EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

3012

REGION	SITE NUMBER (to be assigned by HQ)
VI	LA 03140

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: International Paper Company

B. STREET (or other identifier): 705 Colliers Lane

C. CITY: Bastrop LAD 008167819

D. STATE: LA

E. ZIP CODE: 71220

F. COUNTY NAME: Morehouse

G. SITE OPERATOR INFORMATION

1. NAME: Robert G. Goins - Plant Manager
2. TELEPHONE NUMBER: (318) 281-1211
3. STREET: P.O. Box 312
4. CITY: Bastrop
5. STATE: LA
6. ZIP CODE: 71220

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME: International Paper Company
2. TELEPHONE NUMBER: (212) 536-6000
3. CITY: 77 West 45th Street, New York City
4. STATE: NY
5. ZIP CODE: 10036

I. SITE DESCRIPTION: see attachment

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

C. PREPARER INFORMATION

1. NAME: Thomas Myers
2. TELEPHONE NUMBER: (201) 560-1650
3. DATE (mo., day, & yr.): 8/27/84

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Thomas Myers
2. TITLE: Geologist
3. ORGANIZATION: The Earth Technology Corporation
4. TELEPHONE NO. (area code & no.): (201) 560-1650

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Thomas Myers	The Earth Technology Corporation	(201) 560-1650

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Gerald Robertson	Mgr, Technical Services (318) 281-1211 x 432	P.O. Box 312, Bastrop, LA 71220
John Wasshausen	Environ. Process Engr. (318) 281-1121 x 548	P.O. Box 312, Bastrop, LA 71220

SUPERFUND FILE

SEP 11 1992

REORGANIZED

REVIEWED BY ... DATE 10/25/84

9124056

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
International Paper Company	(318) 281-1211	P.O. Box 312, Bastrop, LA	Inorganic sludge, process waste water (Non-hazardous)

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Lindy Houston Landfill	Unknown	P.O. Box 1099, Bastrop, LA 71220	Inorganic sludge, dredged from inorganic ponds (non-hazardous)

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
same as E.		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
8/27/84	1:30-4:45PM	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

— Hot — sunny, high 90's

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		None	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)		see attachment	

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
None		

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [ ] a. GROUND [ ] b. AERIAL
2. PHOTOS IN CUSTODY OF: No photos

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: see attachment

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 32° 48' 45" N
2. LONGITUDE (deg.-min.-sec.): 91° 52' 30" W

V. SITE INFORMATION

A. SITE STATUS

[X] 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)
[ ] 2. INACTIVE (Those sites which no longer receive wastes.)
[ ] 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

[ ] 1. NO [X] 2. YES (specify generator's four-digit SIC Code): 2621

C. AREA OF SITE (in acres): 109 (process)

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify): Office and administration, work shop and process related buildings

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND	X	5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
			2: 2 inorganic ponds, 2 aeration basins, and wham break impoundment basin (all non-hazardous)		7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		1: Non-hazardous materials.

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form. None

[ ] 1. STORAGE [ ] 2. INCINERATION [ ] 3. LANDFILL [ ] 4. SURFACE IMPOUNDMENT [ ] 5. DEEP WELL
[ ] 6. CHEM/BIO/PHYS TREATMENT [ ] 7. LANDFARM [ ] 8. OPEN DUMP [ ] 9. TRANSPORTER [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

[X] 1. LIQUID [X] 2. SOLID [X] 3. SLUDGE [ ] 4. GAS

all non-hazardous

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] 4. HIGHLY VOLATILE
[ ] 5. TOXIC [ ] 6. REACTIVE [XX] 7. INERT [ ] 8. FLAMMABLE
[ ] 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, invoices, etc. below.

Yes, manifests.

 Continue On Reverse

VI. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category, mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT *	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT *	AMOUNT *
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify)
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

* See attachment #1

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Manganese	X					X		7439-96-5	1.63	mg/l
Tin	X				X			7440-31-5	0.39	mg/l
Iron	X					X		7439-89-6	1.32	mg/l
Zinc	X				X			7440-66-6	200	mg/l
Titanium	X				X			7440-32-6	0.21	mg/l
NOTE: all concentrations are well below maximum allowable limits.										

VII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

Continued From Page 4

III. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

III. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

Continued From Page 6

VIII. HAZARD DESCRIPTION *(continued)*

☐ M. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	9000	9000	3000	1 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	1100	1100	unknown	1 mile
3. IN PUBLICLY TRAVELLED AREAS	0	0	0	1 mile
4. PUBLIC USE AREAS (parks, schools, etc.)	Unknown	Unknown	2 parks 8 schools	1 mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
55-75 feet	Southwest	No shallow groundwater use
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
Unknown	3 wells on-site	See attached map for drinking water well locations.

G. TYPE OF DRINKING WATER SUPPLY

☒ 1. NON-COMMUNITY < 15 CONNECTIONS ☐ 2. COMMUNITY (specify name): > 15 CONNECTIONS

☐ 3. SURFACE WATER ☒ 4. WELL 3 on-site, 4 off-site

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify units)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
3 wells on-site	900 feet	See attached map for well locations	X	

I. RECEIVING WATER

1. NAME Staulking Head Creek to Wham Brake to Bayou La Fourche

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Secondary contact recreation and propagation of fish and wildlife.

