Participation

D. Corrective Action

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

HRE-8J

December 15, 1992

Mr. Charles Knockeart
Lapeer Metal Products
1070 Clark Road
Lapeer Township, Michigan 48446

Re: Visual Site Inspection
Lapeer Metal Products
(Formerly the Union Camp Corporation)
Lapeer, Michigan
MID 050 615 921

Dear Mr. Knockeart:

The U.S. Environmental Protection Agency is enclosing a copy of the final Preliminary Assessment/Visual Site Inspection (PA/VSI) report for the referenced facility. The executive summary and conclusions and recommendations sections have been withheld as Enforcement Confidential.

If you have any questions, please call Francene Harris at (312) 886-2884.

Sincerely yours,

Francene D. Harris for

Kevin M. Pierard, Chief
Minnesota/Ohio Technical Enforcement Section
RCRA Enforcement Branch

PA/VSI Review Comments
Lapeer Metal Products, MID 050 615 921
Lapeer, Michigan

November 4, 1992

The Waste Management Division (WMD) agrees with the information presented in the Executive Summary of the PA/VSI for the subject facility, with the following comments.

1. For the subject facility, the U.S. EPA ID number on file in the WMD, Lansing District Office is MID 005 377 049, while the U.S. EPA ID number in the draft report is MID 050 615 921. Clarification of the ID numbers is needed to verify that the facility referenced in the draft report is the facility on file.

2. This facility is not a treatment, storage, or disposal facility (TSD) on the Michigan/Region 5 TSD list. A partial Part A application for generation of hazardous wastes exists in the District files (see attached partial Part A). Records of the Former Container Storage Area referred to in the draft PA/VSI were not found in the Lansing Office or Lansing District files (Executive summary pp. ES-1 to ES-2). If U.S. EPA feels this facility is a TSD, then U.S. EPA should formally request MDNR to add this facility to the Michigan/Region 5 TSD list.

If this facility is a TSD it should be ranked a low priority. Lapeer Metal Products appears to have filed as a generator and there is no history of any documented releases. If this facility is not a TSD, it should not be ranked.

PUBLIC VOUCHER FOR ADVERTISING

For Agency Use Only

DEPARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE
U.S. Environmental Protection Agency - WMB

VOUCHER NUMBER

PLACE VOUCHER PREPARED
111 West Jackson, Chicago, IL 60604

DATE PREPARED
9/10/81

SCHEDULE NUMBER

NAME OF PUBLICATION
Lapeer County Press

PAID BY

NAME OF PUBLISHER OR REPRESENTATIVE
Lynn Myers, Editor

ADDRESS (*Street, room number, city, State, and ZIP code*)
P.O. Box 220 Lapeer, MI 48446 (FTS) 8 (313) 664-0811

CHARGES

TYPEFACE (*size of type*) POINT PER (*inch, square, word, or folio*)

		NUMBER OR LINES (*Indicate counted or space*)	COST PER LINE	TOTAL COST
Line Rates	FIRST INSERTION		$	$
	ADDITIONAL INSERTIONS GIVE NUMBER ▶			
	TOTAL			$

		NUMBER OF UNITS (*Indicate inch, square, word, folio*)	COST PER UNIT	TOTAL COST
Other Rates	FIRST INSERTION	4	$ 9.50	$ ~~43.00~~ 38.00
	ADDITIONAL INSERTIONS GIVE NUMBER ▶		Affidavit	5.00
	TOTAL			$

Attach one copy of advertisement (*including upper and lower rules*) to each copy of voucher here. If copy is not available sign the following affidavit.

TOTAL LINE RATES AND OTHER RATES	
LESS DISCOUNT AT %	
BALANCE DUE	$ 43.00
VERIFIED (*Initials*)	

AFFIDAVIT

This represents a true billing for the attached advertising order, with specifications and copy, which has been completed.

SIGNATURE OF PUBLISHER OR REPRESENTATIVE

TITLE

DATE

FOR AGENCY USE ONLY

ADVERTISEMENT PUBLISHED IN
Lapeer County Press

DATE PUBLISHED
9-30-81

I certify that the advertisement described above appeared in the named publication and that this account is correct and eligible for payment.

SIGNATURE AND TITLE OF CERTIFYING OFFICER

DATE

SIGNATURE AND TITLE OF AUTHORIZING OFFICER

DATE

ACCOUNTING CLASSIFICATION

Jack Chief, RAIS

MAMK84 1A2505M050 25.40 Est. $50.00

PAID BY CHECK NUMBER

[1] If the ability to certify and authority to approve are combined in one person enter "N/A" (*not applicable*) here

☆ U.S. GPO: 1974—555-598

September 1973
Treasury FRM 2000

ADVERTISING ORDER

54671NASX
ORDER NUMBER

ARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE
J.S. Environmental Protection Agency

DATE 9/16/81

'he publisher of the publication named below is authorized to ilish the enclosed advertisement according to the schedule ow provided the rates are not in excess of the commercial rates charged to private individuals with the usual discounts. It is to be set solid, without paragraphing, and without any display in the heading unless otherwise expressly authorized in the specifications.

