CDM Federal Programs Corporation

September 20, 1989

TBD

Mr. Dana J. Barnett
TES VII Regional Contact
U.S. Environmental Protection Agency
841 Chestnut Building, 6th floor
Philadelphia, PA 19107

PROJECT: EPA CONTRACT NO.: 68-W9-0004

DOCUMENT NO.: TES7-R03002-EP-BGVV

SUBJECT: Health and Safety Plan for Work Assignment R03002
International Paper Company
TES7-R03002-HS-BGVW

Dear Mr. Barnett:

Please find enclosed the Health and Safety Plan for International Paper Company submitted as partial fulfillment of the reporting requirements for this work assignment.

If you have any comments regarding this submittal, please contact me at (215) 293-0450 within two weeks of the date of this letter.

Sincerely,

CDM Federal Programs Corporation

Mark diFeliciantonio
Regional Manager

MdF/slf

Enclosure

cc: Jean Wright, TES VII Project Officer (letter only)
Mary Daup, TES VII Contracting Officer
Donald Senovich, CDM Federal Programs Corporation Program Manager
Chris Marlowe, CDM Federal Programs Corporation

8 Valley Forge Executive Mall, Suite 230 Wayne, PA 19087 215 293-0450

HEALTH AND SAFETY PLAN
INTERNATIONAL PAPER COMPANY

Prepared for

U.S. ENVIRONMENTAL PROTECTION AGENCY
Office of Waste Programs Enforcement
Washington, D.C. 20460

Work Assignment No.	:	R03002
EPA Region	:	III
Facility I.D. No.	:	PAD002282002
Contract No.	:	68-W9-0004
CDM Federal Programs Corporation Document No.	:	TES7-R03002-HS-BGVW
Work Assignment Project Manager	:	Bruce R. Pluta
Telephone Number	:	(215) 293-0450
Primary Contact	:	Dana J. Barnett
Telephone Number	:	(215) 597-6688
Date Prepared	:	September 20, 1989

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

This document is for the exclusive use of CDM and its subcontractors

CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

PROJECT NAME International Paper Company

WORK ASSIGNMENT # R03002 **REGION** III

JOBSITE ADDRESS 2100 East Byberry Road
Philadelphia, Pennsylvania 19116

CLIENT U.S. Environmental Protection Agency

PROJECT #

CONTACT Dana J. Barnett

CONTACT PHONE # 215-597-6688

AMENDMENT #

( ) AMENDMENT TO EXISTING APPROVED HSP **( ) DATE EXISITING APPROVED HSP**

OBJECTIVES: *Summarize below*

This Health and Safety Plan will cover CDM Federal Programs Corporation (CDM FPC) personnel during a RCRA Compliance Evaluation Inspection (CEI) at the above noted facility. The facility will be evaluated for conformance to RCRA regulations regarding waste management and disposal practices. All inspection activities will be non-intrusive.

TYPE: *Check as many as applicable*

Active	(X)	**Landfill**	( )	**Unknown**	( )
Inactive	( )	**Uncontrolled**	( )	**Other** *specify*	
Secure	( )	**Industrial**	(X)		
Unsecure	( )	**Recovery**	( )		
Enclosed space	( )	**Well Field**	( )		

DESCRIPTION AND FEATURES: *Summarize below. Include principal operations and unusual features (containers, buildings, dykes, power line, terrain, etc.)*

The facility manfacturers liquid packaging cartons for use by the dairy industry.

SURROUNDING POPULATION: ( )**Residential** (X) **Industrial** ( ) **Rural** (X) **Urban** **OTHER:**

THIS PAGE RESERVED FOR MAP

A site map is not presently available, one will be acquired upon arrival at the site.

HEALTH AND SAFETY PLAN FORM

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PROJECT DOCUMENT #:

HISTORY: *Summarize below. In addition to history, include complaints from public, previous agency actions, known exposures or injuries, etc.*

Performing the CEI's were tasked to CDM FPC from the EPA after receiving them from PA DER. These are facilities who previously applied for TSD status but have since arranged their waste practices to qualify for generator status.