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN: None

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

*X	A. OVERBURDEN	*X	B. BEDROCK (specify below)	*X	C. OTHER (specify below)
	1. SAND				
X	2. CLAY silty clay				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☒ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: 0-1%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Southwest

J. OTHER GEOLOGICAL DATA

see attachment

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
RCRA Part A	EPA	LAD 008167819	Unknown	7/5/84 Rescinded	N/A		
NPDES	EPA	LAD 007561	6/29/80	6/29/85	x		
State - Haz. Waste	HWMP	GD - 821	1/17/80	7/5/84 Rescinded	N/A		
State - Solid Waste	SWMP	IP - 0119	2/25/82	Interim	x		
State - Solid Waste	SWMP	IP - 0153	7/22/82	Interim	x		
State Air	Air Quality	#1593	7/23/81	Interim	x		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

Received Letter of Warning (11/2/81) for compliance violations found during DEQ Solid Waste inspection of the sanitary landfill.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.

IF THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

ATTACHMENT 1

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item I of Form 1)*: LAD008167819

Form Approved OMB No. 158-R0173

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	73	22,000	46	14,000	36	10,300	196	mg/l	lb/day			
b. Chemical Oxygen Demand (COD)					990	28,495	5	mg/l	lb/day			
c. Total Organic Carbon (TOC)	289	66,274			277	56,564	5	mg/l	lb/day			
d. Total Suspended Solids (TSS)	180	53,900	106	31,900	38	11,200	196	mg/l	lb/day			
e. Ammonia (as N)	1.29	276			0.40	82	31	mg/l	lb/day			
f. Flow	VALUE 42.9		VALUE 37.6		VALUE 33.7		359	MGD		VALUE		
g. Temperature (winter)	VALUE 22.0		VALUE 15.9		VALUE 9.0		80	°C		VALUE		
h. Temperature (summer)	VALUE 33		VALUE 29.5		VALUE 24		120	°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 9.0	MINIMUM 6.8	MAXIMUM 7.4			350	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X						3,346	971,575	5	mg/l	lbs.			
d. Fecal Coliform	X		6.0x105				$2.7x10^5$		5	colonies / 100 ml				
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		<0.1				<0.1		5	mg/l				

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ATTACHMENT 1 CONT'D

ITEM V-B CONTINUED FROM FRONT * Test data erroneous, will reassess, not typical of other facilities.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		8.54	1,942			6.80	1389	5	mg/l	lbs.			
h. Oil and Grease	X		1550*	352,213 *			394.10*	80,476*	5	mg/l	lbs.			
i. Phosphorus (as P), Total (7723-14-0)	X		0.9	224			0.48	98	5	mg/l	lbs.			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)	X		59	12,895			53.60	10,945	5	mg/l	lbs.			
l. Sulfide (as S)	X		<0.10				<0.10		5	mg/l		-		
m. Sulfite (as SO_3) (14265-45-3)	X		3.0	747			3.0	613	5	mg/l	lbs.			
n. Surfactants	X		0.12	27			0.06	33	5	mg/l	lbs.			
o. Aluminum, Total (7429-90-5)	X		4.56	997			3.32	678	5	mg/l	lbs.			
p. Barium, Total (7440-39-3)		X							5	mg/l	lbs.			
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X		1.32	303			1.26	257	5	mg/l	lbs.			
t. Magnesium, Total (7439-95-4)	X		6.94	1,517			6.47	1321	5	mg/l	lbs.			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)	X		1.63	374			1.60	327	5	mg/l	lbs.			
w. Tin, Total (7440-31-5)	X		0.39	89			0.09	18	5	mg/l	lbs.			
x. Titanium, Total (7440-32-6)	X		0.21	48			0.07	14	5	mg/l	lbs.			

 CONTINUE ON PAGE V-3

IF THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

ATTACHMENT 1 CONT'D

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
LAD008167819	001

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<10						3	µg/l				
2M. Arsenic, Total (7440-38-2)	X			7						3	µg/l				
3M. Beryllium, Total, 7440-41-7)	X			<1						3	µg/l				
4M. Cadmium, Total (7440-43-9)	X			<1						3	µg/l				
5M. Chromium, Total (7440-47-3)	X			41						3	µg/l				
6M. Copper, Total (7550-50-8)	X			23						3	µg/l				
7M. Lead, Total (7439-97-6)	X			13						3	µg/l				
8M. Mercury, Total (7439-97-6)	X			<0.6						3	µg/l				
9M. Nickel, Total (7440-02-0)	X			<10						3	µg/l				
10M. Selenium, Total (7782-49-2)	X			<10						3	µg/l				
11M. Silver, Total (7440-22-4)	X			<1						3	µg/l				
12M. Thallium, Total (7440-28-0)	X			<10						3	µg/l				
13M. Zinc, Total (7440-66-6)	X			200						3	µg/l				
14M. Cyanide, Total (57-12-5)	X			<10						3	µg/l				
15M. Phenols, Total	X			<10						3	µg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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ATTACHMENT 1 CONT'D