'E OF THE PUBLICATION ADVERTISED IN
Lapeer County Press

JECT OF ADVERTISEMENT Legal Notice	EDITION OF PAPER ADVERTISEMENT APPEARED Wednesday
MBER OF TIMES ADVERTISEMENT APPEARED 1	DATE(s) ADVERTISEMENT APPEARED September 30, 1981

CIFICATIONS FOR ADVERTISEMENT

Place in legal notice section

'Y FOR ADVERTISEMENT

See Attachment

AUTHORITY TO ADVERTISE	INSTRUMENT OF ASSIGNMENT
MBER 54671NASX	NUMBER
'E 9/16/81	DATE
NATURE OF AUTHORIZING OFFICIAL B C Farmer	TITLE

INSTRUCTIONS TO PUBLISHERS

Extreme care should be exercised to insure that the specifica- ns for advertising to be set other than solid be definite, clear, d specific since no allowance will be made for paragraphing or display or leaded or prominent headings, unless specifically lered, or for additional space required by the use of type other in that specified. Specifications for advertising other than solid d the advertisement copy submitted to the publisher will be ached to the voucher. The following is a sample of solid line vertisement set up in accordance with the usual Government uirements.

DEPARTMENT OF HIGHWAYS & TRAFFIC, D.C. Bids are requested for first spring 1966 cement concrete repair contract, including incidental work, Washington, D.C., Invitation No. C-5576-H, consisting of 11,000 sq. yds. PCC Class BB sidewalk repair and 2,000 cu. yds. PCC Class A pavement, alley, & driveway repair, both cut repairs only. Bidding material available from the Procurement Officer, D.C. Sealed bids to be opened in the Procurement Office at 3:00 p.m., November 15, 1965.

Your bill for this advertising order should be submitted on the "Public Voucher for Advertising" form, which is printed on the reverse of this form, immediately after the last publication of the advertisement. If copies of the printed advertisement are not available, complete the affidavit provided on the voucher. Submit the voucher and a copy of the printed advertisement to ▶

U.S. Environmental Protection Agency
Financial Operations
230 S. Dearborn
Chicago, IL 60604

IMPORTANT

Charges for advertising when a cut, matrix, stereotype or electrotype is furnished will be based on actual space used and no allowance will be made for shrinkage.

In no case shall the advertisement extend beyond the date and edition stated in this order.

3-107

ɔeptember 1973
reasury FRM 2000

ADVERTISING ORDER

ORDER NUMBER

RTMENT OR ESTABLISHMENT, BUREAU OR OFFIC
.S. Environmental Protection Agency

DATE

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EDITION OF PAPER ADVERTISEMENT APPEARED
Wednesday

BER OF TIMES ADVERTISEMENT APPEARED

DATE(s) ADVERTISEMENT APPEARED
September 30, 1981

IFICATIONS FOR ADVERTISEMENT

'lace in legal notice section

FOR ADVERTISEMENT

AUTHORITY TO ADVERTISE	INSTRUMENT OF ASSIGNMENT
BER	NUMBER
E	DATE
IATURE OF AUTHORIZING OFFICIAL	TITLE

INSTRUCTIONS TO PUBLISHERS

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.....

IMPORTANT

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In no case shall the advertisement extend beyond the date and edition stated in this order.

-107

VOUCHER FOR ADVERTISING

For Agency Use Only

DEPARTMENT OR ESTABLISHMENT, BUREAU, OR OFFICE
U.S. Environmental Protection Agency - WMB

VOUCHER NUMBER

PLACE VOUCHER PREPARED
111 West Jackson, Chicago, IL 60604

DATE PREPARED
9/10/81

SCHEDULE NUMBER

NAME OF PUBLICATION
Lapeer County Press

PAID BY

NAME OF PUBLISHER OR REPRESENTATIVE
Lynn Myers

ADDRESS (*Street, room number, city, State, and ZIP code*)
P.O. Box 220 Lapeer, MI 48446 (FTS) 8 (313) 664-0811

CHARGES

TYPEFACE (*size of type*) POINT PER (*inch, square, word, or folio*)

		NUMBER OR LINES (*Indicate counted or space*)	COST PER LINE	TOTAL COST
Line Rates	FIRST INSERTION		$	$
	ADDITIONAL INSERTIONS GIVE NUMBER ➤			
	TOTAL			$

		NUMBER OF UNITS (*Indicate inch, square, word, folio*)	COST PER UNIT	TOTAL COST
Other Rates	FIRST INSERTION		$	$
	ADDITIONAL INSERTIONS GIVE NUMBER ➤			
	TOTAL			$

Attach one copy of advertisement (*including upper and lower rules*) to each copy of voucher here. If copy is not available sign the following affidavit.

TOTAL LINE RATES AND OTHER RATES	
LESS DISCOUNT AT %	
BALANCE DUE	$
VERIFIED (*Initials*)	

AFFIDAVIT

This represents a true billing for the attached advertising order, with specifications and copy, which has been completed.

SIGNATURE OF PUBLISHER OR REPRESENTATIVE

TITLE

DATE

FOR AGENCY USE ONLY

ADVERTISEMENT PUBLISHED IN

DATE PUBLISHED

I certify that the advertisement described above appeared in the named publication and that this account is correct and eligible for payment.

