

GROUP O - Other 3

Any commodity or cargo or group of commodities or cargos which does not meet the definitions provided above for Group A - Group N.

APPENDIX B

LIST OF HAZARDOUS AIR POLLUTANTS

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HAZARDOUS AIR POLLUTANTS AS DESCRIBED BY CLEAN AIR ACT SECTION 112

Chemical Abstract Service Number	Air Contaminant Name
75-07-0	Acetaldehyde
7439-96-5	Manganese compounds
56-23-5	Carbon tetrachloride
75-01-4	Vinyl chloride
108-05-4	Vinyl acetate
593-60-2	Vinyl bromide
108-31-6	Maleic anhydride
58-89-9	Lindane (all isomers)
106-42-3	p-Xylene
1330-20-7	Xylene (isomers and mixture)
60-35-5	Acetamide
7440-41-7	Beryllium and beryllium compounds
78-59-1	Isophorone
7439-92-1	Lead and lead compounds
95-47-6	o-Xylene
108-38-3	m-Xylene
75-35-4	Vinylidene chloride (1,1-Dichloroethylene)
79-11-8	Chloroacetic acid
75-44-5	Phosgene
60-11-7	Dimethylaminoazobenzene
51-79-6	Ethyl carbamate
75-00-3	Ethyl chloride (Chloroethane)
1336-36-3	Polychlorinated biphenyls (PCB)
131-11-3	Dimethyl phthalate
106-89-8	Epichlorohydrin
68-12-2	Dimethylformamide
121-69-7	N,N-Dimethyl aniline (N,N-Dimethylaniline)

Chemical Abstract Service Number	Air Contaminant Name
107-21-1	Ethylene glycol
75-21-8	Ethylene oxide
1634-04-4	Methyl tert-butyl ether
7723-14-0	Phosphorus (yellow)
133-06-2	Captan
106-93-4	Ethylene dibromide
107-06-2	Ethylene dichloride
96-45-7	Ethylene thiourea
106-50-3	p-Phenylenediamine
463-58-1	Carbonyl sulfide Syn: Carbon oxysulfide
75-05-8	Acetonitrile
7439-97-6	Mercury and mercury compounds
107-02-8	Acrolein
123-31-9	Hydroquinone
98-86-2	Acetophenone
79-06-1	Acrylamide
75-15-0	Carbon disulfide
8001-35-2	Toxaphene (chlorinated camphene)
79-10-7	Acrylic acid
1582-09-8	Trifluralin
90-04-0	o-Anisidine
121-44-8	Triethylamine
79-01-6	Trichloroethylene
71-55-6	Methyl chloroform (1,1,1-Trichloroethane)
62-53-3	Aniline
107-05-1	Allyl chloride
7440-36-0	Antimony Compounds
7440-38-2	Arsenic and Arsenic Compounds (inorganic including arsine)
107-13-1	Acrylonitrile

Chemical Abstract Service Number	Air Contaminant Name
63-25-2	Carbaryl
92-87-5	Benzidine
92-52-4	Biphenyl
542-88-1	Bis(chloromethyl) ether (BCME) Syn: Chloromethyl ether
71-43-2	Benzene (including benzene from gasoline)
1332-21-4	Asbestos
57-57-8	beta-Propiolactone
100-44-7	Benzyl chloride
98-07-7	Benzotrichloride
7664-39-3	Hydrogen fluoride
7647-01-0	Hydrogen chloride (hydrochloric acid)
105-60-2	Caprolactam
95-53-4	o-Toluidine
108-88-3	Toluene
156-62-7	Calcium cyanamide
7440-43-9	Cadmium compounds
75-25-2	Bromoform
7550-45-0	Titanium tetrachloride
100-41-4	Ethyl benzene
7803-51-2	Phosphine
67-56-1	Methanol
120-80-9	Catechol (Pyrocatechol)
133-90-4	Chloramben
57-74-9	Chlordane
72-43-5	Methoxychlor
74-83-9	Methyl bromide
126-99-8	Chloroprene
7440-02-0	Nickel compounds
108-90-7	Chlorobenzene (Monochlorobenzene)

Chemical Abstract Service Number	Air Contaminant Name
510-15-6	Chlorobenzilate
7782-50-5	Chlorine
127-18-4	Tetrachloroethylene (perchloroethylene)
106-51-4	Quinone
96-09-3	Styrene oxide
140-88-5	Ethyl acrylate
7782-49-2	Selenium compounds
11-22-5	Quinoline
107-30-2	Chloromethyl methyl ether (CMME)
74-87-3	Methyl chloride
78-93-3	Methyl ethyl ketone (2-Butanone) (MEK)
75-56-9	Propylene oxide
67-66-3	Chloroform
7440-47-3	Chromium compounds
132-64-9	Dibenzofurans
7440-48-4	Cobalt compounds
NA	Coke oven emissions
1319-77-3	Cresols/Cresylic acid (isomers and mixture)
74-88-4	Methyl iodide
108-39-4	m-Cresol
106-44-5	p-Cresol
78-87-5	Propylene dichloride
60-34-4	Methyl hydrazine
98-82-8	Cumene
143-33-9	Cyanide compounds
95-48-7	o-Cresol
114-26-1	Propoxur
624-83-9	Methyl isocyanate
108-10-1	Methyl isobutyl ketone

Chemical Abstract Service Number	Air Contaminant Name
123-38-6	Propionaldehyde
334-88-3	Diazomethane
84-74-2	Dibutylphthalate
NA	Polycyclic Organic Matter (includes organic compounds with more than one benzene ring, and which have a boiling point greater than or equal to 100 degrees C)
12-73-7	Dichlorvos
111-44-4	Dichloroethyl ether
111-42-2	Diethanolamine
64-67-5	Diethyl sulfate
NA	Radionuclides (including radon)(A type of atom which spontaneously undergoes radioactive decay)
100-42-5	Styrene
50-00-0	Formaldehyde
NA	Glycol ethers
75-09-2	Methylene chloride
67-72-1	Hexachloroethane
108-95-2	Phenol
85-44-9	Phthalic anyhydride
87-68-3	Hexachlorobutadiene
77-47-4	Hexachlorocyclopentadiene
87-86-5	Pentachlorophenol
101-68-8	Methylene diphenyl diisocyanate (MDI)
680-31-9	Hexamethylphosphoramide
62-75-9	N-Nitrosodimethylamine
302-01-2	Hydrazine
82-68-8	Pentachloronitrobenzene (Quintobenzene) (PCNB)
NA	Fine mineral fibers (includes mineral fiber emissions from facilities manufacturing or processing glass, rock, or slag fibers (or other mineral derived fibers) of average diameter 1 micrometer or less)
80-62-6	Methyl methacrylate

Chemical Abstract Service Number	Air Contaminant Name
110-54-3	Hexane
56-38-2	Parathion
684-93-5	N-Nitroso-N-methylurea
98-95-3	Nitrobenzene
91-20-3	Naphthalene
59-89-2	N-Nitrosomorpholine
118-74-1	Hexachlorobenzene (HCB)
151-56-4	Ethyleneimine (Aziridine)
76-44-8	Heptachlor
77-78-1	Dimethyl sulfate
79-44-7	Dimethyl carbamoyl chloride
79-46-9	2-Nitropropane
117-81-7	Bis(2-ethylhexyl) phthalate (DEHP)
532-27-4	2-Chloroacetophenone
53-96-3	2-Acetylaminofluorene
92-93-3	4-Nitrobiphenyl
100-02-7	4-Nitrophenol
92-67-1	4-Aminobiphenyl
57-14-7	1,1-Dimethyl hydrazine
75-34-3	1,1-Dichloroethane
75-55-8	1,2-Propylenimine (2-Methyl aziridine)
106-88-7	1,2-Epoxybutane
122-66-7	1,2-Diphenylhydrazine
106-99-0	1,3-Butadiene
542-75-6	1,3-Dichloropropene
1120-71-4	1,3-Propane sultone
123-91-1	1,4-Dioxane
106-46-7	1,4-Dichlorobenzene(p)
822-06-0	Hexamethylene-1,6-diisocyanate

Chemical Abstract Service Number	Air Contaminant Name
51-28-5	2,4-Dinitrophenol
95-80-7	2,4-Toluene diamine
94-75-7	2,4-D (2,4-Dichlorophenoxyacetic acid, including salts and esters) DDE
514-84-9	2,4-Toluene diisocyanate (TDI)
121-14-2	2,4-Dinitrotoluene, and salts
119-93-7	3,3'-Dimethyl benzidine
119-90-4	3,3'-Dimethoxybenzidine (o-Dianisidine)
91-94-1	3,3'-Dichlorobenzidine
101-77-9	4,4'-Methylenedianiline
101-14-4	4,4'-Methylene bis(2-chloroaniline)
534-52-1	4,6-Dinitro-o-cresol
79-00-5	1,1,2-Trichloroethane
96-12-8	1,2-Dibromo-3-chloropropane
120-82-1	1,2,4-Trichlorobenzene
540-84-1	2,2,4-Trimethylpentane
95-95-4	2,4,5-Trichlorophenol
88-06-2	2,4,6-Trichlorophenol
79-34-5	1,1,2,2-Tetrachloroethane
1746-01-6	2,3,7,8-Tetrachlorodibenzo-p-dioxin

NA - No specific CAS numbers for these categories of hazardous air pollutants.

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Appendix C

INFORMATION SUBMITTAL COVER PAGES

Question 29 - Commodities or Cargos Accepted
Question 40 - Example Heel Log
Question 79 - Electronic Analytical Data Format
Question 81 - Treatability Studies
Question 83 - Pollution Prevention Policy/Plan

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INFORMATION SUBMITTAL FOR QUESTION 29
COMMODITIES OR CARGOS ACCEPTED

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INFORMATION SUBMITTAL FOR QUESTION 40
EXAMPLE HEEL LOG

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INFORMATION SUBMITTAL FOR QUESTION 79
ELECTRONIC ANALYTICAL DATA FORMAT

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INFORMATION SUBMITTAL FOR QUESTION 81
TREATABILITY STUDIES

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INFORMATION SUBMITTAL FOR QUESTION 83
POLLUTION PREVENTION POLICY/PLAN

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OMB No. 2040-0179
Expires 3/31/98

James Eftaxes
Transportation Manager
Reichhold Chemicals, Inc. - 3455
45 Albert Avenue
Newark, NJ 07105

U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

PART B - FINANCIAL AND ECONOMIC INFORMATION

APRIL 1995

The public reporting burden for this information collection is estimated to be 65 to 339 hours per response, depending upon the size of the facility. The reporting burden includes time for reviewing instructions, gathering data, and completing and reviewing the questionnaire. Please return the questionnaire to EPA within 60 calendar days of receipt. Late filing or failure to comply with these instructions may result in criminal fines, civil penalties, and other sanctions as provided by law. If you have any questions regarding the burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, please send them to:

Chief, Information Policy Branch
U.S. Environmental Protection Agency
401 M Street, S.W. (Mail Code 2136)
Washington, DC 20460

and

Office of Management and Budget
Paperwork Reduction Project (2040-0146)
Washington, DC 20503

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U.S. ENVIRONMENTAL PROTECTION AGENCY
1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

PART B: FINANCIAL AND ECONOMIC INFORMATION

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U.S. ENVIRONMENTAL PROTECTION AGENCY 1994 DETAILED QUESTIONNAIRE FOR THE TRANSPORTATION EQUIPMENT CLEANING INDUSTRY

GENERAL INSTRUCTIONS

INTRODUCTION

The U.S. Environmental Protection Agency (EPA) is developing effluent limitations guidelines and standards for the Transportation Equipment Cleaning (TEC) Industry which consists of facilities that perform interior cleaning of tank trucks, closed-top hopper tank trucks, intermodal tank containers, intermediate bulk containers (IBCs and totes), rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and other similar tanks (excluding drums). This questionnaire requests detailed information concerning operation of tank interior cleaning facilities. Your facility has been selected to receive this detailed questionnaire based on a stratified statistical random sampling of facilities identified as performing transportation equipment cleaning operations in a screener questionnaire administered in early 1994.

This detailed questionnaire is divided into two sections: Part A: Technical Information, and Part B: Financial and Economic Information. The data collected in "Part A: Technical Information" of this questionnaire will be used to characterize the operations and wastewater generation, treatment, and discharges of tank interior cleaning facilities; to evaluate the performance of the wastewater treatment technologies currently in use at tank interior cleaning facilities; and to develop potential wastewater discharge regulations for the TEC industry. The data collected in "Part B: Financial and Economic Information" of this questionnaire will be used to characterize the economics of the transportation equipment cleaning industry and to evaluate the possible economic impacts of wastewater regulations.

AUTHORITY

This questionnaire is conducted under the authority of Section 308 of the Clean Water Act (the Federal Water Pollution Control Act as amended, 33 U.S.C. Section 1318), Section 114 of the Clean Air Act (as amended, 42 U.S.C. Section 7414), and Section 3007 of the Resource Conservation and Recovery Act (42 U.S.C. Section 6927). All facilities that receive this questionnaire must respond. **PLEASE RETURN THE QUESTIONNAIRE TO EPA WITHIN 60 CALENDAR DAYS OF RECEIVING IT. Late filing or failure to comply with these instructions may result in criminal fines, civil penalties, and other sanctions as provided by law.**

OVERVIEW OF THE QUESTIONNAIRE

As stated above, this questionnaire is divided into two parts: Part A: Technical Information and Part B: Financial and Economic Information. Different types of information are requested in Part A and Part B; therefore, these two sections may be completed by separate individuals. However, EPA recommends that all personnel who assist in completing the questionnaire be provided with a full copy of the questionnaire, that each individual read the entire questionnaire before answering, and that Part A and Part B respondents coordinate their efforts as needed. Both sections must be completed and the blue Certification Forms for both Part A and Part B must be completed, signed, and returned to EPA with the questionnaire. The Certification Form located in Section 6 in Part A and on page B-11 in Part B must be completed by the individual or individuals (no more than two—i.e., one for Part A and one for Part B) responsible for supervising the completion of the questionnaire. The same official may certify for both Parts A and B. Please note that verifying the accuracy of the information provided in each

GENERAL INSTRUCTIONS (continued)

OVERVIEW OF THE QUESTIONNAIRE (continued)

part of the questionnaire and signing the Questionnaire Certification is the responsibility of a single individual who signs that Part's Certification Form.

EPA has prepared this questionnaire for use by a variety of transportation equipment cleaning facilities. Therefore, not all of the questions may apply to this facility. Unless instructed otherwise, you are expected to make an effort to complete every questionnaire item. You are not required, however, to perform nonroutine tests or measurements solely for the purpose of responding to this questionnaire. If exact data are not available but can be estimated, please provide estimates. Note on the Comments page at the end of each section any question for which your answer is an estimate, and provide the method(s) used to make the estimation.

Type or clearly write all responses in dark ink. Report items as whole numbers, except when instructed otherwise. Use the Comment Section to elaborate on your responses or to provide further information. Reference each comment with the corresponding question number. Some tables may require multiple responses; please photocopy the tables as needed before writing on them.

RESPONDENTS TO QUESTIONNAIRE

All recipients of the questionnaire must complete the questionnaire, even if TEC operations are not a primary line of business (e.g., your facility's primary line of business is manufacturing or transportation equipment repair or maintenance).

Special Cases

Completion of this questionnaire is required of the facility that has ultimate responsibility for disposal and/or discharge of wastewater generated from TEC operations conducted by the facility. Additional guidance is provided below for two special cases of TEC facility operations:

- Mobile TEC facilities; and
- Facilities that use contract or other non-facility personnel to perform TEC operations.

Mobile TEC facilities perform TEC operations at the client or customer site. Non-mobile TEC facilities require the client or customer to bring the tank to be cleaned to the TEC facility site. The majority of TEC facilities are non-mobile TEC facilities. All non-mobile TEC facilities which receive this questionnaire are required to coordinate and obtain all information necessary to complete this questionnaire.

1) IF YOU OPERATE A MOBILE TEC FACILITY, and wastewater generated from TEC operations is handled using any of the following methods, you are required to coordinate and obtain all information necessary to complete this questionnaire: (1) collection and discharge or disposal of wastewater is arranged for, provided by, or paid for by the mobile TEC facility; (2) the permit under which the mobile TEC facility wastewater is disposed and/or discharged is in the mobile TEC facility's name; or (3) the mobile TEC facility bills the customer or client for whom TEC operations were performed for wastewater discharge and/or disposal.

GENERAL INSTRUCTIONS (continued)

Special Cases (continued)

2) IF YOUR FACILITY USES CONTRACT OR OTHER NON-FACILITY PERSONNEL TO PERFORM TEC OPERATIONS, OR YOUR FACILITY CONTRACTS A MOBILE FACILITY TO PERFORM TEC OPERATIONS, but disposal and/or discharge of the wastewater generated from TEC operations is arranged for, provided by, or paid directly by your facility, or the permit under which your facility's TEC wastewater is disposed and/or discharged is in your facility's name, you are required to coordinate and obtain all information necessary to complete this questionnaire.

3) IF YOU SUPPLY CONTRACT PERSONNEL TO PERFORM TEC OPERATIONS FOR ANOTHER FACILITY, and wastewater generated from TEC operations is handled using any of the following methods, you are required to coordinate and obtain all information necessary to complete this questionnaire: (1) collection and discharge or disposal of wastewater is arranged for, provided by, or paid for by the contract facility; (2) the permit under which the TEC facility wastewater is disposed and/or discharged is in the contract facility's name; or (3) the contract facility bills the customer or client for whom TEC operations were performed for wastewater discharge and/or disposal.

Note that additional guidance for mobile TEC facilities and contract TEC operations is provided on page B-12. If you are still unclear as to your responsibility in completing this detailed questionnaire, contact the Technical Information Help-line at 1-800-275-1308.

HELPLINE

Toll-free helplines are available to respond to questions you may have on any section of this questionnaire. The helpline toll-free numbers are:

Part A: Technical Information	1-800-275-1308 operated by Radian Corp.
Part B: Financial and Economic Information	1-800-945-9545 operated by ERG, Inc.

The helplines operate Monday through Friday between 9:00 AM and 5:00 PM Eastern Standard Time.

NOTE: Part A Helpline is only available until June 30, 1995.

RETURN OF THE QUESTIONNAIRE

Your response must be postmarked no later than 60 calendar days after receipt of this questionnaire. After completing the entire questionnaire (Parts A and B) and signing both blue Certification Forms, use the enclosed label and mail the package to:

Mr. David Hoadley
Document Control Officer
U.S. Environmental Protection Agency
Transportation Equipment Cleaning Questionnaire
Room E913C (4303)
401 M Street, SW
Washington, DC 20460

Please retain a copy of the completed questionnaire, including attachments. EPA will review the information submitted and may request your cooperation in answering follow-up questions, if necessary, to complete analyses.

GENERAL INSTRUCTIONS (continued)

PROVISIONS REGARDING DATA CONFIDENTIALITY

Regulations governing the confidentiality of business information are contained in 40 CFR Part 2, Subpart B. You may assert a business confidentiality claim covering part or all of the information you submit, *other than effluent data or air emissions data*, as described in 40 CFR 2.2.03(b):

> "(b) Method and time of asserting business confidentiality claim. A business which is submitting information to EPA may assert a business confidentiality claim covering the information by placing on (or attaching to) the information, at the time it is submitted to EPA, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as 'trade secret,' 'proprietary,' or 'company confidential.' Allegedly confidential portions of otherwise non-confidential documents should be clearly identified by the business and may be submitted separately to facilitate identification and handling by EPA. If the business desires confidential treatment only until a certain date or until the occurrence of a certain event, the notice should so state."

If no business confidentiality claim accompanies the information *when it is received by EPA*, EPA *may make the information available to the public without further notice*.

You may claim confidentiality by checking the appropriate box next to each question number for which responses contain confidential business information (CBI). Effluent data are not eligible for confidential treatment, pursuant to Section 308(b) of the Clean Water Act. Any response where "yes" is not checked will be considered non-confidential.

Information covered by a claim of confidentiality will be disclosed by EPA only to the extent, and by means of the procedures set forth in 40 CFR Part 2, Subpart B. In general, submitted information protected by a business confidentiality claim may be disclosed to other employees, officers, or authorized representatives of the United States concerned with carrying out the Clean Water Act or Clean Air Act.

The information submitted will be made available to EPA contractors for carrying out work required by their contracts with EPA. All EPA contracts provide that contractor employees shall use the information only for the purpose of carrying out the work required by their contract and shall refrain from disclosing any CBI to anyone other than EPA without the prior written approval of each affected business or of the EPA legal office. The contractors and subcontractors that will be providing support to EPA during the development of these regulations include: Radian Corporation, Herndon, VA; ABB Environmental Services, Arlington, VA; ViGYAN Inc., Falls Church, VA; Information Systems Solutions International Inc., Vienna, VA; Viar and Co., Alexandria, VA; Eastern Research Group, Inc. (ERG), Lexington, MA; Science Applications International Corporation, McLean, VA; Highland Data Services, Bluegrass, VA; Software Technology Group, Fairfax, VA; Tetra Tech Inc., Fairfax, VA; and Versar Inc., Springfield, VA.

Any comments you may wish to make on this issue must be submitted in writing at the time of submitting your response. Please direct any questions regarding CBI in Part A of the questionnaire to the Technical Information Helpline, operated by Radian Corp., EPA's technical contractor, at 1-800-275-1308. Please direct any questions regarding CBI in Part B of the questionnaire to the Financial and Economic Information Helpline, operated by Eastern Research Group, Inc. (ERG), EPA's economic contractor, at 1-800-945-9545.

PART B SPECIFIC INSTRUCTIONS

1. **Read all definitions.** Read all definitions beginning on Page B-7 carefully before completing Part B of the questionnaire. The individual who responds to each section must be familiar with the pertinent economic and financial aspects of the facility's transportation equipment cleaning and related activities.

2. **Mark responses for each question.** Fill in the appropriate response(s) legibly for each question. Complete all questions that require written responses by printing or typing in the spaces provided. If the space allowed for the answer to any question is inadequate for your complete response, please continue the response in the Comments area at the end of each section of the questionnaire, referencing the appropriate question number. If additional attachments are used to clarify a response, please make certain that the code number for this questionnaire, which appears at the top of each page, is also placed at the top right hand corner of each page of the attachments.

3. **Pay close attention to the units in each question.** All financial questions ask you to report answers in whole dollars.

4. **Answer all items unless instructed otherwise.** The purpose of this questionnaire is to gather all available economic and financial information pertinent to transportation equipment cleaning operations. If a question is not applicable, indicate so by writing NA. If, after conscientious attempts to obtain requested information, an item remains unknown and cannot be estimated, write UNK and explain in the Comments area at the end of the appropriate section why such information is unknown. If an item seems ambiguous, please call the Part B Helpline, operated by Eastern Research Group, Inc. (ERG), EPA's economic contractor, at 1-800-945-9545 for clarification. State all assumptions made in answering questions in the Comments section, and reference all explanations and assumptions to the appropriate questions. If actual data are not available to answer a question, please estimate and indicate that you have done so in the Comments Section.

5. **Enter zero (0) where appropriate.** Leave entry blank only if instructed to do so (e.g., if the answer is zero, enter a zero (0)).

6. **Indicate information that should be treated as confidential.** Please follow the instructions given in the "Provisions Regarding Data Confidentiality" section on Page B-3. If information for a given question is considered confidential business information, indicate this by checking the box next to each question as desired. Any response where "yes" is not checked will be considered non-confidential.

7. **Retain a copy of the completed questionnaire.** EPA will review the information submitted and may request, if necessary, your cooperation in answering follow-up clarification questions to complete the data collection effort. Please retain a copy of the completed questionnaire, including attachments, in case EPA must contact you to verify your responses. Also, please maintain a record of sources used to complete the financial section.

PART B SPECIFIC INSTRUCTIONS (continued)

8. **Include financial statements**. With your completed questionnaire include financial statements (i.e., balance sheet, income statement, and accompanying notes) for 1992, 1993, and 1994 for the facility (if available), for the business entity that owns this facility (if requested), and, if applicable, the corporate parent. The statements need not be audited but should conform to generally accepted accounting principles (GAAP). You may submit annual reports if they contain the relevant information.

9. **Sign and return to EPA the Questionnaire Certification Form for Part B (blue pages B-11 and B-12).** Include the Certification Form with the completed questionnaire.

10. **If you separated "Part B: Financial and Economic Information" of the questionnaire from Part A, please return both Part A and Part B together. Return the entire questionnaire to:**

    Mr. David Hoadley
    Document Control Officer
    U.S. Environmental Protection Agency
    Transportation Equipment Cleaning Questionnaire
    Room E913C (4303)
    401 M Street, SW
    Washington, DC 20460

11. **Call in questions.** If you have any questions about Part B, please telephone the Financial and Economic Information Helpline, operated by Eastern Research Group, Inc. (ERG), EPA's economics contractor, at 1-800-945-9545. The helpline is in operation Monday through Friday from 9:00 AM until 5:00 PM, Eastern Standard Time.

DEFINITIONS OF KEY TERMS

Appraised or assessed value	An official or formal estimated value of real or personal property. "Appraised" is generally used when referring to a value estimated for insurance purposes. "Assessed" is generally used when referring to the value estimated for tax purposes.
Business entity	The proprietorship, partnership, corporation, or other legal entity that directly owns this facility. A business entity is distinguished by being able to provide complete financial statements through net income, and may own more than one facility. If the facility has no other ownership and has complete financial statements, there is no business entity.
Closed-Top Hopper Rail Tank Cars	A completely enclosed storage vessel pulled by a locomotive that is used to transport dry bulk commodities or cargos over railway access lines. Closed-top hopper rail cars are not designed or contracted to carry liquid commodities or cargos and are typically used to transport grain, soybeans, soy meal, soda ash, fertilizer, plastic pellets, flour, sugar, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. Closed-top hopper rail cars are typically divided into three compartments, carry the same commodity or cargo in each compartment, and are generally top loaded and bottom unloaded. The hatch covers on closed-top hopper rail cars are typically longitudinal hatch covers or round manhole covers.
Closed-Top Hopper Tank Trucks	A motor-driven vehicle with a completely enclosed storage vessel used to transport dry bulk commodities or cargos over roads and highways. Closed-top hopper tank trucks are not designed or constructed to carry liquid commodities or cargos and are typically used to transport grain, soybeans, soy meal, soda ash, fertilizer, plastic pellets, flour, sugar, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. Closed-top hopper tank trucks are typically divided into three compartments, carry the same commodity or cargo in each compartment, and are generally top loaded and bottom unloaded. The hatch covers used on closed-top hopper tank trucks are typically longitudinal hatch covers or round manhole covers. Closed-top hopper tank trucks are also commonly referred to as *dry bulk cargo tanks*.
Closed-Top Inland Hopper Tank Barges	A self- or non-self-propelled vessel constructed or adapted primarily to carry dry commodities or cargos in bulk through inland rivers and waterways, and may occasionally carry commodities or cargos through oceans and seas when in transit from one inland waterway to another. Closed-top inland hopper barges are not designed to carry liquid commodities or cargos and are typically used to transport corn, wheat, soy beans, oats, soy meal, animal pellets, and other similar commodities or cargos. The commodities or cargos transported come in direct contact with the tank interior. The basic types of tops on closed-top inland hopper barges are telescoping rolls, steel lift covers, and fiberglass lift covers.

DEFINITIONS OF KEY TERMS (continued)

Commercial TEC Operations	Cleaning activities performed on a fee basis for clients. Cleaning is the sole focus of the transaction; it is not offered as part of a larger service to the client. (Larger services include services such as leasing, repairing, transporting/hauling, etc.) Commercial TEC operations bring revenue into the company that offers the cleaning.
Commodity or Cargo	Any chemical, material, or substance transported in a tank truck, closed-top hopper tank truck, intermediate bulk container (IBC) or tote, intermodal tank container, rail tank car, closed-top hopper rail tank car, inland tank barge, closed-top inland hopper barge, ocean/sea tanker, or other similar tank that comes in direct contact with the chemical, material, or substance. A commodity may also be referred to as a cargo.
Corporate Parent	The proprietorship, partnership, corporation, or other legal entity that is at the top of the chain of corporate ownership of the business entity.
Discount Rate	The rate your facility would pay to raise money for capital investments, given the facility's mix of debt and equity. The discount rate is also known as *marginal weighted average cost of capital*.
Extraordinary revenues or costs	Extraordinary revenues or costs include items that caused total revenues or total costs to deviate significantly from historical trends. Extraordinary revenues might include revenues from selling land or other significant assets. Extraordinary costs might include capital expenditures needed to repair damage from fire, flood, or some other extraordinary event.
Facility	Physical location corresponding to the site listed on the facility identification label (affixed to the cover page of each part of this questionnaire) where industrial and nonindustrial activities are conducted. The activities conducted include, but are not limited to: transportation equipment cleaning, manufacturing, rebuilding, repair, maintenance, painting, and associated office operations, cafeteria operations, or sanitary/shower facilities.
Financial statements	Balance sheet and income statement that were derived from accounting records according to generally accepted accounting principles (GAAP).
Heel	Any material remaining in a tank or container following unloading, delivery, or discharge of the transported commodity or cargo. Heels may also be referred to as *residual materials* or *residuals*.
In-house TEC Operations	Cleaning activities that take place at a facility in order to maintain or operate other business activities. The equipment may or may not belong to the facility. For example, a trucking company may clean its own tank trucks between shipments or a milk processor may rinse out tank trucks (not owned by them) after a shipment is delivered.
Inland Tank Barge	A self- or non-self-propelled vessel constructed or adapted primarily to carry commodities or cargos in bulk in cargo spaces (or tanks) through rivers and inland waterways, and may occasionally carry commodities or cargos through oceans and seas when in transit from one inland waterway to another. The commodities or cargos transported are in direct contact with the tank interior. There are no maximum or minimum vessel or tank volumes.

DEFINITIONS OF KEY TERMS (continued)

Intermediate Bulk Container (IBC) or Tote	A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities or cargos that are in direct contact with the tank interior. Intermediate bulk containers may be loaded onto flat beds for either truck or rail transport or onto ship decks for water transport. There are no maximum or minimum values for intermediate bulk container volumes, although larger containers are generally considered to be intermodal tank containers. IBCs also are commonly referred to as totes or tote bins.
Intermodal Tank Container (ITC)	A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities that are in direct contact with the tank interior. Intermodal tank containers may be loaded onto flat beds for either truck or rail transport or onto ship decks for water transport. There are no maximum or minimum values for intermodal tank containers, although smaller containers are generally considered to be intermediate bulk containers or totes.
Ocean/Sea Tanker	A self- or non-self-propelled vessel constructed or adapted to transport commodities in bulk in cargo spaces (or tanks) through oceans and seas, where the commodity or cargo carried comes in direct contact with the tank interior. There are no maximum or minimum vessel or tank volumes.
Rail Tank Car	A completely enclosed storage vessel pulled by a locomotive and used to transport liquid, solid, or gaseous commodities or cargos over railway access lines. A rail tank car storage vessel may have one or more storage compartments and the stored commodities come in contact with the tank interior. There are no maximum or minimum vessel or tank volumes.
Standard Industrial Classification (SIC)	The four-digit industry-classification assigned to this facility by the federal government. The SIC number is used when reporting financial and other information to the U.S. Department of Commerce and other federal agencies. Facilities are assigned both primary and secondary SICs.
Tank	A generic term used to describe any closed container used to transport commodities or cargos. The commodities or cargos transported come in direct contact with the container interior, which is cleaned by TEC facilities. Examples of containers that are considered tanks include: tank trucks, closed-top hopper tank trucks, intermediate bulk containers, intermodal tank containers, rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and other similar tanks (excluding drums). Containers used to transport pre-packaged materials are not considered tanks.
Tank truck	A motor-driven vehicle with a completely enclosed storage vessel used to transport liquid, solid, or gaseous materials over roads and highways. The storage vessel or tank may be detachable, as with tank trailers, or permanently attached. The commodities or cargos transported come in direct contact with the tank interior. A tank truck may have one or more storage compartments. There are no maximum or minimum vessel or tank volumes. Tank trucks are also commonly referred to as *cargo tanks*.