CONTINUED FROM THE FRONT * ND = Not Detected

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			ND*						3					
2V. Acrylonitrile (107-13-1)	X			ND						3					
3V. Benzene (71-43-2)	X			ND						3					
4V. Bis (Chloromethyl) Ether (542-88-1)	X			ND						3					
5V. Bromoform (75-25-2)	X			ND						3					
6V. Carbon Tetrachloride (56-23-5)	X			ND						3					
7V. Chlorobenzene (108-90-7)	X			ND						3					
8V. Chlorodibromomethane (124-48-1)	X			ND						3					
9V. Chloroethane (75-00-3)	X			ND						3					
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			ND						3					
11V. Chloroform (67-66-3)	X			40						3	µg/l				
12V. Dichlorobromomethane (75-27-4)	X			ND						3					
13V. Dichlorodifluoromethane (75-71-8)	X			ND						3					
14V. 1,1-Dichloroethane (75-34-3)	X			ND						3					
15V. 1,2-Dichloroethane (107-06-2)	X			ND						3					
16V. 1,1-Dichloroethylene (75-35-4)	X			ND						3					
17V. 1,2-Dichloropropane (78-87-5)	X			ND						3					
18V. 1,2-Dichloropropylene (542-75-6)	X			ND						3					
19V. Ethylbenzene (100-41-4)	X			ND						3					
20V. Methyl Bromide (74-83-9)	X			ND						3					
21V. Methyl Chloride (74-87-3)	X			ND						3					

 CONTINUE ON PAGE V-5

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ATTACHMENT 1 CONT'D

* ND = Not Detected

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): LAD008167819 | OUTFALL NUMBER: 001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			ND*						3					
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			ND						3					
24V. Tetrachloroethylene (127-18-4)	X			ND						3					
25V. Toluene (108-88-3)	X			5						3	µg/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			ND						3					
27V. 1,1,1-Trichloroethane (71-55-6)	X			2						3	µg/l				
28V. 1,1,2-Trichloroethane (79-00-5)	X			ND						3					
29V. Trichloroethylene (79-01-6)	X			ND						3					
30V. Trichlorofluoromethane (75-69-4)	X			34						3	µg/l				
31V. Vinyl Chloride (75-01-4)	X			ND						3					
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			ND						3					
2A. 2,4-Dichlorophenol (120-83-2)	X			ND						3					
3A. 2,4-Dimethylphenol (105-67-9)	X			ND						3					
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			ND						3					
5A. 2,4-Dinitrophenol (51-28-5)	X			ND						3					
6A. 2-Nitrophenol (88-75-5)	X			ND						3					
7A. 4-Nitrophenol (100-02-7)	X			ND						3					
8A. P-Chloro-M-Cresol (59-50-7)	X			ND						3					
9A. Pentachlorophenol (87-86-5)	X			ND						3					
10A. Phenol (108-95-2)	X			1.3						3	µg/l				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			ND						3					

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ATTACHMENT 1 CONT'D
* ND = Not Detected

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X			6						3	µg/l				
2B. Acenaphtylene (208-96-8)	X			ND**						3					
3B. Anthracene (120-12-7)	X			See 44 Phengnthren						3					
4B. Benzidine (92-87-5)	X			ND						3					
5B. Benzo (a) Anthracene (56-55-3)	X			ND						3					
6B. Benzo (a) Pyrene (50-32-8)	X			ND						3					
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			ND						3					
8B. Benzo (ghi) Perylene (191-24-2)	X			ND						3					
9B. Benzo (k) Fluoranthene (207-08-9)	X			ND						3					
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	X			ND						3					
11B. Bis (2-Chloroethyl) Ether (111-44-4)	X			ND						3					
12B. Bis (2-Chloroisopropyl) Ether (39638-32-9)	X			ND						3					
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	X			4						3	µg/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			ND						3					
15B. Butyl Benzyl Phthalate (85-68-7)	X			ND						3					
16B. 2-Chloronaphthalene (91-58-7)	X			ND						3					
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	X			ND						3					
18B. Chrysene (218-01-9)	X			ND						3					
19B. Dibenzo (a,h) Anthracene (53-70-3)	X			ND						3					
20B. 1,2-Dichlorobenzene (95-50-1)	X			ND						3					
21B. 1,3-Dichlorobenzene (541-73-1)	X			ND						3					

CONTINUE ON PAGE V-7

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ATTACHMENT 1 CONT'D

* ND = Not Detected

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
LAD008167819	001

CONTINUED FROM PAGE V-6

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)	X			ND*						3					
23B. 3,3'-Dichlorobenzidine (91-94-1)	X			ND						3					
24B. Diethyl Phthalate (84-66-2)	X			2						3	µg/l				
25B. Dimethyl Phthalate (131-11-3)	X			ND						3					
26B. Di-N-Butyl Phthalate (84-74-2)	X			5						3	µg/l				
27B. 2,4-Dinitrotoluene (121-14-2)	X			ND						3					
28B. 2,6-Dinitrotoluene (606-20-2)	X			ND						3					
29B. Di-N-Octyl Phthalate (117-84-0)	X			ND						3					
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			ND						3					
31B. Fluoranthene (206-44-0)	X			ND						3					
32B. Fluorene (86-73-7)	X			ND						3					
33B. Hexachlorobenzene (118-71-1)	X			ND						3					
34B. Hexachlorobutadiene (87-68-3)	X			ND						3					
35B. Hexachlorocyclopentadiene (77-47-4)	X			ND						3					
36B. Hexachloroethane (67-72-1)	X			ND						3					
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			ND						3					
38B. Isophorone (78-59-1)	X			ND						3					
39B. Naphthalene (91-20-3)	X			2						3	µg/l				
40B. Nitrobenzene (98-95-3)	X			ND						3					
41B. N-Nitrosodimethylamine (62-75-9)	X			ND						3					
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			ND						3					