SIGNATURE AND TITLE OF CERTIFYING OFFICER

DATE

SIGNATURE AND TITLE OF AUTHORIZING OFFICER

DATE

ACCOUNTING CLASSIFICATION

Est. $50.00

PAID BY CHECK NUMBER

[1] If the ability to certify and authority to approve are combined in one person enter "N/A" (*not applicable*) here

☆ U.S. GPO: 1974—555-598

PUBLIC NOTICE

The U.S. Environmental Protection Agency (USEPA) has received a request from Union Camp Corporation, Container Division to close its storage facility located at 1070 Clark Road, Lapeer, Michigan.

The plan submitted on March 6, 1981, proposes the removal and off-site processing of ten metal drums (approximately 4000 pounds) of flexiographic ink washwater. No hazardous waste will remain upon closure.

The Union Camp Corporation request is sought under the rule on Hazardous Waste Management Facility closure (40 CFR 265) which appeared in the Federal Register, January 12, 1981, under the authority of the Resource Conservation and Recovery Act. This application will be evaluated by USEPA according to the criteria set forth in the above rule (40 CFR 265. Subpart G).

A copy of the Union Camp Closure plan and related background materials can be seen at the U.S. Environmental Protection Agency, Waste Management Branch, 111 W. Jackson, Chicago, Illinois, from 8:30 a.m. to 4:30 p.m. Monday through Friday or at the Marguerite de Angeli Branch Library, 921 W. Nepessing Street, Lapeer, Michigan 48446, during regular business hours.

Public comments concerning this application are requested by USEPA, and will be accepted through October 30, 1981. Please send comments to:

U.S. Environmental Protection Agency
Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

AFFIDAVIT OF PUBLICATION

In the Matter of the Estate of

STATE OF MICHIGAN
COUNTY OF LAPEER } SS

Ben Myers, being first duly sworn, says that (s) he is the Assistant Publisher of THE LAPEER COUNTY PRESS, a newspaper published in the English language for the dissemination of local or transmitted news and intelligence of a general character and legal news, which is a duly qualified paper, and that annexed hereto is a copy of a certain order taken from said newspaper, in which the order was published

September 30, 1981

BEN MYERS

Subscribed and sworn to before me this 30th day of September, 19 81

Mary Lynn Lebo
Notary Public, Lapeer County, Michigan

My commission expires 9-13-1982

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Public comments concerning this application are requested by USEPA, and will be accepted through October 30, 1981. Please send comments to:

U.S. Environmental Protection Agency, Region V, RCRA Activities, PO Box A3587, Chicago, Illinois 60690. 39-1

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

Form Approved OMB No. 158-S79016
GS No. 0246-EPA-CT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	MID 050615921
I. NAME OF INSTALLATION	NON-HANDLER 5-4-81 S.T
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	000421 AUG 18 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F MID050615921 T/A 21 C	A	800818

I. NAME OF INSTALLATION

UNION CAMP CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 PO BOX 306	4 LAPEER	MI	48446

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 10070 CLARK ROAD	6 LAPEER	MI	48446

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 SMITH D E GENERAL MANAGER	616-381-6600

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 UNION CAMP CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] 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
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*: 6

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 notification. 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.: MID050615921

IX. DESCRIPTION OF HAZARDOUS WASTES

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

AUG 15 1980

I.D. – FOR OFFICIAL USE ONLY														
S	W	M	I	D	0	5	0	6	1	5	9	2	1	T/A/C 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	32	33	34	35	36
37	38	39	40	41	42
43	44	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

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

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
D E Smith	Donald E. Smith General Manager	7/28/80

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

308

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S													T/A	C
F	M	I	D	0	5	0	6	1	5	9	2	1	3	D

1 2 - 13 14 15

LABEL ITEMS

- 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, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under 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 any 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 column 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 activity 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	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	
	16	17	18		19	20	21
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	
	22	23	24		25	26	27
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	
	28	29	30		31	32	33
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	
	34	35	36		37	38	39
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	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP UNION CAMP CORPORATION

15 16 - 29 30 - 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 SMITH D E GENERAL MANAGER	616	381	6600
15 16 - 45	46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 PO BOX 306

15 16 - 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 LAPEER	MI	48446
15 16 - 40	41 42	47 - 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 1070 CLARK ROAD

15 16 - 45

B. COUNTY NAME

LAPEER

46 - 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 LAPEER	MI	48446	087
15 16 - 40	41 42	47 - 51	52 - 54

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2653 (specify) Paper Converting	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: UNION CAMP CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] 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)

Answer: P (specify)

D. PHONE (area code & no.): A 201 628 9000

E. STREET OR P.O. BOX: 1600 VALLEY ROAD

F. CITY OR TOWN: WAYNE

G. STATE: NJ

H. ZIP CODE: 07470

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

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

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. F 9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

F9: A/51

Manufacture of Corrugated Paperboard Packaging

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
J. H. Neale Vice President, General Manager	J. H. Neale	11/7/80

COMMENTS FOR OFFICIAL USE ONLY

C

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

308

FORM 3 RCRA

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

S: F M I D 0 5 0 6 1 5 9 2 1 3 T/A: 1 C

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

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 a 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.)* (71)

C 8 (15) — YR. 8 0 (73 74) MO. 1 0 (75 76) DAY 2 8 (77 78)

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

[ ] 2. NEW FACILITY *(Complete item below.)* (71)

YR. (73 74) MO. (75 76) DAY (77 78)

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

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

[ ] 1. FACILITY HAS INTERIM STATUS (72)

[ ] 2. FACILITY HAS A RCRA PERMIT (72)

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.