DEFINITIONS OF KEY TERMS (continued)

Totes or Tote Bins	A completely enclosed storage vessel used to hold liquid, solid, or gaseous commodities or cargos which come in direct contact with the tank interior. Totes may be loaded onto flat beds for either truck or rail transport, or onto ship decks for water transport. There are no maximum or minimum vessel for tote volumes, although larger *containers are generally considered to be intermodal tank containers*. Totes or tote bins are also referred to as *intermediate bulk containers* or *IBCs*.
Transportation Cleaning Equipment (TEC) operations	TEC operations include cleaning the interiors of tanks. The tank interiors cleaned include but are not limited to: tank trucks, closed-top hopper tank trucks, intermediate bulk containers (IBCs), intermodal tank containers (ITCs), rail tank cars, closed-top hopper rail tank cars, inland tank barges, closed-top inland hopper barges, ocean/sea tankers, and/or other similar tanks.

SECTION 1: FACILITY IDENTIFICATION

PART B INFORMATION CONTACT AND FACILITY IDENTIFICATION

James Eftaxes
Transportation Manager
Reichhold Chemicals, Inc. - 3455
45 Albert Avenue
Newark, NJ 07105

1. If the mailing address shown on the label above is correct, check the box in 1a. If the information is not correct, check the box in 1b, and enter the correct information in the spaces below.

   a. Yes, the mailing address above is correct ..... ☑

   b. No, the mailing address is not correct (Please correct below) ..... ☐

   Name of facility _____

   Mailing address or P.O. box _____

   City _____ State _____ Zip _____

2. If the **street (i.e., physical) address** of the facility is different from the mailing address given in Question 1, provide the street address in the spaces below. If the **street address** is the same as the mailing address check the box in 2a.

   a. The street address for this facility is the same as the mailing address ..... ☑

   b. The street address for this facility is not the same as the mailing address. **List the correct address below** ..... ☐

   Name of facility _____

   Street address _____

   City _____ State _____ Zip _____

3. Indicate the county in which your facility is located. (For Alaskan facilities only, please indicate the borough. For facilities in Louisiana, please indicate the parish.)

   ESSEX

4. Please list the street names at the intersection closest to your facility.

a. [illegible] STREET

b. ALBERT AVENUE

c.

d.

(For example, if two streets: a. Elm Street; b. Maple Street.)

Confidential
Yes ☐
No ☐

5. Provide the name, title, and telephone number of the individual who can answer questions concerning information provided in Part B: Economic and Financial Information.

a. Contact name PAUL BRUSTOFSKI

b. Contact title REGIONAL ENVIRONMENTAL ENGINEER

c. Telephone number (210) 220-7836

d. When is the most convenient day and time to call?

(Circle best days) Mon. Tues. Wed. Thurs. Fri. Any day

9 AM - 5 PM AM/PM (local time)

Confidential
Yes ☐
No ☐

6. Confirm the type of transportation equipment cleaning (TEC) activities performed at this facility. Check all that apply.

a. Tank Trucks ☑

b. Closed-Top Hopper Tank Trucks ☐

c. Intermodal Tank Containers (ITCs) ☐

d. Intermediate Bulk Containers (IBCs) and Totes ☐

e. Rail Tank Cars ☐

f. Closed-Top Hopper Rail Tank Cars ☐

g. Inland Tank Barges ☐

h. Closed-Top Inland Hopper Tank Barges ☐

i. Ocean/Sea Tankers ☐

j. Other Container - please describe _____ ☐

k. None of the above (see below) ☐

IF NONE OF THE ABOVE OR IF YOU BELIEVE THAT YOU HAVE RECEIVED THIS QUESTIONNAIRE IN ERROR, CALL THE FINANCIAL INFORMATION HELPLINE AT 1-800-945-9545.

CORPORATE HIERARCHY

Confidential
Yes ☐
No ☐

7. Please review the corporate hierarchy chart below. Which example describes the chain of ownership for this facility?

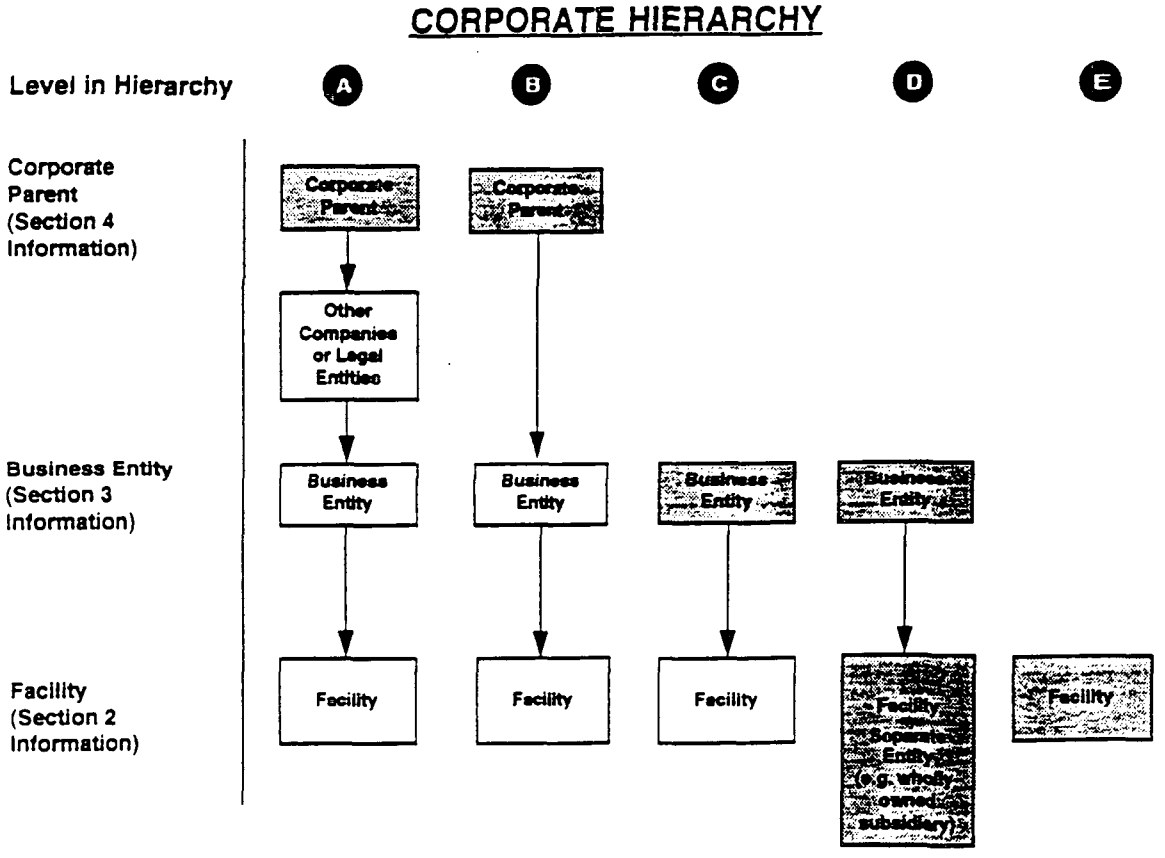
a. Example A ..... ☐

b. Example B ..... ☑

c. Example C ..... ☐

d. Example D ..... ☐

e. Example E ..... ☐



☐ Financial Statements requested at this level in the corporate hierarchy

All respondents must complete Section 2 with information for the facility. If your corporate hierarchy best resembles Examples A, B, C, or D, you also need to complete Section 3 with information for the business entity. If your corporate hierarchy best resembles Examples A or B, you also need to complete Section 4 with information for the corporate parent.

Financial statements are balance sheets, income statements, and accompanying notes prepared according to generally accepted accounting principles (GAAP). Respondents must supply financial statements according to corporate hierarchy:

Corporate Hierarchy	Complete Section(s)	Supply Financial Statements for
Example A	2, 3, 4	Corporate Parent
Example B	2, 3, 4	Corporate Parent
Example C	2, 3	Business Entity
Example D	2, 3	Business Entity and Facility
Example E	2	Facility

As appropriate, Questions 54, 86, and 92 will ask you to submit financial statements.

Confidential
Yes ☐
No ☐

8. If you checked D or E in Question 7, the corporation type that best describes this **facility** is:

a. Checked A, B, or C in Question 7 ..... ☐

b. Corporation (C Corporation) ..... ☐

c. Subchapter S corporation ..... ☐

d. Limited partnership ..... ☐

e. General partnership ..... ☐

f. Sole proprietor ..... ☐

g. Other (please describe) ..... ☐

_____

_____

Confidential
Yes ☐
No ☐

9. If you checked D or E in Question 7, is the facility:

a. Checked A, B, or C in Question 7 ..... ☐

b. Publicly held ..... ☐

c. Privately held ..... ☐

SECTION TWO: FACILITY AND TEC FINANCIAL INFORMATION

Section 2 asks questions about the finances of this facility for fiscal years 1992, 1993, and 1994. Please answer all questions unless directed to skip certain questions ("SKIP"). Please note any special assumptions made or calculations performed in answering a given question in the Comments section beginning on Page B-37. Any other comments or explanations should be noted in the Comments section as well. Reference each comment with the relevant question and page number.

Definitions are provided on Page B-7. Call the helpline at 1-800-945-9545 if you have any questions or comments concerning the questionnaire or your response to a specific question. The helpline operates between 9:00 AM and 5:00 PM Eastern Standard Time, Monday through Friday.

Pay close attention to the units requested for each question. Financial questions request data in whole dollars.

BACKGROUND INFORMATION

Confidential
Yes ☐
No ☐

10. *List the primary and secondary 4-digit Standard Industrial Classification (SIC) codes assigned* to this facility. (See definitions beginning on Page B-7.)

a. Primary SIC code 2 8 2 1

b. Secondary SIC codes ..... _ _ _ _

..... _ _ _ _

..... _ _ _ _

Confidential
Yes ☐
No ☐

11. What is the first month of this facility's fiscal year? Enter 01 for January, 02 for February, 03 for March, etc.

First month of fiscal year 0 1

IN-HOUSE TEC OPERATIONS

Confidential
Yes ☐
No ☐

12. Are TEC operations the only activity at this facility? Please check a or b as appropriate.

a. TEC operations are the only activity at this facility. ..... ☐

b. Other, non-TEC activities also occur at this facility. ..... ☑

Confidential
Yes ☐
No ☐

13. Sequentially rank the top three activities at this facility and check whether the activities generate revenue. The activity with rank #1 generates the most revenue. If this facility generates no revenue, rank the three activities most performed by this facility.

Rank	Activity	Revenue-Generating?	
		Yes	No
#1	RESIN MANUFACTURING	✓	
#2			
#3			

Confidential
Yes ☐
No ☐

14. Does this facility perform TEC operations to maintain or operate other parts of your business? (For example, your facility paints or repairs transportation equipment, but must first wash them in order to do so.)

a. Yes ..... ☑

b. No ..... ☐

Confidential
Yes ☐
No ☐

15. Sequentially rank the reasons why this facility maintains in-house TEC operations. Rank the most important reason with 1, the second most important reason with 2, and so on. A reason that is not considered at all should be ranked with a zero (0).

Rank	Reason
	We are a commercial cleaning facility (*leave all other reasons unranked*)
	Quality
	Liability
	Cost
	Convenience
	Other (please describe)
	_____

Confidential
Yes ☐
No ☐

16. Indicate the cost increase that would lead you to use a commercial tank cleaning service rather than performing the service for yourself on an in-house basis. Indicate "Not Applicable" if your facility does not clean the specified type of tank. If you are a commercial tank cleaning service, indicate "Would Not Switch" for the tank types you clean.

Tank Type	Percentage Cost Increase That Would Lead To Using Commercial Tank Cleaning Service						Would Not Switch	Not Applicable
	Less than 10%	Between 10% to 20%	Between 20% to 30%	Between 30% to 40%	Between 40% to 50%	Over 50%		
Tank Trucks	✓							
Closed-Top Hopper Tank Trucks	NOT APPLICABLE							✓
Intermodal Tank Containers (ITCs)	NOT APPLICABLE							✓
Intermediate Bulk Containers (IBCs) and Totes	NOT APPLICABLE							✓
Rail Tank Cars	NOT APPLICABLE							✓
Closed-Top Hopper Rail Cars	NOT APPLICABLE							✓
Inland Tank Barges	NOT APPLICABLE							✓
Closed-Top Inland Hopper Tank Barges	NOT APPLICABLE							✓
Ocean/Sea Tankers	NOT APPLICABLE							✓
Other Containers	NOT APPLICABLE							✓

COMMERCIAL TEC OPERATIONS

Confidential
Yes ☐
No ☐

17. What percent of transportation equipment cleanings are for clients other than yourself? (Enter zero if you have no commercial clients.)

Percent commercial TEC cleanings ..... 0 %

Confidential
Yes ☐
No ☐

18. How does your facility recover TEC costs from clients that you service? Please check the appropriate answer.

a. No commercial clients serviced ..... ☑

b. Separate bill to client ..... ☐

c. Separate line item in total bill to client ..... ☐

d. Included in total bill to client but not broken out specifically ..... ☐

e. Other (please describe) ..... ☐

_____

_____

_____

Confidential
Yes ☐
No ☐

19. Sequentially rank the reasons why clients use your TEC services. Rank the most important reason with 1, the second most important reason with 2, and so on. A reason that is not considered at all should be ranked with a zero (0).

Rank	Reason
✓	No commercial clients *(leave all other reasons unranked)*
	Cleaning services provided to client only as a part of other services
	Proximity
	Price
	Quality
	Liability
	Contract agreements between client and this facility to receive repairs or other services at same site
	Other (please describe) _____

Confidential
Yes ☐
No ☐

20. Are there any cargos which your facility rejects as a matter of policy?

a. Yes, some cargos rejected ..... ☑

b. No, all cargos accepted ..... ☐

Confidential
Yes ☐
No ☐

21. Who accepts the TEC jobs listed in Question 20 that you reject? Check the most appropriate answer.

a. Not applicable, checked Question 20b ..... ☐

b. Unknown ..... ☐

c. TEC facilities with more advanced TEC equipment ..... ☑

d. TEC facilities with better wastewater treatment ..... ☐

e. TEC facilities located in regions with less stringent regulatory requirements ..... ☐

f. Hauler of cargo ..... ☐

g. Producer of cargo ..... ☐

h. Other (please describe) ..... ☐

_____

_____

Confidential
Yes ☐
No ☐

22. The table below lists factors that may affect which cleaning process this facility chooses for a tank (e.g., hot water rinse, caustic, detergent, etc.). Sequentially rank the following factors in order of importance in determining the cleaning process performed. Rank the most important reason with 1, the second most important reason with 2, and so on. A reason that is not considered at all should be ranked with a zero (0).

Rank	Reason
1	Previous load's contents
2	Next load's contents
0	Client policy on cleaning
0	Other (please describe) _____

Confidential
Yes ☐
No ☐

23. In the table below, list the total number of units cleaned by the facility in 1992, 1993, and 1994.

23. Type of Units	Number of Units Cleaned		
	1992	1993	1994
	Total	Total	Total
Tank Trucks	1,000	1,000	1,000
Closed-Top Hopper Tank Trucks	0	0	0
ITCs	0	0	0
IBCs and Totes	0	0	0
Rail Tank Cars	0	0	0
Closed-Top Hopper Rail Tank Cars	0	0	0
Inland Tank Barges	0	0	0
Closed-Top Inland Hopper Tank Barges	0	0	0
Ocean/Sea Tankers	0	0	0
Other Containers	0	1	0

MARKET INFORMATION

Confidential
Yes ☐
No ☐

24. Did the 1993 flooding affect the levels of TEC revenues and costs at this facility?

a. Yes, fluctuations in business occurred because of floods ..... ☐

b. No, the floods created no business changes ..... ☑

Confidential
Yes ☐
No ☐

25. What is the distance, in miles, to the nearest commercial TEC facility offering similar services?

Distance (miles) 1

Confidential
Yes ☐
No ☐

26. How sensitive are your customers to price increases for each of the following types of tank cleaning?
Make two assumptions:
(1) there would be no change in the price of cleaning other tank types, and
(2) competitor prices remain unchanged.

Indicate **"very sensitive"** for those items where a 10 percent price increase would lead to more than a 10 percent loss in business for cleaning that type of tank.

Indicate **"moderately sensitive"** for these items where a 10 percent price increase would cause less than a 10 percent loss in business for cleaning that type of tank.

Indicate **"not sensitive"** for those items where a 10 percent price increase would cause little, if any, decrease in the volume of business at the facility.

Indicate **"not applicable"** if the facility does not clean the specified type of tank.

Tank Type	Price Sensitivity			Not Applicable	No Commercial Clients
	Very Sensitive	Moderately Sensitive	Not Sensitive		
Tank Trucks	___	___	___	___	✓
Closed-Top Hopper Tank Trucks	___	___	___	✓	___
Intermodal Tank Containers (ITCs)	___	___	___	✓	___
Intermediate Bulk Containers (IBCs) and Totes	___	___	___	✓	___
Rail Tank Cars	___	___	___	✓	___
Closed-Top Hopper Rail Cars	___	___	___	✓	___
Inland Tank Barges	___	___	___	✓	___
Closed-Top Inland Hopper Tank Barges	___	___	___	✓	___
Ocean/Sea Tankers	___	___	___	✓	___
Other Containers	___	___	___	✓	___

DISCOUNT RATE

Confidential
Yes ☐
No ☐

27. If you borrow money to finance capital improvements, such as wastewater treatment equipment, what interest rate would you pay on such loans?

Interest rate ..... NOT APPLICABLE ..... ___ ___ ___.___%

Confidential
Yes ☐
No ☐

28. In the event that you do not borrow money to finance capital improvements, what discount rate would you use? The discount rate is the minimum rate of return on capital required to compensate debt holders and equity owners for bearing risk. If you borrow to finance capital improvements, the discount rate is equivalent to the interest rate paid on those loans.

Discount rate ..... NOT APPLICABLE ..... ___ ___ ___.___%

Confidential
Yes ☐
No ☐

29. Are separate financial records maintained for TEC operations at this facility?

a. Yes ..... ☐

b. No ..... ☑

(If no, TEC-specific financial questions should be answered to the best of your ability and marked as "Best Estimate" where appropriate.)

BALANCE SHEET INFORMATION

For Questions 30, 31, and 32, provide information on 1992, 1993, and 1994 assets for this facility's total operations and for this facility's TEC operations. Provide 1992 information in Question 30. Provide 1993 information in Question 31, and provide 1994 information in Question 32. Current assets include cash and other assets that could be reasonably converted to cash, sold, or consumed; accounts receivable; and prepaid expenses such as rent. Inventories include raw material, supplies, and fuel. Noncurrent assets include physical items such as property, plant and equipment, long-term investments, and intangibles. If the facility was not in operation for a particular year, check the box for that year and leave the appropriate columns blank. Report only what is allocated to this facility and its TEC operations. Report amounts in whole dollars.

Confidential Yes ☐ No ☐	1992 ($) Not in Operation.....☐ (leave columns blank)	
30. **Balance Sheet Information—Assets**	**Facility (All Operations)**	**TEC Operations**
Current Assets		
a. Value of all current assets excluding inventories	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _ SEE ATTACHED FINANCIAL INFORMATION
b. Value of inventories	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
Noncurrent Assets		
c. Land (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
d. Buildings (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
e. Equipment (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
f. Other noncurrent assets	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
g. Cumulative depreciation	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
Total Assets		
h. Total assets (sum of a through f minus g)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _

Check box if data for TEC operations are best estimates ..... ☐

Confidential Yes ☐ No ☐	1993 ($) Not in Operation.....☐ (leave columns blank)	
31. **Balance Sheet Information—Assets**	**Facility (All Operations)**	**TEC Operations**
Current Assets		
a. Value of all current assets excluding inventories	$__,___,___,___	SEE ATTACHED FINANCIAL INFORMATION $__,___,___,___
b. Value of inventories	$__,___,___,___	$__,___,___,___
Noncurrent Assets		
c. Land (original cost)	$__,___,___,___	$__,___,___,___
d. Buildings (original cost)	$__,___,___,___	$__,___,___,___
e. Equipment (original cost)	$__,___,___,___	$__,___,___,___
f. Other noncurrent assets	$__,___,___,___	$__,___,___,___
g. Cumulative depreciation	$__,___,___,___	$__,___,___,___
Total Assets		
h. Total assets (sum of a through f minus g)	$__,___,___,___	$__,___,___,___

Check box if data for TEC operations are best estimates ..... ☐

Confidential Yes ☐ No ☐	1994 ($) Not in Operation.....☐ (leave columns blank)	
32. **Balance Sheet Information—Assets**	**Facility (All Operations)**	**TEC Operations**
Current Assets		
a. Value of all current assets excluding inventories	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _ SEE ATTACHED FINANCIAL INFORMATION
b. Value of inventories	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
Noncurrent Assets		
c. Land (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
d. Buildings (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
e. Equipment (original cost)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
f. Other noncurrent assets	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
g. Cumulative depreciation	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
Total Assets		
h. Total assets (sum of a through f minus g)	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _

Check box if data for TEC operations are best estimates ..... ☐

33. Provide information on the 1992, 1993, and 1994 liabilities for this facility. Report only what is allocated to this facility. If the facility was not in operation in a particular year, check the box for that year and leave the appropriate column blank. Report amounts in whole dollars.

Confidential Yes ☐ No ☐ 33. **Balance Sheet Information—Liabilities**	**1992 ($)** **Not in Operation.....☐** **(leave column blank)**	**1993 ($)** **Not in Operation.....☐** **(leave column blank)**	**1994 ($)** **Not in Operation.....☐** **(leave column blank)**
a. Current liabilities. What were current liabilities including accounts payable, accrued expenses and taxes, and the current portion of long-term debt?	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _
b. Long-term debt. What was the liability on all long-term debt such as bonds, debentures, long-term leases, and bank debt, and all other noncurrent liabilities such as deferred income taxes?	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _
c. Owner equity. What was owner equity?	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _
d. Sum of current liabilities, long-term debt, and equity. If this does not equal Question 30h for 1992, Question 31h for 1993, and Question 32h for 1994, explain why in the Comments section on Page B-37.	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _	$_, _ _ _,_ _ _,_ _ _

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TEC REVENUE INFORMATION

Questions 34 through 36 request information on the revenues generated from TEC operations at the facility for the years 1992, 1993, and 1994. If a facility was not in operation in a particular year, check the box for that year and leave the appropriate column blank. Report amounts in whole dollars.

Question 34 Confidential Yes ☐ No ☐ / Question 35 Confidential Yes ☐ No ☐ / Question 36 Confidential Yes ☐ No ☐	1992 ($) Not in Operation.....☐ (leave column blank)	1993 ($) Not in Operation.....☐ (leave column blank)	1994 ($) Not in Operation.....☐ (leave column blank)
34. What were the net sales/revenues from TEC operations at this facility? If no income from TEC operations, enter zero (0). Do not include revenues from sale of residual materials (see Question 36).	$_, _ _ _, _ _ _, _ _ 0	$_, _ _ _, _ _ _, _ _ 0	$_, _ _ _, _ _ _, _ _ 0
35. Identify the proportion of TEC revenues from cleaning:			
■ tank trucks	_ _ 1 %	_ _ 1 %	_ _ 1 %
■ closed-top hopper tank trucks	_ _ 1 %	_ _ 1 %	_ _ 1 %
■ ITCs	_ _ 5 %	_ _ 1 %	_ _ 1 %
■ IBCs and totes	_ _ 1 %	_ _ _ %	_ _ _ %
■ rail tank cars	_ _ 1 %	_ _ _ %	_ _ 1 %
■ closed-top hopper rail tank cars	_ _ 1 %	_ _ _ %	_ _ _ %
■ inland tank barges	_ _ _ %	_ _ _ %	_ _ _ %
■ closed-top inland hopper tank barges	_ _ 1 %	_ _ _ %	_ _ _ %
■ ocean/sea tankers	_ _ _ %	_ _ _ %	_ _ _ %
■ other containers	_ _ _ %	_ _ _ %	_ _ _ %
36. What were the revenues generated from the sale of residual materials (i.e., heels) collected during TEC operations?	$_, _ _ _, _ _ _, _ _ 0	$_, _ _ _, _ _ _, _ _ 0	$_, _ _ _, _ _ _, _ _ 0

Check box if data for TEC operations are best estimates ..... ☐

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TEC COST INFORMATION

Questions 37 through 48 request information on 1992, 1993, and 1994 costs for this facility's total operations and for its TEC operations. If the facility was not in operation in a particular year, check the box for that year and leave the appropriate columns blank. **Report amounts in whole dollars.**

Question 37 Confidential Yes ☐ No ☐	Question 38 Confidential Yes ☐ No ☐	Question 39 Confidential Yes ☐ No ☐	Question 40 Confidential Yes ☐ No ☐	1992 ($) Not in Operation.....☐ (leave columns blank)	
Cost Information				**Facility (All Operations)**	**TEC Operations**
37. Operating and Maintenance (O&M) Costs					
	a. Payroll			$_, _ _ _, _ _ _, _ _ _	$ SEE ATTACHED FINANCIAL INFORMATION
	b. All Other O&M Costs			$_, _ _ _, _ _ _, _ _ _	$_, _ _ _, _ _ _, _ _ _
	c. Total O&M Costs (sum of a and b)			$_, _ _ _, _ _ _, _ _ _	$_, _ _ _, _ _ _, _ _ _
38. Sales, General, and Administrative Costs				$_, _ _ _, _ _ _, _ _ _	$_, _ _ _, _ _ _, _ _ _
39. Depreciation and Amortization				$_, _ _ _, _ _ _, _ _ _	$_, _ _ _, _ _ _, _ _ _
40. Total Costs and Expenses (sum of Question 37c through Question 39)				$_, _ _ _, _ _ _, _ _ _	$_, _ _ _, _ _ _, _ _ _

Check box if data for TEC operations are best estimates ..... ☐

Part B, Section 2: Facility and TEC Financial Information

Question 41 Confidential Yes ☐ No ☐	Question 42 Confidential Yes ☐ No ☐	Question 43 Confidential Yes ☐ No ☐	Question 44 Confidential Yes ☐ No ☐	1993 ($) Not in Operation.....☐ (leave columns blank)	
Cost Information				**Facility (All Operations)**	**TEC Operations**
41. Operating and Maintenance (O&M) Costs					
	a. Payroll			$_, ___, ___, ___	$_, ___, ___, ___ SEE ATTACHED FINANCIAL INFORMATION
	b. All Other O&M Costs			$_, ___, ___, ___	$_, ___, ___, ___
	c. Total O&M Costs (sum of a and b)			$_, ___, ___, ___	$_, ___, ___, ___
42. Sales, General, and Administrative Costs				$_, ___, ___, ___	$_, ___, ___, ___
43. Depreciation and Amortization				$_, ___, ___, ___	$_, ___, ___, ___
44. Total Costs and Expenses (sum of Question 41c through Question 43)				$_, ___, ___, ___	$_, ___, ___, ___

Check box if data for TEC operations are best estimates ..... ☐

Part B, Section 2: Facility and TEC Financial Information

Question 45 Confidential Yes ☐ No ☐	Question 46 Confidential Yes ☐ No ☐	Question 47 Confidential Yes ☐ No ☐	Question 48 Confidential Yes ☐ No ☐	1994 ($) Not in Operation.....☐ (leave columns blank)	
Cost Information				**Facility (All Operations)**	**TEC Operations**
45. Operating and Maintenance (O&M) Costs					
	a. Payroll			$__,___,___,___	$ SEE ATTACHED FINANCIAL INFORMATION
	b. All Other O&M Costs			$__,___,___,___	$__,___,___,___
	c. Total O&M Costs (sum of a and b)			$__,___,___,___	$__,___,___,___
46. Sales, General, and Administrative Costs				$__,___,___,___	$__,___,___,___
47. Depreciation and Amortization				$__,___,___,___	$__,___,___,___
48. Total Costs and Expenses (sum of Question 45c through Question 47)				$__,___,___,___	$__,___,___,___

Check box if data for TEC operations are best estimates ..... ☐

FACILITY INCOME STATEMENT INFORMATION

49. Provide income statement information for the entire facility (TEC and non-TEC operations) for 1992, 1993, and 1994. If the facility was not in operation in a particular year, check the box for that year and leave the appropriate column blank. Report amounts in whole dollars.

Question 49 Confidential Yes ☐ No ☐ 49. Facility Income Statement	1992 ($) Not in Operation.....☐ (leave column blank)	1993 ($) Not in Operation.....☐ (leave column blank)	1994 ($) Not in Operation.....☐ (leave column blank)
a. Net Sales and Other Operating Revenue (should include revenues reported in Question 34 and Question 36 and all other operations)	SEE ATTACHED FINANCIAL INFORMATION $_,___,___,___	$_,___,___,___	$_,___,___,___
b. Other Income	$_,___,___,___	$_,___,___,___	$_,___,___,___
c. Total Revenues (sum of a and b)	$_,___,___,___	$_,___,___,___	$_,___,___,___
d. Costs and Expenses (should be the same as Questions 40, 44, or 48 depending on the year)	$_,___,___,___	$_,___,___,___	$_,___,___,___
e. Earnings Before Interest and Taxes (subtract d from c)	$_,___,___,___	$_,___,___,___	$_,___,___,___

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50. Provide information on this facility's finances for 1992, 1993, and 1994. If the facility was not in operation in a particular year, check the box for that year and leave the appropriate column blank. If interest and taxes are not allocated from the corporate level to the facility from the business entity, check the appropriate box and leave the column blank. **Report amounts in whole dollars.**

Question 50 Confidential Yes ☐ No ☐ 50. Financial Statement Items	1992 ($) Not in Operation.....☐ (leave column blank) Records Not Kept at Facility Level.....☐ (leave column blank)	1993 ($) Not in Operation.....☐ (leave column blank) Records Not Kept at Facility Level.....☐ (leave column blank)	1994 ($) Not in Operation.....☐ (leave column blank) Records Not Kept at Facility Level.....☐ (leave column blank)
Earnings and Net Income			
a. Earnings before interest and taxes. What were earnings before interest and taxes (should equal the value in Question 49e)?	$_,_ _ _,_ _ _,_ _ _ SEE ATTACHED FINANCIAL INFORMATION	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
b. Interest expenses. What were interest expenses at this facility?	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
c. Income tax. What were federal, state, and local income taxes?	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
d. Extraordinary items. **Describe in Comments section beginning on Page B-37.**	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _
e. Net income. What was net income? If this is not equivalent to the difference between a and the sum of b through d, please explain why in the Comments section beginning on Page B-37.	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _	$_,_ _ _,_ _ _,_ _ _

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ASSESSED VALUE

Confidential
Yes ☐
No ☐

51. What was the property tax assessment or appraised value for land, buildings, and equipment at this facility?

Assessed Value	1993	1994
a. Land	$__,___,___	$__,___,___
b. Buildings	$__,___,___	$__,___,___
c. *Equipment and Machinery*	$__,___,___	$__,___,___
d. Total Value (sum of items a through c)	$__,___,___	$__,___,___

Confidential
Yes ☐
No ☐

52. On what percentage of market value is the tax assessment or appraised value based?

Percentage of market value ..... _____%

EMPLOYMENT

Confidential
Yes ☐
No ☐

53. Please list the average number of employees (full- and part-time) and the total number of labor hours worked at this facility in each of the following labor categories for **fiscal year 1994**. To estimate the total labor hours include overtime, vacation, and paid holidays, but do not include overtime as time-and-a half. Estimates to the nearest 1,000 hours are acceptable.

