Obtained at 3/31/88
RCRA inspection J. Pankenin

1986 TSD FACILITY ANNUAL DANGEROUS WASTE REPORT 1986

Form 5

PLEASE PRINT IN INK OR TYPE (form designed for use on Elite (12-pitch) typewriter).

DATE RECEIVED

Init:___ Date:___
Init:___ Date:___
Verified:___ Date:___

1. FACILITY NAME: RHONE-POULENC INC.

2. EPA/STATE IDENTIFICATION NUMBER: WAD009282302

3. FACILITY LOCATION ADDRESS
Street or Description (see instructions): 9229 E MARGINAL WAY S.
City: SEATTLE
State: WA
Zip: 98108-

4. LOCATION COUNTY: KING

5. MAILING ADDRESS AND CONTACT PERSON FOR ANNUAL REPORT CORRESPONDENCE
Street or P.O. Box: P. O. BOX 80963
City: SEATTLE
State: WA
Contact: PODRABSKY/GARY L.
Zip: 98108-
Phone: 206-764-4450

6. MAILING ADDRESS AND CONTACT PERSON FOR FACILITY FEE CORRESPONDENCE
Street or P.O. Box: P. O. BOX 80963
City: SEATTLE
State: WA
Contact: KOLB/DANIEL B.
Zip: 98108-
Phone: 206-764-4450

7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES
Primary: 2869
Secondary:
Other:

8. CLOSURE COST ESTIMATE: $ 16,885

9. POST-CLOSURE COST ESTIMATE: $ 0

10. REGULATORY STATUS—If your facility meets any of the conditions below, you are exempt from completing page 2 of the report.
(Check the appropriate box)

- ☐ 1. No regulated wastes were treated, stored, or disposed of at this site.
- ☐ 2. All wastes managed were produced by small quantity generators.
- ☐ 3. All waste managed at this site was delisted or a petition approved for exemption of the waste pursuant to WAC 173-303-910 before calendar year 1986.
- ☐ 4. The site has been closed (specify date: _____) and no waste management activities occurred during 1986.
- ☐ 5. Our company no longer owns or operates a business at this site and NO waste management activities occurred under our ownership during 1986.
- ☐ 6. Other (include a cover letter detailing your basis for exemption from reporting.)

11. TOTAL WASTE IN STORAGE ON DEC. 31, 1986

STORAGE METHOD	AMOUNT WASTE	WEIGHT CODE
(SO1C) Container (barrel, drum, etc.)		
(SO2T) Tank, above ground	11760	P
(SO2U) Tank, underground		
(SO3W) Waste Pile		
(SO4S) Surface Impoundment		
(SO5O) Other		

SEND TO:
DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN. Annual Reports R/6
Mail Stop PV-11
Olympia, WA 98504-8711

Phone Numbers for Assistance:
(206) 459-6369
6504
6305

DUE DATE:
Postmarked No Later Than
MARCH 1, 1987

12. 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.*

David P. Alt — PRINT OR TYPE NAME
David P. Alt — SIGNATURE
2/25/87 — DATE SIGNED

FORM ECY 030 12 (Rev. 11/86) ECL12-964-

WA 2302 2/25/87 2/25/87 2F

FILE COPY

1986 **TSD FACILITY ANNUAL DANGEROUS WASTE REPORT** 1986 **Form 5**

13. YOUR EPA/STATE HAZARDOUS WASTE IDENTIFICATION NUMBER: WAD009282302

14. GENERATOR'S EPA/STATE I.D. NUMBER: I.D. NUMBER WAD009282302

NAME: Rhone-Poulenc Inc.
ADDRESS: 9229 E. Marginal Way S.
Seattle WA
ZIP: 98108

15. WASTE IDENTIFICATION

LINE	A. Manifest Document Number	B. Date Shipment Received	C. Status	D. Physical State S=Solid L=Liquid G=Sludge M=Compressed Gas	E. Chemical Nature O=Organic I=Inorganic	F. Waste Description (see instructions)	G. Handling Method and Containment Vessel (see instructions)	H. Dangerous Waste Number (see instructions)	I. Waste Designation DW or EHW	J. Amount of Waste	K. Weight Code
1				S	OI	Strainer Solids Contaminated with Copper from Van. Mfg	S02T	D002	DW	120110	P
2				L	O	Spent Dichloromethane from Vanillin Lab Extraction	S01C	F002	EHW	1690	P
3				L	O	Spent Non-halogenated Cleaning Solvent from Van. Shop	S01C	WT01	EHW	846	P
4				G	O	Spent Mineral Oil Sludge-Phenolic contam. fr. Van. Mfg	S01C	WT02	DW	9702	P
5											
6											
7											
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11											
12											
13											
14											
15											

16. COMMENTS (Enter information by section and/or line number—see instructions).

FORM ECY 030-12 (Rev. 11/86) -125-004-