S C DUP T/A 3 C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. 1. AMOUNT	B. 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	100,000 ØØØ	G		7				
					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

 CONTINUE ON PAGE 3

Continued from page 2.

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

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S: W M I D 0 5 0 6 1 5 9 2 1 T/A: 3 C: 1 (1 - 13, 14, 15)	S: W DUP T/A: 3 C: 2 DUP (1, 2 - 13, 14, 15, 23 - 26)

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code) (23 - 26)	B. ESTIMATED ANNUAL QUANTITY OF WASTE (27 - 35)	C. UNIT OF MEASURE (enter code) (36)	D. PROCESSES 1. PROCESS CODES (enter) (27 - 29, 27 - 29, 27 - 29, 27 - 29)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 8	750,000000	P	S 0 1	
2	D 0 0 7				INCLUDED WITH ABOVE
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (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)														
S													T/A	C
F	M	I	D	0	5	0	6	1	5	9	2	1	3	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)*. F6: A/55

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)*. F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)			LONGITUDE (degrees, minutes, & seconds)		
43	02	10 ~~10~~	083	18	03 ~~30~~

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.)
C E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F	C 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
J. H. Neale	J. H. Neale	11/7/80

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
D. E. Smith	D E Smith	10/28/80

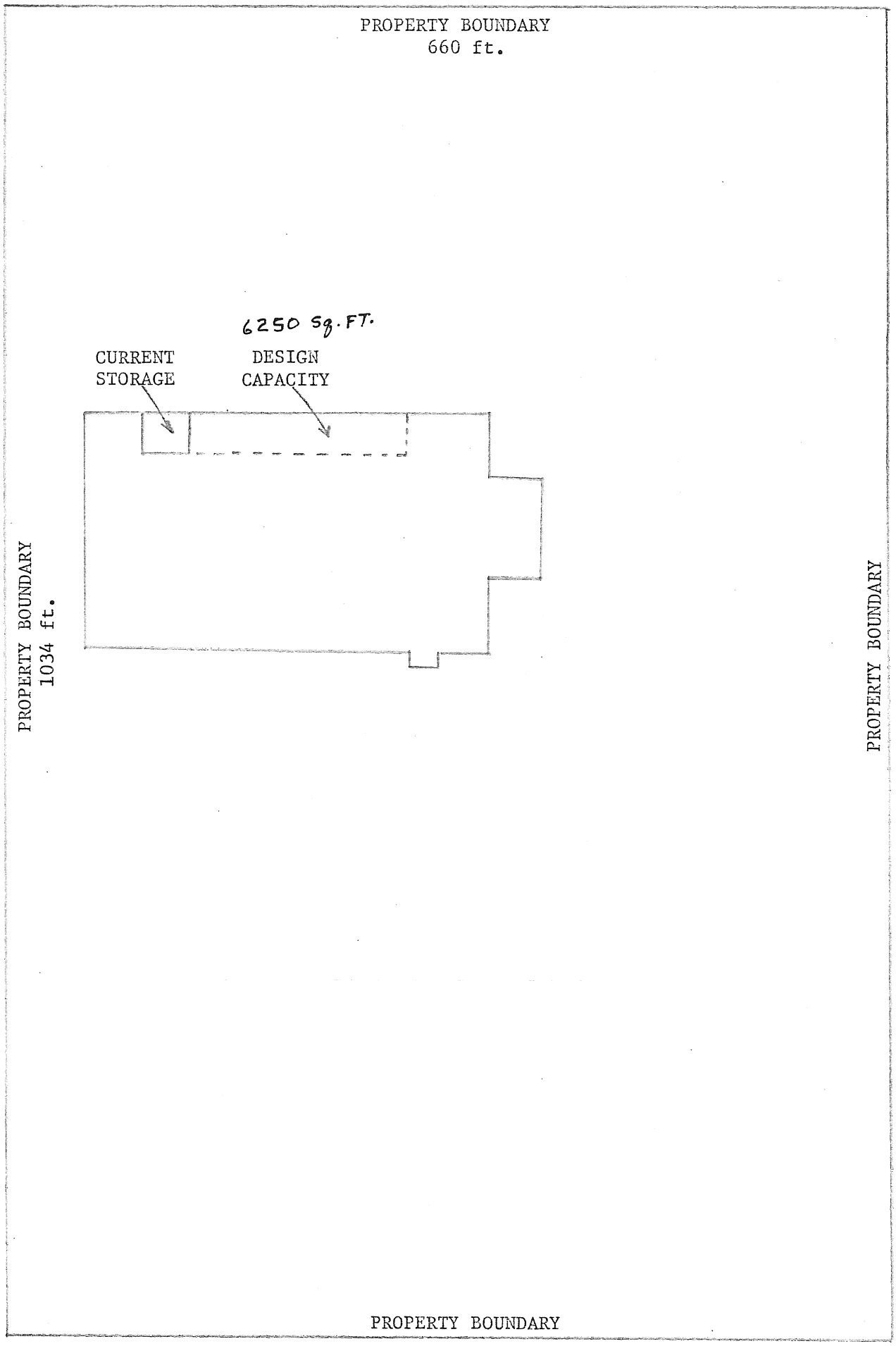
CONTINUE ON PAGE 5

MID050615921.