Employment Type	Average Number of Employees	Total Number of Employee Hours
a. Total facility employment (part-time and full-time) (all operations)	__,__10	___,_20,000
b. Employment engaged in TEC operations (part-time and full-time)	__,__10	___,_20,000

FACILITY FINANCIAL STATEMENTS

Confidential
Yes ☐
No ☐

54. If you checked hierarchy type D or E for Question 7 (Page B-15), include copies of this facility's end-of-year financial statements for 1992, 1993, and 1994 with your completed questionnaire. These may be accountant reports, annual reports, and/or 10-K forms, and **MUST** include both an income statement and balance sheets for this facility. These statements need not be audited, but should conform to generally accepted accounting principles (GAAP). In all cases, **INCLUDE THE NOTES TO THE FINANCIAL STATEMENTS.**

In the table below, please indicate with a check the type of statement included.

1992 ✔	1993 ✔	1994 ✔	Financial Statement
			Accountant Report
			Annual Report
			10-K Form
			Other (please describe) _____ _____

IF YOU CHECKED A, B, C, OR D IN QUESTION 7 (Page B-15), PLEASE PROCEED TO SECTION 3.

IF YOU CHECKED E IN QUESTION 7 (Page B-15), YOU HAVE COMPLETED PART B OF THE QUESTIONNAIRE. DO NOT PROCEED TO SECTION 3. MAKE SURE YOU HAVE COMPLETED AND SIGNED THE CERTIFICATION FORM (Page B-11) AND RETURN THIS QUESTIONNAIRE AND ALL ADDITIONAL INFORMATION TO EPA.

SECTION 2 COMMENTS

Question Number	Confidential	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Question Number	Confidential	Comment *(continued)*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

SECTION THREE: BUSINESS ENTITY FINANCIAL INFORMATION

The purpose of Section 3 is to collect financial information about the business entity that owns this facility. (Refer to the Corporate Hierarchy Chart on Page B-15.)

Answer the questions in sequence, and do not leave any blank entries unless instructed otherwise. Pay close attention to the specific instructions accompanying each question, and be sure that your answers are given in the appropriate units. Definitions are provided beginning on Page B-7. Use the Comments section on Page B-51 to record any assumptions or explanations needed to understand your answer. Reference each comment with the appropriate question and page number.

Call the helpline at 1-800-945-9545 if you have any questions or comments. The helpline operates between 9:00 AM and 5:00 PM (Eastern Standard Time), Monday through Friday.

BUSINESS ENTITY GENERAL INFORMATION

Confidential
Yes ☐
No ☐

55. What is the name and mailing address of the business entity that owns this facility?

a. Name of business entity REDWOOD CHEMICALS INC

b. Mailing address or P.O. box P.O. BOX 3582

c. City RTP State NC Zip 27709-3582

Confidential
Yes ☐
No ☐

56. List the primary and secondary 4-digit Standard Industrial Classification (SIC) codes assigned to the business entity. *(See definitions beginning on Page B-7.)*

a. Primary SIC code 2 8 2 1

b. Secondary SIC codes ..... _ _ _ _

..... _ _ _ _

..... _ _ _ _

Confidential
Yes ☐
No ☐

57. Check the organization type that best describes the **business entity**. The corporate hierarchy chart on Page B-15 shows business entities on the second row.

a. Corporation (C Corporation) ..... ☑

b. Subchapter S corporation ..... ☐

c. Limited partnership ..... ☐

d. General partnership ..... ☐

e. Sole proprietor ..... ☐

f. Other (please describe) ..... ☐

_____

_____

Confidential
Yes ☐
No ☐

58. Is the business entity privately or publicly held?

a. Private ..... ☑

b. Public ..... ☐

Confidential
Yes ☐
No ☐

59. If this business entity owned more than one facility that conducted TEC operations (counting this facility as one) in fiscal year 1994, provide the name and address of all other facilities owned by the business entity conducting TEC operations in the table on the following page.

a. This is the only facility owned by the business entity that conducts TEC operations ..... ☐

b. This business entity owns more than one facility that conducts TEC operations ..... ☑

60. List any additional facilities providing TEC services that are operated by the business entity in the United States. Provide the name and address of the facility, and indicate with a check (✓) the type of TEC operations performed by the facility. In addition, for the facility being surveyed, as well as all facilities listed, indicate whether the facility was constructed ("C") or acquired ("A") by the business entity. Use line number 1 to describe the facility in this questionnaire.

Confidential
Yes ☐
No ☐

60. TEC Facility Description (Facility is defined on Page B-7)

Facility Name	City	ST	ZIP	Check All TEC Operations Performed by Facility: Tank Truck	C-T* Hopper Truck	ITC	IBC or Tote	Rail Tank Car	C-T* Hopper Rail Car	Inland Tank Barge	C-T* Inland Hopper Barge	Ocean/ Sea Tanker	Other	Constructed or Acquired? "C"	"A"
1) Facility in this questionnaire	Newark	NJ	07105	✓											✓
2)	Tuscaloosa, AL	AL		✓											✓
3)															
4)															
5)															
6)															
7)															
8)															
9)															
10)															

* "C-T" indicates Closed-Top.

If additional space is required to list TEC facilities, supply an attachment to the questionnaire. (For every page of the attachment, mark the upper left-hand corner with "Questionnaire #, Question 60, Page B-41.")

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Confidential
Yes ☐
No ☐

61. In what year did the business entity purchase, construct, or otherwise gain control of this facility?

Year 19 8 7

Confidential
Yes ☐
No ☐

62. What is the first month of the business entity's fiscal year? Enter 01 for January, 02 for February, 03 for March, etc.

First month of fiscal year 0 1

Confidential
Yes ☐
No ☐

63. List the top three revenue-generating activities for the business entity in rank order. The activity with rank #1 generates the most revenue.

a. Rank #1 Activity N/A

b. Rank #2 Activity _____

c. Rank #3 Activity _____

DISCOUNT RATE

Confidential
Yes ☐
No ☐

64. If the business entity borrows money to finance capital improvements, such as wastewater treatment equipment, what interest rate would it pay on such loans?

Interest rate ..... NOT APPLICABLE ..... ___.___%

Confidential
Yes ☐
No ☐

65. In the event the business entity does not borrow money to finance capital improvements, what discount rate would it use? The discount rate is the minimum rate of return on capital required to compensate debt holders and equity owners for bearing risk. If the business entity borrows to finance capital improvements, the discount rate is equivalent to the interest rate paid on those loans.

Discount rate ..... NOT APPLICABLE ..... ___.___%

BALANCE SHEET INFORMATION

66. Provide information on the assets for the business entity for 1992, 1993, and 1994. Current assets include cash and other assets that could reasonably be converted to cash, sold, or consumed; accounts receivable; and prepaid expenses such as rent. Inventories include raw material, supplies, and fuel. Noncurrent assets include physical items such as property, plant and equipment, long-term investments, and intangibles. If the business entity was not in operation for a particular year, check the box for that year and leave the appropriate column blank. **Report amounts in whole dollars.**

Confidential Yes ☐ No ☐ 66. **Balance Sheet Information—Assets**	**1992 ($)** **Not in Operation....☐** **(leave column blank)**	**1993 ($)** **Not in Operation....☐** **(leave column blank)**	**1994 ($)** **Not in Operation....☐** **(leave column blank)**
Current Assets			
a. Value of all current assets excluding inventories	$_,___,___,___ SEE ATTACHED FINANCIAL INFORMATION	$_,___,___,___	$_,___,___,___
b. Value of inventories	$_,___,___,___	$_,___,___,___	$_,___,___,___
Noncurrent Assets			
c. Land (original cost)	$_,___,___,___	$_,___,___,___	$_,___,___,___
d. Buildings (original cost)	$_,___,___,___	$_,___,___,___	$_,___,___,___
e. Equipment (original cost)	$_,___,___,___	$_,___,___,___	$_,___,___,___
f. Other noncurrent assets	$_,___,___,___	$_,___,___,___	$_,___,___,___
g. Cumulative depreciation	$_,___,___,___	$_,___,___,___	$_,___,___,___
Total Assets			
h. Total assets (sum of a through f, minus g)	$_,___,___,___	$_,___,___,___	$_,___,___,___

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67. Provide information on the liabilities for the business entity for 1992, 1993, and 1994. Report only what is allocated to this business entity. If the business entity was not in operation in a particular year, check the box for that year and leave the appropriate column blank. **Report amounts in whole dollars.**

Confidential Yes ☐ No ☐ 67. **Balance Sheet Information—Liabilities**	**1992 ($)** **Not in Operation....☐** **(leave column blank)**	**1993 ($)** **Not in Operation....☐** **(leave column blank)**	**1994 ($)** **Not in Operation....☐** **(leave column blank)**
a. Current liabilities. What were current liabilities including accounts payable, accrued expenses and taxes, and the current portion of long-term debt?	SEE ATTACHED FINANCIAL INFORMATION $_,___,___,___	$_,___,___,___	$_,___,___,___
b. Long-term debt. What was the liability on all long-term debt such as bonds, debentures, long-term leases, and bank debt, and all other noncurrent liabilities such as deferred income taxes?	$_,___,___,___	$_,___,___,___	$_,___,___,___
c. Owner equity. What was owner equity?	$_,___,___,___	$_,___,___,___	$_,___,___,___
d. Sum of current liabilities, long-term debt, and owner equity. If this does not equal Question 66h, explain why in the Comments section on Page B-51.	$_,___,___,___	$_,___,___,___	$_,___,___,___

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TEC REVENUE INFORMATION

Questions 68 through 71 request information on the revenues generated from TEC operations at the business entity for 1992, 1993, and 1994. If a business entity was not in operation in a particular year, check the box for that year and leave the appropriate column blank. Report amounts in whole dollars.

Question 68 Confidential Yes ☐ No ☐	Question 69 Confidential Yes ☐ No ☐	Question 70 Confidential Yes ☐ No ☐	Question 71 Confidential Yes ☐ No ☐	1992 ($) Not in Operation....☐ (leave column blank)	1993 ($) Not in Operation....☐ (leave column blank)	1994 ($) Not in Operation....☐ (leave column blank)
68. What were the net sales/revenues from TEC operations at this business entity? If no income from TEC operations, enter zero (0).				$_,___,___,___ SEE ATTACHED	$_,___,___,___ FINANCIAL INFORMATION	$_,___,___,___
69. Identify the proportion of TEC revenues from cleaning:						
■ tank trucks				___ %	___ %	___ %
■ closed-top hopper tank trucks				___ %	___ %	___ %
■ ITCs				___ %	___ %	___ %
■ IBCs and totes				___ %	___ %	___ %
■ rail tank cars				___ %	___ %	___ %
■ closed-top hopper rail tank cars				___ %	___ %	___ %
■ inland tank barges				___ %	___ %	___ %
■ closed-top inland hopper tank barges				___ %	___ %	___ %
■ ocean/sea tankers				___ %	___ %	___ %
■ other containers				___ %	___ %	___ %
70. Non-TEC revenues. What were revenues from all other sources? Include interest earnings.				$_,___,___,___	$_,___,___,___	$_,___,___,___
71. Total revenues. What were total revenues? This value should equal the sum of Question 68 and Question 70.				$_,___,___,___	$_,___,___,___	$_,___,___,___

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TEC COST INFORMATION

Questions 72 through 83 request information on 1992, 1993, and 1994 costs for the business entity's total operations and for its TEC operations. If the business entity was not in operation in a particular year, check the box for that year and leave the appropriate columns blank. ***Report amounts in whole dollars.***

Question 72 Confidential Yes ☐ No ☐	Question 73 Confidential Yes ☐ No ☐	Question 74 Confidential Yes ☐ No ☐	Question 75 Confidential Yes ☐ No ☐	1992 ($) Not in Operation....☐ (leave columns blank)	
Cost Information				**Business Entity (All Operations)**	**TEC Operations**
72. Operating and Maintenance (O&M) Costs					
a. Payroll				$__,___,___,___ SEE ATTACHED FINANCIAL INFORMATION	$__,___,___,___
b. All Other O&M Costs				$__,___,___,___	$__,___,___,___
c. Total O&M Costs (sum of a and b)				$__,___,___,___	$__,___,___,___
73. Sales, General, and Administrative Costs				$__,___,___,___	$__,___,___,___
74. Depreciation and Amortization				$__,___,___,___	$__,___,___,___
75. Total Costs and Expenses (sum of Question 72c through Question 74)				$__,___,___,___	$__,___,___,___

Check box if data for TEC operations are best estimates ..... ☐

Part B, Section 3: Business Entity Financial Information

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200

Question 76 Confidential Yes ☐ No ☐	Question 77 Confidential Yes ☐ No ☐	Question 78 Confidential Yes ☐ No ☐	Question 79 Confidential Yes ☐ No ☐	1993 ($) Not in Operation....☐ (leave columns blank)	
Cost Information				**Business Entity (All Operations)**	**TEC Operations**
76. Operating and Maintenance (O&M) Costs					
a. Payroll				SEE ATTACHED FINANCIAL INFORMATION $__,___,___,___	$__,___,___,___
b. All Other O&M Costs				$__,___,___,___	$__,___,___,___
c. Total O&M Costs (sum of a and b)				$__,___,___,___	$__,___,___,___
77. Sales, General, and Administrative Costs				$__,___,___,___	$__,___,___,___
78. Depreciation and Amortization				$__,___,___,___	$__,___,___,___
79. Total Costs and Expenses (sum of Question 76c through Question 78)				$__,___,___,___	$__,___,___,___

Check box if data for TEC operations are best estimates ..... ☐

Part B, Section 3: Business Entity Financial Information

Question 80 Confidential Yes ☐ No ☐	Question 81 Confidential Yes ☐ No ☐	Question 82 Confidential Yes ☐ No ☐	Question 83 Confidential Yes ☐ No ☐	1994 ($) Not in Operation....☐ (leave columns blank)	
Cost Information				**Business Entity (All Operations)**	**TEC Operations**
80. Operating and Maintenance (O&M) Costs					
a. Payroll				$__,___,___,___	$__,___,___,___
b. All Other O&M Costs				$__,___,___,___	$__,___,___,___
c. Total O&M Costs (sum of a and b)				$__,___,___,___	$__,___,___,___
81. Sales, General, and Administrative Costs				$__,___,___,___	$__,___,___,___
82. Depreciation and Amortization				$__,___,___,___	$__,___,___,___
83. Total Costs and Expenses (sum of Question 80c through Question 82)				$__,___,___,___	$__,___,___,___

Check box if data for TEC operations are best estimates ..... ☐

FINANCIAL STATEMENT INFORMATION

84. Provide information on the business entity's finances for 1992, 1993, and 1994. If the business entity was not in operation in a particular year, check the box for that year and leave the appropriate column blank. Report amounts in whole dollars.

Confidential Yes ☐ No ☐ 84. Financial Statement Item	1992 ($) Not in Operation....☐ (leave column blank)	1993 ($) Not in Operation....☐ (leave column blank)	1994 ($) Not in Operation....☐ (leave column blank)
Earnings and Net Income			
a. Earnings before interest and taxes. What were earnings before interest and taxes? This should equal Question 71 minus Question 75, Question 79, or Question 83.	SEE ATTACHED FINANCIAL INFORMATION $_,___,___,___	$_,___,___,___	$_,___,___,___
b. Interest expenses. What were interest expenses for the business entity?	$_,___,___,___	$_,___,___,___	$_,___,___,___
c. Income tax. What were federal, state, and local income taxes?	$_,___,___,___	$_,___,___,___	$_,___,___,___
d. Extraordinary items. **Describe in Comments section on Page B-51.**	$_,___,___,___	$_,___,___,___	$_,___,___,___
e. Net income. What was net income? If this is not equivalent to the difference between a and the sum of b through d, please explain in the Comments section on Page B-51.	$_,___,___,___	$_,___,___,___	$_,___,___,___

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EMPLOYMENT

Confidential
Yes ☐
No ☐

85. Please list the average number of employees (full- and part-time) and the total number of labor hours worked at this business entity in each of the following labor categories for **fiscal year 1994**. To estimate the total labor hours include overtime, vacation, and paid holidays, but do not include overtime as time-and-a half. Estimates to the nearest 1,000 hours are acceptable.

Employment Type	Average Number of Employees	Total Number of Employee Hours
a. Total business entity employment (part-time and full-time)	3,000	6,000,000
b. Employment engaged in TEC operations (part-time and full-time)	20	20,000

BUSINESS ENTITY FINANCIAL STATEMENTS

Confidential
Yes ☐
No ☐

86. If you checked hierarchy type C or type D for Question 7 (Page B-15), include copies of this business entity's end-of-year financial statements for 1992, 1993, and 1994 with your completed questionnaire. These may be accountant reports, annual reports, and/or 10-K forms, and **MUST** include both an income statement and balance sheets for the business entity. These statements need not be audited but should conform to generally accepted accounting principles (GAAP). In all cases, **INCLUDE THE NOTES TO THE FINANCIAL STATEMENTS.**

1992 ✔	1993 ✔	1994 ✔	Financial Statement
			Accountant Report
			Annual Report
			10-K Form
			Other (please describe) _____ _____

IF YOU CHECKED A OR B IN QUESTION 7 (Page B-15), PROCEED TO SECTION 4.

IF YOU CHECKED C OR D IN QUESTION 7 (Page B-15), YOU HAVE COMPLETED PART B OF THE QUESTIONNAIRE. MAKE SURE YOU HAVE COMPLETED AND SIGNED THE CERTIFICATION FORM (Page B-11) AND RETURN THIS QUESTIONNAIRE AND ALL ADDITIONAL INFORMATION TO EPA.

SECTION 3 COMMENTS

Question Number	Confidential	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Question Number	Confidential	Comment *(continued)*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

SECTION 4: CORPORATE PARENT FINANCIAL INFORMATION

The purpose of Section 4 is to collect financial information about the corporate parent that owns the business entity identified in Section 3. (Refer to the Corporate Hierarchy Chart on Page B-15.)

Answer the questions in sequence, and do not leave any blank entries unless instructed otherwise. Pay close attention to the specific instructions accompanying each question, and be sure that your answers are given in the appropriate units. Definitions begin on Page B-7. Use the Comments section on Page B-55 to record any assumptions or explanations needed to understand your answer. Reference each comment with the appropriate question and page number.

Call the helpline at 1-800-945-9545 if you have any questions or comments. The helpline operates between 9:00 AM and 5:00 PM (Eastern Standard Time), Monday through Friday.

CORPORATE PARENT GENERAL INFORMATION

Confidential Yes ☐ No ☐

87. What is the name and mailing address of the corporate parent?

a. Name of parent company: DIC (DAINAPPON INK AND CHEMICALS)

b. Mailing address or P.O. box: _____

c. City FT. LEE State NJ Zip _____

Confidential Yes ☐ No ☐

88. Please list the primary and secondary 4-digit Standard Industrial Classification (SIC) codes assigned to the corporate parent. (See definitions beginning on Page B-7.)

Primary SIC Code 2 8 2 1

Secondary SIC Code ..... _ _ _ _

Confidential Yes ☐ No ☐

89. In what year did the corporate parent purchase or otherwise gain control of the business entity described in Section 3?

Year 19 8 7

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Confidential
Yes ☐
No ☐

90. Check the organization type that best describes the corporate parent. The corporate hierarchy chart on Page B-15 shows corporate parent entities on the top row (level one).

a. Corporation (C Corporation) ..... ☐

b. Subchapter S corporation ..... ☐

c. Limited partnership ..... ☐

d. General partnership ..... ☐

e. Sole proprietor ..... ☐

f. Other (please describe) ..... ☐

_____

_____

Confidential
Yes ☐
No ☐

91. Is the corporate parent privately or publicly held?

a. Private ..... ☐

b. Public ..... ☐

CORPORATE PARENT FINANCIAL STATEMENTS

Confidential
Yes ☐
No ☐

92. Include copies of the corporate parent's end-of-year financial statements for 1992, 1993, and 1994 with your completed questionnaire. These may be accountant reports, annual reports, and/or 10-K forms, and **MUST** include both an income statement and balance sheets for the corporate parent. These statements need not be audited but should conform to generally accepted accounting principles (GAAP). In all cases, **INCLUDE THE NOTES TO THE FINANCIAL STATEMENTS.**

1992 ✔	1993 ✔	1994 ✔	Financial Statement
			Accountant Report
			Annual Report
			10-K Form
			Other (please describe) _____ _____

SECTION 4 COMMENTS

Question Number	Confidential	Comment
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

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CHECKLIST AND CERTIFICATION

CHECKLIST

Be sure that the following additional information is included with the completed questionnaire, unless instructed otherwise:

- ☐ **Questions 54, 86, and 92:** Supply 1992, 1993, and 1994 financial statements, including income statements, balance sheets, and accompanying notes (as appropriate.)

QUESTIONNAIRE CERTIFICATION

When Part B: Financial and Economic Information of the questionnaire has been completed and all additional requested information has been assembled, the individual responsible for directing or supervising the preparation of Part B must read and sign the certification statement listed below. The certifying official must be a responsible corporate official or a duly authorized representative.

I certify under penalty of law that the attached Part B of the questionnaire (Financial and Economic Information) was 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.

Michael W. Oliver — 27 JUNE 1995

Signature of Certifying Official for Financial and Economic Information — Date

MICHAEL W. OLIVER

Printed Name of Certifying Official

TREASURER

Title of Certifying Official

CHECKLIST AND CERTIFICATION (continued)

SPECIAL CASES

If you use contract personnel to perform TEC operations or operate a mobile facility as described under Special Cases on page B-2, AND are unable to complete any section of this questionnaire, because only the contract company or mobile facility has access to the information, in the space below provide: the name, company name, and phone number of the person who should be contacted to supply the missing information. In addition, list the question numbers or sections you were unable to complete and expect the contact person to complete.

Name of Contact Person

Company Name

Telephone Number

Mailing Address

City State Zip Code

Question Numbers or Sections Not Completed

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
JACOB K. JAVITS FEDERAL BUILDING
NEW YORK, NEW YORK 10278-0012

Mr. Paul Bruskofski
Reichhold Chemical
P.O. Box 13582
Research Triangle Park, NC 27709

Re: RCRA Inspection of Reichhold Chemical, 46 Albert Ave., Newark, NJ

Dear Mr. Bruskofski:

As per your request, enclosed you will find a copy of the report prepared by our contractor regarding the above-referenced inspection. Please forgive the delay in getting this to you; the inspection report was filed under a different name.

If you have any questions regarding this report or feel that it inaccurately represents Reichhold's operations in any way, please contact me or my colleagues at (212) 264-9590.

Sincerely,

Celia Orgel, Hazardous Waste Compliance Officer
NJ/Caribbean Hazardous Waste Compliance Section

Encl

PRINTED ON RECYCLED PAPER

DRAFT

COMPLIANCE EVALUATION INSPECTION (CEI)
CELLOFILM CORPORATION
(LOCATION NOW OCCUPIED BY REICHHOLD CHEMICALS, INC.)
NEWARK, NEW JERSEY
WORK ASSIGNMENT R02035

8428911747

DRAFT

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4.0 CONCLUSIONS 3

ATTACHMENTS

New Jersey Generator Inspection Report
New Jersey Hazardous Waste Inspection Report

1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Cellofilm Corporation facility in Newark, New Jersey. Aaron Frantz of CDM Federal visited Cellofilm Corporation on September 10, 1993 to conduct the CEI. The information within this report was obtained from facility personnel and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

2.0 SITE BACKGROUND

2.1 FACILITY DESCRIPTION AND OPERATIONS

Cellofilm is not located at the address provided by EPA. Presently, the location is occupied by Reichhold Chemicals Inc.

The Reichhold facility consists of three buildings and is located on approximately two acres at the intersection of Albert Avenue and Cornelia Street in Newark, New Jersey. The production operations are situated on the northwest corner of the intersection and the product transportation operation is situated on the southwest corner of the intersection.

Cellofilm previously operated at the southwest corner of the intersection from 1968 to 1984. Cellofilm performed specialty operations regarding the manufacturing of nitrocellulose. In 1984, the facility was acquired by Polychrome, Inc. (Polychrome). A description of Polychrome's was not obtained.

In March 1989, Reichhold acquired the Cellomer Corporation (Cellomer), which was located at the northwest corner of the aforementioned intersection. Cellomer manufactured alkyd resins, which is the process currently performed by Reichhold. During the March 1989 acquisition, Reichhold also acquired the adjacent Polychrome facility.

Currently, alkyd resins are produced by Reichhold on the northwest corner of the intersection. Reichhold's product transportation operation is performed out of the former Cellofilm location, which is at the intersection's southwest corner.

In summary, the alkyd resins are produced in batches by mixing glycerol and phthalic anhydride. Solvents are also added to the resin to control the viscosity of the product. Six reactors are onsite to perform the batch operations. The batches are filtered with presses to remove solids from the product.

The inspection consisted of meeting the facility representative to obtain a description of the site operations, conducting a facility tour and reviewing facility documents . Facility representative Mike (Yogesh) Baxi was present during the inspection. As previously presented, the EPA ID# of Reichhold is NJD048797195.

2.2 HAZARDOUS WASTE GENERATION

Reichhold generates hazardous wastes form several different points in the facility operations. First, the reactors process lines are cleaned periodically with solvent. The solvent is captured, classified as D001/F003/F005, and shipped to a disposal facility. Sometimes the process line cleaning is performed using methyl ethyl ketone (MEK) and the D035 waste code is included in the waste classification. Second, if an off-specification batch can not be reworked into production, the batch is disposed of as a hazardous waste. Last, a parts/tool cleaning station, which generates a waste solvent, is located in the facility garage.

The waste solvents and resins from the cleaning operations and the off-specification resins are handled by Cycle Chem of Elizabeth, New Jersey. The facility previously used Oldover Corporation (Oldover) of Arvonia, Virginia for the disposal of these types of waste. However, Oldover only accepted bulk quantities of waste, and Reichhold only generates drum quantities of waste due to institution of a reblending program.

The parts/tool cleaning solvents are handled by Safety Kleen of Newark, New Jersey.

Reichhold also generates a nonhazardous solid waste from their process. The nonhazardous waste is the filter cake from the presses used to finish the product. The filter cake is handled by GSX Laidlaw Corporation located in Pinewood, South Carolina.

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3.0 ON-SITE OBSERVATIONS

3.1 IDENTIFICATION OF HAZARDOUS WASTES

On September 24, 1993 the hazardous wastes that were being stored at the Reichhold facility were inspected. The facility maintains a hazardous waste storage area and two satellite accumulation areas. The following wastes were identified in the storage area:

- six 55 gallon drums of solid resin,
- eleven 55 gallon drums of waste resin,
- three 55 gallon drums of waste solvent, and
- four 55 gallon drums of waste resin solution.

Approximately 20 gallons of waste resin solution in a steel 55 gallon drum were identified in the satellite accumulation area by the control lab. Approximately 20 gallons of waste solvent in a steel 55 gallon drum were observed in the satellite accumulation area in the pilot room.

3.2 EXAMINATION OF PAPERWORK

All manifesting and notification requirements were complete. The facility maintains a contingency plan and training records were made available for review.

4.0 CONCLUSIONS

No areas of concern or potential violations were observed during this inspection. Also, no areas that may pose a threat to human health or the environment were identified.

8428911751

FILE #: ____-____-____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: _____

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Reichhold Chemicals, Inc.

EPA ID NUMBER: NJD048797195 CASE NUMBER: _____

STREET ADDRESS: 46 Albert Avenue

MUNICIPALITY: Newark COUNTY: Essex

MAILING ADDRESS: same
(if different)

BILLING ADDRESS: same
(if different)

TELEPHONE # 201-465-2192 FAX # 201-589-2898

BLOCK : not obtained LOT : not obtained

FACILITY PERSONNEL: Mike (Yogesh) Baxi - Env. Engineer
(name & title)

INSPECTION DATE: September 10, 1993

INSPECTOR'S NAME & TITLE: Aaron R. Frantz - CDM Federal Programs Corp.
- EPA Contractor -

OTHER STATE/EPA PERSONNEL: none

REPORT PREPARED BY: Aaron R. Frantz

REVIEWED BY: _____ DATE OF REVIEW: _____

DFWE 29 REV. 1/12/93

8428911752

MANIFESTS REVIEWED

Manifests reviewed from 1/20/93 through 9/8/93

Number of manifests in compliance: 18

Number of manifests NOT in compliance: 0

Total number of manifests reviewed: 18

According to the manifests, does the facility import or export any waste? YES___ NO ✓

(if yes, complete the import/export section of this report)

List manifest document numbers of those manifests not in compliance and note each deficiency.

Attach copies of manifests which have deficiencies.

Manifest#	DATE	N.J.A.C.7:26-	Comments

add additional pages as needed

DFWE 29
REV 01/12/93

SECTION 1.

WASTE DETERMINATION:

	YES	NO
DOES the facility generate "solid waste".	✓	
DOES the facility generate a "hazardous waste".	✓	
IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?	✓	

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine if its "solid waste" is hazardous? _____

7.4(x) Generator FAILED to properly classify its waste according to the "Hierarchy". _____

COMMENTS

SECTION 3.

SATELLITE ACCUMULATION AREAS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE SATELLITE ACCUMULATION REGULATIONS?	/	

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.3(d)1	Quantity of waste EXCEEDS 55 gal.or 1 qt. of acutely hazardous waste.	
9.3(d)2	Containers FAIL to:	
	Meet the standards of 7.2 (Container Requirements).	
	Poor or leaking container.	
	Container made of incompatable material.	
	Container not kept securely closed.	
9.3(d)3	Accumulation area is:	
	NOT at or near a point of generation.	
	NOT under the control of the operator.	
9.3(d)4	Containers are NOT marked "Hazardous waste".	
9.3(d)5	Containers NOT marked with date when filled.	
9.3(d)6	Containers were NOT moved from satellite area within three days.	