CONTINUE ON REVERSE

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ATTACHMENT 1 CONT'D

CONTINUED FROM THE FRONT * ND = Not Detected

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. Test Inc. Qui.	b. Rec. Prel. Sent	c. Rec. Adv. Sent	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) Concentration	(2) Mass	b. MAXIMUM 30 DAY VALUE (if available) (1) Concentration	(2) Mass	c. LONG TERM AVRG. VALUE (if available) (1) Concentration	(2) Mass	d. NO. OF ANALYSES	4. UNITS a. Concentration	b. Mass	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) Concentration	(2) Mass	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)	X			ND*						3					
44B. Phenanthrene (85-01-8)	X			12						3	µg/l				
45B. Pyrene (129-00-0)	X			ND						3					
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			ND						3					
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)	X			ND						3					
2P. α-BHC (319-84-6)	X			ND						3					
3P. β-BHC (319-85-7)	X			ND						3					
4P. γ-BHC (58-89-9)	X			ND						3					
5P. δ-BHC (319-86-8)	X			ND						3					
6P. Chlordane (57-74-9)	X			ND						3					
7P. 4,4'-DDT (50-29-3)	X			ND						3					
8P. 4,4'-DDE (72-55-9)	X			ND						3					
9P. 4,4'-DDD (72-54-8)	X			ND						3					
10P. Dieldrin (60-57-1)	X			ND						3					
11P. α-Endosulfan (115-29-7)	X			ND						3					
12P. β-Endosulfan (115-29-7)	X			ND						3					
13P. Endosulfan Sulfate (1031-07-8)	X			ND						3					
14P. Endrin (72-20-8)	X			ND						3					
15P. Endrin Aldehyde (7421-93-4)	X			ND						3					
16P. Heptachlor (76-44-8)	X			ND						3					

CONTINUE ON PAGE V-4

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ATTACHMENT 1 CONT'D

* ND = Not Detected

EPA I.D. NUMBER (copy from Item 1 of Form 1): LAD008167819 | OUTFALL NUMBER: 001

CONTINUED FROM PAGE V-8

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)	X			ND*						3					
18P. PCB-1242 (53469-21-9)	X			ND						3					
19P. PCB-1254 (11097-69-1)	X			ND						3					
20P. PCB-1221 (11104-28-2)	X			ND						3					
21P. PCB-1232 (11141-16-5)	X			ND						3					
22P. PCB-1248 (12672-29-6)	X			ND						3					
23P. PCB-1260 (11096-82-5)	X			ND						3					
24P. PCB-1016 (12674-11-2)	X			ND						3					
25P. Toxaphene (8001-35-2)	X			ND						3					

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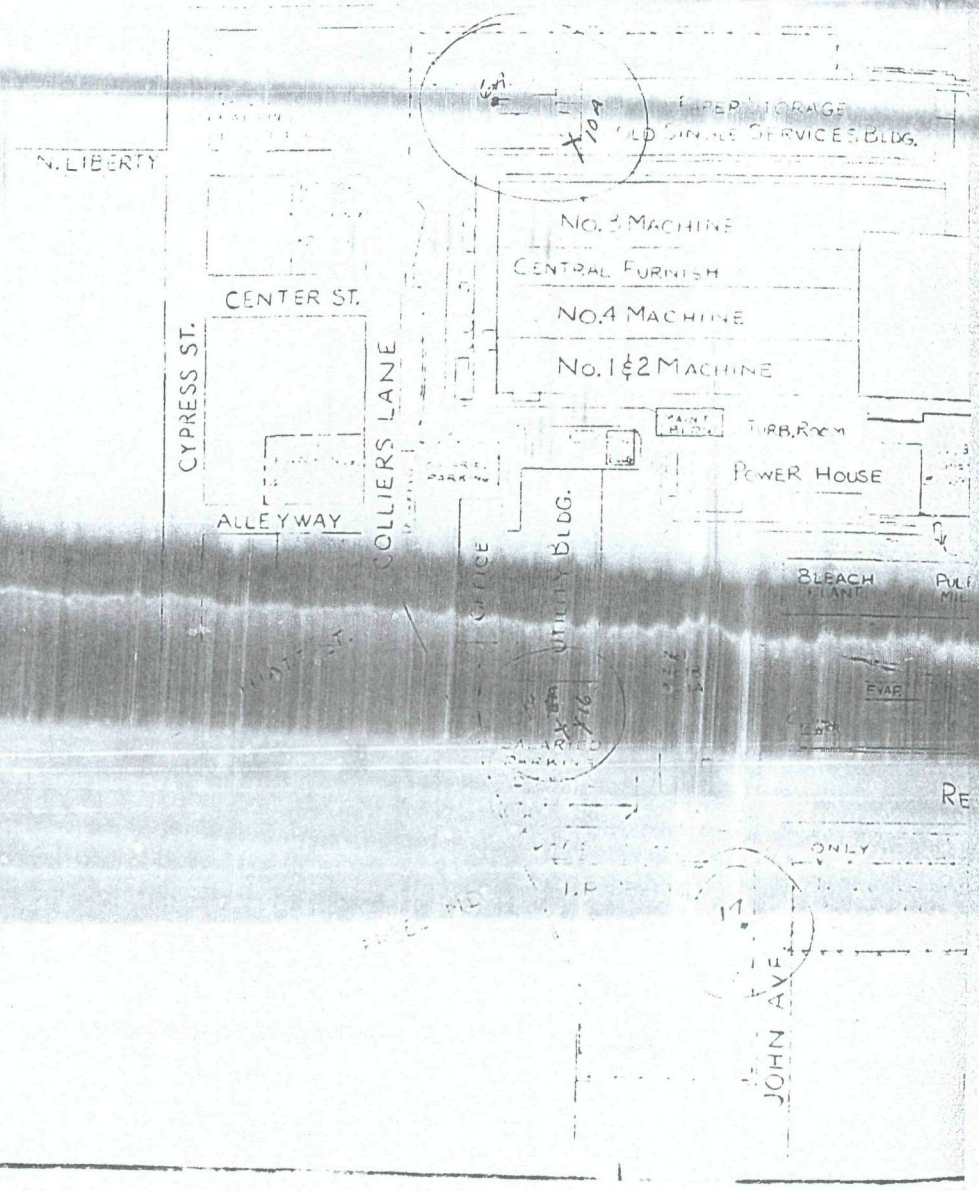