308

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



SCALE-1"=100'

UNION CAMP CORPORATION MID050615921

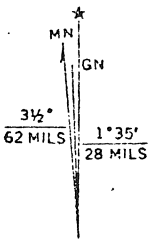
U. S. GEOLOGICAL SURVEY

LAPEER, MICH.
N4300—W8315/7.5

1963

AMS 4370 III SE—SERIES V862

43°2'30"

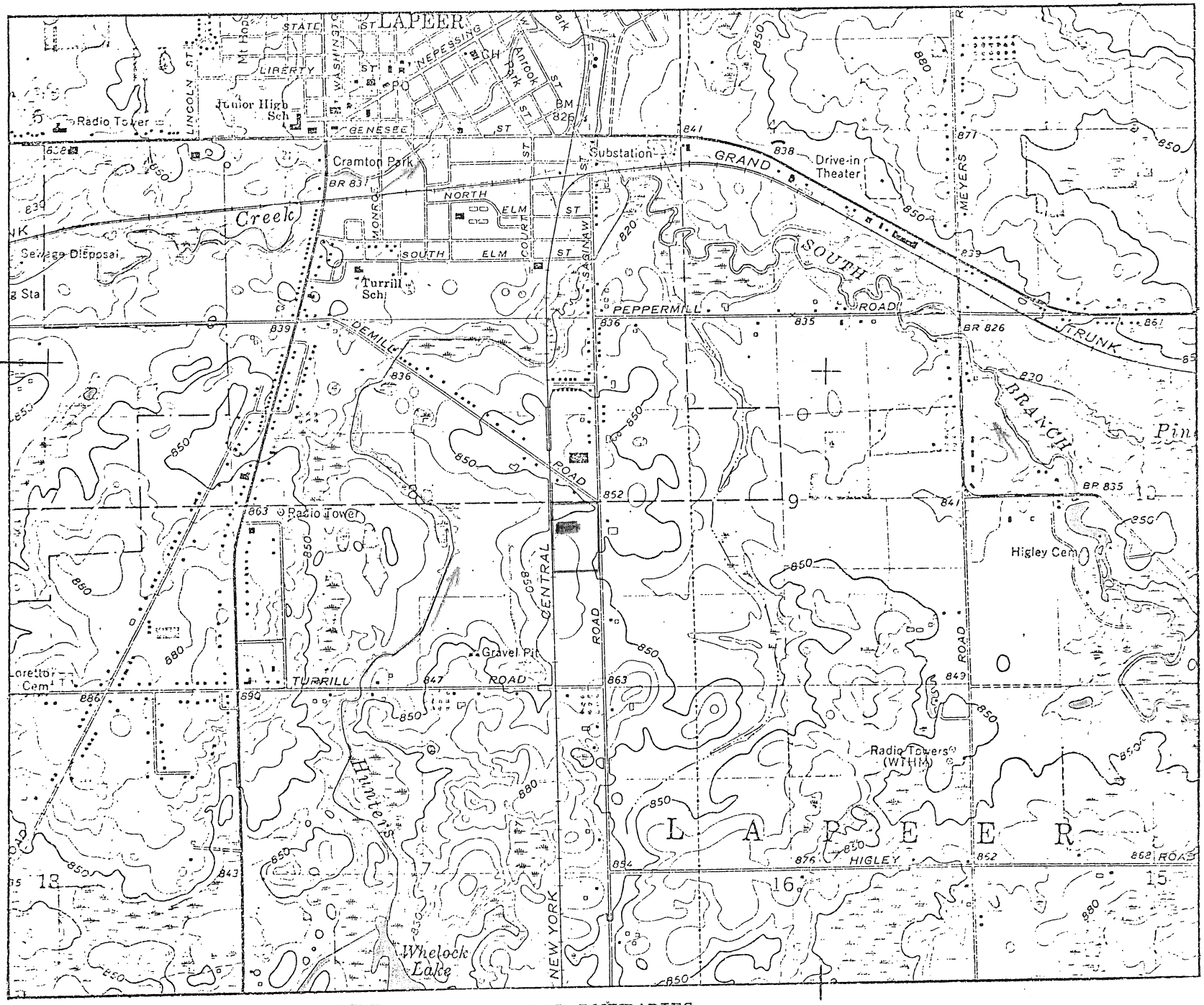


UTM GRID AND 1963 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

QUADRANGLE LOCATION

SCALE 1:24 000

1000 0



SURFACE WATER BODIES

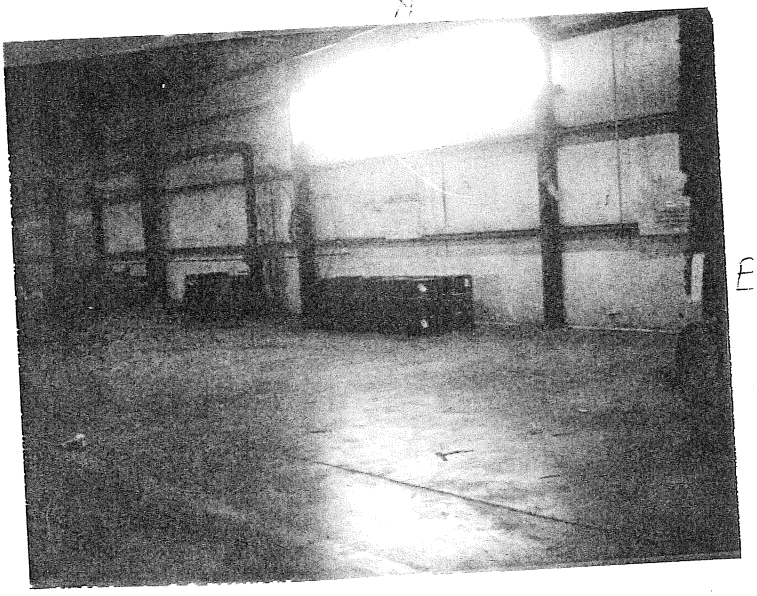
HAZARDOUS WASTE MANAGEMENT FACILITY

LEGAL BOUNDARIES OF FACILITY

83° 17'30"

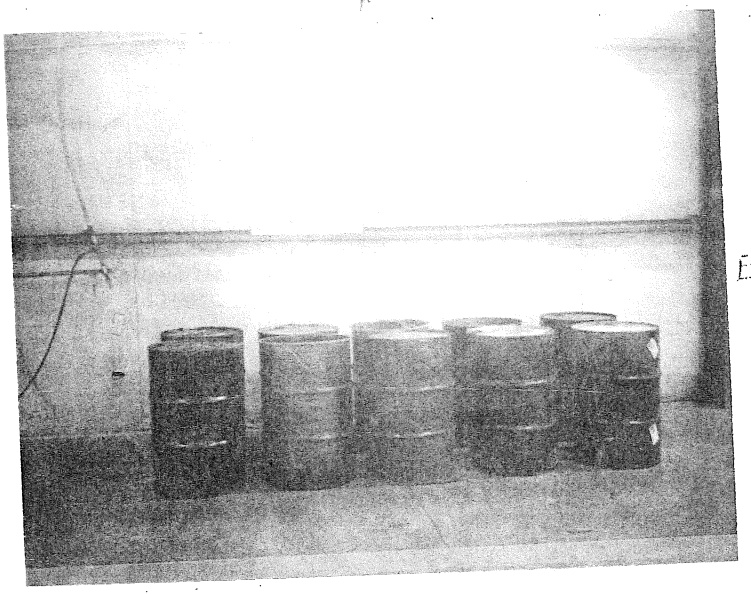
308

N



W E

N



W E

S

Post-Closure

FEB 0 5 1982

5AHWM

Mr. R. R. Knapp
Plant Engineer
Union Camp Corporation
Container Division
P.O. Box 2253
Kalamazoo, Michigan 49003

Re: MID005061592

OUT OF BUSINESS

Dear Mr. Knapp:

Thank you for your letter of January 12, 1982, notifying the United States Environmental Protection Agency of the closure of the storage facility at Union Camp Corporation, Lapeer, Michigan.

The closure plan, dated March 6, 1981, and July 23, 1981, called for the removal of 10 drums of ink waste to an approved disposal facility and the subsequent decontamination of the storage area. The plan was subjected to a public comment period; no comments were generated.

Your letter of January 12, 1982, enclosed a photo copy of the manifest verifying the removal of the 10 drums of the ink waste to Chem Met Services of Wyandotte, Michigan, MID096963194. Also, enclosed was a copy of the certification of closure by Mr. Joseph K. Kolder, P.E.. This document