COMENTS

DFWE 29
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8428911755

9.6(d) Access to communication or alarm system is NOT maintained. _____

9.6(e) INADEQUATE aisle space. _____

COMMENTS:

8428911756

N/A

SECTION 6.

ABOVE GROUND TANKS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE ABOVE GROUND <90 DAY STORAGE TANK REGULATIONS?	___	___

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground tank for <90 days, the generator FAILED to:

9.3(b)	Have a letter of approval?	_____
9.3(b)2	Have overfilling controls?	_____
9.3(b)3	Have secondary containment?	_____
9.3(b)4	Insure that 99% of the tank can be emptied?	_____
9.3(b)5	Empty the tank every 90 days?	_____
9.3(b)6	Remove all wastes from the tank(s)?	_____
9.3(b)8	If part of the tank is below grade, all of the tank cannot be visually inspected.	_____
9.3(b)9	The tank is not labeled with the words "HAZARDOUS WASTE".	_____

COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DFWE 29
REV 01/12/93

SECTION 8.

GENERATOR MANIFESTS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR MANIFEST REGULATIONS?	✓	

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

7.4(a)3	Generator FAILED to prepare a Hazardous Waste Manifest.	
7.4(a)4	Each manifest failed to have the following information:	
7.4(a)4i	Generator's name, mailing address (site address if different), and phone number.	
7.4(a)4ii	The generator's EPA ID number.	
7.4(a)4iii	The transporter(s) name, phone number, NJ registration and decal numbers.	
7.4(a)4iv	The transporter(s) EPA ID number.	
7.4(a)4v	The name, address and phone number of the designated TSD facility.	
7.4(a)4vi	The TSDF's EPA ID number.	
7.4(a)4vii	The proper USDOT description.	
	OR	
	Complete NOS information in item J.	
7.4(a)4viii	Special handling instructions.	
7.4(a)5i	The generator signature and date.	
7.4(a)5ii	Transporter's signature & date.	
7.4(a)5iii	Generator FAILED to retain copy and forward copies to the state of origin & state of destination.	
7.4(a)5v	Generator FAILED to give the remaining copies to hauler.	

N/A

SECTION 9.

HAZARDOUS WASTES EXPORTATION

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE EXPORT REQUIREMENTS OF THE REGULATIONS?	___	___

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

	Generator FAILED to:	
7.4(b)	Notify the EPA of its intent to export.	_____
	Obtain acknowledgement of consent from the receiving country.	_____
7.4(c)	Provide the information required in N.J.A.C. 7:26-7.4 ET. SEQ.to the EPA.	_____
7.4(c)7	Insure that the acknowledgement is attached to each manifest.	_____
7.4(c)8	Deliver a copy of the Manifest to Customs at the point of departure?	_____
7.4(g)4	Submit an annual report to the EPA?	_____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. _____

9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. _____

9.7(i) Generator FAILED to:

1. Keep a copy of the plan at the facility. _____
2. Submit the contingency plan to local authorities. _____

9.7(j) Generator FAILED to revise the contingency plan when:

1. Applicable regulations are revised. _____
2. The plan fails. _____
3. The facility changes. _____
4. The Emergency Coordinator changes. _____
5. The emergency equipment changes. _____

9.7(k) Emergency coordinator NOT available. _____

COMMENTS

_____

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_____

_____

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_____

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_____

_____

_____

94(9)6ii	A written job description.	_____
9.4(g)6iii	Description of the training given to personnel.	_____
9.4(g)6iv	Documentation of actual training.	_____
9.4(g)7	Training records are **NOT** kept.	_____
9.4(g)8	Semi-annual drills, involving all employees and local authorities are **NOT** conducted.	_____

AND,

9.4(g)8i	Generator **FAILED** to petition the Department for an exemption from the drill requirement.	_____

OR

9.4(g)8ii	Generator **FAILED** to petition the Department for an exemption excluding local officials.	_____

COMMENTS

_____

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_____

_____

_____

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_____

9.6(f)6 Document when authorities identified in (f)1 through 5 above declined to enter into such arrangements.

COMMENTS:

2. PRIMARY PURPOSE RESTRICTION

The primary purpose of the dryer is NOT to dehydrate sludge, BUT TO destroy sludge to produce an ash residue. _____

3. THERMAL INPUT LIMITATION:

The dryer's maximum total thermal input, excluding the heating value of the sludge itself, IS MORE than 2,500 BTU's per pound of sludge treated on a wet-weight bases. _____

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

use the space provided below to determine the total thermal input.

COMMENTS:

_____

_____

_____

_____

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_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Reichhold Chemicals, Inc.

FILE NUMBER: _____

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: _____

INSPECTION DATE: September 10, 1993

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: Compliance Evaluation

RESPONSIBLE AGENCY CODE: _____

INSPECTOR'S NAME: Aaron R. Frantz

INSPECTOR'S AGENCY: CDM Federal Programs Corp

INSPECTOR'S BUREAU: EPA Contractor

EPA ID NUMBER: NJD048797195

ADDRESS: 46 Albert Avenue
Newark, NJ 07105

LOT: _____ BLOCK: _____

COUNTY: Essex

FACILITY PERSONNEL: Mik (Yogesh) Baxi
Environmental Engineer

TELEPHONE #: (201) - 465 - 2192

OTHER STATE/EPA PERSONNEL: none

REPORT PREPARED BY: Aaron R. Frantz

REVIEWED BY: _____

DATE OF REVIEW: _____

8428911764

SITE BACKGROUND INFORMATION

EMPLOYEES: ~55 DATE OPERATIONS BEGUN: ~1989 8 hr SHIFTS/WEEK: 3

ACRES: ~1.8 # BUILDINGS/SQft: 3 (not obtained) SIC CODE: 2821

PRODUCTS PRODUCED: Alkyd Resins

VOLUME PRODUCED (or $ value): approximately 5,000,000 pounds of resin / month

PREVIOUS OPERATIONS AT SITE: • Similar operation owned by Cellomer Corp.

• Prior to Cellomer, Cellofilm produced nitrocellulose

WATER SUPPLY: City of Newark

MONITORING WELLS (explain): Two monitoring wells were installed due to removal of 5 USTs. The action was performed under supervision by NJDEP.

SANITARY DISPOSAL: Passaic Valley

FLOOR DRAINS: none

AIR PERMITS: 40 to 50 permits are maintained for the stacks & vents at the facility

NJPDES PERMITS: none

PERMITS - OTHER: none

PREVIOUS ENFORCEMENT HISTORY (min 2 yrs):

none

TANKS ON SITE (non hazardous waste):

7 USTs that store vegetable oil

COMMENTS:

8428911765

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

8428911766

INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

Reichhold is situated on approximately 1.8 acres and employs 55 people. The facility manufactures alkyd resins, which are mainly used as intermediates in the paint, coating, and ink industry. The resins are manufactured with six onsite reactors. The facility maintains a trucking operation to transport the product to the customer.

add additional pages as needed

GENERATOR/TSD MANIFEST INSPECTION CHECKLIST

MANIFESTS:

Outgoing:

N.J.A.C. 7:26-	Yes	No	N/A
7.4(a)4, 5 - Does each outgoing manifest have the following information?	[✓]	[ ]	[ ]
7.4(a)4i - Generator's name, address (site and mailing), and telephone number?	[✓]	[ ]	[ ]
7.4(a)4ii - Generator's EPA ID number?	[✓]	[ ]	[ ]
7.4(a)4iii - Transporter's name, telephone number, and NJDEP registration and decal numbers?	[✓]	[ ]	[ ]
7.4(a)4iv - Transporter's EPA ID number?	[✓]	[ ]	[ ]
7.4(a)4v - Designated facility name, address, and telephone number?	[✓]	[ ]	[ ]
7.4(a)4vi - TSF's EPA ID number?	[✓]	[ ]	[ ]
7.4(a)4vii - Proper USDOT description (proper shipping name, hazard class, ID number, quantity, waste code)?	[✓]	[ ]	[ ]
7.4(a)4vii - Complete NOS description in Section J, where applicable?	[✓]	[ ]	[ ]
7.4(h) - Exception report requirements?	[✓]	[ ]	[ ]
7.4(a)5i - Generator's signature for manifest certification?	[✓]	[ ]	[ ]
7.4(a)4viii - Generator's name and date for manifest certification?	[✓]	[ ]	[ ]
7.4(a)5ii - Transporter's signature and date acknowledging receipt?	[✓]	[ ]	[ ]
7.4(a)4viii - Printed name of transporter acknowledging receipt?	[✓]	[ ]	[ ]

Total number of outgoing manifests reviewed: 18

8428911768

WASTE OIL

Does the generator ONLY generate X722 waste oil in any amount? or.	___	✓	___
Does the generator ONLY generate or store (in above ground tanks or drums) less than 1001 gal of only waste oil (except X725 for which 100 kg rule applies) per month?	___	✓	___
7.7(d) If yes, are receipts (or manifests) obtained from registered hauler and retained for 3 yrs? (check quantities on receipts)	___	___	✓

Note: No other HW regs apply *, unless the storage of the X722 waste exceeds 1,000 gal; or unless the waste oil is also a federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of hazardous waste (or 1 kg if acutely hazardous) and any listed waste oil or generate/store *>1000* gal of waste oil in any given month?	___	✓	___

If yes, the generator must be in compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements [9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(e)]

Documentary Requirements [9.4(g), 9.6, 9.7]

Satellite Regs [9.3(d)]

WASTE OIL TANKS: no waste oil tanks

Is there above ground > 1001 gal total capacity (which includes drums) but <90 day storage? [Use TANKS (above ground, less than 90 day storage) section in checklist 9.3(b)]	___	___	✓
If yes, does the generator have a letter of approval from HWENG?	___	___	✓
And is the generator in compliance with other requirements for less than 90 day storage of HW in above ground tanks [9.3(b)]?	___	___	✓

		YES	NO	N/A
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?			✓
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?			✓
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?			✓
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?			✓
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?			✓
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?			✓
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?			✓
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?			✓
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?			✓
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?			✓

		YES	NO	N/A
7:26-11.3(a)	Is there at least two feet of freeboard in the impoundment?			✓
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?			✓
	If yes, please specify the type of covering.			
7:26-9.4(c)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?			✓
7:26-9.4(i)	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?			✓
7:26-11.3(d)	Does the owner or operator inspect:			
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?			✓
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?			✓
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?			✓
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?			✓
7:26-11.3(f)1i	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?			✓

		YES	NO	N/A
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk or fire or explosion?			✓
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?			✓
7:26-9.4(e)2v	Threaten human health or the environment?			✓
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?			✓
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?			✓
	If yes, please explain.			
	Are there leaking tanks?			✓
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?			✓
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?			✓
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?			✓
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).			✓

		YES	NO	N/A
7:26-9.4(d)1ii	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	✓		
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	✓		
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	✓		
7:26-9.4(d)4i	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	✓		
	If no, explain.			
7:26-9.4(d)4iii	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	✓		
	If no, explain.			
7:26-9.4(d)4iv	Are containerized hazardous wastes segregated in storage by waste type?	✓		
7:26-9.4(d)4v	Are containerized hazardous wastes arranged so that their identification label is visible?	✓		
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	✓		
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	✓		

		YES	NO	N/A
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? Did require yet	✓		
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	✓		
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.?			✓
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?			✓
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?	✓		
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?	✓		

		YES	NO	N/A
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	✓		
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	✓		
7:26-9.6	<u>Preparedness and Prevention</u>			
	Does the facility comply with preparedness and prevention requirements including maintaining:			
7:26-9.6(b)1	An internal communications or alarm system?			✓
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?			✓
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?			✓
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?			✓
7:26-9.6(c)	Is equipment tested and maintained?			✓
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?			✓
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?			✓
	If no, please explain.			

		YES	NO	N/A
7:26-9.4(f)	General Inspection Requirements			
7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)1i	Discharge of hazardous waste constituents to the environment?			✓
7:26-9.4(f)1ii	A threat to human health?			✓
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?			✓
7:26-9.4(f)3i	Did the owner or operator submit the written inspection schedule to the department?			✓
	If yes, when was it submitted?			✓
7:26-9.4(f)3iii	Is the written inspection schedule kept at the facility?			✓
7:26-9.4(f)3iv	Does the schedule identify the types of problems to be looked for during the inspection?			✓
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?			✓
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have not been remedied?			✓
7:26-9.4(f)6	Does the owner/operator record inspections in a log?			✓

		YES	NO	N/A
7:26-9.4(b)	Waste Analysis			
7:26-9.4(b)1i	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis most contain all the information necessary for proper treatment storage or disposal of the waste).			✓
7:26-9.4(b)1iii	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:			✓
	Waste characteristics vary: ___ All waste(s) are basically the same: ___ Company treats all waste(s) as hazardous: ___			
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?			✓
	Does it contain:			
7:26-9.4(2)i	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rational for the selection of these parameters?			✓
7:26-9.4(b)2ii	The test methods which will be used to test for these parameters?			✓
7:26-9.4(b)2iii	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?			✓
7:26-9.4(b)2iv	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?			✓
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?			✓
7:26-9.4(b)2vii	Procedures which will be used to identify changes in waste stream characteristics?			✓
	Does hazardous waste come to this facility from an outside source? (e.g., another generator).			✓
	If yes, list the name(s) of generators.			

CONFIDENTIAL - RECOMMENDATIONS

TO: _____

FROM: _____ DATE: _____

SUBJECT: _____

		YES	NO	N/A
7:26-11.7(e)1	Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?			✓
	If yes, explain how.			
7:26-11.7(f)	Are the incompatible wastes placed in the same treatment process?			✓
	If yes, please explain.			
7:14A-6	Ground Water Monitoring			
	(Applies only to: Surface impoundments, landfills, land disposal facilities).			
7:14A-6.2	Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?			✓
	If no, please explain.			
	How many monitoring wells has the facility installed?			
	What is the depth to ground water?			
	How many deep monitoring wells are on site? (Indicate depth of monitoring wells).			
	How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).			
7:14A-6.3(a)	Is the ground water monitoring system capable of yielding ground water samples for analysis?			✓
	If no, please explain.			
7:14A-6.3(a)1	Are monitoring wells installed hydraulically upgradient?			✓
	If yes, specify how many and the depth of each.			

		YES	NO	N/A
7:26-11.6(2)	If no to any of the above questions, is there justification and documentation?			✓
	If operating, does it appear the thermal treatment unit is operating at steady state for conditions of operation, including temperature and air flow?			✓
	<u>Monitoring and Inspection</u>			
	Are existing instruments relating to combustion and emission controls monitored every 15 minutes?			✓
	If no, explain.			
7:26-11.6(c)1	Does the thermal treatment have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).			✓
	If no, explain.			
7:26-11.6(c)2	Is the stack plume observed visually at least hourly for opacity and color?			✓
7:26-11.6(c)3	Are there any signs of leaks, spills and fugitive emission associated with the pumps, valves, conveyors, pipes, etc?			✓
	If yes, describe.			
7:26-11.6(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?			✓
	Is there any reason to believe the thermal treatment unit is being operated improperly? i.e., steady state conditions are not maintained.			✓
	If yes, explain.			
7:26-11.6(c)3	Is the thermal treatment inspected daily?			✓
7:26-11.6(e)	Is there open burning of hazardous waste?			✓
	If yes, what is being burned? (Only burning or detonation of explosives is permitted).			

		YES	NO	N/A
	Is the residue from the incinerator a hazardous waste?			✓
	What types of air pollution control devices (if any) are installed in the incinerator unit?			
	Is energy recovered from the process?			✓
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.5(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.5(b)ii	Heating value of the waste?			✓
7:26-11.5(b)iii	Halogen and sulfur content?			✓
7:26-11.5(b)iiii	Concentrations of lead and mercury?			✓
7:26-11.5(2)	If no to any of the above questions, is there justification and documentation?			✓
	If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?			✓
	<u>Monitoring and Inspection</u>			
7:26-11.5(c)1	Are existing instruments relating to combustion and emission controls monitored every 15 minutes?			✓
	If no, explain.			
7:26-11.5(c)1	Does the incinerator have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).			✓
	If no, explain.			
7:26-11.5(c)2	Is the stack plume observed visually at least hourly for opacity and color?			✓

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: Reichhold Chemicals, Inc.

Facility Address: 46 Albert Avenue
Newark NJ 07105

Facility ID No.: NJD048797195

Inspector's Name: Aaron R. Frantz - CDM Federal Programs Corporation

Inspector's Phone: (215)-293-0450 Division/Branch: EPA Contractor

Date of Inspection: September 10, 1993

Form Revised 1/15/92

8428911782

ATTACHMENT A - FOLLOW-UP QUESTIONS

RCRA

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? ✓ YES ___ N

   If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:

   B. If the facility generates or transports hazardous waste, what is its EPA ID Number? NJD048797195

   [If the facility cannot produce an ID Number, *REFER*.]

2. A. Are there containers or tanks which hold hazardous waste? ✓ YES ___ N

   If NO, go to Question # 3. If YES, continue:

   B. Are the containers and/or tanks clearly marked with the wor "Hazardous Waste," and are they marked with the accumulatic start date? ✓ YES ___ N

   C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? ___ YES ___ N

   D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? ___ YES* ✓ N

3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? ___ YES* ✓ N

4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? ___ YES* ✓ N

5. Does the facility accept hazardous waste for treatment, storage disposal from off-site locations (including off-site facilities owned by the same company)? ___ YES* ✓ N

6. Does the facility maintain copies of hazardous waste manifests c site? ✓ YES ___ N

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ___YES ✓NO
   7 USTs that store vegetable oil
   [A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ___YES ___NO

3. What kind of petroleum product or hazardous substance does UST contain? _____

4. Is there any evidence of UST leakage/spillage? ___YES* ___NO

5. When was the UST installed? _____

6. All USTs must have leak detection according to the following schedule:

Installation Date	Leak Detection By December of--
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

   All USTs installed after December 1988 must currently be equipped with leak detection.

   Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ___YES ___NO

8. Are required records available on-site (e.g., documenting registration and leak detection)? ___YES ___NO

REFER to program office if you check an answer marked with *.

AIR, Continued

5. **Observe:** Are there strong solvent odors at the facility? ___YES* ✓ NO

7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ___YES* ✓ NO

8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ___YES* ✓ NO

   B. **If YES:**

      i. From which process lines?. _____

      ii. Does the facility check for leaks on such process equipment? ___YES ___N

9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ✓ YES ___N

   If YES: When work is done on any reactor, and asbestos is encountered, a contractor is hired & asbestos is removed prior to maintenance.

   B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? (10-11-92) - removal 3 ACM BAG no exact volume obtained

   C. If the amount exceeded 260 linear feet, or 160 square feet, ***REFER*** to Air program office; **and Ask:** was EPA notified of removal? ___YES ___N

* * * * *

RADIATION

Ask:

1. **Are any radioactive materials used or stored at this facility?** ___YES ✓ N

2. **If YES,** does the facility have a state or federal radiation license? ___YES ___N

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued

7. **Observe/Ask:**

   a. How are waste fluids disposed of? See explanation on previous page

   b. Does the facility have floor or storm drains? ✓ YES ___ NO
   — see previous page

   If YES:

   Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated s that they could receive spills from truck loading accidents, etc?

   c. Does the facility operator indicate, or is there any evidenc that any wastewater, or wastes/spills go into drains?
   See previous page. ✓ YES* ___ N

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., well)? ___ YES ✓ NO

2. **If YES:** Does the facility provide potable water for 25 or more persons? ___ YES ___ NO

3. **If YES:** Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ___ YES ___ NO

REFER to program office if you check an answer marked with *.

EPCRA, Continued

TOXIC RELEASE INVENTORY (TRI)

Ask:

1. Does the facility have 10 or more full-time employees? ✓ YES ___ NO

2. Is the facility classified under SIC codes 20 through 39? 2821 ✓ YES ___ NO

   If the response to either 1. or 2. is "NO," no further questions are required.

3. **If both 1. and 2. are YES:**

   Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ✓ YES ___ NO

4. **If YES:**

   Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ✓ YES ___ NO

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. **ASK:** Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]?
___YES* ✓NO

[Note: Specific information on such chemicals is protected by TSC as Confidential Business Information, and should not be obtained.

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

* * * * *

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

Ask:

1. A. Does the facility store oil? ✓YES ___NO

[Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]

B. If YES, does the storage capacity exceed --

i. 660 gallons in any one above-ground tank? ___YES ✓NO
ii. 1320 gallons in all above-ground tanks? ___YES ✓NO
iii. 42,000 gallons in underground tank(s)? ✓YES ___NO
Soya & linseed oil 10,257 x 7 tanks = 71,799

2. **If the answer to any part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan?**
SPCC plan was submitted 7/93 ✓YES ___NO

3. Did the facility have an oil spill within the last 12 months?
___YES* ✓NO

REFER to program office if you check an answer marked with *.

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684
Jehuda Menczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrict, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669
Nora Lopez, 340-6890

For Emergency Planning & Community Right-to-Know:
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkie, 340-6658
Bruce Sprague, 340-6656
John Witkowski, 340-6991

Radiation: Paul Giardina, 264-4110
Mindy Pensak, 264-4418
Florie Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.

GENERAL INSTRUCTION
FOR WASTE MINIMIZATION CHECKLIST

I.Legislation and Authority

A. The EPA is given the authority by Congress through the Hazardous and Solid Waste Amendments of 1984 (HSWA) to protect the enviroment by "minimizing the generation of hazardous waste and the land disposal of hazardous waste by encouraging process substitution, material recovery, properly conducted recycling and reuse, and treatment;" (HSWA, sec.1003(a) (6). Through this and other legislative actions, Congress has made clear it's intention that the reduction of hazardous waste is far more desirable than the safe disposal of hazardous waste.

B. HSWA sets forth two basic requirements for generators and treatment, storage and disposal facilities (TSDFs). They are:

1.that hazardous waste generators submit waste minimization reports as part of the biennial reports (3002 (a)(6),

2.that generators certify on the manifest that they have a waste reduction program in place (3005 (h))

II.Pre-inspection procedures:

Review any company documents regarding waste minimization activities conducted by the handlers to be inspected. (PAB files/ permit files if TSD). This should include records of the annual reports (AR) submitted to the states, or the biennual reports submitted to EPA. The AR/BER contain a description of the efforts taken during the year to reduce the toxicity and volume of waste generated, as well as the actual reductions achieved.

Waste Minimization Checklist

GENERATOR CHECKLIST

MANIFEST

GENERAL 262.20	YES	NO	N/A
Does the generator, offer for tranportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.	✓		
262.23			
Does the generator sign the manifest certification which states;			

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the enviroment; OR, if Iam a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can affort."

Does the generator have a written Waste Minimization Plan?	✓		

If no, ask the generator to describe his plan orally.

COMMENTS:
(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

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TSDF CHECKLIST

The inspector should review a copy of the AR/BER prior to the inspection, and should try to verify the information in the report during his inspection. The following question should be addressed during the inspection.

	YES	NO	N/A
Does the AR/BER include the efforts undertaken during the year to reduce the volume of toxicity of the waste generated?	---	---	---
Does the AR/BER include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?	---	---	---
Doe these efforts match the information contained in the generator's written or verbally described waste minimization program.			
Is the AR/BER certification signed by the generator or authorized representatives?	---	---	---
264.75/265/75 (h-j)			
Does the generator treat, store and dispose hazardous waste on site?	---	---	---
If yes to the above question, does the generator submit BERs or ARs to the appropiate regulatory agency?	---	---	---

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
CERTIFICATION FORM

ITEM 1 USEPA Identification Number: NJD048797195

ITEM 2 Generator (Company) Name: REICHHOLD CHEMICALS, INC.
formerly CELLOMER CORP.

ITEM 3 Contact Person: MIKULAS GASPARIK

ITEM 4 Phone Number: 201-589-3875

ITEM 5 Certification:

I certify that the information given in this annual report is true, accurate and complete.

JOSEPH POINTEK	Joseph Pointek	5-12-90
(Print or type name)	(Signature)	(Date)

ITEM 6

A ☐ This site (company) generated less than 1.33 tons of hazardous waste for the calendar year 1989 (No Fee)

B ☐ This site (company) generated greater than 1.33 tons of hazardous waste but less than 10 tons of hazardous waste during the calendar year 1989 (Fee $200)

C ☐ This site (company) generated greater than 10 tons of hazardous but less than 100 tons of hazardous waste during the calendar year (Fee $300)

D ☒ This site (company) generated greater than 100 tons of hazardous waste during the calendar year (Fee $400)

ITEM 7 Federal Vendor Identification Number 13-1764826

effective 3/27/89 name change to REICHHOLD CHEMIC

* Please submit check with your completed report.

(formerly CELLOMER DIV. of POLYCHROME CHEMICALS IN 1988 # 22-246-7254)

8428911793

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC. (formerly CELLOMER CORP.)
2. USEPA ID Number: NJD 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: S & W WASTE, INC.
5. Transporter USEPA ID Number: NJD 991291105
6. TSD Facility Name: S & W WASTE, INC.
7. TSD Facility EPA ID Number: NJD 99 129 1105
8. TSD Address: 105 JACOBUS AVENUE SOUTH KEARNY, NJ 07032

9.

Waste A.) Number (1)	Waste B.) Description (11)	DOT Haz C.) Class (11 or 1)	Total D.) Quantity (13)	E.) Units (14)
C386	HAZARDOUS WASTE SOLID	ORM-E NA9189 T/S ALKYD RESIN	174,190	P
			20	Y

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911794

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1.	Generator Name	REICHHOLD CHEMICALS, INC (formerly CELLOMER CORP.)
2.	USEPA ID Number	NJD 048797195
3.	Site Address	46 Albert Avenue Newark NJ 07105
4.	Transporter Name	CLEAN VENTURE
5.	Transporter USEPA ID Number	NJD 982281016
6.	TSD Facility Name	CYCLE CHEM, INC.
7.	TSD Facility EPA ID Number	NJD 002200046
8.	TSD Address	217 S. FIRST ST. ELIZABETH, NJ 07206

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003 F005	RQ WASTE FLAMMABLE LIQUID	UN1993	6200	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911795

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1. Generator Name: REICHHOLD CHEMICALS, INC. (formerly CELLOMER CORP.)
2. USEPA ID Number: NJ D 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: CONTINENTAL CARRIERS CORP.
5. Transporter USEPA ID Number: NJ D990720658
6. TSD Facility Name: SAFETY-KLEEN CORP formerly SOLVENTS RECOVERY SERV of NJ, INC.
7. TSD Facility EPA ID Number: NJ D 002182897
8. TSD Address: 1200 SYLVAN STREET LINDEN, NJ 07036

9.

A.) Waste Number (1)	B.) Waste Description (11)	C.) DOT Haz Class (11 or j)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE	UN1993	42,760	P
	FLAMMABLE LIQUID n.o.s EPA IGNITABILITY		4,161	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911796

Pg 3 of 6

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1.	Generator Name	REICHHOLD CHEMICALS, INC (formerly CELLOMER CORP)
2.	USEPA ID Number	NJD 048797195
3.	Site Address	46 Albert Avenue Newark NJ 07105
4.	Transporter Name	OLDOVER CORPORATION
5.	Transporter USEPA ID Number	VAD 040159436
6.	TSD Facility Name	OLDOVER CORPORATION
7.	TSD Facility EPA ID Number	VAD 098443443
8.	TSD Address	RT 1 STATE RT. 652 ARVONIA, VA 23004

9.

Waste A.) Number (I)	Waste B.) Description (11)	DOT Haz C.) Class (11 or J)	Total D.) Quantity (13)	E.) Units (14)
D001	WASTE FLAMMABLE LIQUID n.o.s.	UN1993	54,600	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911797

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: REICHHOLD CHEMICALS, INC. (formerly CELLOMER CORP)
2. USEPA ID Number: NJD 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: FREEHOLD CARTAGE, INC.
5. Transporter USEPA ID Number: NJD054126164
6. TSD Facility Name: CYCLE CHEM, INC.
7. TSD Facility EPA ID Number: NJD002200046
8. TSD Address: 217 S. FIRST ST. ELIZABETH, NJ 07206

9.

A.) Waste Number (1)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE FLAMMABLE LIQUID, n.o.s	UN1993	120,000 35,910	P G
F003 F005	RQ WASTE FLAMMABLE LIQUID, n.o.s.	UN1993	12,487	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
WASTE SUMMARY FORM

Generator (Company) Name REICHHOLD CHEMICALS, INC (formerly CELLOMER CORP.)

US EPA ID Number NJD 048797195

Directions

Please indicate below the total quantity of hazardous waste manifested during the 1989 report year for each unit of measure. Enter the units of measure as they appeared in item #14 of the manifest. Do not convert one form of unit of measure to another.

58,758 G - Gallons (liquids only)

391,550 P - Pounds

– T - Tons

20 Y - Cubic Yards

– L - Liters (Liquids only)

– K - Kilograms

457.643 Tons

8428911799

Pg 6 of 6

8428911800

OMB#: Expires

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC
46 ALBERT AVE
NEWARK NJ 07105

EPA ID NO. NJD048797195

DRAFT
8-25-89

FORM
IC

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6.

A. EPA ID No. Same as label ☒ or →

B. Site/company name Same as label ☒ or →

C. Has the site name associated with this EPA ID changed since 1987? ☒ 1 Yes ☐ 2 No (formerly Cellomor)

D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☒ or →

E. City, town, village, etc. Same as label ☒ or →

F. County: ESSEX

G. State Same as label ☒

H. Zip Code Same as label ☒

SEC. II Mailing address of site. Instruction page 6.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (COMPLETE SEC. II)

NJD048797195
REICHHOLD CHEMICAL
46 ALBERT AVENUE
NEWARK, NJ 07105

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6.

A. Please print: Last name	First name	M.I.	B. Title	C. Telephone
GASPARIK	MIKULAS		PLANT MGR	201 589 - 3875 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7.

A.	B.	C.	D.
2821			

SEC. V 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. Number of form pages submitted Form IC 2 Form WM NA

B. Please print: Last name	First name	M.I.	C. Title
GASPARIK	MIKULAS		PLANT MANAGER

D. Signature

E. Date of signature 05 14 90 (MO. DAY YR.)

EPA Form Revised OVER

S VI Waste Minimization Activity during 1988 or 1989

A. Did this site begin or expand a source reduction activity during 1988 or 1989? Instruction page 8

- [x] 1 Yes
- [ ] 2 No

B. Did this site begin or expand a recycling activity during 1988 or 1989? Page 8

- [ ] 1 Yes
- [x] 2 No

C. Did this site conduct a source reduction or recycling opportunity assessment during 1988 or 1989? Page 8

- [ ] 1 Yes
- [x] 2 No

D. What factors have limited this site from initiating new source reduction activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 8

- [ ] 01 No factors have limited new source reduction activities.
- [x] 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- [x] 03 Lack of technical information on source reduction techniques, applicable to my specific production processes.
- [x] 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [x] 05 Concern that product quality may decline as a result of source reduction.
- [x] 06 Technical limitations of the production processes.
- [x] 07 Permitting burdens.
- [x] 08 Other (SPECIFY IN COMMENTS)

E. What factors have limited this site from initiating new on-site or off-site recycling activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 8

- [ ] 01 No factors have limited new recycling activities.
- [x] 02 Insufficient capital to install new recycling equipment or implement new recycling practices.
- [ ] 03 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- [x] 04 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 05 Concern that product quality may decline as a result of recycling.
- [x] 06 Requirements to manifest wastes inhibit shipments off site for recycling.
- [ ] 07 Financial liability provisions inhibit shipments off site for recycling.
- [x] 08 Technical limitations of product processes inhibit shipments off site for recycling.
- [x] 09 Techical limitations of production processes inhibit on-site recycling.
- [x] 10 Permitting burdens inhibit recycling.
- [x] 11 Lack of permitted off-site recycling facilities.
- [x] 12 Unable to identify a market for recyclable materials.
- [x] 13 Other (SPECIFY IN COMMENTS)

Comments:

PLANT SITE IS LIMITED IN SIZE
FOR EXPANSION OF NEW EQUIPMENT TO RECYLCE or IMPROVE SOURCE REDUCTION.