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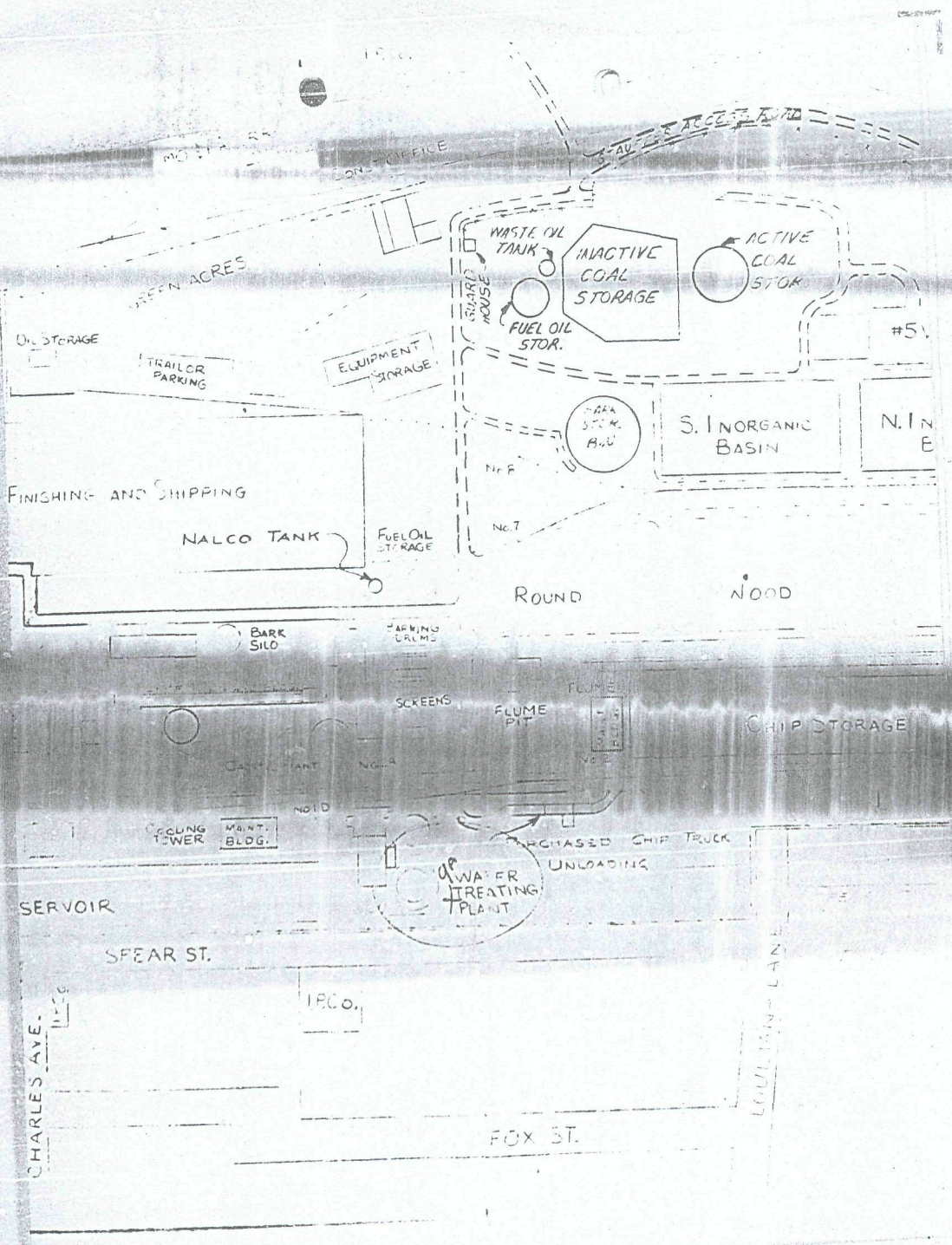