certified the following: 1. There is no contaminated equipment at the facility, 2. The plant property is clear of hazardous waste, and 3. The waste containers have been removed by an approved transporter to an approved disposal facility, and closure was carried out according to the submitted closure plan.

The manifest and certification of closure complete the closure requirements outlined in 40 CFR 265 Subpart G. This facility is now officially considered closed.

Thank you for your cooperation.

Sincerely yours,

Basil G. Constantelos
Acting Director
Waste Management Division

cc: Alan J. Howard
Michigan Department of
Natural Resources

D. HOMER:gigi:5AHWM:6-7444:1/28/82

	TYPIST	AUTHOR	PEU CHIEF	STU #1 CHIEF	STU #2 CHIEF	TPS CHIEF	WMD CHIEF	AHWMD DIRECTOR
INITIALS	gigi	DH		HC				
DATE	FEB 0 1 1982	2/2/82		2/2/82		2/2/82		

DS 2/4/82 DB 2/4/82

Union Camp CORPORATION

CONTAINER DIVISION P.O. BOX 2253, KALAMAZOO, MICH. 49003 PHONE: 616-381-6600

January 12, 1982

USEPA Region V
111 W. Jackson, 16th Floor
Chicago, Illinois 60604

Attn: Mr. David Homer

Dear Mr. Homer:

We have completed our closure plan at our 1070 Clark Road, Lapeer, Michigan plant. The plant's EPA I. D. number is MID050615921.

The storage facility was closed in accordance with the plan submitted to the EPA. Attached are copies of the shipping manifest and certification of closure by an independent professional engineer.

It is our understanding that the site is now officially closed and that all requirements of the EPA have been met.

If you require any more information please contact me.