WASTE TYPES: ( ) Liquid ( ) Solid ( ) Sludge ( ) Gas (X) Unknown ( ) Other *specify:*

WASTE CHARACTERISTICS: *Check as many as applicable.*

( ) Corrosive
( ) Toxic
( ) Inert
(X) Flammable
(X) Volatile
( ) Unkown
( ) Radioactive
( ) Reactive
( ) Other *specify:*

HAZARDS OF CONCERN:

( ) Heat Stress *attach guidelines*
( ) Cold Stress *attach guidelines*
( ) Explosive/Flammable
( ) Oxygen Deficient
( ) Radiological
( ) Biological
( ) Noise
(X) Inorganic Chemicals
(X) Organic Chemicals
( ) Other *specify*

PRINCIPAL DISPOSAL METHODS AND PRACTICES: *Summarize below.*

Hazardous waste is disposed off-site. Specific information is not available.

HEALTH AND SAFETY PLAN FORM

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PROJECT DOCUMENT #:

HAZARDOUS MATERIAL SUMMARY: *Circle waste type and estimate amounts by category*

CHEMICALS: Amount/Units:	SOLIDS: Amount/Units:	SLUDGES: Amount/Units:	SOLVENTS: Amount/Units:	OILS: Amount/Units:	OTHER: Amount/Units:
Acids	Flyash	Paint Pigments	Halogenated Solvents	Oily Wastes	Laboratory
Pickling Liquors	Asbestos	Metals Sludges	Non-Halogenated Solvents	Other *specify:*	Pharmaceutical
Caustics	Milling/Mine Tailings	POTW Sludge	Other *specify:*		Hospital
Pesticides	Ferrous Smelter	Aluminum			Radiological
Dyes/Inks	Non-Ferrous Smelter	Other *specify:*			Municipal
Cyanides	Other *specify:*				Other *specify:*
Phenols					
Halogens					
PCBs					
Metals					
Other *specify:*					

OVERALL HAZARD EVALUATION: ( ) High ( ) Medium (X) Low ( ) Unknown *(Where tasks have different hazards, evaluate each. Attach additional sheets if necessary)*

JUSTIFICATION: Site inspection will be non-intrusive. Inspectors will not be in contact with hazardous materials.

FIRE/EXPLOSION POTENTIAL: ( ) High ( ) Medium ( ) Low (X) Unknown

BACKGROUND REVIEW: ( ) COMPLETE (X) INCOMPLETE

HEALTH AND SAFETY PLAN FORM

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PROJECT DOCUMENT #:

KNOWN CONTAMINANTS	HIGHEST OBSERVED CONCENTRATION *(specify units and media)*	PEL/TLV *ppm or mg/m3 (specify)*	IDLH *ppm or mg/m3 (specify)*	WARNING CONCENTRATION *ppm or mg/m3 (specify)*	SYMPTOMS/EFFECTS OF ACUTE EXPOSURE	Photo Ionization Potential

EPA documents show that this facility uses, or disposes of: ignitable waste, halogenated and non-halogenated solvents.

CDM personnel will rely on the chemical hazard information that OSHA requires the facility operator to maintain in his OSHA hazard communication program.

NA = Not Available **NE = None Established** **U = Unknown**

S = Soil **SW = Surface Water** **T = Tailings** **F = Flyash** **TK = Tanks**
A = Air **GW = Groundwater** **S L = Sludge** **D = Drums** **L = Lagoon**

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

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CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

FIELD ACTIVITIES COVERED UNDER THIS PLAN

TASK DESCRIPTION/SPECIFIC TECHNIQUE-STANDARD OPERATING PROCEDURES/SITE LOCATION *(attach additional sheets as necessary)*	TYPE	LEVEL OF PROTECTION Primary	Contingency	SCHEDULE
1 Conduct a one day site inspection to identify waste disposal practices currently in use at the facility.	Intrusive Non-Intrusive	A B C (D) Modified	Site Exit Modified	September 27, 1989
2	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	
3	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	
4	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	

PERSONNEL* AND RESPONSIBLITIES (Include subcontractors)

NAME	FIRM/REGION	CDM HEALTH CLEARANCE	RESPONSIBILITIES	On site?
Bruce Pluta	CDM FPC Region III	BS	WORK ASSIGNMENT MANAGER	1-2-3-4
Sue Van Ostenbridge	CDM FPC Region III	DS	Site Health and Safety Coordinator	1-2-3-4
Kathy Garris	CDM FPC Region III	DS		1-2-3-4
Chris Cherniak	CDM FPC Region III	DS		1-2-3-4

*Personnel listed on this page have completed the training, medical, and respiratory program requirements of the CDM Health and Safety Assurance Manual (HSAM) and OSHA standard 29 CFR 1910.120.