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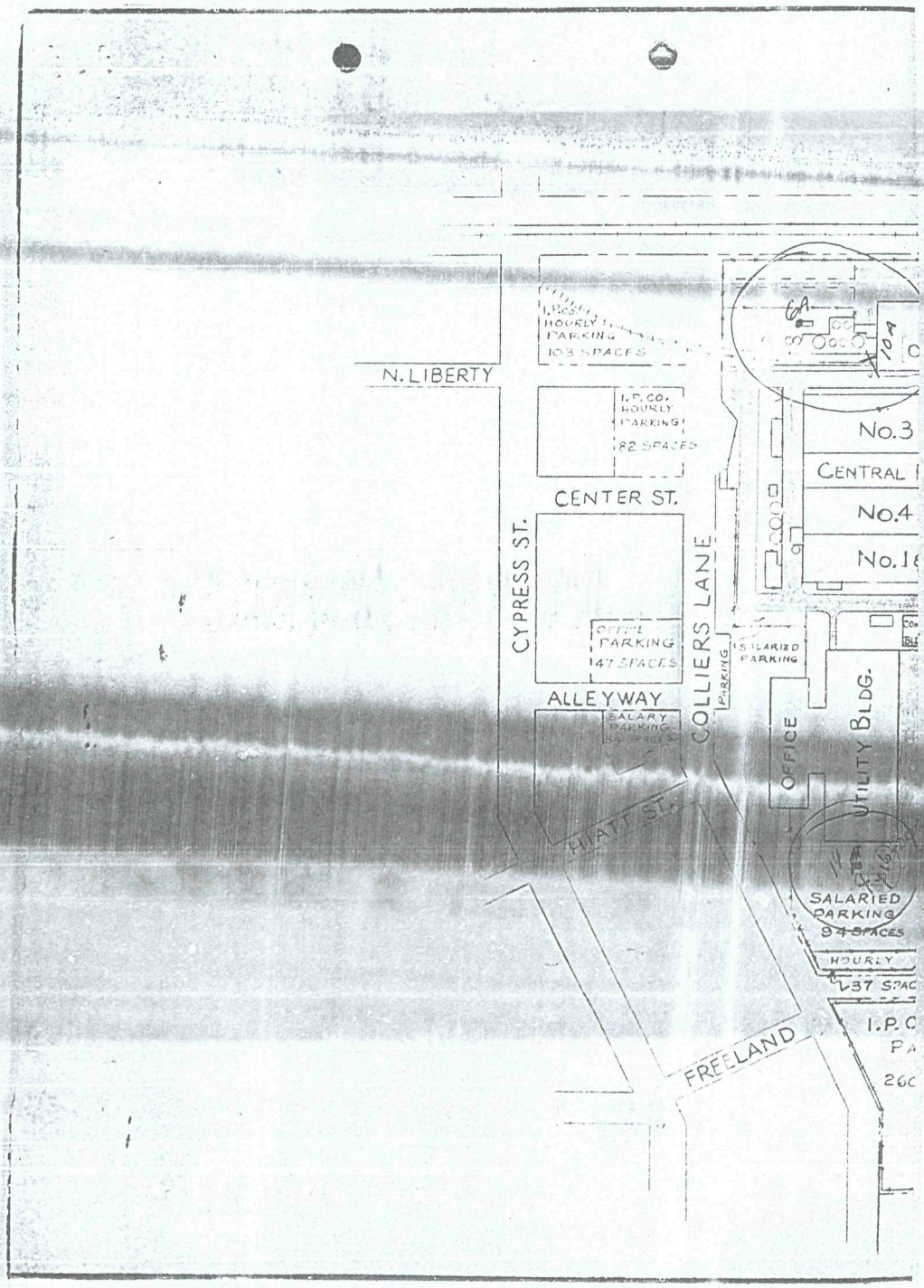

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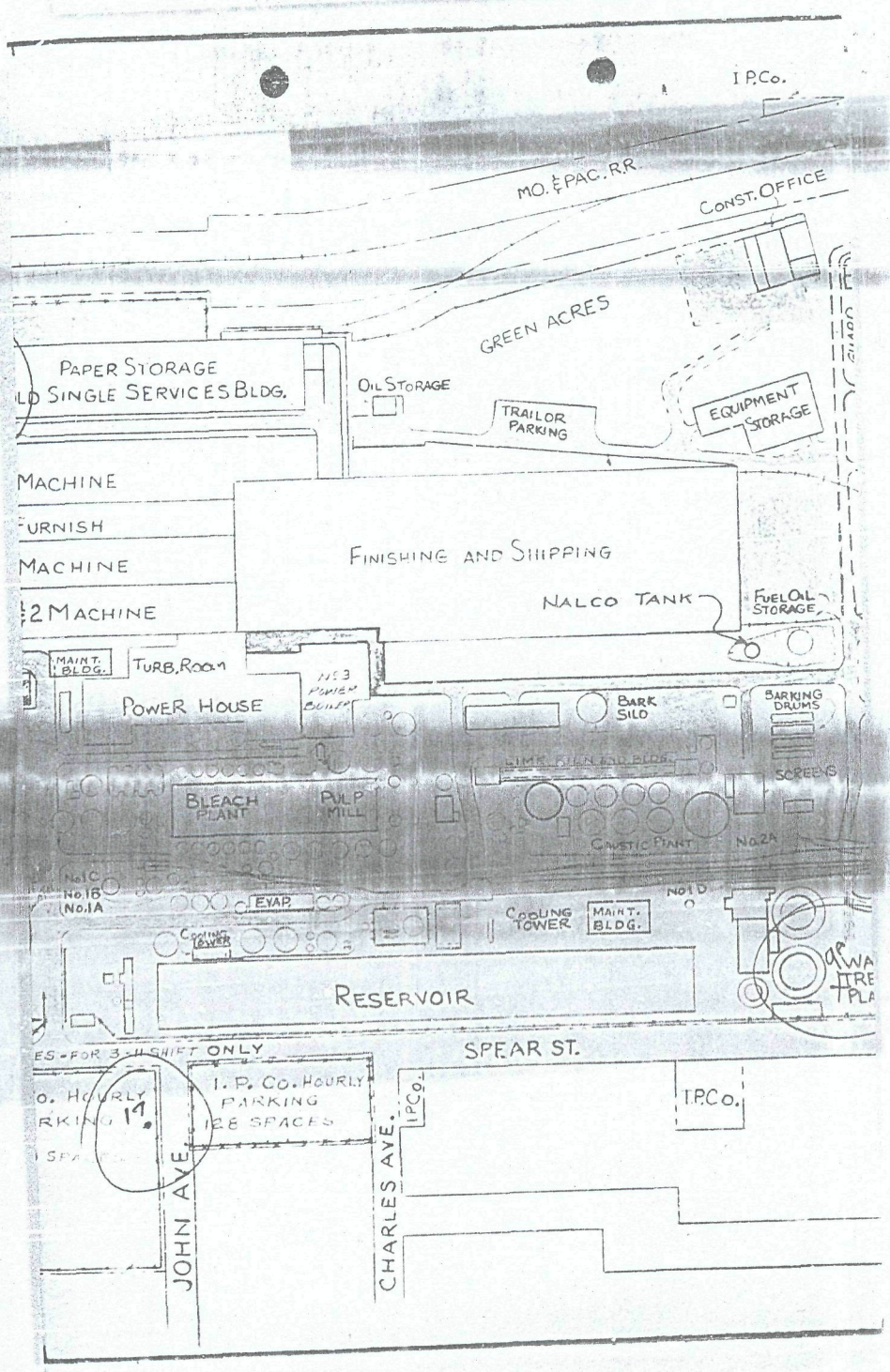

