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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

0 0 0 5 0

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of t information on the label is incorrect, draw a li through it and supply the correct informati in the appropriate section below. If the label complete and correct, leave Items I, II, and I below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generate treated, stored and/or disposed of, or a tra porter's principal place of business. Please ref to the INSTRUCTIONS FOR FILING NOTIF CATION before completing this form. T information requested herein is required by la *(Section 3010 of the Resource Conservation a Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F RID095976544 T/A 1		80 08 04

AUG 4 10 43 AM '80

I. NAME OF INSTALLATION

PHILIP A HUNT CHEMICAL CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 31 WELLINGTON ROAD

CITY OR TOWN	ST.	ZIP CODE
4 LINCOLN	RI	02865

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 51 WELLINGTON ROAD

Lincoln

CITY OR TOWN	ST.	ZIP CODE
6 LINCOLN	RI	02865

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 POZNER STEVE ENVIRONMENTAL EGR	401-333-6114

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 TURNER & NEWELL

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
F = FEDERAL M = NON-FEDERAL M	[X] A. GENERATION [X] B. TRANSPORTATION (complete item VII) [X] C. TREAT/STORE/DISPOSE [ ] D. UNDERGROUND INJECTION

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

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

C. INSTALLATION'S EPA I.D. NO. RID095976544

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	R I	D	0	9	5	9	7	6	5	4	4	2		1
1	2										13	14		15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

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

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31: P069	32: P003	33: P005	34: P037	35: P009	36: P010
37: P008	38: P119	39: P012	40: P016	41: P018	42: P021
43: P022	44: P024	45: P028	46: P029	47: P030	48: P048

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001) [X] 2. CORROSIVE (D002) [X] 3. REACTIVE (D003) [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert Matte	Robert Matte, Chief Engineer	

Please keypunch
W2 ID only

I.D. – FOR OFFICIAL USE ONLY

W	–	I	D	0	9	5	9	7	6	5	4	4	2

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

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

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P068	32 P064	33 P073	34 P074	35 P077	36 P100
37 P101	38 P120	39 P121	40 U031	41 U112	42 U201
43 U219	44 U221	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

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☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

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SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

I.D. – FOR OFFICIAL USE ONLY

S																F/A	C
W	R	I	D	0	9	5	9	7	5	4	4						1
1	2													13	14		15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

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

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

PLEASE Keypunch

31	32	33	34	35	36
U108	U122	U123	U133	U147	U154
37	38	39	40	41	42
U159	U161	U162	U182	U188	U196
43	44	45	46	47	48
U213	U220	U227	U228	U239	

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

DETACH

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

Ltr sent 8/16/80

RID059976544

PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

August 14, 1980

EPA-Region I
Permits Branch
P. O. Box 8748
Boston, MA 02114

Gentlemen:

We are contemplating whether or not to file the application for a permit to be a treatment facility. We believe that our facility comes under the definition of "totally enclosed treatment facility." According to the definition of "totally enclosed treatment facility" in 40 CFR 260.10, we may be excluded from the requirement to obtain a permit if we fall under the definition.

At our two Lincoln, Rhode Island plants, we are mixing waste solvents (e.g. xylene) with number six fuel oil and then using it as fuel to our boilers. We are also burning waste solvents neat. Chemically, the waste solvents consist of carbon, hydrogen, and oxygen, and after combustion there are no residues or hazardous waste remaining.

Please advise us as to what type of treatment facility we are. If we are not considered a totally enclosed treatment facility, what can we do to become one? If you have any questions, please call me.

Sincerely yours,

PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

Stephen Pozner

Stephen Pozner
Safety/Environmental Engineer

SP/mc

ONE WELLINGTON ROAD · LINCOLN, RHODE ISLAND 02865 · TEL. 401/333-6114 · TWX: 710-384-4613

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

August 18, 1980

Mr. Stephen Pozner
Safety/Environmental Engineer
Philip A. Hunt Chemical Corp.
Organic Chemical Division
One Willington Road
Lincoln, RI 02865

Re: 8/14/80 inquiry

Dear Mr. Pozner:

If your waste solvents (xylene) possess sufficient BTU content to justify incinerating them for heat recovery, then, under Part 261.6, the actual incineration does not require a permit. However, they are subject to notification requirements and any storage must be permitted. You should note that the 90 day accumulation period allowed for generators pertains only to subsequent off-site shipment. Onsite accumulation for any time period for subsequent onsite heat recovery does require a storage permit.