Sincerely,

R. R. Knapp
Plant Engineer

dg

cc: L. F. Swec, Wayne, N. J.

Johnson & Anderson, Inc.

Consulting Engineers

2300 Dixie Highway
Pontiac, Michigan 48055
Telephone: 313-334-9901

January 6, 1982

Roger R. Knapp
Plant Engineer
Union Camp Corporation
P.O. Box 2253
Kalamazoo, MI 49003

Ref: J&A No. 11387
Plant Closure

Dear Mr. Knapp:

This letter certifies that the Union Camp Corporation facility at 1070 Clark Road, Lapeer, Michigan has been closed in accordance with the prepared closure plan and the requirements of the USEPA.

The facility was toured on January 5, 1982, by this writer in the company of Roger Knapp and R.L. McDonald of Union Camp. Observations are summarized as follows:

1. The facility is substantially clear of all equipment. Removed equipment has been shipped to other Corporation facilities. Remaining equipment consists of slitters, miscellaneous small machines, printing dies and waste hoppers. None of these items appear to be contaminated in any way with hazardous waste and residue.

3. The plant property (outside the building) is clear of hazardous waste.

4. The stored hazardous waste containers have been removed by a licensed hauler and delivered to a licensed disposal site.

An examination of available documents show that the:

1. Notice of closure and the written closure plan were submitted to the USEPA on a timely basis.

2. Public notice was made as required.

3. Disposal of all hazardous waste was accomplished in accordance with the closure plan and within the allowable time after closure approval by the EPA. Union Camp has in its posession a properly executed manifest.

We certify that the closure has been properly completed.

Very truly yours,

JOHNSON & ANDERSON, INC.

Joseph F. Kolder P.E.

Joseph F. Kolder, P.E.
Project Manager

JTK/cr

STATE OF MICHIGAN

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS) ☐ Act 136 Waste (OTHER) MI 0044882

IDENTIFICATION

Generator's Name	Primary Transporter's Name	Treatment, Storage or Disposal Facility
UNION CAMP CORP.	BROWNING-FERRIS INDUSTRIES	CHEM-MET SERVICES
Site Address: 1070 CLARK RD. LAPEER, MICH	Transporters Address: 5400 COGSWELL RD. WAYNE, MI. 48184	Facility Address: 18530 ALLEN RD. WYANDOTTE, MI 48192
Phone Number: (616) 381-6600 R. KNAPP	Phone Number: (313) 729-8200	Phone Number: (313) 282-9250
Generator's Site EPA I.D. Number: MID050615921	Transporter's EPA I.D. Number: MID053335899 3145	Facility Site EPA I.D. Number: MIP096963184

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

WASTE INFORMATION

LOT NO.	U.S. D.O.T. Shipping Name	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container No.	Container Type	Form: Solid	Form: Liquid	Form: Gas	Form: Sludge	Weight or Volume	Units	Hazardous Waste Number
1.	WASTE, INK	COMBUSTIBLE LIQUID	UN2867	01	10	DR		X					D008
2.													
3.													
4.													
5.													
6.													

COMMENTS

Include Safety precautions and special handling instructions.

IN CASE OF SPILL - CONTAIN IMMEDIATELY - PICK UP WITH ABSORBANT - RE-DRUM AND DELIVER TO DISPOSAL SITE.

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature ① Gordon W. Fiddler — Date Shipped MO. DAY YEAR: 12 17 84

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No. No. 1 H-12C-14

Subsequent Transporter Vehicle I.D. No's

Transporter Signature ② — Date(s) Received: 1 0 1 7 8 1

Subsequent Transporter(s) signature(s) ③

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature ④

Facility Site EPA I.D. Number

☐ Accepted ☐ Rejected

Date Received

Describe any significant discrepancies between manifest and shipment.

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 800—294-4706, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800—424-8802

REPORT 1ST COPY

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
5AHWM

SEP 14 1981

Ms. Laura Strauss, Director
Marguerite de Angeli Branch Library
921 W. Nepessing Street
Lapeer, Michigan 48446

Dear Ms. Strauss:

Per our telephone conversation of September 8, 1981, I am sending you a copy of the Union Camp Closure Plan and related background materials which shall be made available to the public at the Marguerite de Angeli Branch Library for review and comment through October 30, 1981. I am also enclosing an advance copy of the Public Notice notifying the public of the availability of these materials. This Public Notice is scheduled to appear in the legal notice section of the Lapeer County Press on Wednesday, September 30, 1981.

Please return these materials to us in the enclosed self-addressed stamped envelope after the close of the 30 day comment period--October 30, 1981.

Thank you very much for your cooperation in assisting us in our effort to serve the public.

Sincerely,

Pat Vogtman

Pat Vogtman
Environmental Protection Assistant

Enclosures

RETURN
11/12/81

Closure Plan for Union Camp Container Plant November 18, 1980

cation: 1070 Clark Road; Lapeer, Michigan MID 050615921

The following plan is prepared in accordance with the May 19, 1980, Federal Register, Subpart G, Sections 265.110 through 265.115.

In the event that the decision to close this hazardous waste storage facility is made, the operator of this facility will:

1. Submit this closure plan to the E.P.A. Regional Administrator 180 days prior to the expected date to begin closure for his approval.