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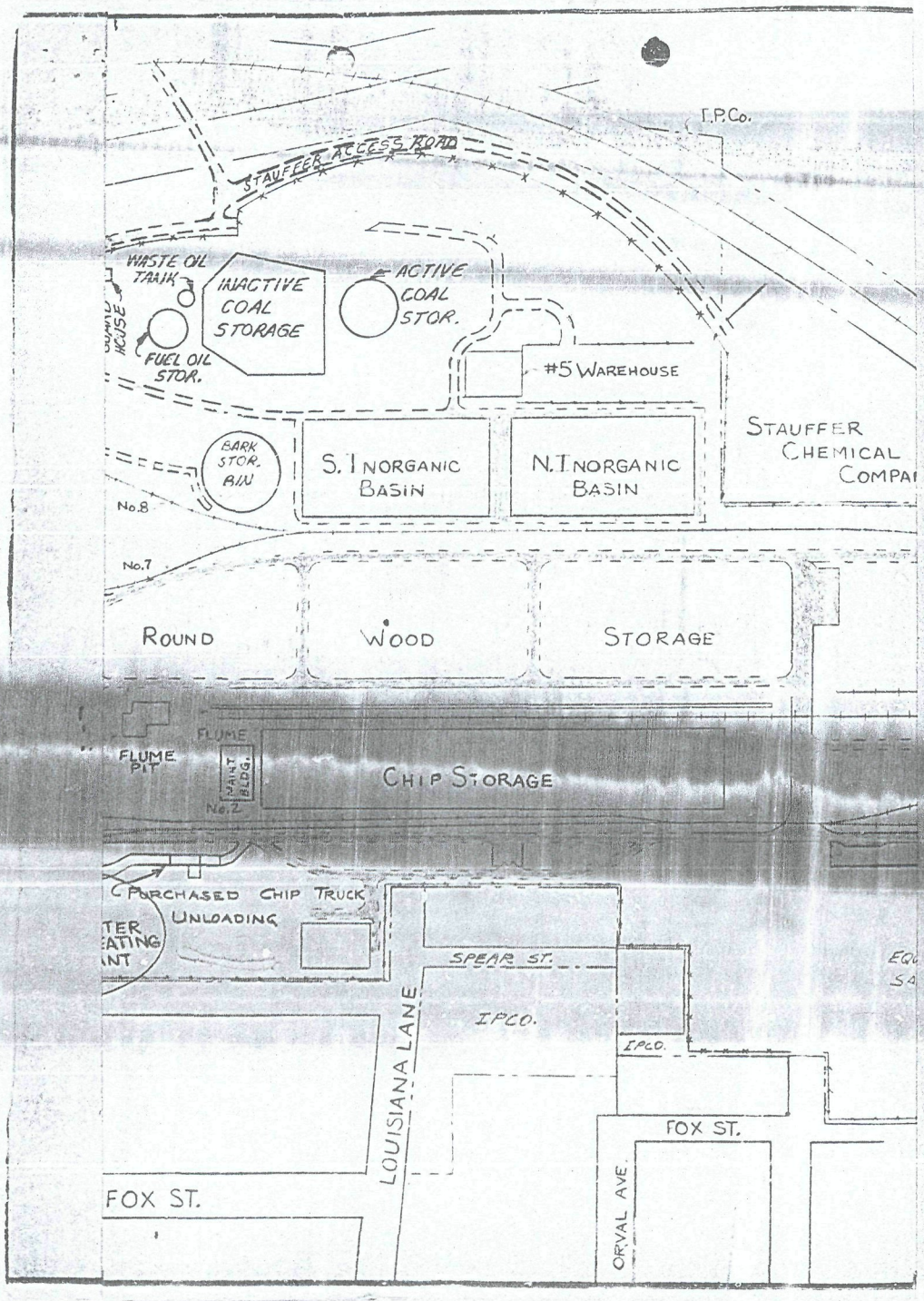

