ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/03/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD048806616
FACILITY NAME ->	L P THEBAULT CO
MAILING ADDRESS ->	345 WALSH DR PARSIPPANY, NJ 07054-3751
INSTALLATION ADDRESS ->	345 WALSH DR PARSIPPANY, NJ 07054-3751

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO : SCHUBERTH, MIKE
COMPLIANCE MGR
L P THEBAULT CO
249 POMEROY RD
PARSIPPANY, NJ 07054-3751

Form DWM-029
SITA

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT

INSPECTION REPORT

90 SEP -5 PM 2:01
ADMINISTRATION BRANCH

REPORT PREPARED FOR:

- ☒ Generator
- ☐ Transporter
- ☒ HWM (TSD) Facility

FACILITY INFORMATION

Name: Calvin Klein Cosmetics Corp.

Address: 345 Walsh Dr
Parsippany NJ 07054

Lot: _____ Block: _____

County: _____

Phone: (201) 263-1655

EPA ID#: NJD048806616

Date of Inspection: 9-3-87

PARTICIPATING PERSONNEL

State or EPA Personnel: Pattricia Watterson (Versar)
Donald Fulton (Versar)

Facility Personnel: Keith Demsey - Production Manager

Report Prepared by Name: Patricia Watterson (Versar)

for Region: II

Telephone#: (703) 750-3000

Reviewed by: _____

Date of Review: _____

FACILITY NAME: Calvin Klein Cosmetics Corp.

ADDRESS: 345 Walsh Dr
Parsippany NJ 07054

TIME IN: 0900

COUNTY:

TIME OUT: 1215

EPA ID : NJD048806616 3

DATE OF INSPECTION: 9-3-87

PHOTOS TAKEN ☐ YES ☒ NO

If yes, how many? _____

SAMPLE TAKEN ☐ YES ☒ NO NO. OF SAMPLES N/A

NJDEP ID # _____

MANIFESTS REVIEWED ☒ YES ☐ NO .Only two manifests was available at the time of the inspection. Additional manifests were requested but, not received.

Number of manifests in compliance 2

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

N/A

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ATTACHMENT 1 - Pertinent Documentation
Exhibit 1 - Letter documenting approval of closure plan
Exhibit 2 - Hazardous Waste Manifests (6/29/87, 6/30/87)

SUMMARY OF FINDINGS

Facility Description and Operations

Calvin Klein Cosmetic Corporation was not in full operation during the site inspection on September 3, 1987. The facility was in the process of moving to a new location and the facility contained only perfume and other cosmetic products which were packaged and ready for shipment. The waste storage area located within the warehouse was absent of waste. The only product that remained was perfume which was drummed and waiting to be bottled. The underground storage tank for the waste had already been removed (July 1987) after approval of the closure plan (see Attachment 1, Exhibit 1). Soil samples around the tank have been collected and the final NJDEP approved closure of the facility is pending on these sample results.

The Calvin Klein facility in Parsippany, New Jersey was a generator of D001 waste, and a TSD facility because they stored this waste longer than 90 days. D001 waste was containerized in two regulated units; a drum storage area, and an underground storage tank. The drum storage area is located within the manufacturing building and consists of a designated portion of a large storage room, which is equipped with floor drains. Calvin Klein containerized waste perfume and bottles in 30-gallon drums in this storage area. The underground storage tank was constructed of steel, and had a 12,000-gallon capacity. Waste perfume, in addition to water and cleaning liquids used to clean the floor, were stored in the underground storage tank.

The site inspection involved a visual inspection of regulated units at the facility in addition to a review of the facility's records. The storage tank previously located in the tank storage area was no longer onsite. After the tank was removed from the ground, the area was filled in with soil, and asphalt was placed on top. The drum storage area did not contain any waste at the time of the inspection.

Hazardous Waste Generation Activities

Calvin Klein Cosmetics Corporation in Parsippany, New Jersey receives perfume at the plant in 55-gallon containers.. The perfume is bottled at the plant and sent to distributors. Distributors often send unused portions of perfume back to Calvin Klein in bottles. Hazardous waste (D001) is generated from the disposal of the unused portions of perfume. The unused perfume and bottles are stored in 30-gallon drums. The perfume is then emptied out of the bottles and sent through a drain system installed in the floor of the drum storage area to the underground storage tank.

After approval of their closure plan for the underground storage tank and storage container area on May 19, 1987, Calvin Klein commenced with the closure of both of these units (see Attachment, Exhibit 1). However, closure of Calvin Klein's tank storage area is pending on the results of soil sampling around the underground tank. Calvin Klein is vacating the building and moving their operations to Wayne, New Jersey. The facility was inspected as a TSDF because the facility's closure plan has not been officially approved by NJDEP.

CORRECT

Identification of Hazardous Wastes Located Onsite

At the time of the inspection, there was no hazardous waste at the facility. The underground storage tank which had contained D001 waste had recently been emptied (July 1987) and removed from the site by Advanced Engineering Technology Corporation (AETC). The waste from the emptied tank was sent offsite on June 29 and 30, 1987 (see Attachment 1, Exhibit 2). There was no hazardous waste in the drum storage area during the time of the inspection.