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

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CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

PROTECTIVE EQUIPMENT: *Specify by task. Indicate type and/or material, as necessary. Use copies of this sheet if needed.*

BLOCK A

TASKS: 1 · 2 · 3 · 4 A-B-C-D-Modified ( ) Contingency

LEVEL: (X) Primary

Respiratory: (X) Not needed
( ) SCBA, Airline: _____
( ) APR: _____
( ) Cartridge: _____
( ) Escape Mask: _____
( ) Other: _____

Head and Eye: ( ) Not needed
(X) Safety Glasses: optional
( ) Face Shield: _____
( ) Goggles: _____
(X) Hard Hat: optional
( ) Other: _____

Boots: ( ) Not Needed
Boots: Steel toe & shank
Overboots: _____
If surface appears contaminated.

Prot. Clothing (X) Not needed
( ) Encapsulated Suit: _____
( ) Splash Suit: _____
( ) Apron: _____
( ) Tyvek Coverall
( ) Saranex Coverall
( ) Coverall: _____
( ) Other: _____

Gloves: (X) Not Needed
( ) Undergloves: _____
( ) Gloves: _____
( ) Overgloves: _____

Other: *Specify below*
Facility policy regarding safety glasses and hard hats woll be consulted.

BLOCK B

TASKS: 1 · 2 · 3 · 4 A-B-C-D-Modified ( ) Contingency

LEVEL: ( ) Primary

Respiratory: ( ) Not needed
( ) SCBA, Airline: _____
(X) APR: Full-face mask
(X) Cartridge: GMCII
( ) Escape Mask: _____
( ) Other: _____

Head and Eye: ( ) Not needed
( ) Safety Glasses: _____
( ) Face Shield: _____
( ) Goggles: _____
(X) Hard Hat: optional
( ) Other: _____

Boots: ( ) Not Needed
Boots: Steel toe & Shank
Overboots: Disposable

Prot. Clothing ( ) Not needed
( ) Encapsulated Suit: _____
( ) Splash Suit: _____
( ) Apron: _____
(X) Tyvek Coverall
( ) Saranex Coverall
( ) Coverall: _____
( ) Other: _____

Gloves: ( ) Not Needed
( ) Undergloves: _____
(X) Gloves: latex
( ) Overgloves: _____

Other: *Specify below*

BLOCK C

TASKS: 1 · 2 · 3 · 4 A-B-C-D-Modified ( ) Contingency

LEVEL: ( ) Primary

Respiratory: ( ) Not needed
( ) SCBA, Airline: _____
( ) APR: _____
( ) Cartridge: _____
( ) Escape Mask: _____
( ) Other: _____

Head and Eye: ( ) Not needed
( ) Safety Glasses: _____
( ) Face Shield: _____
( ) Goggles: _____
( ) Hard Hat: _____
( ) Other: _____

Boots: ( ) Not Needed
Boots: _____
Overboots: _____

Prot. Clothing ( ) Not needed
( ) Encapsulated Suit: _____
( ) Splash Suit: _____
( ) Apron: _____
( ) Tyvek Coverall
( ) Saranex Coverall
( ) Coverall: _____
( ) Other: _____

Gloves: ( ) Not Needed
( ) Undergloves: _____
( ) Gloves: _____
( ) Overgloves: _____

Other: *Specify below*

BLOCK D

TASKS: 1 · 2 · 3 · 4 A-B-C-D-Modified ( ) Contingency

LEVEL: ( ) Primary

Respiratory: ( ) Not needed
( ) SCBA, Airline: _____
( ) APR: _____
( ) Cartridge: _____
( ) Escape Mask: _____
( ) Other: _____

Head and Eye: ( ) Not needed
( ) Safety Glasses: _____
( ) Face Shield: _____
( ) Goggles: _____
( ) Hard Hat: _____
( ) Other: _____

Boots: ( ) Not Needed
Boots: _____
Overboots: _____

Prot. Clothing ( ) Not needed
( ) Encapsulated Suit: _____
( ) Splash Suit: _____
( ) Apron: _____
( ) Tyvek Coverall
( ) Saranex Coverall
( ) Coverall: _____
( ) Other: _____