Very truly yours,

Richard A. Cavagnero
Environmental Engineer

RAC/pjs

CONCURRENCES

SOL								
NAME	RAC							
E								

Form 1320-1 (12-70)

OFFICIAL FILE COPY

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F R I D 0 9 5 9 7 6 5 4 4

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, it in the designated space. Review the inf ation carefully; if any of it is incorrect, through it and enter the correct data in appropriate fill-in area below. Also, if an the preprinted data is absent *(the area to left of the label space lists the informa that should appear)*, please provide it in proper fill-in area*(s)* below. If the lab complete and correct, you need not comp items I, III, V, and VI *(except VI-B w must be completed regardless)*. Complet items if no label has been provided. Refe the instructions for detailed item des tions and for the legal authorizations u which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to an questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third colum if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activit is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP P H I L I P A. H U N T C H E M I C A L C O R P O R A T I O N

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*	
2 M A T T E R O B E R T C H I E F E N G I N E E R	4 0 1	3 3 3 6 1 1 4

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1 W E L L I N G T O N R O A D

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 L I N C O L N	R I	0 2 8 6 5

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1 W E L L I N G T O N R O A D

B. COUNTY NAME

P R O V I D E N C E

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 L I N C O L N	R I	0 2 8 6 5	

CONTINUE ON REVE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 2869 (specify) Photographic developers	7 2869 (specify) Polymers

C. THIRD	D. FOURTH
7 2869 (specify) Couplers	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 PHILIP A HUNT CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A

E. STREET OR P.O. BOX: 1 WELLINGTON ROAD

F. CITY OR TOWN: B LINCOLN

G. STATE: RI

H. ZIP CODE: 02865

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	9 N		
D. PSD (Air Emissions from Proposed Sources)	9 P		
B. UIC (Underground Injection of Fluids)	9 U		
E. OTHER (specify)	9	256	(specify) Boiler permit
C. RCRA (Hazardous Wastes)	9 R		
E. OTHER (specify)	9	255	(specify) Boiler permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

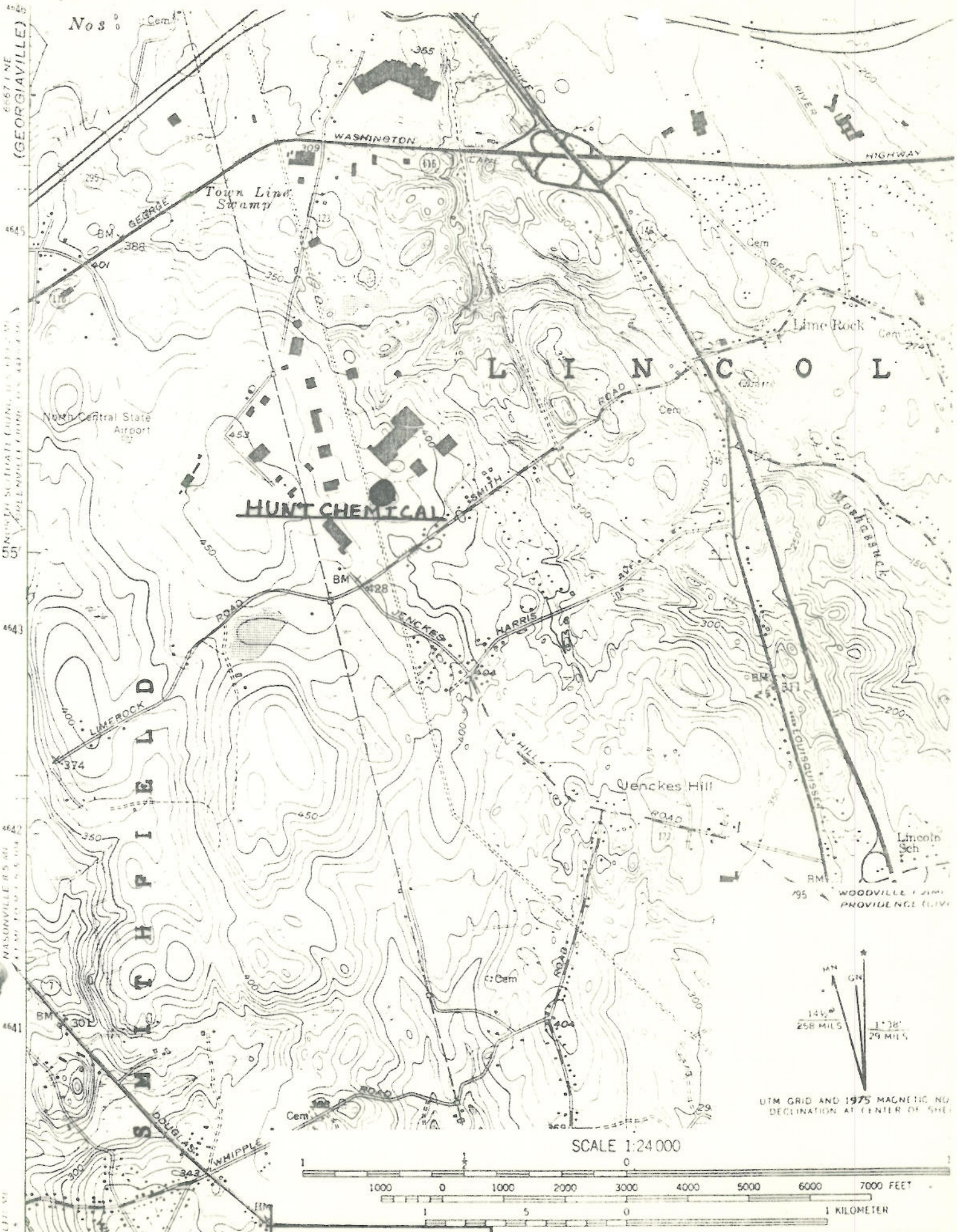
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green, V. P., Mfg.	[illegible]	[illegible]