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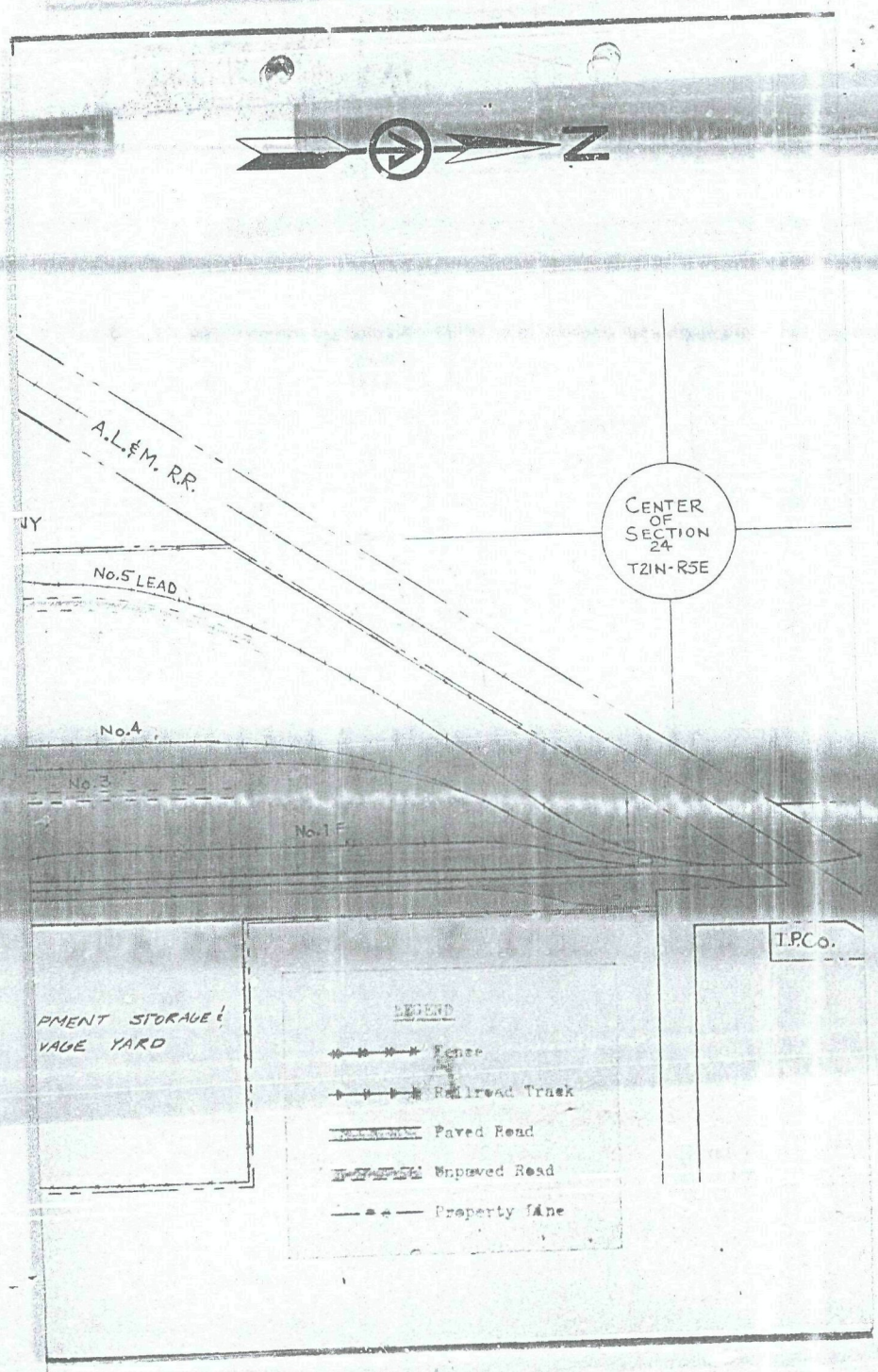

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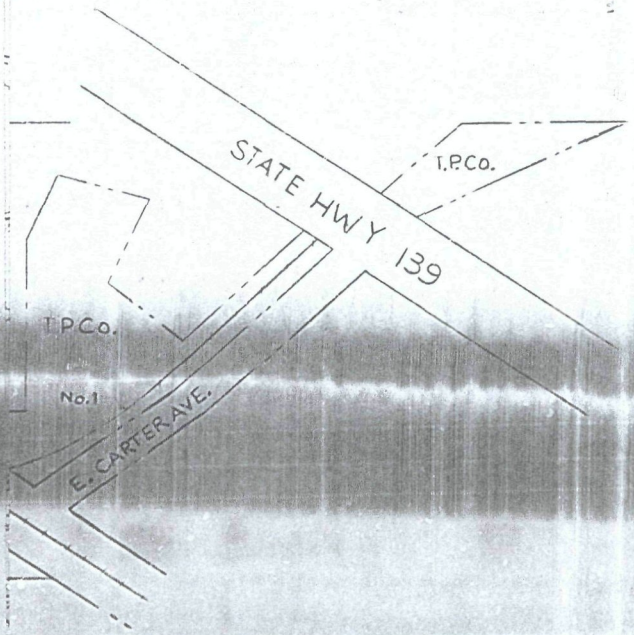
1. Conveyors, pipe bridges and other small items are not included.
2. Streets are drawn according to their respective right-of-ways.
3. Paved road - asphalt and/or concrete.



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SOUTHERN KRAFT DIVISION

GENERAL MILL & PROPERTY LAYOUT

309-1-9PE

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	APP.			

GENERAL REVISION 1-31-83 L.G.M.