Gloves: ( ) Not Needed
( ) Undergloves: _____
( ) Gloves: _____
( ) Overgloves: _____

Other: *Specify below*

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

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CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

FIELD ACTIVITIES COVERED UNDER THIS PLAN

TASK DESCRIPTION/SPECIFIC TECHNIQUE-STANDARD OPERATING PROCEDURES/SITE LOCATION *(attach additional sheets as necessary)*	TYPE	LEVEL OF PROTECTION Primary	Contingency	SCHEDULE
1 Conduct a one-day site inspection to identify waste disposal practices currently in use at the facility.	Intrusive Non-Intrusive	A B C D Modified	Site Exit	September 15, 1989
2	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	
3	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	
4	Intrusive Non-Intrusive	A B C D Modified	A B C D Modified	

PERSONNEL* AND RESPONSIBILITIES (Include subcontractors)

NAME	FIRM/REGION	CDM HEALTH CLEARANCE	RESPONSIBILITIES	On site?
Bruce Pluta	CDM FPC Region III	BS	WORK ASSIGNMENT MANAGER	1-2-3-4
Sue Van Ostenbridge	CDM FPC Region III	DS	Site Health and Safety Coordinator	1-2-3-4
Kathy Garris	CDM FPC Region III	DS		1-2-3-4

*Personnel listed on this page have completed the training, medical, and respiratory program requirements of the CDM Health and Safety Assurance Manual (HSAM) and OSHA standard 29 CFR 1910.120.

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

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CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

MONITORING EQUIPMENT: *Specify by task. Indicate type as necessary. Attach additional sheets as necessary.*

INSTRUMENT	TASK	ACTION GUIDELINES		COMMENTS *(includes schedules of use)*
Combustible Gas Indicator	1-2-3-4	0-10%LEL 10-25%LEL >25%LEL 21.0%O_2 <21.0%O_2 <19.5%O_2	*No explosion hazard.* *Potential explosion hazard;notify SHSC.* *Explosion hazard; interupt task/evacuate* *Oxygen normal.* *Oxygen Deficient;notify SHSC.* *Interrupt task/evacuate*	(x) Not Needed
Radiation Survey Meter	1-2-3-4	3 x Background: >2mR/hr:	*Notify HSM* *Establish REZ*	(x) Not Needed Note: Refer to *CDM HSAM - Radiation Protection*
Photoionization Detector ( ) 11.7ev ( ) 10.2 ev ( ) 9.8 ev ( )___ ev Type_____	1-2-3-4	*Specify:*		(x) Not Needed Team members will measure with the OVA when entering new areas. While on site, team members will read the OVA every 15 min. Monitor continuously. Compare action levels to breathing zone measurements.
Flame Ionization Detector Type_____		Bkgd to 1 ppm: >1 ppm	Level D Leave site, Call Health and Safety	
Detector Tubes/ Monitox Type_____ Type_____	1-2-3-4	*Specify:*		(x) Not Needed
Respirable Dust Monitor Type_____ Type_____	1-2-3-4	*Specify:* If the crew observes visible concentrations of dust in air while working on or near the site, they will upgrade to level C.		( ) Not Needed
Other *Specify:*	1-2-3-4	If team members notice eye or throat irritation, they will leave area or don respirators.		

HEALTH AND SAFETY PLAN FORM CDM Health and Safety Program	*This document is for the exclusive use of CDM and its subcontractors*	CAMP DRESSER & McKEE INC. PROJECT DOCUMENT #:

DECONTAMINATION PROCEDURES

ATTACH SITE MAP INDICATING EXCLUSION, DECONTAMINATION, AND SUPPORT ZONES

Personnel Decontamination *Summarize below and/or attach diagram; discuss use of work zones.*	**Sampling Equipment Decontamination** *Summarize below and/or attach diagram; discuss use of work zones.*	**Heavy Equipment Decontamination** *Summarize below and/or attach diagram; discuss use of work zones.*
When workers wear Level D, - Equipment drop - Hard hat removal - Safety glass removal - Coverall removal - Inner glove removal - Face and hands wash When workers wear Level C, - Equipment drop - Hard hat removal - Work glove removal - Coverall removal - Respirataor cartridge removal - Respirator mask removal - Inner glove removal - Face and hands wash ( ) Not needed	( ) Not needed	( ) Not needed
Containment and Disposal Method Debris will be disposed onsite with permission of the facility. If permission is denied, debris will be bagged and returned to CDM FPC for disposal.	**Containment and Disposal Method**	**Containment and Disposal Method**

HEALTH AND SAFETY PLAN FORM

CDM Health and Safety Program

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CAMP DRESSER & McKEE INC.