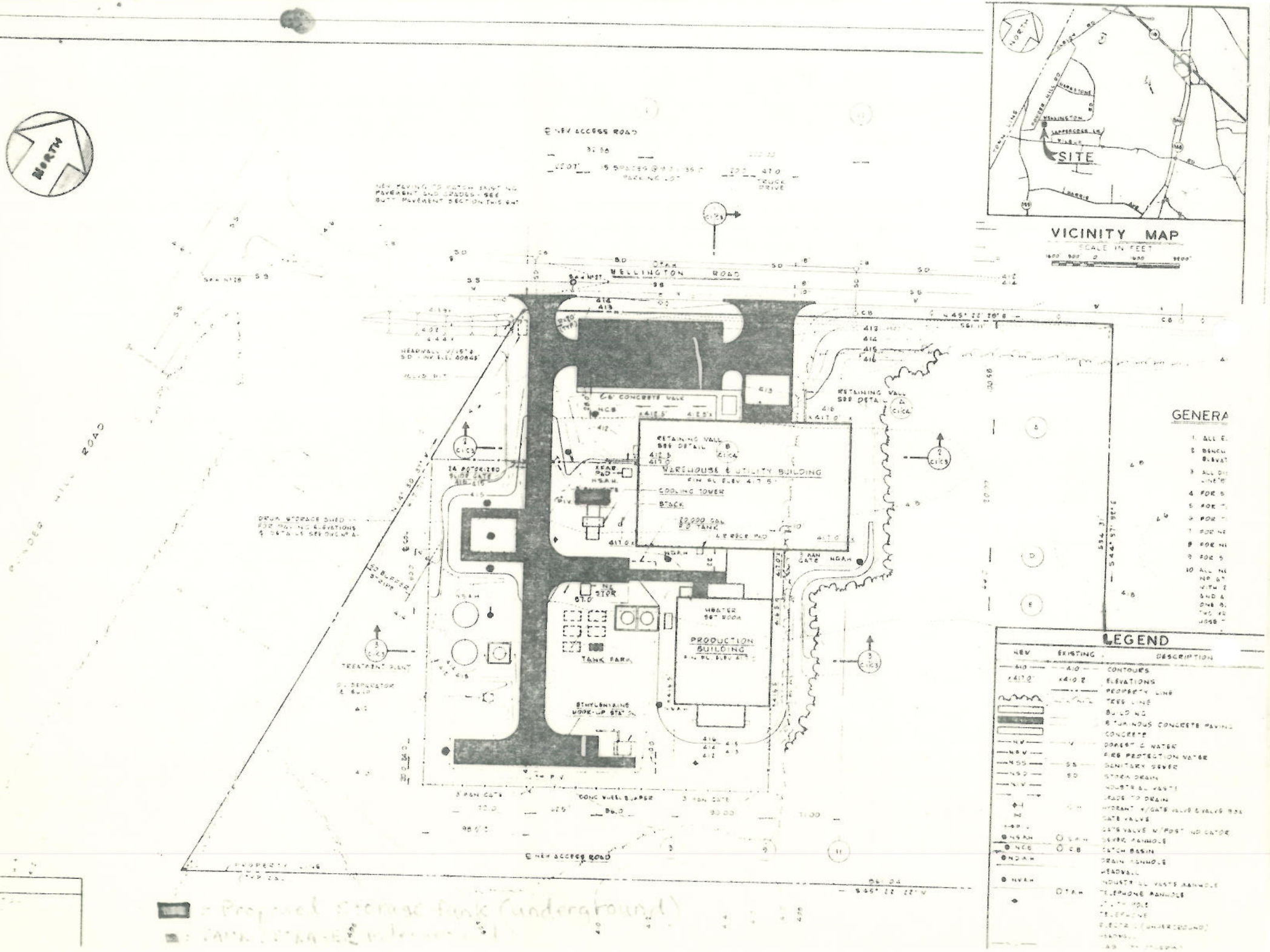
COMMENTS FOR OFFICIAL USE ONLY

C



LOCATION MAP
HUNT CHEMICAL Co.
LINCOLN, R.I.

Pawtucket Quadrangle
Rhode Island
7.5 Minute Series


NORTH
VICINITY MAP
SCALE IN FEET
SITE
WELLINGTON ROAD
WAREHOUSE & UTILITY BUILDING
COOLING TOWER
STACK
PRODUCTION BUILDING
TANK FARM
TREATMENT PLANT
GENERA
LEGEND
NEW
EXISTING
DESCRIPTION
CONTOURS
ELEVATIONS
PROPERTY LINE
TREE LINE
BUILDING
CONCRETE
FIRE PROTECTION WATER
SANITARY SEWER
STORM DRAIN
INDUSTRIAL WASTE
GATE VALVE
SEWER MANHOLE
CATCH BASIN
DRAIN MANHOLE
HEADWALL
TELEPHONE MANHOLE
TELEPHONE
Proposed storage tank (underground)

4. Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F R I D 0 9 5 9 7 6 5 4 4

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	7 7	1 2	0 1

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	20,000	G		7				
2	S 0 2	25,000	G		8				
3					9				
4					10				

Continued from page 2.
NOTE: Photocopy this page before completing if you [illegible]e more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W R I D 0 9 5 9 7 6 5 4 4 T/A 1

FOR OFFICIAL USE ONLY: W DUP T/A 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U239	150,000 Xylene	P	S01	
2	D001	150,000	P	S01	
3	D000	25,000			Included with above
