MA

File

THE DIAL CORPORATION

9300 Rayo Ave.
South Gate, CA 90280

Mr. Thomas D. Clark
U.S. Environmental Protection Agency
Hazardous Waste Programs Branch
Administrative Section (6H-HA)
1201 Elm Street
Dallas, Texas 75270

Re: **WASTE MINIMIZATION INFORMATION**
GENERATOR'S NAME: The Purex Corporation
GENERATOR'S EPA I.D. NO.: TXD007342942

August 26, 1986

Dear Sirs:

The statement below is intended to serve as our response to your letter of August 5, 1986 requesting information on waste minimization programs for our facility located at 2929 Storey Lane, Dallas, TX 75220.

Although the above identified facility utilizes hazardous materials in the manufacturing of consumer products, and currently holds a valid EPA Generator I.D. number, hazardous wastes have never been generated or disposed of from this location. A waste minimization plan would seem inappropriate if not impossible to prepare for such a record.

Nevertheless, it is our desire to retain our generator status in the unlikely event of a spill of hazardous materials.

I hope that this explanation adequately meets our requirements for a waste minimization statement. If further information is required please advise our facility manager, Mr. J. Pinkerton.

John J. Dougherty

John J. Dougherty
Manager of Environmental Engineering
The Dial Corporation
Household & Laundry Products Division

cc: J.Pinkerton - Dallas
D.King - S.Gate

RECEIVED
AUG 28 1986
HAZARDOUS WASTE
PROGRAMS BRANCH

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Household & Laundry Products Division

cc: J.Pinkerton - Dallas
D.Kino - S.Gate

AUG 28 1986

Please print or type with ELITE type (12 characters [illegible]) in the unshaded areas only.

Form Approved OMB No. 158-S79016
G[illegible] No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	TXD007342942
I. NAME OF INSTALLATION	PUREX CORPORATION
II. INSTALLATION MAILING ADDRESS	2929 STOREY LANE DALLAS TX 75220
III. LOCATION OF INSTALLATION	2929 STOREY LANE DALLAS TX 75220

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*).

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F TXD007342942 T/A 3 C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 800818 - ack. trig. 12-18-80

003395

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3

CITY OR TOWN: C 4 | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5

CITY OR TOWN: C 6 | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (*last, first, & job title*): C 2 PINKERTON JOE PLANT MANAGER

PHONE NO. (*area code & no.*): 214-352-2687

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 PUREX INDUSTRIES INC

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*)
- [ ] 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*):

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.: TXD007342942

RECEIVED AUG 18 1980

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	T	X	D	0	0	7	3	4	2	9	4	2	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
R. L. Trott	R.L. Trott Vice President & Ass't General Mgr. Grocery Products Group	8/7/80

EPA HAZARDOUS WASTE DA
FACILITY INVENTO

ICATION NUMBER	TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME
0 7 3 4 2 9 4 2	3	1	A	8 0 8 / 8			PUREX C
13 14		15	16	17 22	23 24	29	30

FACILITY CONTACT NAME/POSITION

2 — 15 16 — 45

MAILING ADDRESS

3 — 15 16 — 45

MAILING CITY — STATE

4 — 15 16 — 40 41 42 43

FACILITY ADDRESS

5 — 15 16 — 45

FACILITY CITY — STATE

6 — 15 16 — 40 41 42 43

NEW SIC — OLD SIC

7 — 15 16 — 19 20 — 23

F — DUP — 1 2 — 13 14 — 7 — 15 16 — NEW SIC — 19 20 — OLD SIC — 23

FACILITY OWNER'S NAME

8 — 15 16

OWNER TYPE	ACTIVITY CODE: GEN	TRANS	TSD	UIC	TRANSPORT MODE: AIR	RAIL	ROAD	WATER	OTHER	FAC. STAT.	PERM. STAT.	CLOSURE DATE
56	57			60	61				65	66 70	71 72	73 78

TYPE — NEW PERMIT NUMBER — TYPE — OLD PERMIT NUMBER

9 — 15 16 17 18 — 30 — 31 32 33 — 45

TYPE — NEW PERMIT NUMBER — TYPE — OLD PERMIT NUMBER

9 — 15 16 17 18 — 30 — 31 32 33 — 45

TYPE — NEW PERMIT NUMBER — TYPE — OLD PERMIT NUMBER

9 — 15 16 17 18 — 30 — 31 32 33 — 45

DATE NOTIFICATION ACKNOWLEDGEMENT SENT — DATE INTERIM STATUS ACKNOWLEDGEMENT SENT

ANCE FORM

69

NUMBER

55

COUNTY CODE	DISTRICT CODE	RIVER BASIN CODE	LATITUDE	LONGITUDE
54 55	56 57	58 59 64	65 71	72 79

NEW SIC	OLD SIC
7	
15 16	19 20 23

F	DUP		NEW SIC	OLD SIC
1 2	13 14		7 15 16	19 20 23

55

TYPE	NEW PERMIT NUMBER	TYPE	OLD PERMIT NUMBER
9			
15 16	17 18	30 31	32 33 45

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9			
15 16	17 18	30 31	32 33 45

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15 16	17 18	30 31	32 33 45