PROJECT DOCUMENT #:

EMERGENCY CONTACTS

Water Supply

Telephone 215-698-4126 (Facility)

Radio

Other *(specify)*

CONTINGENCY PLANS *Summarize below*

If the facility is occupied by an operation which presents hazards for which the team has not planned or prepared, they will withdraw to consult with the Health and Safety Manager.

Team members will not enter enclosed spaces that are not designed for human occupancy.

HEALTH AND SAFETY PLAN APPROVALS

Prepared by [illegible] **Date** _____

SHSC Signature _____ **Date** _____

HSM Signature Chris Marlowe **Date** 9/15/89

EMERGENCY CONTACTS	NAME	PHONE
CDM 24-Hour Emergency Line	N/A	(202) 896-4138
Health and Safety Manager	-M. Mathamel	(703) 968-0900
Project Manager	B. Pluta	(215) 293-0450
Site Health and Safety Coordinator	Schaeffer	(215) 293-0450
EPA Contract	Dana J. Barnett	215-597-6688
Other *(specify)*		
State Environmental Agency	PADER	215-270-1400
State Spill Contractor		
Fire Department	Somerton	911
Police Department	8th District	215-686-3080
State Police		215-560-6200
Health Department	1st District	215-875-6570
Poison Control Center	Nazareth Hospital	215-335-6000

MEDICAL EMERGENCY

Hospital Name: Nazareth Hospital **Phone:** 215-335-6000

Hospital Address: 2601 Holme Avenue
Philadelphia, PA 19152

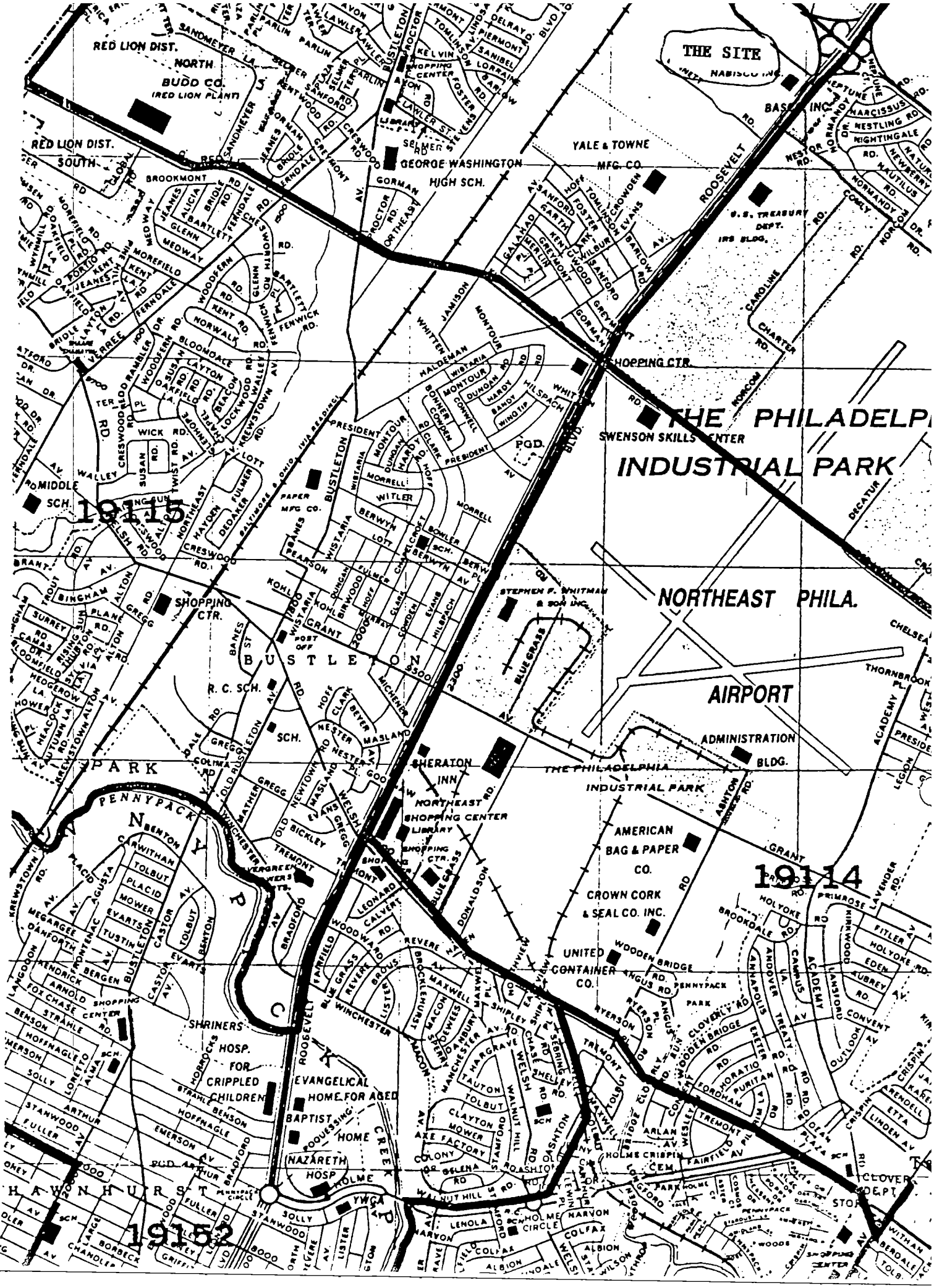
Name of Contact at Hospital: Emergency Room **Phone:**