4	P053	0	P	S01	
5	P054	0	P	S01	
6	P105	0	P	S01	
7	P106	0	P	S01	
8	U002	0	P	S01	
9	U003	0	P	S01	
10	U006	0	P	S01	
11	U012	0	P	S01	
12	U019	0	P	S01	
13	U020	0	P	S01	
14	U023	0	P	S01	
15	U037	0	P	S01	
16	U044	0	P	S01	
17	U052	0	P	S01	
18	U057	0	P	S01	
19	U070	0	P	S01	
20	U077	0	P	S01	
21	U080	0	P	S01	
22	U108	0	P	S01	
23	U122	0	P	S01	
24	U123	0	P	S01	
25	U133	0	P	S01	
26	U147	0	P	S01	

(enter "A", "B", "C", etc. behind the "2" to identify photocopied pages)

Continued from page 2.

NOTE: Photocopy this page before completing if you [illegible]e more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1): W R I D O 9 5 9 7 6 5 4 4 — T/A: 1

FOR OFFICIAL USE ONLY: W DUP — T/A: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
27	U162	0	P	S01	
28	U182	0	P	S01	
29	U188	0	P	S01	
30	U196	0	P	S01	
31	U213	0	P	S01	
32	U220	0	P	S01	
33	U227	0	P	S01	
34	U228	0	P	S01	
35	P069	0	P	S01	
36	P003	0	P	S01	
37	P005	0	P	S01	
38	P037	0	P	S01	
39	P009	0	P	S01	
40	P010	0	P	S01	
41	P008	0	P	S01	
42	P119	0	P	S01	
43	P012	0	P	S01	
44	P016	0	P	S01	
45	P018	0	P	S01	
46	P021	0	P	S01	
47	P022	0	P	S01	
48	P024	0	P	S01	
49	P028	0	P	S01	
50	P029	0	P	S01	
51	P030	0	P	S01	
52	P048	0	P	S01	

[illegible]

Continued from page 2.