[illegible] copy
5/14/90

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
WASTE SUMMARY FORM

Generator (Company) Name REICHHOLD CHEMICALS, INC
formerly CELLOMER CORP.

US EPA ID Number NJD 048797195

Directions

Please indicate below the total quantity of hazardous waste manifested during the 1989 report year for each unit of measure. Enter the units of measure as they appeared in item #14 of the manifest. Do not convert one form of unit of measure to another.

58,758 G - Gallons (liquids only)

391,550 P - Pounds

– T - Tons

20 Y - Cubic Yards

– L - Liters (Liquids only)

– K - Kilograms

457.643 Tons = 915,286 lbs

8

8428911802

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1. Generator Name: REICHHOLD CHEMICALS, INC. formerly CELLOMER CORP.
2. USEPA ID Number: NJD 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: S & W WASTE, INC.
5. Transporter USEPA ID Number: NJD 991291105
6. TSD Facility Name: S & W WASTE, INC.
7. TSD Facility EPA ID Number: NJD 99 129 1105
8. TSD Address: 105 JACOBUS AVENUE SOUTH KEARNY, NJ 07032

9.

Waste A.) Number (I)	Waste B.) Description (11)	DOT Haz C.) Class (11 or J)	Total D.) Quantity (13)	E.) Units (14)
C386	HAZARDOUS WASTE SOLID	ORM-E NA9189 T/S ALKYD RESIN	174,190	P
			20	Y

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911803

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1.	Generator Name	REICHHOLD CHEMICALS, INC formerly CELLOMER CORP
2.	USEPA ID Number	NJD 048797195
3.	Site Address	46 Albert Avenue Newark NJ 07105
4.	Transporter Name	CLEAN VENTURE
5.	Transporter USEPA ID Number	NJD 982281016
6.	TSD Facility Name	CYCLE CHEM, INC.
7.	TSD Facility EPA ID Number	NJD 002200046
8.	TSD Address	217 S. FIRST ST. ELIZABETH, NJ 07206

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003 F005	RQ WASTE FLAMMABLE LIQUID	UN1993	6200	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911804

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE, GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1. Generator Name: REICHHOLD CHEMICALS, INC. formerly CELLOMER CORP.
2. USEPA ID Number: NJ D 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: CONTINENTAL CARRIERS CORP.
5. Transporter USEPA ID Number: NJ D 990720658
6. TSD Facility Name: SAFETY-KLEEN CORP formerly SOLVENTS RECOVERY SERV of NJ, INC.
7. TSD Facility EPA ID Number: NJ D 002182897
8. TSD Address: 1200 SYLVAN STREET LINDEN, NJ 07036

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	RQ WASTE	UN1993	42,760	P
	FLAMMABLE LIQUID n.o.s EPA IGNITABILITY		4,161	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911805

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE,GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1.	Generator Name	REICHHOLD CHEMICALS, INC formerly CELLOMER CORP
2.	USEPA ID Number	NJD 048797195
3.	Site Address	46 Albert Avenue Newark NJ 07105
4.	Transporter Name	OLDOVER CORPORATION
5.	Transporter USEPA ID Number	VAD 040159436
6.	TSD Facility Name	OLDOVER CORPORATION
7.	TSD Facility EPA ID Number	VAD 098443443
8.	TSD Address	RT 1 STATE RT. 652 ARVONIA, VA 23004

9.

Waste A.) Number (I)	Waste B.) Description (11)	DOT Haz C.) Class (11 or J)	Total D.) Quantity (13)	E.) Units (14)
D001	WASTE FLAMMABLE LIQUID n.o.s.	UN1993	54,600	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911806

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
-REPORT FORM-

1. Generator Name: REICHHOLD CHEMICALS, INC. formerly CELLOMER CORP
2. USEPA ID Number: NJD 048797195
3. Site Address: 46 Albert Avenue Newark NJ 07105
4. Transporter Name: FREEHOLD CARTAGE, INC.
5. Transporter USEPA ID Number: NJD054126164
6. TSD Facility Name: CYCLE CHEM, INC.
7. TSD Facility EPA ID Number: NJD002200046
8. TSD Address: 217 S. FIRST ST. ELIZABETH, NJ 07206

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE FLAMMABLE LIQUID, n.o.s	UN1993	120,000 35,910	P G
F003 F005	RQ WASTE FLAMMABLE LIQUID, n.o.s.	UN1993	12,487	G

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911807

8428911808

OMB#: Expires

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC
46 ALBERT AVE
NEWARK NJ 07105

EPA ID NO. NJD048797195

DRAFT
8-25-89

FORM
IC

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6.

A. EPA ID No. Same as label ☒ or →
B. Site/company name Same as label ☒ or →
C. Has the site name associated with this EPA ID changed since 1987? ☒ 1 Yes ☐ 2 No
D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☒ or →
E. City, town, village, etc. Same as label ☒ or →
F. County ESSEX
G. State Same as label ☒
H. Zip Code Same as label ☒

SEC. II Mailing address of site. Instruction page 6.

Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (COMPLETE SEC. II)
B. Number and street name of mailing address
C. City, town, village, etc.
D. State
E. Zip Code

PLACE LABEL HERE

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6.

A. Please print: Last name	First name	M.I.	B. Title	C. Telephone
GASPARIK	MIKULAS		PLANT MGR	201 589-3875 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7.

A.	B.	C.	D.
2821			

SEC. V 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. Number of form pages submitted Form IC 2 Form WM

Please print: Last name	First name	M.I.	C. Title
GASPARIK	MIKULAS		PLANT MANAGER

D. Signature
E. Date of signature 05 14 90 (MO. DAY YR.)

EPA Form Revised OVER →

Sec. VI Waste Minimization Activity during 1988 or 1989

A. Did this site begin or expand a source reduction activity during 1988 or 1989? Instruction page 8	B. Did this site begin or expand a recycling activity during 1988 or 1989? Page 8	C. Did this site conduct a source reduction or recycling opportunity assessment during 1988 or 1989? Page 8
☒ 1 Yes ☐ 2 No	☐ 1 Yes ☒ 2 No	☐ 1 Yes ☒ 2 No

D. What factors have limited this site from initiating new source reduction activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 8

- ☐ 01 No factors have limited new source reduction activities.
- ☒ 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☒ 03 Lack of technical information on source reduction techniques, applicable to my specific production processes.
- ☒ 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☒ 05 Concern that product quality may decline as a result of source reduction.
- ☒ 06 Technical limitations of the production processes.
- ☒ 07 Permitting burdens.
- ☒ 08 Other (SPECIFY IN COMMENTS)

E. What factors have limited this site from initiating new on-site or off-site recycling activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 8

- ☐ 01 No factors have limited new recycling activities.
- ☒ 02 Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☐ 03 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☒ 04 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ 05 Concern that product quality may decline as a result of recycling.
- ☒ 06 Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ 07 Financial liability provisions inhibit shipments off site for recycling.
- ☒ 08 Technical limitations of product processes inhibit shipments off site for recycling.
- ☒ 09 Techical limitations of production processes inhibit on-site recycling.
- ☒ 10 Permitting burdens inhibit recycling.
- ☒ 11 Lack of permitted off-site recycling facilities.
- ☒ 12 Unable to identify a market for recyclable materials.
- ☒ 13 Other (SPECIFY IN COMMENTS)

Comments:

PLANT SITE IS LIMITED IN SIZE FOR EXPANSION OF NEW EQUIPMENT TO RECYCLE OR IMPROVE SOURCE REDUCTION.

8428911809

Albert
H Waste

Site Name REICHHOLD CHEMICALS, INC.
46 ALBERT AVENUE
NEWARK, N.J. 07105

EPA ID No. N J D 0 4 8 7 9 7 1 9 5

OFFICIAL USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

HAZARDOUS WASTE REPORT
1995 FEE VERIFICATION FORM

INSTRUCTIONS: Complete the below fee category information. If your site falls into a category that requires the submittal of a fee, attach the check where indicated. Return this page with your report. When submitting multiple reports, each site will require a separate Fee Verification Form; however, any fees owed may be combined into one check.

Attach check here (do not send cash)
Make Payable to: Treasurer State of New Jersey

Mail Report to: New Jersey Dept. of Environmental Protection
Bureau of Revenue (c/o Solid and Hazardous Waste)
CN 417
Trenton, New Jersey 08625-0417

Fee Category

☐	No Fee	This site was only a transporter of waste oil from exempt or small quantity generators; or this site was not a NJ large quantity generator; or this site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
☐	$125.00	This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
☒	$180.00	This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
☐	$300.00	This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.
☐	$400.00	This site (company) manifested 150 tons or more of hazardous waste during the calendar year.

8428911810

CONVERSION TABLE

Tons = Gallons (G) x $\frac{8.34}{2000}$

= Pounds (P) divided by 2000

= Cubic Yards (Y) x $\frac{1684.8}{2000}$

= Liters (L) x $\frac{2.203}{2000}$

= Kilograms (K) x $\frac{2.204}{2000}$

If the check attached is for multilpe sites, then list below the EPA Identification Number for each site with each site's appropriate fee indicated.

EPA ID No.		FEE
Site 1	NJD048797195	$ 180.00
Site 2	NJD092217892	$ 400.00
Site 3		$
Site 4		$
Site 5		$

Total as recorded on the attached check $ ~~[illegible]~~ $580.00

8428911811

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

FORM **IC**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No.
Same as label ☐ or → N J D 0 4 8 7 9 7 1 9 5

B. County
ESSEX

C. Site/company name
Same as label ☐ or → REICHHOLD CHEMICALS INC.

D. Has the site name associated with this EPA ID changed since 1993? ☐ 1 Yes ☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.
Same as label ☐ or → 46 ALBERT AVENUE

F. City, town, village, etc.
Same as label ☐ or → NEWARK

G. State
Same as label
N J

H. Zip Code
Same as label
0 7 1 0 5 -

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I.
KURTZ, RONALD C

B. Title
EHS MANAGER

C. Telephone
2 0 1 4 6 5 - 2 1 9 9
Extension

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I.
KURTZ, RONALD C

B. Title
ENVIRONMENTAL, HEALTH & SAFETY MANAGER

C. Signature
Ronald C. Kurtz

D. Date of signature
0 2 2 9 9 6
MO. DAY YR.

Over →

8428911812

EPA ID NO: NJD 048797195

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1995 generator status (CHECK ONE BOX BELOW)	B. Reason for not generating (CHECK ALL THAT APPLY)	
☒ 1 USLQG	☐ 1 Never generated	☐ 5 Periodic or occasional generator
☐ 2 USSQG/NJLQG — SKIP to SEC. VI	☐ 2 Out of business	☐ 6 Waste minimization activity
☐ 3 USCESQG/NJSQG	☐ 3 Only excluded or delisted waste	☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)
☐ 4 Non generator (Continue to Box B)	☐ 4 Only non-hazardous waste	

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

A. Storage subject to permitting requirements	B. Treatment, disposal, or recycling subject to permitting requirements	C. Exempt treatment, disposal, or recycling
1	1	1

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?	B. Did this site begin or expand a recycling activity during 1994 or 1995?	C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?
☐ 1 Yes	☐ 1 Yes	☐ 1 Yes
☒ 2 No	☒ 2 No	☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

Yes	No		
☐ 1	☒ 2	a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
☐ 1	☒ 2	b.	Lack of technical information on source reduction techniques applicable to the specific production processes
☐ 1	☒ 2	c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
☐ 1	☒ 2	d.	Concern that product quality may decline as a result of source reduction
☐ 1	☒ 2	e.	Technical limitations of the production processes
☐ 1	☒ 2	f.	Permitting burdens
☐ 1	☒ 2	g.	Source reduction previously implemented - additional reduction does not appear to be technically feasible
☐ 1	☒ 2	h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
☐ 1	☒ 2	i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
☒ 1	☐ 2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

Yes	No		
☐ 1	☒ 2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice
☐ 1	☒ 2	b.	Lack of technical information on recycling techniques applicable to this site's specific production process
☐ 1	☒ 2	c.	Recycling is not economically feasible: cost savings in waste management will not recover the capital investment
☐ 1	☒ 2	d.	Concern that product quality may decline as a result of recycling
☐ 1	☒ 2	e.	Requirements to manifest wastes inhibit shipments of off-site for recycling
☐ 1	☒ 2	f.	Financial liability provisions inhibit shipments off-site for recycling
☐ 1	☒ 2	g.	Technical limitations of production processes inhibit shipments off-site for recycling
☐ 1	☒ 2	h.	Technical limitations of production processes inhibit on-site recycling
☐ 1	☒ 2	i.	Permitting burdens inhibit recycling
☐ 1	☒ 2	j.	Lack of permitted off-site recycling facilities
☐ 1	☒ 2	k.	Unable to identify a market for recycled materials
☐ 1	☒ 2	l.	Recycling previously implemented - additional recycling does not appear to be technically feasible
☐ 1	☒ 2	m.	Recycling previously implemented - additional recycling does not appear to be economically feasible
☐ 1	☒ 2	n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
☒ 1	☐ 2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)

Comments: "TEMPORARY CESSATION OF OPERATIONS"

8428911813

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC
46 ALBERT AVENUE

EPA ID NO: N.J.D. 0.4.8. 7.9.7. 1.9.5.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
Waste Corrosive Liquids, NOS

B. EPA hazardous waste code Page 19.
D002 NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.: 2821

E. Origin code 1 Page 19 System Type M NA

F. Source code Page 20.: A93

G. Point of measurement Page 20.: 1

H. Form code Page 20.: B03

I. RCRA - radioactive mixed Page 20.: 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.: 0.0

B. Quantity generated in 1995 Page 21.: 56.0

C. UOM Page 21.: 1 Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1
On-site process system type Page 22. M
Quantity treated, disposed, or recycled on site in 1995 .

ON-SITE PROCESS SYSTEM 2
On-site process system type Page 22. M
Quantity treated, disposed, or recycled on site in 1995 .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND 000 646 943	M 131	1	56.0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:
LABPACKS

8428911814

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95
INA 0741410	10/31/95

8428911815

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FUEL OIL

B. EPA hazardous waste code Page 19.
D001 NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19. 2821

E. Origin code 1 Page 19 System Type M 061

F. Source code Page 20. A58

G. Point of measurement Page 20. 1

H. Form code Page 20. B206

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 300.0

B. Quantity generated in 1995 Page 21. 415.0

C. UOM Page 21. 1 Density 7.55 ☒ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD000222083	M 059	1	415.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911816

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 2117926	11/21/95

8428911817

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE CLEANING COMPOUNDS

B. EPA hazardous waste code Page 19.

D006 NA
NA NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type M 061	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821		A 19	1	B 219	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.: 26.

B. Quantity generated in 1995 Page 21.: 12.0

C. UOM Page 21.: 5 Density: 7.05 ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22.: M

Quantity treated, disposed, or recycled on site in 1995:

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.: M

Quantity treated, disposed, or recycled on site in 1995:

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	NJD000768093	M 039	1	12.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911818

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 2208059	
NJA 2249062	10/2/95
	11/27/95

8428911819

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE FLAMMABLE LIQUID, NOS

B. EPA hazardous waste code Page 19.

D001 F003
F005 D035 NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System Type M 06A	A 58	1	B 203	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
495.0	825.0	5	7.35 ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 22.	E. Total quantity shipped in 1995 Page 23.
Site 1	ARD 981 057 070	M 061	1	8250
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 25.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

8428911820

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

AR-795488	11/8/95

8428911821

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FILTER CAKE

B. EPA hazardous waste code Page 19.
N.A. N.A.
N.A. N.A. N.A.

C. State hazardous waste code Page 19.
X910 N.A.

D. SIC code Page 19.
2821

E. Origin code 1 Page 19
System Type M 132

F. Source code Page 20.
A32

G. Point of measurement Page 20.
1

H. Form code Page 20.
B 409

I. RCRA - radioactive mixed Page 20.
2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.
39.1

B. Quantity generated in 1995 Page 21.
39.5

C. UOM Page 21.
2
Density
☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22.
M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.
M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	PAD000429585	M132	1	39.5
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911822

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 1717473	2/8/95
NJA 2104105	5/31/95
NJA 2104127	10/30/95

8428911823

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE RESIN SOLUTION

B. EPA hazardous waste code Page 19.
D001 F003
F005 NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19. 2821

E. Origin code 1 Page 19 System Type M 041

F. Source code Page 20. A 37

G. Point of measurement Page 20. 1

H. Form code Page 20. B 203

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 8702.0

B. Quantity generated in 1995 Page 21. 8,268.0

C. UOM Page 21. 1 Density 7.92 ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	VAD 098443443	M061	1	3,846.0
Site 2	AID 070513767	M061	1	4,422.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911824

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 1904192	1/18/95
NJA 1511797	3/18/95
NJA 1511798	3/22/95
NJA 2122003	4/6/95
NJA 1511799	4/13/95
NJA 2122715	5/17/95
NJA 2122713	7/18/95
NJA 2122712	11/1/95
NJA 2122711	12/21/95

8428911825

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD 048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE PETROLEUM NAPTHA

B. EPA hazardous waste code Page 19.
D001 NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19. 2821

E. Origin code 1 Page 19 System Type M 061

F. Source code Page 20. A 19

G. Point of measurement Page 20. 1

H. Form code Page 20. B 219

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 134.0

B. Quantity generated in 1995 Page 21. 87.0

C. UOM Page 21. 5 Density 7.60 ☒ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	NJD 000 768 093	M 029	1	87.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

8428911826

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 2045016	1/24/95
NJA 2123819	4/13/95
NJA 2086969	5/17/95
NJA 2154260	9/8/95

8428911827

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE LIQUID

B. EPA hazardous waste code Page 19.
D001 U002
U196 U012 U122

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System Type M 141	A98	1	B 003	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	155.0	1 ☐ 1 lbs/gal ☐ 2 sg		☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22. M	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22. M	Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND000646943	M 141	1	155.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
	☐ 1 Yes ☐ 2 No			

Comments:
LAB PACKS

8428911828

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95

8428911829

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE ORGANIC PEROXIDES, OXIDIZING SUBSTANCES

B. EPA hazardous waste code Page 19.

D001 D003
D009 NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type M NA	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821		A 58	1	B 003	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	28.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND 000 646 943	M 099	1	28.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 25.
	☐ 1 Yes ☐ 2 No			

Comments: LABPACKS- HYDROGEN PEROXIDE, SODIUM NITRATE MERCURIC NITRATE, ETC.

8428911830

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95

8428911831

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE LIQUID, CORRESIVE, NOS

B. EPA hazardous waste code Page 19.
D 0 0 1 D 0 0 2
N A N A N A

C. State hazardous waste code Page 19.
N A N A

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2 8 2 1	M 0 4 1	A 5 8	1	B 2 1 9	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.
0 . 0

B. Quantity generated in 1995 Page 21.
7 5 . 0

C. UOM Page 21. 1 Density . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995 .

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	I N D 0 0 0 6 4 4 9 4 3	M 0 8 9	1	7 5 . 0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:
DIABUTYLAMINE, DIETHYLAMINE

8428911832

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95

8428911833

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE POISONOUS SOLIDS

B. EPA hazardous waste code Page 19.
U 0 0 7 U 1 9 0
N A N A N A

C. State hazardous waste code Page 19.
N A N A

D. SIC code Page 19.
2 8 2 1

E. Origin code 1 Page 19
System Type M N A

F. Source code Page 20.
A 5 8

G. Point of measurement Page 20. 1

H. Form code Page 20.
B 0 0 3

I. RCRA - radioactive mixed Page 20.
2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.
0.0

B. Quantity generated in 1995 Page 21.
1 0 5 . 0

C. UOM Page 21.
1
☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22.
M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22.
M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	I N D 0 0 0 6 4 6 9 4 3	M 0 9 9	1	1 0 5 . 0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M	☐ 1 Yes			
M M	☐ 2 No			

Comments:
LAB CHEMICALS

8428911834

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95

8428911835

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD 048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE POISONOUS LIQUID NOS

B. EPA hazardous waste code Page 19.

D008 U218
U147 NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System / Type M NA	A 58	1	B 003	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	10.0	0	. ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND 000646943	M 099	1	10.0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

LAB CHEMCIALS

8428911836

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409	10/31/95

8428911837

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD 048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

WASTE TOLUENE DIISOCYANATE

B. EPA hazardous waste code Page 19.

D003 U223

NA NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	System 1 Type M NA	A58	1	B003	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	5.0	1 ☐ 1 lbs/gal ☐ 2 sq	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND000646943	M 099	1	5.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M	☐ 1 Yes ☐ 2 No			

Comments: LAB CHEMICALS

8428911838

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409 10/31/95

8428911839

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS. Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE SOLIDS, REACTIVE

B. EPA hazardous waste code Page 19.
D001 D002
D003 N A N A

C. State hazardous waste code Page 19.
N A N A

D. SIC code Page 19.	E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	2 System Type M N A	A 58	1	B 003	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	6.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM I) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND 000646943	M 129	1	6.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:
LAB PACK

8428911840

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409

10/31/95

8428911841

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE SOLIDS

B. EPA hazardous waste code Page 19.
D001 NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19. 2821

E. Origin code 1 Page 19 System Type M 043

F. Source code Page 20. A 58

G. Point of measurement Page 20. 1

H. Form code Page 20. B 003

I. RCRA - radioactive mixed Page 20. 2

Sec. I

A. Quantity generated in 1994 Instruction Page 21. 0.0

B. Quantity generated in 1995 Page 21. 6.0

C. UOM Page 21. 1 Density ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	IND 000 646 943	M 129	1	6.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments: LAB PACK (SODIUM METHOXIDE, ALUMINUM ISOPROPOXIDE)

8428911842

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

INA 0741409

10/31/95

8428911843

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
NON-REGULATED, NON-HAZARD SOLIDS

B. EPA hazardous waste code Page 19.
NA NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code 1 Page 19 System Type M 043	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821		A53	1	B319	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
9200.0	6720.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 22.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD000222083	M132	1	6720.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M	☐ 1 Yes			
M M	☐ 2 No			

Comments:
RESIN SOLIDS, NON-HAZARDOUS SOLIDS FROM FILTERING.

8428911844

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 1887914	4/25/95
NJA 2117926	11/21/95

8428911845

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

NON-HAZARDOUS, NON-REGULATED MATERIALS

B. EPA hazardous waste code Page 19.

NA NA
NA NA NA

C. State hazardous waste code Page 19.

NA NA

D. SIC code Page 19.	E. Origin code / Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	M 0 6 1	A 7 5	1	B 5 0 4	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	3788.0	1	☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M		M	

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	G A D 0 0 0 2 2 2 0 8 3	M 1 0 9	1	3788.0
Site 2		M		

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
M M M M	☐ 1 Yes ☐ 2 No			

Comments:

OIL/WATER SEPARATOR SLUDGE

8428911846

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 1887938	2/1/95
NJA 2117913	8/3/95

8428911847

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.

COMBUSTIBLE LIQUID, NOS (VIRGIN FUEL OIL # 2)

B. EPA hazardous waste code Page 19.

N A N A
N A N A N A

C. State hazardous waste code Page 19.

N A N A

D. SIC code Page 19.	E. Origin code / Page 19 System Type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA - radioactive mixed Page 20.
2821	M 061	A 99	1	B 219	2

Sec. II

A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0.0	1600.0	5 Density ____ . ____ ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995
M	.	M	.

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	N J D 0 4 5 9 9 5 6 9 3	M 051	5	1600.0
Site 2		M		.

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No	.	.	.

Comments:

FUEL OIL # 2

8428911848

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NHZ 02001122 12/18/95

8428911849

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: NJD 048797195

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
NON-HAZARDOUS, NON-REGULATED LIQUID MATERIALS

B. EPA hazardous waste code Page 19.
NA NA
NA NA NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19. 2821

E. Origin code 1 Page 19 System Type M 041

F. Source code Page 20. A 58

G. Point of measurement Page 20. 1

H. Form code Page 20. B 219

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 9200.0

B. Quantity generated in 1995 Page 21. 6685.0

C. UOM Page 21. 1 Density ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III

A. Was any of this waste shipped off-site in 1995 Instruction page 22.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.
Site 1	GAD 000 222 083	M069	1	6645.0
Site 2	IND 000 646 943	M129	1	40.0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
	☐ 1 Yes ☐ 2 No			

Comments:
NON-HAZARDOUS RESINS, COCONUT OIL, LINSEED OIL, ETC.

8428911850

Attachment

Attach a list of hazardous waste manifests for this form. This list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shipped
NJA123456	01/01/94
NJA123457	12/31/94

NJA 2117908	7/20/95
INA 0741409	10/31/95
NJA 2117926	11/21/95

8428911851

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

FORM 01

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: G A D 0 0 0 2 2 2 0 8 3

B. Name of off-site installation or transporter: ENSCO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1015 NEW SOUTH HARRIS
City: DALTON
State: GA Zip: 3 0 7 0 2 -

Site 2

A. EPA ID No. of off-site installation or transporter: P A D 1 4 6 7 1 4 8 7 8

B. Name of off-site installation or transporter: HORWITH TRUCKS INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: P.O. BOX 7 RTE 329
City: NORTH HAMPTON
State: PA Zip: 1 8 0 6 7 -

Site 3

A. EPA ID No. of off-site installation or transporter: P A D 0 0 0 4 2 9 5 8 5

B. Name of off-site installation or transporter: POTTSTOWN LANDFILL & RECYCLING

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: SELL ROAD
City: POTTSTOWN
State: PA Zip: 1 9 4 6 4 -

Site 4

A. EPA ID No. of off-site installation or transporter: V A D 0 9 8 4 4 3 4 4 3

B. Name of off-site installation or transporter: OLDOVER CORPORATION

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: RTE 1, STATE RD 652
City: ARVONIA
State: VA Zip: 2 3 0 0 4 -

Site 5

A. EPA ID No. of off-site installation or transporter: N J D 0 5 4 1 2 6 1 6 4

B. Name of off-site installation or transporter: FREEHOLD CARTAGE INC

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: P.O. BOX 5010
City: FREEHOLD
State: NJ Zip: 0 7 7 2 8 -

Comments:

8428911852

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

FORM OI

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: V A D 0 4 0 1 5 9 4 3 6

B. Name of off-site installation or transporter: OLDOVER CORPORATION

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: RTE 1 STATE RD 652
City: ARVONIA
State: VA Zip: 23004

Site 2

A. EPA ID No. of off-site installation or transporter: A L D 0 7 0 5 1 3 7 6 7

B. Name of off-site installation or transporter: M & M CHEMICALS & EQUIPMENT

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1229 VALLEY DRIVE
City: ATTALLA
State: AL Zip: 35954

Site 3

A. EPA ID No. of off-site installation or transporter: I L D 9 8 4 9 0 8 2 0 2

B. Name of off-site installation or transporter: SAFETY KLEEN CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: 32 TOMPKINS POINT RD.
City: NEWARK
State: NJ Zip: 07105

Site 4

A. EPA ID No. of off-site installation or transporter: N J D 0 0 0 7 6 8 0 9 3

B. Name of off-site installation or transporter: SAFETY KLEEN CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 32 TOMPKINS POINT RD
City: NEWARK
State: NJ Zip: 07105

Site 5

A. EPA ID No. of off-site installation or transporter: O H D 0 0 9 8 6 5 8 2 5

B. Name of off-site installation or transporter: DART TRUCKING COMPANY

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: 61 RAILROAD STREET
City: CAMPFIELD.
State: OH Zip: 44406

Comments:

8428911853

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE

EPA ID NO: N J D 0 4 8 7 9 7 1 9 5

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM 01

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: G A D 0 0 0 3 3 3 0 8 3

B. Name of off-site installation or transporter: ENSCO ENVIRONMENTAL SERVICES OF GA

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1015 NEW SOUTH HARRIS
City: DALTON
State: G A Zip: 3 0 7 2 0

Site 2

A. EPA ID No. of off-site installation or transporter: I N D 0 0 0 6 4 6 9 4 3

B. Name of off-site installation or transporter: POLLUTION CONTROL INDUSTRIES OF INDIANA INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 4343 KENNEDY AVENUE
City: EAST CHICAGO
State: I N Zip: 4 6 3 1 2

Site 3

A. EPA ID No. of off-site installation or transporter: M O D 0 9 5 0 3 8 9 9 8

B. Name of off-site installation or transporter: TRI-STATE MOTOR TRANSIT CO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street: P.O. BOX 113
City: JOPLIN
State: M I Zip: 6 4 8 0 2

Site 4

A. EPA ID No. of off-site installation or transporter: A R D 9 8 1 0 5 7 8 7 0

B. Name of off-site installation or transporter: RINECO CHEMICALS

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 1007 VULCAN ROAD HASKELL
City: BENTON
State: A R Zip: 7 2 0 1 5

Site 5

A. EPA ID No. of off-site installation or transporter: N J D 0 4 5 9 9 5 6 9 3

B. Name of off-site installation or transporter: CASSIE ECOLOGY SALVAGE INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☒ TSDR

D. Address of off-site installation
Street: 3209 N MILL RD
City: VINELAND
State: N J Zip: 0 8 3 6 0

Comments:

REICHHOLD CHEMICALS, INC.

VENDOR NO.	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
6027248	04 23 92	04-23-92	100 00	0.00	100.00

DETACH BEFORE DEPOSITING 1385/00121091 100.00

8428911855

Reichhold Chemicals, Inc.
Coating Polymers & Resins Division
400 Doremus Avenue
Newark, NJ 07105

REICHHOLD

April 27, 1992

N.J.D.E.P.E.
Division of Responsible Party Site Remediation
CN 028
Trenton, NJ 08625-0029
Attn.: UST Program

Dear Sirs:

Enclosed is an application and check to cover registration of five underground storage tanks each with a capacity of 500 gallons. The tanks are being registered as the first step in the process of permanent closure. The only information available regarding location, age, tank contents, etc., is based on a site plan dated May 11, 1970, and from recollection of two long time employees.

Given the age of the tanks and the lack of documentation, assumptions were made regarding tank construction and containment. Specifically, the tanks and piping are assumed to be constructed from bare steel, that they are unlined, and that there are no leak detection devices.

Please contact me at the below listed telephone number if you have any questions.

Sincerely,

Robert Naujelis
Environmental & Safety Mgr.

(201) 589-3709
(201) 817-9173 (Facsimile)

8428911856

8428911857

REICHHOLD CHEMICALS, INC.