Name of 24-Hour Ambulance: Wissinoming Volunteer
215-332-1509

Route to Hospital: Go left on Byberry Road. Make a right onto Evans Road and make another right onto Woodhaven Road. Go South on Roosevelt Blvd. to Holm Avenue exit. Go left, the Hospital is on the left.

Distance to hospital approximately 8 miles.

Attach map with route to hospital


THE SITE
NABISCO INC.
RED LION DIST.
NORTH
BUDD CO.
(RED LION PLANT)
RED LION DIST.
SOUTH
GEORGE WASHINGTON
HIGH SCH.
YALE & TOWNE
MFG. CO.
ROOSEVELT
U.S. TREASURY
DEPT.
IRS BLDG.
SHOPPING CTR.
SWENSON SKILLS CENTER
THE PHILADELP
INDUSTRIAL PARK
NORTHEAST PHILA.
AIRPORT
ADMINISTRATION
BLDG.
THE PHILADELPHIA
INDUSTRIAL PARK
AMERICAN
BAG & PAPER
CO.
CROWN CORK
& SEAL CO. INC.
UNITED
CONTAINER
CO.
19115
19114
19152
MIDDLE
SCH.
SHOPPING
CTR.
BUSTLETON
R. C. SCH.
SCH.
POST
OFF
PAPER
MFG CO.
STEPHEN F. WHITMAN
& SON INC.
BLUE GRASS
SHERATON
INN
NORTHEAST
SHOPPING CENTER
LIBRARY
PENNYPACK
PARK
SHRINERS
HOSP.
FOR
CRIPPLED
CHILDREN
EVANGELICAL
HOME FOR AGED
BAPTIST
HOME
NAZARETH
HOSP
HAWNHURST
YWCA
HOLME
CIRCLE
WOODEN BRIDGE
PENNYPACK
PARK
HOLME CRISPIN
CEM.
CLOVER
DEPT.
STOR

EPA

Department of Environmental Resources

1875 New Hope Street
Norristown, PA 19401
215 270-1948

TSD

March 9, 1989

Mr. James J. Chartrand, Plant Manager
International Paper Company
2100 East Byberry Road
Philadelphia, PA 19116

Re: Bureau of Waste Management
PPC Plan Review
PAD002282802
February 24, 1989

Dear Mr. Chartrand:

The Bureau has just completed its review of your plan, and has determined that the plan has not been fully and properly developed according to the Department's PPC plan guidelines, and does not have the proper format as found on page 2 of the guidelines ("Table 3 - Elements and Format of a PPC Plan").