NOTE: Photocopy this page before completing if have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W R I D 0 9 5 9 7 6 5 4 4 T/A C 1	W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
53	P068	0	P	S01				
54	P064	0	P	S01				
55	P073	0	P	S01				
56	P074	0	P	S01				
57	P077	0	P	S01				
58	P100	0	P	S01				
59	P101	0	P	S01				
60	P120	0	P	S01				
61	P121	0	P	S01				
62	P031	0	P	S01				
63	U112	0	P	S01				
64	U201	0	P	S01				
65	U219	0	P	S01				
66	U221	0	P	S01				
67	F001	0	P	S01				
68	F002	0	P	S01				
69	F003	0	P	S01				
70	F005	0	P	S01				
71	D002	0	P	S01				
72	D003	0	P	S01				
73	U154	0	P	S01				
74	U159	0	P	S01				
75	U161	0	P	S01				
76								
77								
78								

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F R I D 0 9 5 9 7 6 5 4 4 T/A 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 55 012	071 28 004

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green Vice President, Manufacturing	Sheldon L. Green	1/23/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5

Continued from page 4.

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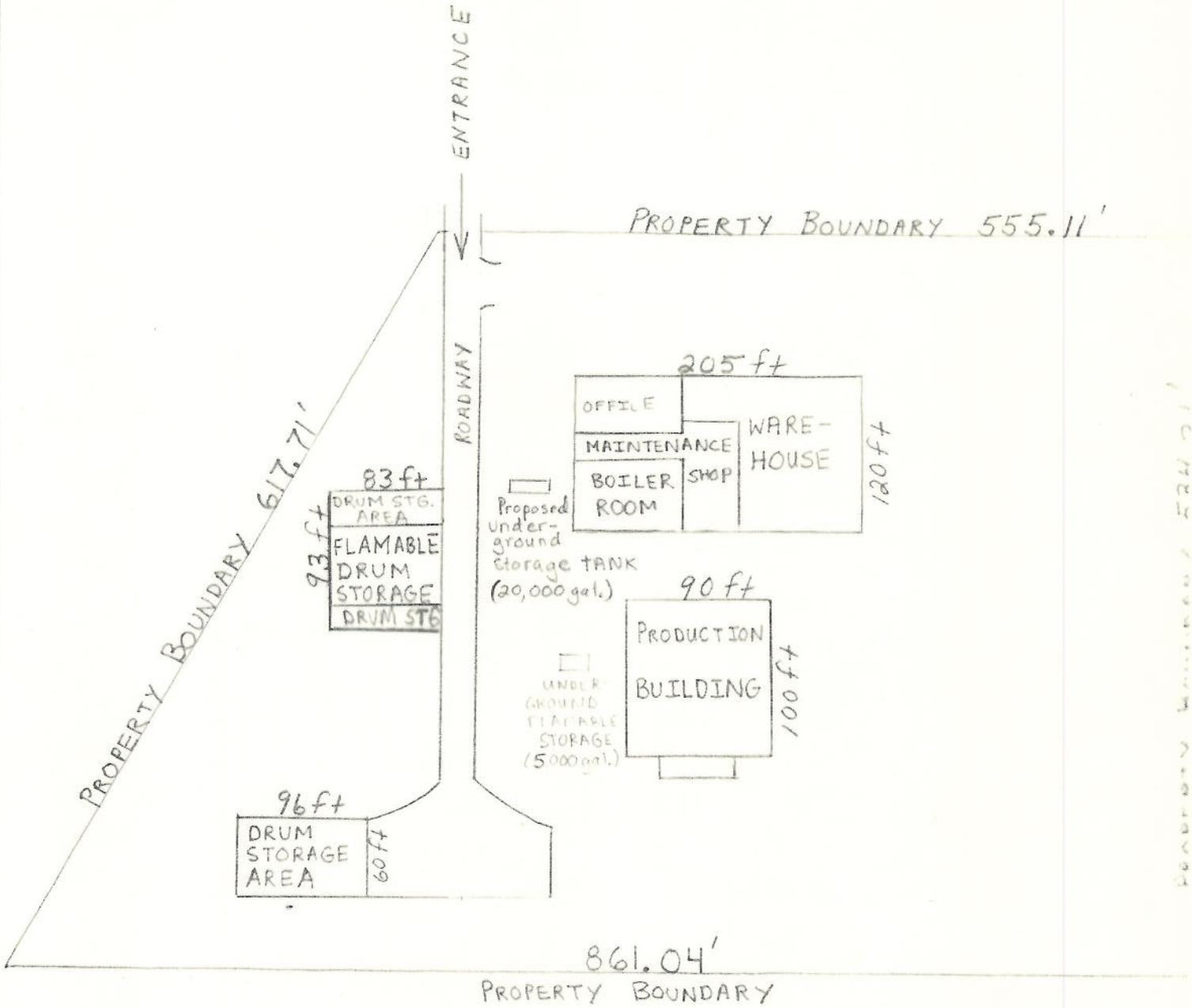
V. FACILITY DRAWING *(see page 4)*



SCALE 1 inch = 110 f