VENDOR NO.	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
6027248	04 23 92	04-23-92	100 00	0.00	100.00

DETACH BEFORE DEPOSITING 1385/00121091 100.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

REICHHOLD COATING POLYMERS & RESINS DIVISION

00121091

62-26
311

1110-09

PO BOX 13582
RTP NC 27709

CHECK DATE

04 27 92

MO DAY YR

*****100**DOLLARS AND 00 CENTS

PAY

DOLLARS	CENTS
*****100	00

REICHHOLD CHEMICALS, INC.

TO THE ORDER OF
TREASURER, STATE OF NEW JERSEY
N J D E P BUREAU OF REVENUE
CN 417
TRENTON NJ 08625

MANUFACTURERS HANOVER BANK (DELAWARE)

William H. Ovey

VICE PRESIDENT

⑈00121091⑈ ⑆031100267⑆ 6301411108 509⑈

Let's protect our earth

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
Trenton, N.J. 08625-0029

FOR STATE USE ONLY		
UST # _____		
	YES	NO
CK. IN.	☐	☐
AMT.	☐	☐
AUTH.	☐	☐
SP. ROUTE	☐	☐
SITE PLN.	☐	☐
SIGN.	☐	☐
COMCODE		

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks
Registration and Billing Section

Completion of this Registration Questionnaire will satisfy all initial registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21, and the Registration and Billing Regulations N.J.A.C. 7:14B-2.

(Check appropriate box(es))

A. ____ Is this a registration of a proposed or newly installed underground storage tank?

B. X Is this a registration of an existing underground storage tank?

General Facility Information

1. Facility Name: RICHHOLD CHEMICALS INC
2. Facility Location: 46 ALBERT AVE (NUMBER AND STREET)
   NEWARK (CITY OR MUNICIPALITY)
   ESSEX (COUNTY) NJ (STATE) 07105 (ZIP CODE)
   02448 (BLOCK) 0029 (LOT)
3. Owner's mailing address: 46 ALBERT AVE (NUMBER AND STREET)
   NEWARK (CITY OR MUNICIPALITY)
   ESSEX (COUNTY) NJ (STATE) 07105 (ZIP CODE)
4. Owner's name: RICHHOLD CHEMICALS INC.
5. Contact person (~~Facility Operator~~ TECHNICAL CONTACT): ROBERT MAUJELLIS (PERSON OR TITLE)
6. Contact telephone number: 201 (AREA CODE) 589 (CHANGE) 3714 (NUMBER)
7. Total number of facility underground storage tanks: 0005 (Complete Questions 12 thru 32 for each tank)
8. Total facility underground storage tank capacity (gallons): 0002500
9. Status of owner: (mark one) A. ☒ CURRENT B. ☐ FORMER
10. Type of owner (mark one) A. ☐ State B. ☒ Commercial C. ☐ Local D. ☐ Federal E. ☐ Charitable or Public School F. ☐ Residence G. ☐ Ownership Uncertain

11a. Two copies of a site plan are submitted with this registration A. ☒ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are: E (existing/in use), P (empty), M (emergency), A (abandoned), C (other). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? ☐ YES ☐ NO

(Type) _____ (Company/Carrier) _____

(Policy Number) _____ (Expiration Date) _____

8428911858

UST NO. _____

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
12. Tank Identification number	0P23	0P24	0P25	0P26	0P27
13. CAS number (hazardous substances only)	0080303 06		0080066 19	0080066 19	0080524 13
14. Tank age (years)	>25	>25	>25	>25	>25
15. Tank size (gallons)	000500	000500	000500	000500	000500
16. Tank contents (MARK ONE X)					
A. [illegible] gasoline	☐	☐	☒	☒	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☐	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (please specify)					
N. Motor oil	☐	☐	☐	☐	☐
P. Lubricating Oil	☐	☐	☐	☐	☐
Q. Sewage	☐	☐	☐	☐	☐
R. Sewage sludge	☐	☐	☐	☐	☐
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	☐	☐	☐	☐	☐
U. Mineral spirits	☐	☐	☐	☐	☒
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)	YM + P NAPTHA				
Y. Other (please specify)		EMPTY			

17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
B. Carbon steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Galvanized steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Coated steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. Iron (cast or ductile)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Cathodically protected steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Fiberglass-coated steel	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Other non-metallic (please specify)										
L. Other (please specify)										

18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
B. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Manway in tank	☐		☐		☐		☐		☐	

19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

8428911859

UST NO. _____

	TANK NO.		TANK NO.		TANK NO.		TANK NO.		TANK NO.	
Tank I D. No.	0P23		0P24		0P25		0P26		0P27	
20. Tank and piping lining installed (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Retrofitted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Vault	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Double wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Sacrificial anode	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Impressed current	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Manual sampling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Ground water monitoring	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. System in secondary containment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. System outside backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. System within piping (piping leak detector)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. System within backfill	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Event activated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. Audio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. Visual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E. In-tank (automatic) monitoring gauge	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
F. Pressure/vacuum loss sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
G. Liquid filled annular space	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
H. Liquid sensor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
J. Vapor sniff wells	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
K. Other (please specify)										
L. None	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Yes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
C. Test positive (MARK IF LEAK WAS DISCOVERED)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. Leak/spill occurrence (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Within the past 1 year	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B. Within the past 1 to 5 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C. More than 5 years ago	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D. No Records	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
E. None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8428911860

UST NO. _____

Tank I D. No.	TANK NO. 0P23	TANK NO. 0P24	TANK NO. 0P25	TANK NO. 0P26	TANK NO. 0P27
Tank status (MARK ONE X)					
A. In-use	☐	☐	☐	☐	☐
† B. Empty less than 12 months	☐	☐	☐	☐	☐
† C. Empty 12 months or more	☒	☒	☒	☒	☒
† D. Emergency spill tank (sump)	☐	☐	☐	☐	☐
† E. Abandoned, in place, filled and sealed	☐	☐	☐	☐	☐
F. Other (please specify)					
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☒
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	☐	☐	☐	☐	☐
B. No	☒	☒	☒	☒	☒
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	☒	☒	☒	☒	☒
B. No	☐	☐	☐	☐	☐

† *If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.*

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	☐	☐	☒	☒	☐
B. Unleaded gasoline	☐	☐	☐	☐	☐
C. Alcohol enriched gasoline	☐	☐	☐	☐	☐
D. Light diesel fuel (No. 1-D)	☐	☐	☐	☐	☐
E. Medium diesel fuel (No. 2-D)	☐	☐	☐	☐	☐
F. Waste oil	☐	☐	☐	☐	☐
G. Kerosene (No. 1)	☐	☐	☐	☐	☐
H. Home heating oil (No. 2)	☐	☐	☐	☐	☐
J. Heating oil (No. 4)	☐	☐	☐	☐	☐
K. Heavy heating oil (No. 6)	☐	☐	☐	☐	☐
L. Aviation fuel	☐	☐	☐	☐	☐
M. Hazardous substances (per Fact Sheet)	☐	☐	☐	☐	☐
N. Motor oil	☐	☐	☐	☐	☐
P. Lubricating Oil	☐	☐	☐	☐	☐
Q. Sewage	☐	☐	☐	☐	☐
R. Sewage sludge	☐	☐	☐	☐	☐
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	☐	☐	☐	☐	☐
U. Mineral spirits	☐	☐	☐	☐	☒
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)	VM&P NAPTHA				
Y. Other (please specify)		EMPTY			
32. Estimated date last used (month/year)	0470 Mo. Yr.	0469 Mo. Yr.	0470 Mo. Yr.	0470 Mo. Yr.	0470 Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

(SIGNATURE) 4/27/92 (DATE)

MIKULAS GASPARIK
(PRINT OR TYPE NAME)

PLANT MANAGER
(TITLE)

8428911861

REICHHOLD

PURCHASE REQUISITION

C.E.A.R. REQUIRED	C.E.A.R. NO.	REQUISITION DATE	REQ. NO.
☐ YES ☒ NO		4/23/92	R 009165

REQUISITIONER	RECEIVING POINT	VENDOR CODE	TAX % - WHEN EXEMPT SHOW NO. OR TAX AUTH.
M. Baxi	013 –		#

SHIP VIA	F.O.B 1-DESTINATION 2-SHIP PT. 3-OTHER CODE	DATE REQUIRED	TERMS	ALLOWABLE OVER % SHIPMENT UNDER
		05/09/92		

SUGGESTED VENDOR: (name, address and phone)
N.J. DEPE.
CN-414
Trenton, NJ 08625-0417

SHIP TO: 013, Doremus Ave

ROUTING AND APPROVAL TO:

NAME	INITIALS	DATE
M. Baxi	RM.	4/23/92
	AMH	4/23/92

PURCHASING APPROVAL — INITIALS — DATE

ITEM NO.	QUANTITY	U/M	DESCRIPTION	COMMODITY CODE	UNIT PRICE	LOCATION	COST CENTER	EXPENSE CODE	COMMODITY CODE
			U.S.T Registration fee		$ 100.00	013	~~001~~ 009	~~561~~ 675	
			make check payable to:						
			TREASURER – state of New Jersey						
			for. CN-~~#~~ 417						
			check Due date is 05/09/92						
			UST # 0159221						
			for period – [4/10/92 – 05/09/92]						

COMPLETE ONE OF THESE BOXES	NAME-VENDOR #1	NAME-VENDOR #2	NAME-VENDOR #3
☐ PURCHASE ORDER REQUEST	PRICE	PRICE	PRICE
☐ SERVICE ORDER REQUEST	F.O.B	F.O.B	F.O.B
☐ BLANKET ORDER REQUEST	TERMS	TERMS	TERMS
☐ BLANKET RELEASE			

REQUISITIONER

8428911862

Let's protect our earth

Underground Storage Tank
Registration Certificate

8428911863

REICHHOLD CHEMICALS INC.
46 ALBERT AVENUE
NEWARK, NJ 07105

DIVISION OF RESPONSIBLE PARTY REMEDIATION
BUREAU OF UNDERGROUND STORAGE TANKS
CN 028
TRENTON, NEW JERSEY 08625

UST No. 0226253

The above listed facility has complied with P.L. 1986,c.102 and has duly registered with the NJDEP.
(Facility name and location if different than above)

NAME: REICHHOLD CHEMICALS INC.

ADDRESS: 525 NORTH BROADWAY
WHITE PLAINS, NY 10603

PRODUCT(S) STORED: LEADED GASOLINE
MEDIUM DEISEL FUEL (NO. 2-D)
HOME HEATING OIL (NO. 2)

ON-SITE MANAGER: LOUIS A KAPLAN

TELEPHONE: (201)589-3875

NO. OF TANKS: 6

EFFECTIVE DATE: 01/01/92 EXPIRATION DATE: 12/31/92

RC-3 (3/89)

THIS FORM MUST BE AVAILABLE FOR INSPECTION AT THE FACILITY AT ALL TIMES

New Jersey Department of Environmental Protection

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC
46 ALBERT AVE. NEWARK NJ 07105

EPA ID NO. NJD048797195

FORM **IC**

1991 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label ☒ or →
B. County: ESSEX
C. Site/company name Same as label ☒ or →
D. Has the site name associated with this EPA ID changed since 1989? ☒ 1 Yes ☐ 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☒ or →
F. City, town, village, etc. Same as label ☒ or →
G. State Same as label ☒
H. Zip Code Same as label ☒

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III) ☒ 2 No (GO TO BOX B)
B. Number and street name of mailing address: 400 DOREMUS AVE.
C. City, town, village, etc.: NEWARK
D. State: NJ
E. Zip Code: 07105-

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print Last name: NAUJELIS First name: ROBERT M.I.:
B. Title: ENV. ENG.
C. Telephone: 201 589-3714 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.	B.	C.	D.
2821	NA	NA	NA

SEC. V "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print Last name: NAUJELIS First name: ROBERT M.I.:
B. Title: ENVIR. ENG.
C. Signature: Robert Naujelis
D. Date of signature: 03 (MO.) 02 (DAY) 93 (YR.)

OVER -->

8428911864

8428911865

FORM IC

Sec. VI - Generator Status

EPA ID NO. NJD 048 797 195

A. 1991 Generator status
Instruction page 7
(CHECK ONE BOX BELOW)

- [x] 1 FRG/LQG
- [ ] 2 FRG
- [ ] 3 SQG
- [ ] 4 Non generator (CONTINUE TO BOX B)

(SKIP TO SEC. VII)

B. Reason for not generating
Page 9
(CHECK ALL THAT APPLY)

- [ ] 1 Never generated
- [ ] 2 Out of business
- [ ] 3 Only excluded or delisted waste
- [ ] 4 Only non-hazardous waste
- [ ] 5 Periodic or occasional generator
- [ ] 6 Waste minimization activity
- [ ] 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. Hazardous waste permitted or interim status storage Instruction page 10	B. Hazardous waste permitted or interim status treatment, disposal, or recycling Page 10	C. Hazardous waste-exempt treatment, disposal, or recycling Page 11
1	1	1

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11	B. Did this site begin or expand a recycling activity during 1990 or 1991? Page 12	C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12
[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No

Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		
[ ] 1	[x] 2	a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
[ ] 1	[ ] 2	b.	Lack of technical information on source reduction techniques applicable to the specific production processes
[ ] 1	[x] 2	c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
[ ] 1	[x] 2	d.	Concern that product quality may decline as a result of source reduction
[ ] 1	[x] 2	e.	Technical limitations of the production processes
[ ] 1	[ ] 2	f.	Permitting burdens
[ ] 1	[ ] 2	g.	Source reduction previously implemented -- additional reduction does not appear to be technically feasible
[ ] 1	[x] 2	h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
[ ] 1	[x] 2	i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
[ ] 1	[ ] 2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)

Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		
[ ] 1	[x] 2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice
[ ] 1	[ ] 2	b.	Lack of technical information on recycling techniques applicable to this site's specific production processes
[ ] 1	[x] 2	c.	Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment
[ ] 1	[x] 2	d.	Concern that product quality may decline as a result of recycling
[ ] 1	[x] 2	e.	Requirements to manifest wastes inhibit shipments off site for recycling
[ ] 1	[x] 2	f.	Financial liability provisions inhibit shipments off site for recycling
[ ] 1	[x] 2	g.	Technical limitations of production processes inhibit shipments off site for recycling
[x] 1	[ ] 2	h.	Technical limitations of production processes inhibit on-site recycling
[x] 1	[ ] 2	i.	Permitting burdens inhibit recycling
[ ] 1	[x] 2	j.	Lack of permitted off-site recycling facilities
[x] 1	[ ] 2	k.	Unable to identify a market for recyclable materials
[ ] 1	[x] 2	l.	Recycling previously implemented -- additional recycling does not appear to be technically feasible
[ ] 1	[x] 2	m.	Recycling previously implemented -- additional recycling does not appear to be economically feasible
[ ] 1	[x] 2	n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
[ ] 1	[ ] 2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

46 ALBERT AVE NEWARK NJ 07105

EPA ID NO. NJD 048 797 195

1991 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): PARTS WASHER SOLVENT (WASTE PETROLEUM NAPTHA)

B. EPA hazardous waste code (Page 15): D001

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 18): 1 — System type: M MA

F. Source code (Page 17): A04

G. Point of measurement (Page 17): 1

H. Form code (Page 17): B20

I. RCRA/radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 2

K. CAS numbers (Page 18): 1. 2. 3. 4. 5.

Sec. II

A. Quantity generated in 1990 (Instruction Page 15): 0.2

B. Quantity generated in 1991 (Page 18): 0.4

C. UOM (Page 19): 2 — Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991:

Sec. III

A. Was any of this waste shipped off site in 1991? (Instruction Page 20)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
Site 1	NJD 000 768 093	M029	1	0.4
Site 2	NA	M		

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

8428911866

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

46 ALBERT AVE NEWARK NJ 07105

EPA ID NO. NJD 048 797 195

FORM GM

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description Instruction Page 15: WASTE FILTER MEDIA FROM RESIN PROCESSING (DIATOMACEOUS EARTH, FILTER PAPER, RESIN)

B. EPA hazardous waste code Page 15: NA NA NA NA NA

C. State hazardous waste code Page 15: C386 NA

D. SIC code Page 18: 2821

E. Origin code Page 18: 1 System type: M NA

F. Source code Page 17: A 32

G. Point of measurement Page 17: 1

H. Form code Page 17: B 319

I. RCRA-radioactive mixed Page 17: 2

J. Reported TRI constituent Page 18: 3

K. CAS numbers Page 18: 1. 1330.20.7 2. 108.88.3 3. 4. 5.

Sec. II

A. Quantity generated in 1990 Instruction Page 18: 87.0

B. Quantity generated in 1991 Page 18: 85.0

C. UOM Page 19: 2 Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type Page 19: M
Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2
On-site system type Page 19: M
Quantity treated, disposed or recycled on site in 1991:

Sec. III

A. Was any of this waste shipped off site in 1991? Instruction Page 20
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
Site 1	NJD 991 291 105	M 119	1	85.0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W W W W	☐ 1 Yes ☐ 2 No			

Comments: SEC/H SPENT FILTER MEDIA WITH SOLID RESINS

8428911867

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

46 ALBERT AVE NEWARK NJ 07105

EPA ID NO. NJD 048 797 195

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description, Instruction Page 15: WASTE RESINS AND SOLVENTS FROM RESIN MANUFACTURE

B. EPA hazardous waste code, Page 15: D001 F003 F005 NA NA

C. State hazardous waste code, Page 15: NA NA

D. SIC code, Page 16: 2821

E. Origin code, Page 16: 1 — System type: M NA

F. Source code, Page 17: A09

G. Point of measurement, Page 17: 2

H. Form code, Page 17: B219

I. RCRA-radioactive mixed, Page 17: 2

J. Reported TRI constituent, Page 18: 3

K. CAS numbers, Page 18: 1. 1330-20-7 2. 108-88-3 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1990, Instruction Page 18: 263.6

B. Quantity generated in 1991, Page 18: 66.4

C. UOM, Page 19: 2 — Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type, Page 19: M
Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2
On-site system type, Page 19:
Quantity treated, disposed or recycled on site in 1991:

Sec. III

A. Was any of this waste shipped off site in 1991? Instruction Page 20
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to, Page 20	C. System type shipped to, Page 20	D. Off-site availability code, Page 21	E. Total quantity shipped in 1991, Page 21
Site 1	VAD 098 443 443	M061		
Site 2	NA	M		

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity, Page 22	C. Other effects, Page 22	D. Quantity recycled in 1991 due to new activities, Page 23	E. Activity/production index, Page 23	F. 1991 Source reduction quantity, Page 24
W W W W	☐ 1 Yes ☐ 2 No			

Comments: SEC I F A57, A58, A92
SEC I H MIX OF SOLVENTS AND RESINS

8428911868

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC
46 ALBERT AVE NEWARK NJ 07105

EPA ID NO. NJD048797195

FORM **01**

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
1	NJD000768093	SAFETY KLEEN CORP.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street 32 TOMPKINS POINT RD; City NEWARK; State NJ; Zip Code 07105-

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
2	NJD991291105	S&W WASTE INC

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street 105 JACOBUS AVE.; City SOUTH KEARNY; State NJ; Zip Code 07032-

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
3	VAD098443443	OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street ROUTE 1 & STATE RD. 652; City ARVONIA; State VA; Zip Code 23004-

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
4	VAD077942266	OLDOVER CORP

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street ROUTE 1 BOX 1; City CASCADE; State VA; Zip Code 24069-

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
5	NJD986609949	MEROLA ENTERPRISES

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR

D. Address of off-site installation: Street; City; State; Zip Code -

Comments:

8428911869

Newark (A) [illegible]

OFFICIAL USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

Site Name REICHHOLD CHEMICALS INC
46 ALBERT AVE NEWARK, NJ 07105

EPA ID No. NJD 048 797 195

Bob N to send [illegible]

1991 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue
CN417
428 East State Street
Trenton, NJ 08625-0417
Attention: Manifest Section

Fee Category

☐	No Fee	This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year .
☐	$200.00	This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
☐	$300.00	This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
☒	$400.00	This site (company) manifested 100 tons or more of hazardous waste during the calendar year.
☐	$_____	Other, the attached check is for multiple sites as identified on the reverse side of this form.

8428911870

Reichhold Chemicals, Inc.
Coating Polymers & Resins Division
400 Doremus Avenue
Newark, NJ 07105

RECEIVED MAR 1 2 199 (A)
Haz Waste

REICHHOLD

March 6, 1992

N.J. DEPE
Bureau of Revenue
Attn.: Manifest Section - Annual Reports
CN 417
428 East State St.
Trenton, NJ 08625-0417

RE.: NJD092217892
NJD048797195

Dear Sirs:

On review of the Annual Generator Reports for the above facilities, several omissions were noted. Enclosed are the corrected pages.

Please contact me if you have any questions.

Very truly yours,

Robert Naujelis
Environmental Engineer

RN/glm
encl.

cc: B. Crawford - RTP

(201) 589-3709
(201) 817-9173 (Facsimile)

8428911871

8428911872

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC
46 ALBERT AVE NEWARK NJ 07105

EPA ID NO. NJD 048 797 195

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE, RESINS AND SOLVENTS FROM RESIN MANUFACTURE.

B. EPA hazardous waste code (Page 15): D001 F003 F005 NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 18): 2821

E. Origin code (Page 18): 1 — System type: M NA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 2

H. Form code (Page 17): B219

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 1330.20.7 2. 108.88.3 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1990 (Instruction Page 18): 263.6

B. Quantity generated in 1991 (Page 18): 66.4

C. UOM (Page 19): 2 — Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type (Page 19): M
Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2
On-site system type (Page 19): M
Quantity treated, disposed or recycled on site in 1991:

Sec. III

A. Was any of this waste shipped off site in 1991? (Instruction Page 20)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
Site 1	VAD 098 443 443	M061		66.4
Site 2	NA	M		

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
W W W W	☐ 1 Yes ☐ 2 No			

Comments: SEC I F A57, A58, A92
SEC III MIX OF SOLVENTS AND RESINS

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
WASTE SUMMARY FORM

Generator (Company) Name REICHHOLD CHEMICALS AND SPENCER KELLOGG PRODUCTS/NL-CHEMICALS

US EPA ID Number NJD092217892

Directions

Please indicate below the total quantity of hazardous waste manifested during the 1989 report year for each unit of measure. Enter the units of measure as they appeared in item #14 of the manifest. Do not convert one form of unit of measure to another.

_____ G - Gallons (liquids only)

1,162,044 * P - Pounds

_____ T - Tons

_____ Y - Cubic Yards

_____ L - Liters (Liquids only)

_____ K - Kilograms

* REICHHOLD CHEMICALS - 85,570
SPENCER KELLOGG - 1,076,474

8428911873

8428911874

OMB#: Expires

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.

AND SPENCER KELLOGG PRODUCTS/ NL CHEMICALS

EPA ID NO. NJD092217892

DRAFT 8-25-89

FORM **IC**

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1989 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6.

A. EPA ID No. Same as label ☐ or → NJD092217892

B. Site/company name Same as label ☐ or → REICHHOLD CHEMICALS, INC.

C. Has the site name associated with this EPA ID changed since 1987? ☒ 1 Yes ☐ 2 No

D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☐ or → 400 DOREMUS AVE.

E. City, town, village, etc. Same as label ☐ or → NEWARK

F. County ESSEX

G. State Same as label ☐ NJ

H. Zip Code Same as label ☐ 07105-

SEC. II Mailing address of site. Instruction page 6.

Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (COMPLETE SEC. II)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code -

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6.

A. Please print: Last name RANKIN First name JOHN M.I.

B. Title PLANT MGR.

C. Telephone 201 559-3709 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7.

A.	B.	C.	D.
2821			

SEC. V 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. Number of form pages submitted Form IC 2 Form WM 3

Please print: Last name RANKIN First name JOHN M.I.

C. Title PLANT MANAGER

D. Signature

E. Date of signature 04 16 90 MO. DAY YR.

EPA Form Revised OVER →

when is 2

Are these report new activity?

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

NAME: RECHHOLD CHEMICALS

AND: SPENCER KELLOGG PRODUCTS / NL CHEMICALS

EPA ID NO. NJD092211812

DRAFT
8-25-89

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

FORM **WM**

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 11): 0

B. EPA hazardous waste code (Page 11): D001

C. State hazardous waste code (Page 11):

D. SIC code (Page 11): 2821

E. Source code (Page 11): Pollution Control A32 A71

F. Form code (Page 12): B409

G. Origin (Page 12): Code U; System type M

H. TRI constituent (Page 12): 3

I. CAS numbers (Page 13): 1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. 5.

Sec. II

A. Quantity generated in 1988 (Instruction Page 13): 2110710

B. Quantity generated in 1989 (Page 13): 341604

C. UOM (Page 13): 1

D. Density (Page 14): . ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989? (Page 14): ☐ 1 Yes (CONTINUE TO BOX F) ☒ 2 No (SKIP TO SEC. III)

F. On-site recycling (Page 14): Quantity recycled on site in 1989: NR 0

G. Off-site recycling (Page 14): Quantity recycled off site in 1989: NR 0

Sec. III

A. Activity (Page 14): W W W W

B. Other effects (Page 14): ☐ 1 Yes ☐ 2 No

C. Quantity recycled in 1989 due to new activities (Page 14): NA

D. Activity/Production index (Page 15): 1.0

E. Source Reduction Quantity (Page 16): NA

Comments: RECHHOLD CHEMICALS, INC PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911875

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.

AND SPENCER KELLOGG PRODUCTS/ NL CHEMICALS

EPA ID NO. NJD092217892

DRAFT
8-25-89

FORM
WM

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I

A. Waste description
Instruction Page 11

B. EPA hazardous waste code
Page 11
D001

C. State hazardous waste code
Page 11

D. SIC code
Page 11
2821

E. Source code
Page 11
off spec
A57

F. Form code
Page 12
B219

G. Origin
Page 12
Code 1
System type M

H. TRI constituent
Page 12
3

I. CAS numbers
Page 13
1. 67-56-1 2. 108-88-3
3. 1330-20-7 4. - - 5. - -

A. Quantity generated in 1988
Instruction Page 13
0

B. Quantity generated in 1989
Page 13
126370

C. UOM
Page 13
1

D. Density
Page 14
.
☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989?
Page 14
☐ 1 Yes (CONTINUE TO BOX F)
☒ 2 No (SKIP TO SEC. III)

F. On-site recycling
Page 14
Quantity recycled on site in 1989
0

G. Off-site recycling
Page 14
Quantity recycled off site in 1989
0

Sec. III

A. Activity
Page 14
W W
W W

B. Other effects
Page 14
☐ 1 Yes
☐ 2 No

C. Quantity recycled in 1989 due to new activities
Page 14
NA

D. Activity/Production Index
Page 15
1.0

E. Source Reduction Quantity
Page 16
NA

Comments:

REICHHOLD CHEMICALS, INC. PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911876

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.

AND SPUNCER KELLOGG PRODUCTS / NL CHEMICALS

EPA ID NO. NJD092217892

DRAFT
8-25-89

U.S. ENVIRONMENTAL PROTECTION AGENCY

1989 Waste Minimization Report

FORM
WM

WASTE MINIMIZATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1989 Waste Minimization Report booklet before completing this form.

Sec. I

A. Waste description
Instruction Page 11

B. EPA hazardous waste code
Page 11
F003

C. State hazardous waste code
Page 11

D. SIC code
Page 11
2821

E. Source code
Page 11
A57

F. Form code
Page 12
B219

G. Origin
Page 12
Code 1
System type M

H. TRI constituent
Page 12
3

I. CAS numbers
Page 13
1. 67-56-1 2. 108-88-3
3. 1330-20-7 4. 5.

Sec. II

A. Quantity generated in 1988
Instruction Page 13
244355

B. Quantity generated in 1989
Page 13
694070

C. UOM
Page 13
1

D. Density
Page 14
.
☐ 1 lbs/gal ☐ 2 sg

E. Was this waste recycled in 1989?
Page 14
☐ 1 Yes (CONTINUE TO BOX F)
☒ 2 No (SKIP TO SEC. III)

F. On-site recycling
Page 14
Quantity recycled on site in 1989
0

G. Off-site recycling
Page 14
Quantity recycled off site in 1989
0

Sec. III

A. Activity
Page 14
W W
W W

B. Other effects
Page 14
☐ 1 Yes
☐ 2 No

C. Quantity recycled in 1989 due to new activities
Page 14
NA

D. Activity/Production Index
Page 15
1.0

E. Source Reduction Quantity
Page 16
NA

Comments:

REICHHOLD CHEMICALS, INC. PURCHASED PLANT FROM SPENCER KELLOGG PRODUCTS 9-1-89.

8428911877

8428911878

Site Name REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE
NEWARK, NJ 07105

EPA ID No. N J D 0 9 2 2 1 7 8 9 2

OFFICIAL USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

1993 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check where indicated.
When submitting multiple reports, each site will require a FeeVerification Worksheet; however, any fees owed may be combined into one check.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey
Mail Report to: NJDEPE, Bureau of Revenue
Attention: Annual Reports Unit
CN 417
Trenton, New Jersey 08625-0417

Fee Category

☐	No Fee	This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
☐	$125.00	This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
☐	$180.00	This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
☐	$300.00	This site (company) manifested 100 tons or more of hazardous waste but less tha 150 tons of hazardous waste during the calendar year.
☒	$400.00	This site (company) manifested 150 tons of more of hazardous waste during the calendar year.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM **IC**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. NJD 092 217 892	B. County ESSEX
C. Site/company name REICHHOLD CHEMICALS, INC.	D. Has the site name associated with this EPA ID changed since 1991? ☐ 1 Yes ☒ 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. 400 DOREMUS AVE	
F. City, town, village, etc. NEWARK	G. State Same as label NJ / H. Zip Code Same as label 07105

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc. / D. State / E. Zip Code

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name	First name	M.I.	B. Title	C. Telephone
BRUSTOFSKI	PAUL	A.	REGIONAL ENVIRONMENTAL ENGINEER	919 990-7836 Extension

Sec. IV 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 under N.J.A.C. 7:26 and under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name	First name	M.I.	B. Title
BRUSTOFSKI	PAUL	A.	REGIONAL ENVIRONMENTAL ENGINEER

C. Signature: Paul A. Brustofski

D. Date of signature: 02 16 94 (MO. DAY YR.)

8428911879

Over

8428911880

FORM IC

Sec. V - Generator Status

EPA ID NO.