Therefore, the Department hereby recommends that International Paper Company obtain the services of a qualified consulting firm to assist the company in the proper development of a revised plan. You should be aware that the Department has required the development, implementation and periodic revision of PPC plans ever since the publication of its hazardous waste regulations in 1980. Subsection 75.265(i)(4) states that "The contingency plan and all revisions and amendments thereof shall be prepared and implemented in accordance with the Department guidelines and submitted to the Department.... as the Department may prescribe".

After the revised plan has been completed, two copies of the plan should be submitted to this office for review, as before.

Please advise this office in writing at your earliest convenience regarding International Paper's schedule for upgrading its PPC plan. If you have any questions, please feel free to call me at 270-1651 or 270-1948.

Very truly yours,

ROBERT ZANG
Waste Management Specialist

cc: Mr. Sheerer
International Paper Company
Mr. Zang (2)
Re 30 (SWC23)68.9

Hbg.
EPA

REGION I-NORRISTOWN

Allentown Paint Mfg. Co., Inc.-Allentown-PAD 00 239 1969-7/1/83 letter from Norristown to the facility states that they are not a TSD. Why?

Arrow International Inc.-Wyomissing-PAD 07 283 1415-5/17/83 letter to DER's central office states that the facility will not store for less than 90 days.

Chemical Leaman Tank Lines Inc.-Nazareth-PAD 09 942 7908-6/3/83 letter to Gary Galida states that the facility would like to be classified as a generator only.

Continental Can Co.-Plant #479-Temple-PAD 00 080 0193-6/28/83 letter to Ken Caputo states that the site is a small quantity generator which stores under 90 days.

Diversified Printing Corp.-Atglen-PAD 05 139 7768-7/6/83 letter from Norristown office to facility states that the site is not a TSD. Why?

General Electric Co.-Allentown-PAD 00 300 1732-Same as above.

International Paper Co.-Philadelphia-PAD 00 228 2002-5/23/83 letter to EPA states that the facility stores for less than 90 days.

REGION III - HARRISBURG

SCM Proctor-Silex-Altoona-PAD 04 586 7702-10/14/82 letter to EPA states that the facility was working with the Harrisburg regional office to determine if its treatment qualified as a totally enclosed treatment system. However, their Part A shows treatment impoundments. What is the situation at this site?

REGION IV-WILLIAMSPORT

Continental Can Co.-Plant #420-Milton-PAD 00 080 0177-6/28/83 letter to Ken Caputo states that the facility is a small quantity generator which stores under 90 days.

REGION V-PITTSBURGH

Carnegie Mellon Univ.-Bushy Run Ctr.-Export-PAD 98 055 0354-7/6/83 letter to Chuck Duritsa states that the facility stores for less than 90 days.

Lenox Crystal Inc.-Mount Pleasant-PAD 00 433 2300-5/5/83 letter to DER's central office states that the facility's treatment qualifies for a permit-by-rule and their storage is for less than 90 days.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

SUBJECT: PART A WITHDRAWALS

DATE: NOV 1 1983

FROM: WILLIAM L. WALSH, ENVIRONMENTAL PROTECTION ASSISTANT WLW
WASTE ENFORCEMENT SECTION (3AW22)

TO: HANK SOKOLOWSKI, CHIEF
FACILITIES MANAGEMENT SECTION (3AW32)

THRU: PETER W. SCHAUL, CHIEF PK for
WASTE ENFORCEMENT SECTION (3AW22)

As discussed in my August 18, 1983 memo, our section will forward to your section those files which have been approved for withdrawal as TSDs. These files will need to be put on a Part B call-in list in order to start the Termination of Interim Status process. If you have any questions regarding these sites please call me on ext. 7713