CALL USE NA

Calvin Klein

- was any further document Received, were they Requested again (p3)

- Some minor comments

NV

11/30/89

Inspector: JONES
Address: 1259 RT 46
PARSIPPANY, NJ
Telephone No: 201-299-7570

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name: CALVIN KLEIN ACCESSORIES

B. Street (or other Identifier): 345 WALSH DR

C. City: PARSIPPANY

D. State: NJ

E. Zip Code: 07054

F. County Name: MORRIS

G. Nature of Business; Identification of Operations: SIC Code(s): WAREHOUSE

H. EPA ID #: NJD048806616

I. Handler Contact (Name and Phone Number): KEVIN WHELAN 201-402-9595

II. GENERATOR COMPLIANCE

A. Waste Identification

N/A

1. F-Solvents

a. Does the handler generate the following wastes?

(i) F001, F002, F004, or F005 ___Yes ___No

(ii) F003 ___Yes ___No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? ___Yes ___No

b. Source of the above: Form 8700-12 ___; Part A ___; Part B ___; Biennial/Annual Reports ___ other (specify) ___

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identfying potentially

Comments

NO WASTES ARE GENERATED. THEY PERFORMED CLOSURE IN 1988 SUCCESSFULLY BUT NEGLECTED TO DELIST THEIR ID #

HAS BEGUN PROCESS FOR TOTAL DELISTING

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

   a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

      (i) F020 - F023, F026 - F027 ___Yes ___No
      (ii) F028 ___Yes ___No

[F-solvent BDAT standards are presented as Appendix B]

3. California Waste Identification

   a. Does the facility handle any of the following wastes?

      (i) D002 ___Yes ___No
      (ii) D004 - D011 ___Yes ___No

   b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ___Yes ___No

[California waste standards are presented as Appendix C]

   c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ___Yes ___No

   d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]?

      ___Yes ___No*

   e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ___Yes ___No

      If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

      ___Yes ___No

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

_____

f. Source of the above: Form 8700-12 ____; Part A ____; Part B ____; Biennial/Annual Report ____; other (specify) ____.

4. First Third Waste Identification

a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

_____
_____
_____

N/A

b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

_____
_____

c. Are any of the soft-hammered wastes California wastes (see Appendix G)? ___Yes ___No

If yes, the wastes must meet BDAT standards prior to disposal.

d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ___Yes ___No*

e. Source of the above: Form 8700-12 ____; Part A ____; Part B ____; Biennial/Annual Report ____; other (specify) ____.

B. <u>BDAT Treatability Group - Treatment Standards Identification</u>

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ___Yes ___No

2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ___Yes ___No*

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents

   a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

   ___Yes ___No*

4. California Wastes

   a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

   ___Yes ___No*

N/A

5. First Third Wastes

   a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?

   ___Yes ___No*

   b. Does the facility handle K061 wastes?

   ___Yes ___No

   If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?

   ___Yes ___No*

   c. Does the facility handle K101 or K102 wastes?

   ___Yes ___No

   If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

   ___Yes ___No*

   d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

   ___Yes ___No

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ___Yes ___No

(i) List wastes for which "applied knowledge" was used:

_____

_____

b. TCLP ___Yes ___No

(i) List wastes for which "TCLP" was used:

_____

_____

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ___Yes ___No

If yes, list: _____

_____

c. Total waste analysis ___Yes ___No

d. If files were retained, describe content and basis of applied knowledge determination:

_____

_____

_____

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note which wastes were subjected to which tests:

_____

_____

_____

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

N/A

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]?
___Yes ___No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
___Yes* ___No

D. Management (TREAT TO EXCEED TREATMENT STANDARDS)

1. Onsite management

a. Were restricted wastes managed onsite?
___Yes ___No

If no, go to "2".

b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
___Yes ___No

If yes, TSDF checklist must be completed.

2. Offsite Management

a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ___Yes ___No*

(ii) Corresponding treatment standard?
___Yes ___No*

(iii) Manifest number? ___Yes ___No*

(iv) Waste analysis, if available?
___Yes ___No

N/A

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities _____

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

(i) EPA hazardous waste I.D. number?
___Yes ___No*

(ii) Corresponding treatment standard?
___Yes ___No*

(iii) Manifest number
___Yes ___No*

(iii) Certification regarding waste and that it meets treatment standards? ___Yes ___No*

Identify land disposal facilities receiving the BDAT certified wastes _____

N/A

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

(i) EPA Hazardous Waste Number?
___Yes ___No*

(ii) Corresponding Treatment Standards?
___Yes ___No*

(iii) All applicable prohibitions?
___Yes ___No*

(iv) The manifest number? ___Yes ___No*

(v) The date the wastes are subject to prohibitions? ___Yes ___No*

(vi) Does generator keep records of all notifications/certifications send to offsite facilities? ___Yes ___No*

*/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

_____

_____

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

_____

_____

d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ___Yes ___No*

Applicable prohibitions? ___Yes ___No*

The manifest number? ___Yes ___No*

Waste analysis data, where available? ___Yes ___No

(i) Do the generator's records indicate that any soft-hammer wastes are destined for disposed in a landfill or surface impoundment [§268.33(f)]? ___Yes ___No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

_____

_____

(ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ___Yes ___No*

(iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ___Yes ___No*

(iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)] ___Yes ___No*

N/A

* A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the intial shipment of the waste [§268.8(a)(3)-(a)(4)]? ___Yes ___No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]?

___Yes ___No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days?

___Yes ___No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]?

___Yes ___No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ___Yes ___No

If yes, list type of treatment unit and processes

_____

_____

_____

If yes, TSDF checklist must be completed.