NJD 0 9 2 2 1 7 8 9 2

A. 1993 generator status
Instruction page 10
(CHECK ONE BOX BELOW)

- [x] 1 LQG
- [ ] 2 FRG
- [ ] 3 SQG
- [ ] 4 Non generator

SKIP to SEC. VI

B. Reason for not generating
Page 12
(CHECK ALL THAT APPLY)

- [ ] 1 Never generated
- [ ] 2 Out of business
- [ ] 3 Only excluded or delisted waste
- [ ] 4 Only non-hazardous waste
- [ ] 5 Periodic or occasional generator
- [ ] 6 Waste minimization activity
- [ ] 7 Other ((SPECIFY COMMENTS IN BOX BELOW)

Sec. VI - On-Site Waste Management Status

A. Storage subject to hazardous waste permitting requirements Instruction page 13	B. Treatment, disposal, or recycling subject to hazardous waste permitting requirements Page 13	C. RCRA-exempt treatment, disposal, or recycling Page 13
/	/	/

Sec. VII - Waste Minimization Activity during 1992 or 1993

A. Did the site begin or expand a source reduction activity during 1992 or 1993? Page 15	B. Did the site begin or expand a recycling activity during 1992 or 1993? Page 15	C. Did the site begin systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 14
[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No	[ ] 1 Yes [x] 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993?
Page 15 (CHECK YES OR NO FOR EACH ITEM)

Yes	No	
[x] 1	[ ] 2 a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
[ ] 1	[x] 2 b.	Lack of technical information on source reduction techniques applicable to this specific production processes
[ ] 1	[x] 2 c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
[x] 1	[ ] 2 d.	Concern that product quality may decline as a result of source reduction
[ ] 1	[x] 2 e.	Technical limitations of the production processes
[x] 1	[ ] 2 f.	Permitting burdens
[ ] 1	[x] 2 g.	Source reduction previously implemented - additional reduction does not appear to be technically feasible
[ ] 1	[x] 2 h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
[ ] 1	[x] 2 i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
[x] 1	[ ] 2 j.	Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993?
Page 15 (CHECK YES OR NO FOR EACH ITEM)

Yes	No		Yes	No	
[x] 1	[ ] 2 a.	Insufficient capital to install new recycling equipment or implement new recycling practice	[x] 1	[ ] 2 h.	Technical limitations of production processes inhibit on-site recycling
[ ] 1	[x] 2 b.	Lack of technical information on recycling techniques applicable to this site's specific production processes	[x] 1	[ ] 2 i.	Permitting burdens inhibit recycling
[x] 1	[ ] 2 c.	Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment	[x] 1	[ ] 2 j.	Lack of permitted off-site recycling facilities
[x] 1	[ ] 2 d.	Concern that product quality may decline as a result of recycling	[x] 1	[ ] 2 k.	Unable to identify a market for recyclable materials
[x] 1	[ ] 2 e.	Requirements to manifest wastes inhibit shipments off site for recycling	[ ] 1	[x] 2 l.	Recycling previously implemented - additional recycling does not appear to be technically feasible
[ ] 1	[x] 2 f.	Financial liability provisions inhibit shipments off site for recycling	[ ] 1	[x] 2 m.	Recycling previously implemented - additionally recycling does not appear to be economically feasible
[x] 1	[ ] 2 g.	Technical limitations of production processes inhibit shipments off site for recycling	[ ] 1	[x] 2 n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
			[x] 1	[ ] 2 o.	Other (SPECIFY COMMENTS IN BOX BELOW)

8428911881

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 0912 2117 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed Instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE WATER BASED RESIN FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
NA

C. State hazardous waste code Page 19.
X91010

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 System type M NA	A 019	2	B 1012	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.
0 0

B. Quantity generated in 1993 Page 21.
1010120 0

C. UOM Density Page 21.
1 NA
☐ 1 lbs/gal
☐ 2 sg

D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site system type Page 22.
M NA

Quantity treated, disposed or recycled on site in 1993
NA

ON-SITE PROCESS SYSTEM 2

On-site system type Page 22.
M NA

Quantity treated, disposed or recycled on site in 1993
NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	NJD 0012 2010 0466	M 041	1	1010120 0
Site 2	NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
NJA1673512	11/30/93	1210 G	CYCLECHEM/046
NJA1715945	10/06/93	55 G	"

8428911883

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
D001 D035
F003 F005 NA

C. State hazardous waste code Page 19.
NA NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 System type MNA	A09	2	B403	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
39600.0	541200	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
MNA	NA	MNA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
ARD 981 057 870	M061	1	51920.0

Site 2 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
NJD 002 200 046	M061	1	22000

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
AR-661011	12/17/93	4070 G	RINECO/870
NJA1715945	10/06/93	275 G	CYCLECHEM/04
AR-633501	08/27/93	2420 G	RINECO/87

8428911885

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE RESIN SOLUTION, FLAMMABLE LIQUID FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
D001 F003
F005 NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19. System type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 M NA	A 09	2	B 403	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
00	2467860	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	VAD 098 443 443	M 061	1	2305960

Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	ALD 070 513 767	M 061	1	162800

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
NJA1511779	12/14/93	35400 P	OLDOVER/443
NJA 1511758	12/08/93	42200 P	"
NJA 1511776	12/03/93	36666 P	"
NJA 1511757	11/23/93	43340 P	"
NJA 1511755	11/19/93	32900 P	"
NJA 1511759	11/16/93	40000 P	"
NJA 1528115	11/16/93	16280 P	M & M CHEM/767

8428911887

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE LIQUID FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
D001 NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19. System type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 M NA	A 09	2	B 203	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
3515000	1924340	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	SCD 981 467 616	M061	1	768000

Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	NJD 002 200 046	M061	1	1156160

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23. ☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

SITE 3:
SCD 044 442 333 M061 1 18.0

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
(SC MANIFEST DOC NO. 93006)	12/06/93	4500 G	LAIDLAW/616
93004	11/19/93	5100 G	"
NJA1717839	09/21/93	4163 G	CYCLECHEM/046
NJA1716017	10/11/93	5189 G	CYCLECHEM/046
NJA1717743	09/09/93	5100 G	"
SC MANIFEST DOC NO. SC00001	02/02/93	5 P 3 P 10 P ~~5 P~~	~~THERMALKEM~~,

8428911889

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 019212117 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FORMALDEHYDE SOLUTION FROM TANK CLEANOUT

B. EPA hazardous waste code Page 19.
U122 NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	i System type M NA	A019	2	B102	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
00	224000	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	SCD918146161 6	M041	1	224000
Site 2	NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
(SC MANIFEST DOC NO. 93007)	12/14/93	28006	LAIDLAW/616

8428911891

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 0912 2117 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed Instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE BUTANOL FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
F003 D001
NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 System type M NA	A 09	2	B 4013	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
0 0	242818 0	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	NJD 0012 2010 0416	M 0601	1	242818 0
Site 2	~~NJ~~	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
NJA1717757	09/10/93	10016	CYCLECHEM/04
AR-633501	08/27/93	20356	RINECO/870

~~AR~~

8428911893

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 0912 2117 8912

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
WASTE PETROLEUM LIQUID

B. EPA hazardous waste code Page 19.
NA

C. State hazardous waste code Page 19.
X72G NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2812	System type M NA	A 019	2	B 4013	2

Sec. II A. Quantity generated in 1992 Instruction Page 21.
0

B. Quantity generated in 1993 Page 21.
4400

C. UOM Density Page 21.
1 NA
☐ 1 lbs/gal
☐ 2 sg

D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	NJD 0012 2900 0146	M 015	1	4400
Site 2	NA	M		

Sec. IV A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
NJA1715945	10/06/93	55 G	CYCLECHEM/046

8428911895

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 0912 2117 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
WASTE FLAMMABLE LIQUID FROM MFG PROCESS

B. EPA hazardous waste code Page 19.
F0013 NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactiv mixed Page 20.
2812	System type M NA	A 019	2	B 4013	R

Sec. II A. Quantity generated in 1992 Instruction Page 21.
17074 0

B. Quantity generated in 1993 Page 21.
83240 0

C. UOM Density Page 21.
NA
☐ 1 lbs/gal
☐ 2 sg

D. Did this site do any of the followin to the waste; treat on site, dispose o site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site system type Page 22.
M NA

Quantity treated, disposed or recycled on site in 1993
NA

ON-SITE PROCESS SYSTEM 2

On-site system type Page 22.
M NA

Quantity treated, disposed or recycle on site in 1993
NA

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	NJD 0102 1812 8917	M 016		83240 0
Site 2	NA	M		

Sec. IV A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
NJA1511754	02/19/93	40480 P	SK/897
NJA 1544181	02/18/93	42760 P	"

8428911897

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 019212 2117 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE ACETIC ACID

B. EPA hazardous waste code Page 19.
D002 NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 System type M NA	A 09	21	B 013	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
2250 0	1300	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23. ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	SCD 044442 3133	M 041	1	1300
Site 2	NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23. ☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
SC MANIFEST DOC # SC00001	02/02/93	50P	THERMALKEM
"		40P	
"		40P	

8428911899

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.

B. EPA hazardous waste code Page 19.
U012 U044 D001 D008
D007 D005 P098

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 System type M NA	A 09	2	B 003	2

Sec. II A. Quantity generated in 1992 Instruction Page 21.
0

B. Quantity generated in 1993 Page 21.
1400

C. UOM Density Page 21.
1 NA
☐ 1 lbs/gal
☐ 2 sg

D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site system type Page 22.
M NA

Quantity treated, disposed or recycled on site in 1993
NA

ON-SITE PROCESS SYSTEM 2

On-site system type Page 22.
M NA

Quantity treated, disposed or recycled on site in 1993
NA

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	SKD044442B33	~~M NA 061~~ 041	1	1400

Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
	NA	M		

Sec. IV A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/production index Page 24.	F. 1993 source reduction quantity Page 26.
W NA W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

	DOC		QTY	FACILITY
SC MANIFEST	NO SC0009	02/02/93	140 P	THERMAL KEM/333

8428911901

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE SOLID

B. EPA hazardous waste code Page 19.
D003 D001
NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19. System type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 NA M ~~09~~	A 09	2	B 003	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
00	60	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
SCD 044 442 B33	M 041	1	60

Site 2 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/production index Page 24.	F. 1993 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACIL
SC MANIFEST DOC NO. SC00001	02/02/93	2P	THERMALKEM
"	"	4P	" 333

8428911903

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM GM

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE SOLID

B. EPA hazardous waste code Page 19.
U196 D001
NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19. System type	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	1 M NA	A 09	2	B 003	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
00	1000	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
M NA	NA	M NA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☐ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
SCD 044 442 833	M 041	1	1000

Site 2 B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

		QTY	FACILITY
~~NJA~~ SC MANIFEST DOC NO. SC00001	02/02/93	0050 P	THERMALKEM/:
"	"	0050 P	"

8428911905

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 019121717 8912

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18.
WASTE FLAMMABLE LIQUID, NOS

B. EPA hazardous waste code Page 19.
U210 D001
NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19.	E. Origin code Page 19.	F. Source code Page 20.	G. Point of measurement Page 20.	H. Form code Page 20.	I. RCRA-radioactive mixed Page 20.
2821	System type MNA	A09	2	B003	2

Sec. II

A. Quantity generated in 1992 Instruction Page 21.	B. Quantity generated in 1993 Page 21.	C. UOM Density Page 21.	D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
00	500	1 NA ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993	On-site system type Page 22.	Quantity treated, disposed or recycled on site in 1993
MNA	NA	MNA	NA

Sec. III

A. Was any of this waste shipped off-site in 1993 Instruction Page 23.
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. total quantity shipped in
Site 1	SCD044442 B33	M041	1	500
Site 2	NA	M		

Sec. IV

A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/ production index Page 24.	F. 1993 source reduction quantity Page 26.
W W W W	☐ 1 Yes ☐ 2 No			

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number	Date Shippped
NJA123456	01/01/93
NJA123457	12/31/93

~~N54~~

		QTY	FACILITY
SC MANIFEST DOC. #SC00001	02/02/93	50	THELMA KEY/33

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 842

FORM OI

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: ARD 981 057 810

B. Name of off-site installation or transporter: RINECO

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of generator
Street: 1007 VULCAN RD
City: BENTON
State: AR Zip: 72011-5

Site 2

A. EPA ID No. of off-site installation or transporter: MOD 095 038 998

B. Name of off-site installation or transporter: TRI-STATE MOTOR TRANSIT CO.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of generator
Street: NA.
City:
State: Zip:

Site 3

A. EPA ID No. of off-site installation or transporter: SCD 981 467 616

B. Name of off-site installation or transporter: LAIDLAW ENVL SVCS (TOC) INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of generator
Street: 301 RAILROAD ST.
City: ROEBUCK
State: SC Zip: 29317

Site 4

A. EPA ID No. of off-site installation or transporter: SCD 981 757 644

B. Name of off-site installation or transporter: LAIDLAW ENVL SVCS (TG) INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of generator
Street: NA
City:
State: Zip:

Site 5

A. EPA ID No. of off-site installation or transporter: VAD 091 844 443

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of generator
Street: RT 1 STATE RD 652
City: ARVONIA
State: VA Zip: 23004

Comments:

8428911908

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DUREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 001912 217 892

FORM OI

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: VAD 004001159 4316

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of generator
Street: NA
City:
State: Zip:

Site 2

A. EPA ID No. of off-site installation or transporter: NJD 001012 401 0046

B. Name of off-site installation or transporter: CYCLE CHEM INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of generator
Street: 217 S. FIRST ST
City: ELIZABETH
State: NJ Zip: 07202016

Site 3

A. EPA ID No. of off-site installation or transporter: NJD 918121 281 0116

B. Name of off-site installation or transporter: CLEAN VENTURE INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of generator
Street: NA
City:
State: Zip:

Site 4

A. EPA ID No. of off-site installation or transporter: ALD 007015 13 7617

B. Name of off-site installation or transporter: M&M CHEMICAL + EQUIPMENT CO.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☐ Transporter
- ☒ TSDR

D. Address of generator
Street: 1229 VALLEY DRIVE
City: ATTALLA
State: AL Zip: 35954514

Site 5

A. EPA ID No. of off-site installation or transporter: OHD 001981615 8215

B. Name of off-site installation or transporter: DART TRUCKING INC.

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of generator
Street: NA
City:
State: Zip:

Comments:

8428911909

FORM OI

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO: NJD 092 217 892

FORM OI

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY

1993 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
Site 1	NJD 002 182 897	SAFETY KLEEN CORP.
C. Handler type (CHECK ALL THAT APPLY)	☐ Generator ☐ Transporter ☒ TSDR	D. Address of generator: Street 1200 SYLVAN ST. City LINDEN State NJ Zip 07036
Site 2	NJD 000 813 477	NAPPI TRUCKING CORP.
C. Handler type (CHECK ALL THAT APPLY)	☐ Generator ☒ Transporter ☐ TSDR	D. Address of generator: Street NA City State Zip
Site 3	SCD 044 442 333	THERMALKEM INC.
C. Handler type (CHECK ALL THAT APPLY)	☐ Generator ☐ Transporter ☒ TSDR	D. Address of generator: Street 2324 VERNESDALE RD City ROCK HILL State SC Zip 29730
Site 4	CTD 982 191 942	BECHEM TRANSPORT INC.
C. Handler type (CHECK ALL THAT APPLY)	☐ Generator ☒ Transporter ☐ TSDR	D. Address of generator: Street NA City State Zip
Site 5		
C. Handler type (CHECK ALL THAT APPLY)	☐ Generator ☐ Transporter ☐ TSDR	D. Address of generator: Street City State Zip

Comments:

8428911910

Reichhold Chemicals, Inc.
Coating Polymers & Resins Division
400 Doremus Avenue
Newark, NJ 07105

RECEIVED MAR 1 2 199

REICHHOLD

March 6, 1992

N.J. DEPE
Bureau of Revenue
Attn.: Manifest Section - Annual Reports
CN 417
428 East State St.
Trenton, NJ 08625-0417

RE.: NJD092217892
NJD048797195

Dear Sirs:

On review of the Annual Generator Reports for the above facilities, several omissions were noted. Enclosed are the corrected pages.

Please contact me if you have any questions.

Very truly yours,

Robert Naujelis
Environmental Engineer

RN/glm
encl.

cc: B. Crawford - RTP

(201) 589-3709
(201) 817-9173 (Facsimile)

8428911911

BEFORE COPYING FORM, WRITE:

SITE NAME: REICHHOLD CHEMICALS INC

400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN AND SOLVENT FROM RESIN MANUFACTURE

B. EPA hazardous waste code (Page 15): F003 F005 D001 NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): L — System type: M NA

F. Source code (Page 17): A09

G. Point of measurement (Page 17): 2

H. Form code (Page 17): B 219

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 108-88-3 2. 13310-21-7 3. 71-36-3 4. 100-41-4 5. 50-00-0

Sec.

A. Quantity generated in 1990 (Instruction Page 18): 242.4

B. Quantity generated in 1991 (Page 18): 436.5

C. UOM (Page 19): 2 — Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991: .

ON-SITE SYSTEM 2

On-site system type (Page 19):

Quantity treated, disposed or recycled on site in 1991: .

Sec. III

A. Was any of this waste shipped off site in 1991? (Instruction Page 20)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
1	NJD 002 182 897	M06	1	223.9
2	VAD 077 942 266	M06	1	212.4

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
W	☐ 1 Yes ☐ 2 No	.	.	.
W				

Comments: SEC 1F A32 A49 (FROM SAMPLING OPERATIONS) A51, A53, A57, A58
SEC 1H MIXTURE OF SOLVENTS AND RESINS

8428911912

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE SOLVENT FROM PROCESS WASTEWATER STRIPPING

B. EPA hazardous waste code (Page 15): F003 F005 D001 NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 18): 2821

E. Origin code (Page 18): 3 System type: M NA

F. Source code (Page 17): A35

G. Point of measurement (Page 17): 1

H. Form code (Page 17): B201

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 71.36.3 2. 1330.20.7 3. 108.88.3 4. N.A 5. N.A

Sec. II

A. Quantity generated in 1990 (Instruction Page 18): 16.5

B. Quantity generated in 1991 (Page 18): 103.1

C. UOM (Page 19): 2 Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991: .

ON-SITE SYSTEM 2

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991: .

Sec. III

A. Was any of this waste shipped off site in 1991? (Instruction Page 20)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
Site 1	NJD 092 182 897	M061	1	51.5
Site 2	VAD 077 942 266	M061	1	51.6

Sec. IV

A. Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
W W W W	☐ 1 Yes ☐ 2 No	.	.	.

Comments: THIS WASTE STREAM WAS DISPOSED OF IN BULK FORM WITH OTHER F003/F005/D001 WASTE ANNUAL VOLUME WAS DETERMINED BASED ON GENERATION OF 2 DRUMS/DAY X 50 WEEKS

8428911913

...RE COPYING FORM,
...ER:

...ITE NAME REICHHOLD CHEMICALS INC

...400 DOREMUS AVE, NEWARK, NJ 07105

EPA ID NO. NJD 092 217 892

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

...C. A. Waste description Instruction Page 15: WASTE FILTER MEDIA FROM RESIN MANUFACTURE

EPA hazardous waste code Page 15: NA NA NA NA NA

C. State hazardous waste code Page 15: C283 C385

SIC code Page 16	E. Origin code Page 16	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
2821	1 System type M NA	A 32	1	B 319	2

...eported TRI constituent Page 18: 3

K. CAS numbers Page 18: 1. 78.83.1 2. 108.88.3 3. 50.00.0 4. 5.

A. Quantity generated in 1990 Instruction Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
146.8	198.0	2	1 lbs/gal 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

...TE SYSTEM 1 — ...ite system type ...19: M — Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2 — On-site system type Page 19: M — Quantity treated, disposed or recycled on site in 1991:

A. Was any of this waste shipped off site in 1991? Instruction Page 20: ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
NJD 991 291 105	M 119	2	198.0
NA	M		

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22: ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

...2	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W W	☐ 1 Yes ☐ 2 No			

...SEC I C C433, C477 SEC I H SPENT DIATOMACEOUS EARTH AND FILTER PAPER CONTAMINATED WITH RESIDUAL RESIN

8428911914

Site Name REICHHOLD CHEMICALS INC
400 DOREMUS AVE, NEWARK, NJ 07105

EPA ID No. NJD 092 217 892

OFFICIAL USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

1991 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue
CN417
428 East State Street
Trenton, NJ 08625-0417
Attention: Manifest Section

Fee Category

- [ ] No Fee — This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year .
- [ ] $200.00 — This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
- [ ] $300.00 — This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
- [x] $400.00 — This site (company) manifested 100 tons or more of hazardous waste during the calendar year.
- [ ] $_____ — Other, the attached check is for multiple sites as identified on the reverse side of this form.

8428911915

BEFORE COPYING FORM, ENTER:

NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092171892

FORM **IC**

1991 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 5

EPA ID No. Same as label ☒ or →

B. County: ESSEX

Site/company name. Same as label ☒ or →

D. Has the site name associated with this EPA ID changed since 1988? ☒ 1 Yes ☐ 2 No

Street name and number; if not applicable, enter industrial park, building name or other physical location description. Same as label ☒ or →

City, town, village, etc. Same as label ☒ or →

G. State Same as label ☒

H. Zip Code Same as label ☒

SEC. II Mailing address of site. Instruction page 6

Mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (GO TO BOX B)

Number and street name of mailing address

City, town, village, etc.

D. State

E. Zip Code

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

Please print. Last name: MAUJELLS First name: ROBERT M.I.:

B. Title: ENVIR. ENG.

C. Telephone: 201 589-3709 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.	B.	C.	D.
2821			

SEC. V "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Please print. Last name: TAYLOR First name: KENT M.I.: J

B. Title: PLANT MANAGER

D. Date of signature: 03 03 93 (MO. DAY YR.)

Kent J. Taylor

OVER -->

8428911916

ec. VI - Generator Status EPA ID NO. NJD 092 211 892

erator status on page 7 HECK ONE BOX BELOW) 1 FRG/LQG 2 FRG (SKIP TO SEC. VII) 3 SQG 4 Non generator (CONTINUE TO BOX B)	B. Reason for not generating Page 9 (CHECK ALL THAT APPLY) ☐ 1 Never generated ☐ 2 Out of business ☐ 3 Only excluded or delisted waste ☐ 4 Only non-hazardous waste ☐ 5 Periodic or occasional generator ☐ 6 Waste minimization activity ☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

VII - On-Site Waste Management Status

ardous waste permitted or interim status age uction page 10 1	B. Hazardous waste permitted or interim status treatment, disposal, or recycling Page 10 1	C. Hazardous waste-exempt treatment, disposal, or recycling Page 11 1

VIII - Waste Minimization Activity during 1990 or 1991

his site begin or expand a source ion activity during 1990 or 1991? uction page 11 1 Yes 2 No	B. Did this site begin or expand a recycling activity during 1990 or 1991? Page 12 ☒ 1 Yes ☐ 2 No	C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12 ☒ 1 Yes ☐ 2 No

ny of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?
12
CK YES OR NO FOR EACH ITEM)

	a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
	b.	Lack of technical information on source reduction techniques applicable to the specific production processes
☒ 2	c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
☐ 2	d.	Concern that product quality may decline as a result of source reduction
☐ 2	e.	Technical limitations of the production processes
☐ 2	f.	Permitting burdens
☒ 2	g.	Source reduction previously implemented – additional reduction does not appear to be technically feasible
☒ 2	h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
☐ 2	i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
☐ 2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)

y of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
2
K YES OR NO FOR EACH ITEM)

			Yes	No		
2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice	☒ 1	☐ 2	h.	Technical limitations of production processes inhibit on-site recycling
2	b.	Lack of technical information on recycling techniques applicable to this site's specific production processes	☒ 1	☐ 2	i.	Permitting burdens inhibit recycling
			☒ 1	☐ 2	j.	Lack of permitted off-site recycling facilities
2	c.	Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment	☒ 1	☐ 2	k.	Unable to identify a market for recyclable materials
			☐ 1	☒ 2	l.	Recycling previously implemented – additional recycling does not appear to be technically feasible
2	d.	Concern that product quality may decline as a result of recycling	☐ 1	☒ 2	m.	Recycling previously implemented – additional recycling does not appear to be economically feasible
2	e.	Requirements to manifest wastes inhibit shipments off site for recycling	☐ 1	☒ 2	n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
2	f.	Financial liability provisions inhibit shipments off site for recycling	☒ 1	☐ 2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)
2	g.	Technical limitations of production processes inhibit shipments off site for recycling				

s: IN OVERBEARING AMOUNT OF REDUNDANT ENVIRONMENTAL REGULATIONS LEVELS, PREVENT STAFF FROM DEVELOPING RECYCLING AND SOURCE CTION OPPORTUNITIES

8428911917

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE, NEWARK, NJ 07105

EPA ID NO. NJD 092217892

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

C. A. Waste description Instruction Page 15: IGNITABLE WASTE RESINS AND SOLVENTS FROM RESIN MANUFACTURE

EPA hazardous waste code Page 15				C. State hazardous waste code Page 15	
D001	D035	NA	NA	NA	NA

SIC code Page 18	E. Origin code Page 18	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
2821	1 System type M NA	A 09	2	B 403	2

Reported TRI constituent Page 18	K. CAS numbers Page 18
3	1. 108-88-3 2. 1330-20-7 3. 100-41-4 4. 50-00 5. 71-36-3

A. Quantity generated in 1990 Instruction Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 18
25.6	210.5	2	1 lbs/gal 2 sg	☒ 1 Yes (CONTINUE TO SYSTEM 1) ☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1		ON-SITE SYSTEM 2	
On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991	On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991
M 032	100.0	M NA	

A. Was any of this waste shipped off site in 1991? Instruction Page 20 ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
MID 980 615 298	M 061	1	52.5
ARD 981 057 870	M 061	1	58.0

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (THIS FORM IS COMPLETE)

Activity Page 22	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
71 W NA	☐ 1 Yes	100.0		NA
W NA	☒ 2 No			

Comments: SOURCE CODES A57, A58, A92 SECIV REUSED OUT OF DATE MATERIALS AS FEEDSTOCK

C2D DIRECT RE-USE OF WASTE IN PRODUCT MANUF.

8428911918

PE COPYING FORM.

NAME REICHHOLD CHEMICALS INC

DOREMUS AVE, NEWARK, NJ 07105

NO. NJD 092217892

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

RUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste description Instruction Page 15: WASTE PHTHALIC ANHYDRIDE

hazardous waste code 5: U190 NA NA NA NA

C. State hazardous waste code Page 15: C386 NA

D. Type	E. Origin code Page 16	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
321	1 System type M NA	A 58	1	B 409	2

J. TRI constituent 3: 3

K. CAS numbers Page 18: 1. 85-44-9 2. NA 3. NA 4. NA 5. NA

A. Quantity generated in 1990 Instruction Page 18: NA

B. Quantity generated in 1991 Page 18: 3.7

C. UOM Page 19: 2 Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 18
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
System type: Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2
On-site system type Page 19: Quantity treated, disposed or recycled on site in 1991:

A. Was any of this waste shipped off site in 1991? Instruction Page 20
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
MID 980 615 298	M 061	1	3.7
NA	M		

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Type	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W	☐ 1 Yes ☐ 2 No			

SEC/H NON-REACTIVE ORGANIC SOLID

nts:

8428911919

FORE COPYING FORM
TER:

E NAME REICHHOLD CHEMICALS INC.

0 DOREMUS AVE, NEWARK, NJ 07105

A ID NO. NJD 092 217 892

1991 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

STRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste description Instruction Page 15: SPENT BATTERIES

Hazardous waste code Page 15: D002 D008 NA NA NA

C. State hazardous waste code Page 15: C306 NA

code Page 16: 821

B. Origin code Page 16: 2 System type: M NA

E. Source code Page 17: A99

G. Point of measurement Page 17: 1

H. Form code Page 17: B309

I. RCRA-radioactive mixed Page 17: 2

Listed TRI constituent Page 18: 2

K. CAS numbers Page 18: 1. 7664-93-9 2. NA 3. NA 4. NA 5. NA

A. Quantity generated in 1990 Instruction Page 18: 0.0

B. Quantity generated in 1991 Page 18: 0.3

C. UOM Page 19: 2 Density: ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1
System type Page 19: Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2
On-site system type Page 19: M Quantity treated, disposed or recycled on site in 1991:

A. Was any of this waste shipped off site in 1991? Instruction Page 20
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20: NJD 002 200 046

C. System type shipped to Page 20: M079

D. Off-site availability code Page 21: 1

E. Total quantity shipped in 1991 Page 21: 0.3

B. EPA ID No. of facility waste was shipped to Page 20: NA

C. System type shipped to Page 20: M

D. Off-site availability code Page 21:

E. Total quantity shipped in 1991 Page 21:

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

2: W W

C. Other effects Page 22: ☐ 1 Yes ☐ 2 No

D. Quantity recycled in 1991 due to new activities Page 23:

E. Activity/production index Page 23:

F. 1991 Source reduction quantity Page 24:

ents: SEC / F ONE TIME OUTSIDE HOUSEKEEPING

8428911920

ORE COPYING FORM.
ER:

NAME REICHHOLD CHEMICALS INC

4 DOREMUS AVE, NEWARK, NJ 07105

D NO. NJD 092 217 892

FORM **GM**

1991 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

TRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste description Instruction Page 15: WASTE FILTER MEDIA FROM RESIN MANUFACTURE

azardous waste code 15	NA NA NA NA NA
C. State hazardous waste code Page 15	C283 C385

3	E. Origin code Page 16 1	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
321	System type M NA	A 32	1	B 319	2

d TRI constituent 3	K. CAS numbers Page 18 1. 78.83.1 2. 108.88.3 3. 50.00.0 4. 5.
3	

A. ity generated in 1990 ion Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19 Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
146.8	198.0	2 ☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☒ 2 No (SKIP TO SEC. III)

STEM 1		ON-SITE SYSTEM 2	
stem type	Quantity treated, disposed or recycled on site in 1991	On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991
		M	

Was any of this waste shipped off site in 1991? Instruction Page 20 ☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
NJD 991 291 105	M 119	2	198.0 ~~146.8~~
EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
NA	M		

Did new activities in 1991 result in minimization of this waste? Instruction Page 22 ☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (THIS FORM IS COMPLETE)

W	C. Other effects Page 22 ☐ 1 Yes ☐ 2 No	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W				

C/C C433, C477 SEC 1H SPENT DIATOMACEOUS EARTH AND FILTER PAPER CONTAMINATED WITH RESIDUAL RESIN

ts:

8428911921

COPYING FORM.

E REICHHOLD CHEMICALS INC

O DOREMUS AVE, NEWARK, NJ 07105

O. NJD 092217892

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

UCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Waste description Instruction Page 15: ROOF REMOVAL AND DISPOSAL

dous waste code: NA NA NA NA NA

C. State hazardous waste code Page 15: C433 NA

	E. Origin code Page 18	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
21	2 System type M NA	A 99	1	B 403	2

TRI constituent: 3

K. CAS numbers Page 18: 1. 108-88-3 2. N-A 3. N-A 4. NA 5. N-A

A. Quantity generated in 1990 Instruction Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
0.0	44.5	2 Density . 1 lbs/gal 2 sg	1 Yes (CONTINUE TO SYSTEM 1) 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1 System type	Quantity treated, disposed or recycled on site in 1991	ON-SITE SYSTEM 2 On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991
	.	M	.

Was any of this waste shipped off site in 1991? Instruction Page 20: 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
NJD 991291105	M/19	2	44.5
NA	M		.

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22: 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE)

2	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W	1 Yes 2 No	.	.	.

nents: SEC 1F REMOVAL OF TAR ROOF FROM PRODUCTION BUILDING

8428911922

COPYING FORM.