ALLENTOWN PAINT MFG. CO.	PAD	00	239	1969	called
AVERY INTERNATIONAL CO.	PAD	05	327	7752	
BALL CHEMICAL CO.	PAD	00	433	6871	
BORG-WARNER CORP. - YORK DIV.	PAD	00	302	7182	
CHEMICAL LEAMAN TANK LINES INC.	PAD	09	942	7908	
DRAKENFELD COLORS	PAD	04	173	1670	
GMC-WAREHOUSE & DISTRIBUTION DIV.	PAD	07	497	8792	
" " " "	PAD	98	055	5072	
GTE PRODUCTS CORP. - ST MARYS	PAD	00	212	4386	
GLATFELTER, P.H., CO.	PAD	00	300	3407	
GREENE, TWEED & CO.	PAD	07	550	4795	
INTERNATIONAL PAPER CO.	PAD	00	228	2002	
LENOX CRYSTAL, INC.	PAD	00	433	2300	called
LORD CORP.	PAD	00	503	1281	
MET-PRO CORP.-SYSTEMS DIV. *	PAD	00	234	9280	called
MOLYCORP. INC.	PAD	00	302	5624	
PENNWALT CORP.	PAD	99	082	7578	
REICHHOLD CHEMICALS, INC.	PAD	00	433	4140	
STAUFFER, H.M., & SONS, INC.	PAD	00	302	8768	
U.S. STEEL CORP.-IMPERIAL WORKS	PAD	00	437	6919	

* This facility's Part B has already been requested by Region III.

Attachment

cc: Jim Webb (3AW22)
Greg Koltonuk (3AW22)
Joan Henry (3AW32)
Me

Date: 10-9-90

SIO: JIM-LINDA

FINAL PA/EPI

9004-01

TDD: ~~900-01~~

Site NAME: International Paper Company

NUS CORPORATION
999 WEST VALLEY ROAD
WAYNE, PENNSYLVANIA 19087
215-687-9510

October 1, 1990
R-585-7-0-31
68-01-7346

Mr. Gregory Ham
U.S. Environmental Protection Agency
841 Chestnut Building
Ninth and Chestnut Streets
Philadelphia, Pennsylvania 19107

Subject: Peer Review Comments
TDD No. F3-9004-01
EPA No. PA-2628
International Paper Company, Liquid Packaging Division
Philadelphia, Pennsylvania

Dear Mr. Ham:

Submitted herewith are responses to peer review comments for the subject site.

In response to comments by James McCreary, as discussed during a telephone conversation on September 19, 1990, the following is offered:

1. On the Preliminary Assessment Form, the contact has been changed from Lynnette Elser to James McCreary.

2. Appendices G and I have been removed, and an improved copy of appendix H (now G) has been included.

If you have any further questions, please contact me.

Respectfully submitted,

Mary Williams

Mary Williams
Project Manager

Reviewed by,

Paul Persing
Section Supervisor

Approved by,

Garth Glenn
Regional Manager, FIT 3

MW/ra

RECEIVED
SEP - 7 1990
NUS CORPORATION
REGION 3

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III
841 Chestnut Building
Philadelphia, PA 19107

SUBJECT: Request For Assistance from FIT Office Date: 8/30/90

From: JIM MCCREARY TDD# F3-9004-01
~~Pre-Remedial~~ SITE ASSESSMENT Section (3HW13)

To: Gregory Ham, FIT Regional Project Officer
~~Pre-Remedial~~ SITE ASSESSMENT Section (3HW13)

I. SITE NAME: INTERNATIONAL PAPER CO. (PA-2628)
DSN

EPA ID NO. _____

II. LOCATION: 2100 EAST BY BERRY LANE
Phila. PA. 19116

III. WORK ASSIGNMENT:

____	Preliminary Assessment	____	Toxicology
✓	EPI PA	____	Recon
____	Screening Site Inspection	____	Re-Sampling/Full Field Investigati
____	Listing Site Inspection	✓	Peer Review Corrections/Finalize
____	Hazard Ranking System	____	Other (See VI below)

IV. PRIORITY

____ High(*) ____ Medium ____ Low

V. PREFERRED DEADLINE:

Date: _____

VI. EXPLANATION OF TASK (* To include justification for high priority):
FINALIZE THE ABOVE REPORT ADDRESSING THE FOLLOWING COMMENTS/CORRECTIONS
① PA REPORT FORM - CHANGE CONTACT FROM LYNNETTE ELSER TO JIM MCCREARY (597-1102
② APPENDIX G, H AND I ARE NOT READABLE. EITHER OBTAIN BETTER COPY OR DELETE FROM REPORT KEEP AS A REFERENCE ON REFERENCE PAGE
③ MAKE CORRECTIONS VIA EPA, RCRA COMMENTS, IF ANY.
If there are any questions or disagreements concerning the above comments, please call the SIO listed above at _____ prior to finalizing the report.

VII. To be completed by FIT RPO only:

Task complete date by FIT 10/15/90

Hours allocated _____

RPO Concurrence