2. Remove all drums of hazardous waste from their designated storage areas and dispose of in a manner in accordance with these regulations.

3. Remove all residual hazardous wastes from all floor areas associated with the hazardous waste system and dispose of said wastes in accordance with these regulations.

It is conceivable that at any time in the life of the facility that the designated storage area would be at capacity at the time of closure and the entire inventory would need to be disposed of. In that case, the current estimated cost of closure could be as high as $60,000.

Within six months after receipt of the final volume of waste, the aforementioned closure plan will be completed.

When closure is completed, all facility equipment will have been decontaminated and all hazardous wastes removed.

Upon closure completion, the operator and an independent registered professional engineer will submit to the E.P.A. Regional Administrator certification that the facility was closed in accordance with the approved closure plan.

Union Camp CORPORATION

CONTAINER DIVISION

P.O. BOX 2253, KALAMAZOO, MICH. 49003 PHONE: 616-381-6600

July 23, 1981

Mr. Karl J. Klepitsch, Jr., Chief
Waste Management Branch
U.S. Environmental Protection Agency
Region V
111 W. Jackson Blvd.
Chicago, Illinois 60604

Attention: 5AHWM

Dear Mr. Klepitsch:

This is in reply to your letter of July 8 requesting further information on the closure plan for our paper box plant in Lapeer, Michigan. The following are in response to your questions:

1. The hazardous waste to be removed consists of 10 metal drums of flexographic ink washwater. The quantity of liquid is approximately 4,000 lbs. It is 99.8% water and contains a small amount of ink residue. The EPA Hazard Waste Number is D008 which contains more than 5.0 mg./l of lead according to the EP Toxicity Test Procedure.

2. The proposed transporter is Browning-Ferris Industries, 5400 Cogswell Road, Wayne, Michigan, 48184. Their EPA identification number is MID076340942.

   The processing of the drums will be done by Chem-Met Services, 18550 Allen Road, Wyandotte, Michigan, 48192. Their EPA identification number is MID096963194.

3. There is no contaminated equipment in the Lapeer facility. The floor areas which were contacted by ink residue have been washed and the diluted washwater drained into the local sewer system.

Following your approval, the procedures set forth in 40 CFR 265.113 to 265.115 will be followed. We look forward to your comments on our closure plan.

Sincerely,

D. E. Smith
General Manager

hc

JUL 29 1981

Union Camp CORPORATION

CONTAINER DIVISION P.O. BOX 2253, KALAMAZOO, MICH. 49003 PHONE: 616-381-6600

June 17, 1981

Ms. Judy Kertcher
Chief of Regulatory Analysis and Information Section
USEPA Region V
111 West Jackson, 16th Floor
Chicago, Illinois 60604

Dear Ms. Kertcher:

Attached is a copy of a letter requesting closure of our hazardous waste storage facility. This letter was sent to Mr. John McGuire on March 6, 1981.

I have talked with Mr. David Homer about this letter and it seems that it has been misplaced. He has asked me to send you this copy.

Please process this letter for closure. If you need any more information call me.

Sincerely,

RR Knapp

R. R. Knapp
Plant Engineer

dg

6-22-81

MID 050615921

Union Camp CORPORATION

CONTAINER DIVISION P.O. BOX 2253, KALAMAZOO, MICH. 49003 PHONE: 616-381-6600

March 6, 1981

RECEIVED
MAR - 9 1981
WASTE MANAGEMENT BRANCH
EPA, REGION IV

Mr. John McGuire
Waste Management Branch
U. S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Dear Mr. McGuire:

We recently ended operations at our 1070 Clark Road, Lapeer, Michigan plant due to a falloff in business. This site contains a storage facility presently covered by the "Interim Status" Provisions of the Hazardous Waste Regulations. In accordance with the standards promulgated under 40CFR265.112, we respectfully request permission to close this storage facility. Please find enclosed a copy of our site closure plan.

We believe that all information needed for approval is included with this letter. Should you require anything further, please contact R. L. McDonald, Plant Manufacturing Manager.

Sincerely,

D E Smith

D. E. Smith
General Manager

dg

~~SUB./NOTIFICATION~~

OUT OF BUSINESS

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5AHWM

Mr. R.R. Knapp
Plant Engineer
Union Camp Corporation
P.O. Box 2253
Kalamazoo, Michigan 49003

Dear Mr. Knapp:

The copy of the closure plan for Union Camps Container Plant, Lapeer, Michigan, submitted June 17, 1981, has been initially reviewed by my staff. Certain information is lacking from the plan, which is summarized below:

1. The amount and description of the wastes presently on site;

2. An identification of the disposal site for the remaining wastes and any transporters to be used, including their EPA identification numbers;

3. A description of equipment and/or areas to be decontaminated and the methods to be used. (If no contaminated equipment and/or areas exist, please indicate.

I have enclosed a copy of 40 CFR 265 Subpart G, which outlines the procedures for closure (46 Federal Register, p. 2874). Following the review of the requested information, the procedures set forth in 40 CFR 265.112(d) and 265.113 to 265.115 must be followed.

If you have any further questions on this matter, please feel free to contact Dr. David Homer of my staff at (312) 886-3790.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

5A&HWM:WMB:D.HOMER:B.RUSSELL:7-6-81