E REICHHOLD CHEMICALS INC

O DOREMUS AVE, NEWARK, NJ 07105

D. NJD 002217892

1991 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

UCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Waste description (Instruction Page 15): SOLVENT / WATER BLEND FROM SPILL CLEAN UP

ous waste code: D001 NA NA NA NA

C. State hazardous waste code (Page 15): NA NA

2

E. Origin code (Page 16): 2 System type: M NA

F. Source code (Page 17): A 53

G. Point of measurement (Page 17): 3

H. Form code (Page 17): B 207

I. RCRA-radioactive mixed (Page 17): 3

RI constituent: 3

K. CAS numbers (Page 18): 1. 71-36-3 2. 1330-20-7 3. N-A 4. N-A 5. N-A

A. Quantity generated in 1990 (Instruction Page 18): 0.0

B. Quantity generated in 1991 (Page 18): 23.5

C. UOM (Page 19): 2 Density: . ☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

STEM 1

stem type

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991

Was any of this waste shipped off site in 1991? (Instruction Page 20)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

A. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
NJD 002 200 046	M061	1	23.5

B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
NA	M		

Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
☐ 1 Yes (CONTINUE TO BOX D)
☒ 2 No (THIS FORM IS COMPLETE)

	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
	☐ 1 Yes ☐ 2 No			

ents:

8428911923

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC
400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 002 187 892

1991 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste description (Instruction Page 15): WASTE SOLVENT FROM PROCESS WASTEWATER STRIPPING

B. EPA hazardous waste code (Page 15): F003 F005 NA NA NA

C. State hazardous waste code (Page 15): NA NA

D. SIC code (Page 16): 2821

E. Origin code (Page 16): 3 System type: M NA

F. Source code (Page 17): A 35

G. Point of measurement (Page 17): 1

H. Form code (Page 17): B 201

I. RCRA-radioactive mixed (Page 17): 2

J. Reported TRI constituent (Page 18): 3

K. CAS numbers (Page 18): 1. 71.36.3 2. 1330.20.7 3. 108.88.3 4. N.A 5. N.A

A. Quantity generated in 1990 (Instruction Page 18): 16.5

B. Quantity generated in 1991 (Page 18): 103.1

C. UOM (Page 19): 2 Density: . 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (Page 19)
1 Yes (CONTINUE TO SYSTEM 1)
2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991:

ON-SITE SYSTEM 2

On-site system type (Page 19): M

Quantity treated, disposed or recycled on site in 1991:

A. Was any of this waste shipped off site in 1991? (Instruction Page 20)
1 Yes (CONTINUE TO BOX B)
2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to (Page 20)	C. System type shipped to (Page 20)	D. Off-site availability code (Page 21)	E. Total quantity shipped in 1991 (Page 21)
NJD 002 187 897	M 061	1	51.5
VAD 077 942 266	M 061	1	51.6

A. Did new activities in 1991 result in minimization of this waste? (Instruction Page 22)
1 Yes (CONTINUE TO BOX B)
2 No (THIS FORM IS COMPLETE)

B. Activity (Page 22)	C. Other effects (Page 22)	D. Quantity recycled in 1991 due to new activities (Page 23)	E. Activity/production index (Page 23)	F. 1991 Source reduction quantity (Page 24)
W	1 Yes			
W	2 No			

Comments: THIS WASTE STREAM WAS DISPOSED OF IN BULK FORM WITH OTHER F003/F005/D001 WASTE ANNUAL VOLUME WAS DETERMINED BASED ON GENERATION OF 2 DRUMS/DAY X 50 WEEKS

8428911924

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

1991 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste description Instruction Page 15: WASTE RESIN AND SOLVENT FROM RESIN MANUFACTURE

B. EPA hazardous waste code Page 15: F003 F005 D001 NA NA

C. State hazardous waste code Page 15: NA NA

SIC code Page 16	E. Origin code Page 16	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
2821	L; System type M NA	A09	2	B219	

Reported TRI constituent Page 18: 3

K. CAS numbers Page 18: 1. 2. 3. 4. 5.

A. Quantity generated in 1990 Instruction Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 10
	436.5	2 (1 lbs/gal, 2 sg)	1 Yes (CONTINUE TO SYSTEM 1); ~~2~~ No (SKIP TO SEC. III)

ON-SITE SYSTEM 1		ON-SITE SYSTEM 2	
On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991	On-site system type Page 19	Quantity treated, disposed or recycled on site in 1991
M		M	

A. Was any of this waste shipped off site in 1991? Instruction Page 20: ~~1~~ Yes (CONTINUE TO BOX B); 2 No (SKIP TO SEC. IV)

B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21
NJD 002 182 897	M061	1	223.9
VAD 077 942 266	M061	1	212.4

A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22: 1 Yes (CONTINUE TO BOX B); ~~2~~ No (THIS FORM IS COMPLETE)

B. Activity Page 22	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24
W; W	1 Yes; 2 No			

COMMENTS: SEC 1F A32 A49 (FROM SAMPLING OPERATIONS) A51, A53, A57, A58
SEC 1H MIXTURE OF SOLVENTS AND RESINS

8428911925

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 092217892

FORM 01

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NJD002132897

B. Name of off-site installation or transporter: SAFETY KLEEN CORP

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☒ TSDR

D. Address of off-site installation: Street 1200 SYLVAN ST. City LINDEN State NJ Zip Code 07036-

Site 2

A. EPA ID No. of off-site installation or transporter: VAD007942266

B. Name of off-site installation or transporter: OLDOVER CORP

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street ROUTE-1, BOX-1 City CASCADE State VA Zip Code 24069-

Site 3

A. EPA ID No. of off-site installation or transporter: NJD991291105

B. Name of off-site installation or transporter: S & W WASTE INC.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street 105 JACOBUS AVE City SOUTH KEARNY State NJ Zip Code 07032-

Site 4

A. EPA ID No. of off-site installation or transporter: MID980615298

B. Name of off-site installation or transporter: PETROCHEM PROCESSING INC

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street 421 LYCASTLE ST City DETROIT State MI Zip Code 48214-

Site 5

A. EPA ID No. of off-site installation or transporter: ARD981057870

B. Name of off-site installation or transporter: RINECO CHEMICAL INDUSTRIES

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☒ TSDR

D. Address of off-site installation: Street 1007 VULCAN RD - HASKELL City BENTON State AR Zip Code 72015-

Comments:

8428911926

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC
460 DOREMUS AVE NEWARK NJ 07105

EPA ID NO NJD 092 217 892

FORM 01

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
1	NJD 054 126 164	FREEHOLD CARTAGE INC
	C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR	D. Address of off-site installation: Street ___ City ___ State ___ Zip Code ___ - ___
2	NJD 000 813 477	NAPPI TRUCKING CORP
	C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR	D. Address of off-site installation: Street ___ City ___ State ___ Zip Code ___ - ___
3	NYD 046 765 574	PRICE TRUCKING
	C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR	D. Address of off-site installation: Street ___ City ___ State ___ Zip Code ___ - ___
4	NJD 986 609 949	MEROLA ENTERPRISES INC.
	C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR	D. Address of off-site installation: Street ___ City ___ State ___ Zip Code ___ - ___
5	NJD 981 873 664	AMERICAN INDUSTRIAL MARINE INC
	C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR	D. Address of off-site installation: Street ___ City ___ State ___ Zip Code ___ - ___

Comments:

8428911927

BEFORE COPYING FORM, ENTER:

SITE NAME REICHHOLD CHEMICALS INC

400 DOREMUS AVE NEWARK NJ 07105

EPA ID NO. NJD 092 217 892

FORM 01

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NJD 990 720 658

B. Name of off-site installation or transporter: CONTINENTAL CARRIERS INC

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street
City State Zip Code

Site 2

A. EPA ID No. of off-site installation or transporter: VAD 098 443 443

B. Name of off-site installation or transporter: OLDOVER CORP

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☒ TSDR

D. Address of off-site installation
Street ROUTE 1 & STATE ROUTE 652
City ARVONIA State VA Zip Code 23004

Site 3

A. EPA ID No. of off-site installation or transporter: NJD 982 281 016

B. Name of off-site installation or transporter: CLEAN VENTURE INC

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street
City State Zip Code

Site 4

A. EPA ID No. of off-site installation or transporter: MYD 980 769 947

B. Name of off-site installation or transporter: HAZMAT ENVIRONMENTAL GROUP

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☐ TSDR

D. Address of off-site installation
Street
City State Zip Code

Site 5

A. EPA ID No. of off-site installation or transporter: NJD 002 200 046

B. Name of off-site installation or transporter: CYCLECHEM INC

C. Handler type (CHECK ALL THAT APPLY)
- ☐ Generator
- ☒ Transporter
- ☒ TSDR

D. Address of off-site installation
Street 217 SO. FIRST ST.
City ELIZABETH State NJ Zip Code 07206

Comments:

8428911928

1990 DOREMUS AVE RCR

Sent Certified
2-21-91
With ALBERT Ave.
Report
- Check of $800

OFFICE USE ONLY	
Ann. Fee	
RA	
Date	
Rec'd By	

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1990
CERTIFICATION FORM

ITEM 1 USEPA Identification (Generator) Number: NJD092217892

ITEM 2 Generator (Company) Name: REICHHOLD CHEMICALS, INC.

ITEM 3 Contact Person: ART DIEFFENBACH

ITEM 4 Phone Number: (201) 589-3709

ITEM 5 Certification:

I certify that the information given in this annual report is true, accurate and complete.

ART DIEFFENBACH (Print or type name) Arthur C. Dieffenbach (Signature) 2-19-91 (Date)

ITEM 6 **Place an X next to the letter that applies:**

A ____ This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year 1990 (**No Fee**)

B ____ This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year 1990 (**Fee $200**)

C ____ This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year (**Fee $300**)

D X This site (company) manifested 100 tons or more of hazardous waste during the calendar year (**Fee $400**)

ITEM 7 Federal Vendor Identification Number (Tax Identification Number)

131 764 826 003

PLEASE SUBMIT CHECK WITH YOUR COMPLETED REPORT.

C

8428911929

OMB# 2050-0024 Expires 3-31-92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS
400 DOREMUS AVE. NEWARK NJ 07105

EPA ID NO.: NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 7 of the 1990 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 7.

A. EPA ID No. — Same as label ☒ or ——→
B. Site/company name — Same as label ☐ or —— REICHHOLD CHEMICALS
C. Has the site name associated with this EPA ID changed since 1987? ☐ 1 Yes ☐ 2 No
D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☒ or ——→
E. City, town, village, etc. — Same as label ☒ or ——→
F. County: ESSEX
G. State — Same as label ☒
H. Zip Code — Same as label ☒

SEC. II Mailing address of site. Instruction page 7.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (COMPLETE SEC. II)
B. Number and street name of mailing address
C. City, town, village, etc.
D. State
E. Zip Code

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 7.

A. Please print: Last name / First name / M.I.: DIEFFENBACH ART
B. Title: PLANT ENGINEER
C. Telephone: 201 589-3709 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 8.

A.	B.	C.	D.
2821	NA	NA	NA

SEC. V 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. Number of form pages submitted: Form IC 2; Form GM 9; Form WR NA; Form PB NA

B. Please print: Last name / First name / M.I.: DIEFFENBACH ART
C. Title: PLANT ENGINEER
D. Signature: Arthur E. Dieffenbach
E. Date of signature: 02 / 19 / 91 (MO. DAY YR.)

OVER —>

Sec. VI Generator Status

A. 1990 generation (CHECK ONE BOX BELOW)
Instruction page 8

- ☐ 1 No (CONTINUE TO BOX B)
- ☒ 2 LQG
- ☐ 3 SQG

(SKIP TO SEC. VII)

B. Reason for not generating (CHECK ALL THAT APPLY)
Page 10

- ☐ 1 Never generated
- ☐ 2 Out of business
- ☐ 3 Only excluded or delisted waste
- ☐ 4 Only non-hazardous waste
- ☐ 5 Periodic or occasional generator
- ☐ 6 Waste minimization activity
- ☐ 7 Other (SPECIFY IN COMMENTS)

Sec. VII On-Site Waste Management Status

A. Storage
Instruction page 11

☐

B. RCRA treatment, recycling, or disposal
Page 11

☐

C. Exempt treatment, recycling, or disposal
Page 12

☐

Sec. VIII Waste Minimization Activity during 1989 or 1990

A. Did this site begin or expand a source reduction activity during 1989 or 1990?
Instruction page 12

- ☐ 1 Yes
- ☒ 2 No

B. Did this site begin or expand a recycling activity during 1989 or 1990?
Page 13

- ☐ 1 Yes
- ☒ 2 No

C. Did this site conduct a source reduction or recycling opportunity assessment during 1989 or 1990?
Page 13

- ☐ 1 Yes
- ☒ 2 No

D. What factors have limited this site from initiating new source reduction activities during 1989 or 1990?
(CHECK ALL THAT APPLY)
Page 13

- ☐ 01 No factors have limited new source reduction activities.
- ☐ 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☐ 03 Lack of technical information on source reduction techniques applicable to the specific production processes.
- ☒ 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ 05 Concern that product quality may decline as a result of source reduction.
- ☒ 06 Technical limitations of the production processes.
- ☐ 07 Permitting burdens.
- ☐ 08 Other (SPECIFY IN COMMENTS)

E. What factors have limited this site from initiating new on-site or off-site recycling activities during 1989 or 1990?
(CHECK ALL THAT APPLY)
Page 13

- ☐ 01 No factors have limited new recycling activities.
- ☐ 02 Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☐ 03 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☒ 04 Recycling not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ 05 Concern that product quality may decline as a result of recycling.
- ☐ 06 Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ 07 Financial liability provisions inhibit shipments off site for recycling.
- ☒ 08 Technical limitations of product processes inhibit shipments off site for recycling.
- ☒ 09 Techical limitations of production processes inhibit on-site recycling.
- ☐ 10 Permitting burdens inhibit recycling.
- ☐ 11 Lack of permitted off-site recycling facilities.
- ☐ 12 Unable to identify a market for recyclable materials.
- ☐ 13 Other (SPECIFY IN COMMENTS)

Comments:

8428911931

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092211892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION FROM PRODUCTION PROCESS

B. EPA hazardous waste code (Page 15): D001 | NA | NA | NA

C. State hazardous waste code (Page 16): NA | NA

D. SIC code (Page 16): 2821

E. Source code (Page 18): A09

F. Form code (Page 18): B209

G. Origin (Page 18): Code 4; System type M04

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 108-88-3 2. 1330-20-7 3. 67-56-1 4. 71-43-2 5. 50-00-0

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): 820440

B. Quantity generated in 1990 (Page 17): 263600

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
1	VAD079422666	M061	411810
2	VAD098443443	M061	183640

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21): W | W | W | W

C. Other effects (Page 21): ☐ 1 Yes ☐ 2 No

D. Quantity recycled in 1990 due to new activities (Page 21):

E. Activity/Production Index (Page 21):

F. Source Reduction Quantity (Page 22):

Comments: SECTION III, BOX B CONTINUED ON SUPPLEMENTAL PAGE.

8428911932

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC. 400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

SEC. I

A. Waste description — Instruction Page 15

B. EPA hazardous waste code — Page 15

C. State hazardous waste code — Page 18

D. SIC code — Page 16

E. Source code — Page 18: A

F. Form code — Page 18: B

G. Origin — Page 18: Code ___ System type: M

H. TRI constituent — Page 17

I. CAS numbers — Page 17: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___

SEC. II

A. Quantity generated in 1989 — Instruction Page 17

B. Quantity generated in 1990 — Page 17

C. UOM — Page 18

D. Density — Page 18: ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? — Page 18
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

SYSTEM 1

System type — Page 18: W

Quantity treated, disposed or recycled in 1990 — Page 18

SYSTEM 2

System type — Page 18: M

Quantity treated, disposed or recycled in 1990 — Page 18

SEC. III

A. Was this waste shipped off site? — Instruction Page 19
☐ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped — Instruction Page 19	C. System type — Page 19	D. Total quantity shipped in 1990 — Page 19
Site 1	NCD007736555	M061	388170
Site 2	NA	M NA	NA

SEC. IV

A. Waste minimization results in 1990 — Instruction Page 20
☐ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (THIS FORM IS COMPLETE)

B. Activity — Page 21: W W W W

C. Other effects — Page 21: ☐ 1 Yes ☐ 2 No

D. Quantity recycled in 1990 due to new activities — Page 21

E. Activity/Production Index — Page 21

F. Source Reduction Quantity — Page 22

Comments:

8428911933

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092211892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION FROM PRODUCTION PROCESS.

B. EPA hazardous waste code (Page 15): D001 F003 F005 NA

C. State hazardous waste code (Page 16): NA NA

D. SIC code (Page 15): 2821

E. Source code (Page 16): A09

F. Form code (Page 16): B209

G. Origin (Page 16): Code 1; System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 108-88-3 2. 1330-20-7 3. 67-56-1 4. 71-43-2 5. 50-00-0

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): NA

B. Quantity generated in 1990 (Page 17): 484727

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
Site 1	NJD002200046	M061	158930
Site 2	VAD079422666	M061	202210

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21)	C. Other effects (Page 21)	D. Quantity recycled in 1990 due to new activities (Page 21)	E. Activity/Production Index (Page 21)	F. Source Reduction Quantity (Page 22)
W W W W	☐ 1 Yes ☐ 2 No			

Comments: SECTION III, BOX B CONTINUED ON SUPPLEMENTAL PAGE

8428911934

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15

B. EPA hazardous waste code Page 15	C. State hazardous waste code Page 16

D. SIC code Page 16	E. Source code Page 16	F. Form code Page 16	G. Origin Page 16
	A	B	Code / System type M

H. TRI constituent Page 17	I. CAS numbers Page 17
	1. 2. 3. 4. 5.

Sec. II

A. Quantity generated in 1989 Instruction Page 17	B. Quantity generated in 1990 Page 17	C. UOM Page 18	D. Density Page 18	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18
			☐ 1 lbs/gal ☐ 2 sg	☐ 1 Yes (CONTINUE TO SYSTEM 1) ☐ 2 No (SKIP TO SEC. III)

SYSTEM 1 System type Page 18	SYSTEM 1 Quantity treated, disposed or recycled in 1990 Page 18	SYSTEM 2 System type Page 18	SYSTEM 2 Quantity treated, disposed or recycled in 1990 Page 18
M		M	

Sec. III A. Was this waste shipped off site? Instruction Page 19 ☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped Instruction Page 19	C. System type Page 19	D. Total quantity shipped in 1990 Page 19
Site 1	FLD000737312	M061	39940
Site 2	VAD098443443	M061	86560

Sec. IV A. Waste minimization results in 1990 Instruction Page 20 ☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 21	C. Other effects Page 21	D. Quantity recycled in 1990 due to new activities Page 21	E. Activity/Production Index Page 21	F. Source Reduction Quantity Page 22
W / W / W / W	☐ 1 Yes ☐ 2 No			

Comments:

8428911935

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092117892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE RESIN SOLUTION CONTAINING MEK FROM PRODUCTION PROCESS.

B. EPA hazardous waste code (Page 15): D001 D035 NA NA

C. State hazardous waste code (Page 16): NA NA

D. SIC code (Page 15): 2821

E. Source code (Page 16): A09

F. Form code (Page 16): B209

G. Origin (Page 16): Code 1; System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 108-88-3 2. 1330-20-7 3. 67-56-1 4. 71-43-2 5. 50-00-0

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): NA

B. Quantity generated in 1990 (Page 17): 51150

C. UOM (Page 18): 1

D. Density (Page 18): . ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1
System type (Page 18): W
Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
1	ARD981057870	M061	54130
2	NA	MNA	NA

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21)	C. Other effects (Page 21)	D. Quantity recycled in 1990 due to new activities (Page 21)	E. Activity/Production Index (Page 21)	F. Source Reduction Quantity (Page 22)
W W W W	☐ 1 Yes ☐ 2 No		.	

Comments:

8428911936

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE FILTER MEDIA FROM PRODUCTION PROCESS.

B. EPA hazardous waste code (Page 15): D001 | NA | NA | NA

C. State hazardous waste code (Page 16): NA | NA

D. SIC code (Page 16): 2821

E. Source code (Page 16): A32

F. Form code (Page 16): B403

G. Origin (Page 16): Code 1 | System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. NA 5. NA

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): 341604

B. Quantity generated in 1990 (Page 17): 108870

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1: System type (Page 18): W | Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2: System type (Page 18): M | Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

Site	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
1	SCD070375985	M 132	108870
2	NA	M NA	NA

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21)	C. Other effects (Page 21)	D. Quantity recycled in 1990 due to new activities (Page 21)	E. Activity/Production Index (Page 21)	F. Source Reduction Quantity (Page 22)
W, W, W, W	☐ 1 Yes ☐ 2 No			

Comments:

8428911937

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD091291892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE FILTER MEDIA FROM PRODUCTION PROCESS

B. EPA hazardous waste code (Page 15): NA | NA | NA | NA

C. State hazardous waste code (Page 18): C385 | NA

D. SIC code (Page 15): 2821

E. Source code (Page 18): A32

F. Form code (Page 18): B403

G. Origin (Page 18): Code 1; System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. NA 5. NA

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): NA

B. Quantity generated in 1990 (Page 17): 144490

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1: System type (Page 18): W; Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2: System type (Page 18): M; Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
Site 1	NJD991291105	M132	85370
Site 2	NA	MNA	NA

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21)	C. Other effects (Page 21)	D. Quantity recycled in 1990 due to new activities (Page 21)	E. Activity/Production Index (Page 21)	F. Source Reduction Quantity (Page 22)
W / W / W / W	☐ 1 Yes ☐ 2 No			

Comments:

8428911938

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092211892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE FILTER MEDIA FROM PRODUCTION PROCESS

B. EPA hazardous waste code (Page 15): NA | NA | NA | NA

C. State hazardous waste code (Page 16): C283 C433 C477 C293 — C385 | C386

D. SIC code (Page 15): 2821

E. Source code (Page 16): A32

F. Form code (Page 16): B403

G. Origin (Page 16): Code 1; System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 67-56-1 2. 108-88-3 3. 1330-20-7 4. NA 5. NA

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): NA

B. Quantity generated in 1990 (Page 17): 40210

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1: System type (Page 18): W; Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2: System type (Page 18): M; Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
Site 1	SCD070375985	M132	77670
Site 2	NA	M NA	NA

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21): W | W | W | W

C. Other effects (Page 21): ☐ 1 Yes ☐ 2 No

D. Quantity recycled in 1990 due to new activities (Page 21):

E. Activity/Production Index (Page 21):

F. Source Reduction Quantity (Page 22):

Comments:

8428911939

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.

400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO.: NJD092211892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM **GM**

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description (Instruction Page 15): WASTE ELECTRIC TRANSFORMER FLUID.

B. EPA hazardous waste code (Page 15): NA NA NA NA

C. State hazardous waste code (Page 16): X727 NA

D. SIC code (Page 16): 2821

E. Source code (Page 16): A69

F. Form code (Page 16): B206

G. Origin (Page 16): Code 1; System type M NA

H. TRI constituent (Page 17): 3

I. CAS numbers (Page 17): 1. 1336-36-3 2. NA 3. NA 4. NA 5. NA

Sec. II

A. Quantity generated in 1989 (Instruction Page 17): NA

B. Quantity generated in 1990 (Page 17): 10070

C. UOM (Page 18): 1

D. Density (Page 18): ☐ 1 lbs/gal ☐ 2 sg

E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? (Page 18)
☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1
System type (Page 18): W
Quantity treated, disposed or recycled in 1990 (Page 18):

SYSTEM 2
System type (Page 18): M
Quantity treated, disposed or recycled in 1990 (Page 18):

Sec. III

A. Was this waste shipped off site? (Instruction Page 19)
☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC. IV)

	B. EPA ID No. of facility to which waste was shipped (Instruction Page 19)	C. System type (Page 19)	D. Total quantity shipped in 1990 (Page 19)
Site 1	OHD053576294	M051	10070
Site 2	NA	MNA	NA

Sec. IV

A. Waste minimization results in 1990 (Instruction Page 20)
☐ 1 Yes (CONTINUE TO BOX B)
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity (Page 21)	C. Other effects (Page 21)	D. Quantity recycled in 1990 due to new activities (Page 21)	E. Activity/Production Index (Page 21)	F. Source Reduction Quantity (Page 22)
W W W W	☐ 1 Yes ☐ 2 No			

Comments: ONE-TIME DISPOSAL OF ELECTRIC TRANSFORMER FLUID.

8428911940

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO.: NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM 01

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: VAD077942266

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☑ TSDR

D. Address of off-site installation: Street: ROUTE 1 BOX 101 City: CASCADE State: VA Zip Code: 24069

Site 2

A. EPA ID No. of off-site installation or transporter: VAD098443443

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☑ TSDR

D. Address of off-site installation: Street: STATE ROUTE 652 City: ARVONIA State: VA Zip Code: 23004

Site 3

A. EPA ID No. of off-site installation or transporter: VAD040159436

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☑ Transporter ☐ TSDR

D. Address of off-site installation: Street: NA City: State: Zip Code:

Site 4

A. EPA ID No. of off-site installation or transporter: FLD000737312

B. Name of off-site installation or transporter: OLDOVER CORP./FLORIDA SOLITE COMPANY

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☑ TSDR

D. Address of off-site installation: Street: PO BOX 297 3000 COUNTY RD 209A City: GREEN COVE SPRING State: FL Zip Code: 32043

Site 5

A. EPA ID No. of off-site installation or transporter: ARD981057870

B. Name of off-site installation or transporter: RINECO CHEMICAL INDUSTRIES

C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☑ TSDR

D. Address of off-site installation: Street: 1007 VULCAN RD. City: BENTON State: AR Zip Code: 72015

Comments:

8428911941

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE., NEWARK NJ 07105

EPA ID NO. NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM 01

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NYD046765574

B. Name of off-site installation or transporter: PRICE TRUCKING

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street: NA
City: ____ State: ____ Zip Code: ____-____

Site 2

A. EPA ID No. of off-site installation or transporter: NJD991291105

B. Name of off-site installation or transporter: S & W WASTE, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 105 JACOBUS AVE.
City: SOUTH KEARNY State: NJ Zip Code: 07032-____

Site 3

A. EPA ID No. of off-site installation or transporter: NJD000692343

B. Name of off-site installation or transporter: PAT PARRETTI FREIGHT SERVICE

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street: NA
City: ____ State: ____ Zip Code: ____-____

Site 4

A. EPA ID No. of off-site installation or transporter: SC007037598 5

B. Name of off-site installation or transporter: GSX SERVICES OF SOUTH CAROLINA

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: ROUTE 1 BOX 255
City: PINEWOOD State: SC Zip Code: 29125-____

Site 5

A. EPA ID No. of off-site installation or transporter: NJD054126164

B. Name of off-site installation or transporter: FREEHOLD CARTAGE, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street: NA
City: ____ State: ____ Zip Code: ____-____

Comments:

8428911942

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME REICHHOLD CHEMICALS, INC.
400 DOREMUS AVE, NEWARK NJ 07105

EPA ID NO. NJD092217892

U.S. ENVIRONMENTAL PROTECTION AGENCY

1990 Hazardous Waste Report

FORM 01

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1

A. EPA ID No. of off-site installation or transporter: NJD002200046

B. Name of off-site installation or transporter: CYCLE CHEM, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 217 S. FIRST ST.
City: ELIZABETH State: NJ Zip Code: 07206-

Site 2

A. EPA ID No. of off-site installation or transporter: OHD053576294

B. Name of off-site installation or transporter: S.D. MYERS, INC.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☑ Transporter
- ☑ TSDR

D. Address of off-site installation:
Street: 180 SOUTH AVE.
City: TALLAMADGE State: OH Zip Code: 44278-

Site 3

A. EPA ID No. of off-site installation or transporter: NCD000773655

B. Name of off-site installation or transporter: OLDOVER CORP.

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street: ROUTE 2
City: NORWOOD State: NC Zip Code: 28128-

Site 4

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street:
City: State: Zip Code: -

Site 5

A. EPA ID No. of off-site installation or transporter:

B. Name of off-site installation or transporter:

C. Handler type (CHECK ALL THAT APPLY):
- ☐ Generator
- ☐ Transporter
- ☐ TSDR

D. Address of off-site installation:
Street:
City: State: Zip Code: -

Comments:

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
CERTIFICATION FORM

ITEM 1 USEPA Identification Number: NJD092217892

ITEM 2 Generator (Company) Name: REICHHOLD CHEMICALS, INC.
(NL SPENCER KELLOGG PRODUCTS)

ITEM 3 Contact Person: JOHN RANKIN

ITEM 4 Phone Number: (201) 589-3709

ITEM 5 Certification:

I certify that the information given in this annual report is true, accurate and complete.

PAUL BRUSTOFSKI	Paul Brustofski	3-15-90
(Print or type name)	(Signature)	(Date)

ITEM 6

A ☐ This site (company) generated less than 1.33 tons of hazardous waste for the calendar year 1989 (No Fee)

B ☐ This site (company) generated greater than 1.33 tons of hazardous waste but less than 10 tons of hazardous waste during the calendar year 1989 (Fee $200)

C ☐ This site (company) generated greater than 10 tons of hazardous but less than 100 tons of hazardous waste during the calendar year (Fee $300)

D ☒ This site (company) generated greater than 100 tons of hazardous waste during the calendar year (Fee $400)

ITEM 7 Federal Vendor Identification Number

* Please submit check with your completed report.

8428911943

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE. NEWARK, NJ 07105
4. Transporter Name: PAT PARRETTI FREIGHT SERVICE
5. Transporter USEPA ID Number: NJD000692343
6. TSD Facility Name: GSX SERVICES OF SOUTH CAROLINA
7. TSD Facility EPA ID Number: SCD070375985
8. TSD Address: ROUTE 1 BOX 255
PINEWOOD, SC 29125

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
D001	WASTE FLAMMABLE SOLID (FILTER MEDIA)	UN 1325	341,604	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911944

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD092217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: CONTINENTAL CARRIERS CORP.
5. Transporter USEPA ID Number: NJD990720658
6. TSD Facility Name: SAFETY-KLEEN CORP.
7. TSD Facility EPA ID Number: NJD002182897
8. TSD Address: 1200 SYLVAN ST. LINDEN, NJ 07036

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	489,420	P
D001	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	40,800	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911945

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE GENERATOR ANNUAL REPORT 1989
- REPORT FORM -

1. Generator Name: SPENCER KELLOGG PRODUCTS/NL CHEMICALS
2. USEPA ID Number: NJD002217892
3. Site Address: 400 DOREMUS AVE NEWARK, NJ 07105
4. Transporter Name: NAPPI TRUCKING
5. Transporter USEPA ID Number: NJD000813477
6. TSD Facility Name: SAFETY-KLEEN CORP.
7. TSD Facility EPA ID Number: NJD002182897
8. TSD Address: 1200 SYLVAN ST.
LINDEN, NJ 07036

9.

A.) Waste Number (I)	B.) Waste Description (11)	C.) DOT Haz Class (11 or J)	D.) Total Quantity (13)	E.) Units (14)
F003	RQ WASTE RESIN SOLUTION FLAMMABLE LIQUID	UN 1866	48,030	P

NOTE: For each combination of transporter and treatment, storage and disposal facility (TSDF), list the TOTAL quantity manifested for each waste type

8428911946