EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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 ➤ NJD001519230

NATIONAL STARCH & CHEMICAL CORP.
10 FINDERNE AVENUE
BRIDGEWATER, NJ 08807

INSTALLATION ADDRESS ➤ 10 FINDERNE AVENUE
BRIDGEWATER NJ 08807

EPA Form 8700-12B (4-80) 10/09/80

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.	NJD001519230
I. NAME OF INSTALLATION	~~NATIONAL STARCH & CHEMICAL*~~
II. INSTALLATION MAILING ADDRESS	~~10 FINDERNE AVE~~ ~~BRIDGEWATER, NJ 08807~~
III. LOCATION OF INSTALLATION	~~10 FINDERNE AVE~~ ~~BRIDGEWATER, NJ 08807~~

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: F NJD001519230 T/A 3 C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 800818

I. NAME OF INSTALLATION

NATIONAL STARCH & CHEMICAL CORP.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 10 FINDERNE AVENUE

CITY OR TOWN: 4 BRIDGEWATER, ST. NJ ZIP CODE 08807

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 10 FINDERNE AVENUE

CITY OR TOWN: 6 BRIDGEWATER ST. NJ ZIP CODE 08807

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 ROBERT W. STRAIN SAFETY ADMIN.

PHONE NO. *(area code & no.)*: 201-685-5024

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 NATIONAL STARCH & CHEMICAL CORP.

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)*:

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.

- [XX] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: NJD015192 30

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY															
S	W	N	J	D	0	0	1	5	1	9	2	3	0	T/A 2	C 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 NONE	8 NONE	9 NONE	10 NONE	11 NONE	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 NONE	20 NONE	21 NONE	22 NONE	23 NONE	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 U019	32 U044	33 U076	34 U080	35 U113	36 U117
37 U122	38 U154	39 U211	40 U226	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.)*

- [X] 1. IGNITABLE (D001)
- [X] 2. CORROSIVE (D002)
- [ ] 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
Klin Peck	Vice-President of Manufacturing Adhesives & Resins Divisions	8/15/80

EPA Form 8700-12 (6-80) REVERSE

ap

ase print or type in the unshaded areas only
II—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175 OK

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	N	J	D	0	0	1	5	1	9	2	3	0		3	D

1 2 - 13 14 15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

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 NATIONALSTARCH&CHEMICALCORPORATION

15 16 - 29 30 - 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 STRAIN, ROBERT W SAFETY ADMIN.	201	685	5024
15 16 - 45	46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 10 FINDERNE AVENUE

15 16 - 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 BRIDGEWATER	NJ	08807
15 16 - 40	41 42	47 - 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 10 FINDERNE AVENUE

15 16 - 45

B. COUNTY NAME

SOMERSET

46 - 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 BRIDGEWATER	NJ	08807	
15 16 - 40	41 42	47 - 51	52 - 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2891 (specify) ADHESIVES-SEALANTS	2821 (specify) PLASTIC MATERIALS & RESINS
C. THIRD	**D. FOURTH**
2046 (specify) INDUSTRIAL STARCHES	2046 (specify) FOOD STARCHES

VIII. OPERATOR INFORMATION

A. NAME: NATIONAL STARCH & CHEMICAL CORP.

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 201 685 5024

E. STREET OR P.O. BOX: 10 FINDERNE AVENUE

F. CITY OR TOWN: BRIDGEWATER

G. STATE: NJ

H. ZIP CODE: 08807

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 NJ 0032506	D. PSD (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	E. OTHER (specify): 9 (specify) SEE ATTACHED
C. RCRA (Hazardous Wastes): 9 R	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. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

RESEARCH & DEVELOPMENT/ADMINISTRATION FOR ADHESIVES AND SEALANTS, PLASTIC MATERIALS AND RESINS, INDUSTRIAL AND FOOD STARCHES

F9: A/51

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
D.F. Peck - Vice President Mfg. Adhesives & Resins Div.	D.F. Peck	11/18/80

COMMENTS FOR OFFICIAL USE ONLY

C

DATE RETURNED _____

REASON _____ |__| ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST ID # NJD001519230

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING |__|

(2) FORM 3 MISSING |__|

B. POSTMARK after NOVEMBER 19, 1980 |__| Valid |__|

C. (1) DATE of OPERATION MISSING |__|

(2) DATE of OPERATION after NOVEMBER 19, 1980 |__|

D. (1) NON-NOTIFIER |__|

(2) NOTIFIED after AUGUST 18, 1980 |__| Valid |__|

E. (1) FORM 1, ~~X~~III B SIGNATURE MISSING |__|

(2) FORM 3, IX B SIGNATURE MISSING |__|

2. A. HANDLER |__|

B. NONREGULATED |__|

C. UNSURE |__|

D. UNKNOWN FACILITY (missing name and address on Form 3) |__|

E. NEW FACILITY > NOV. 19, 1980 |__|

F. CORE ITEM(S) MISSING |__|

G. NON-CORE ITEM(S) MISSING |__|

H. OTHER |__|

MISSING:

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

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

S: F N J D 0 0 1 5 1 9 2 3 0 T/A: 3 C: 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	8 0 1 1 1 9	

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.)*

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

C: 8

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

YR.	MO.	DAY
7 5	0 3	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.

S: C DUP T/A: 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	1000000	G		7				
2					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): W N J D 0 0 1 5 1 9 2 3 0 — T/A: 3 — C: 1

FOR OFFICIAL USE ONLY: S: W — DUP — T/A: 3 — 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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U019	3000	P	S01	STORAGE ONLY
2	U122	5000	P	S01	STORAGE ONLY
3	U044	3000	P	S01	STORAGE ONLY
4	U154	10000	P	S01	STORAGE ONLY
5	U076	1000	P	S01	STORAGE ONLY
6	U080	1000	P	S01	STORAGE ONLY
7	U113	1000	P	S01	STORAGE ONLY
8	U117	10000	P	S01	STORAGE ONLY
9	U211	1000	P	S01	STORAGE ONLY
10	U226	2000	P	S01	STORAGE ONLY
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

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

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)*: N J D 0 0 1 5 1 9 2 3 0 — T/A: 3 — C: 6

F6: A/55 F6: A/56

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)*
40 33 220	074 34 430

VIII. FACILITY OWNER

☐ 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.)*
NATIONAL STARCH & CHEMICAL CORPORATION	201-685-5024

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
10 FINDERNE AVENUE	G BRIDGEWATER	NJ	08807

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
.F. Peck - Vice President Mfg. Adhesives & Resins Div.	Clr. Peck	11/12/80

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

CONTINUE ON PAGE 5

NJD001519230

Note to File — file 2/12/81

I called Mr. Cowie and told him

1. The waste described in his letter is not listed as hazardous but could still be a hazardous waste if it has any of the four characteristics — ignitability, corrosivity, reactivity or EP toxicity

2. It is the generator's responsibility to determine whether the waste is hazardous either by testing or based on knowledge of the process generating the waste.

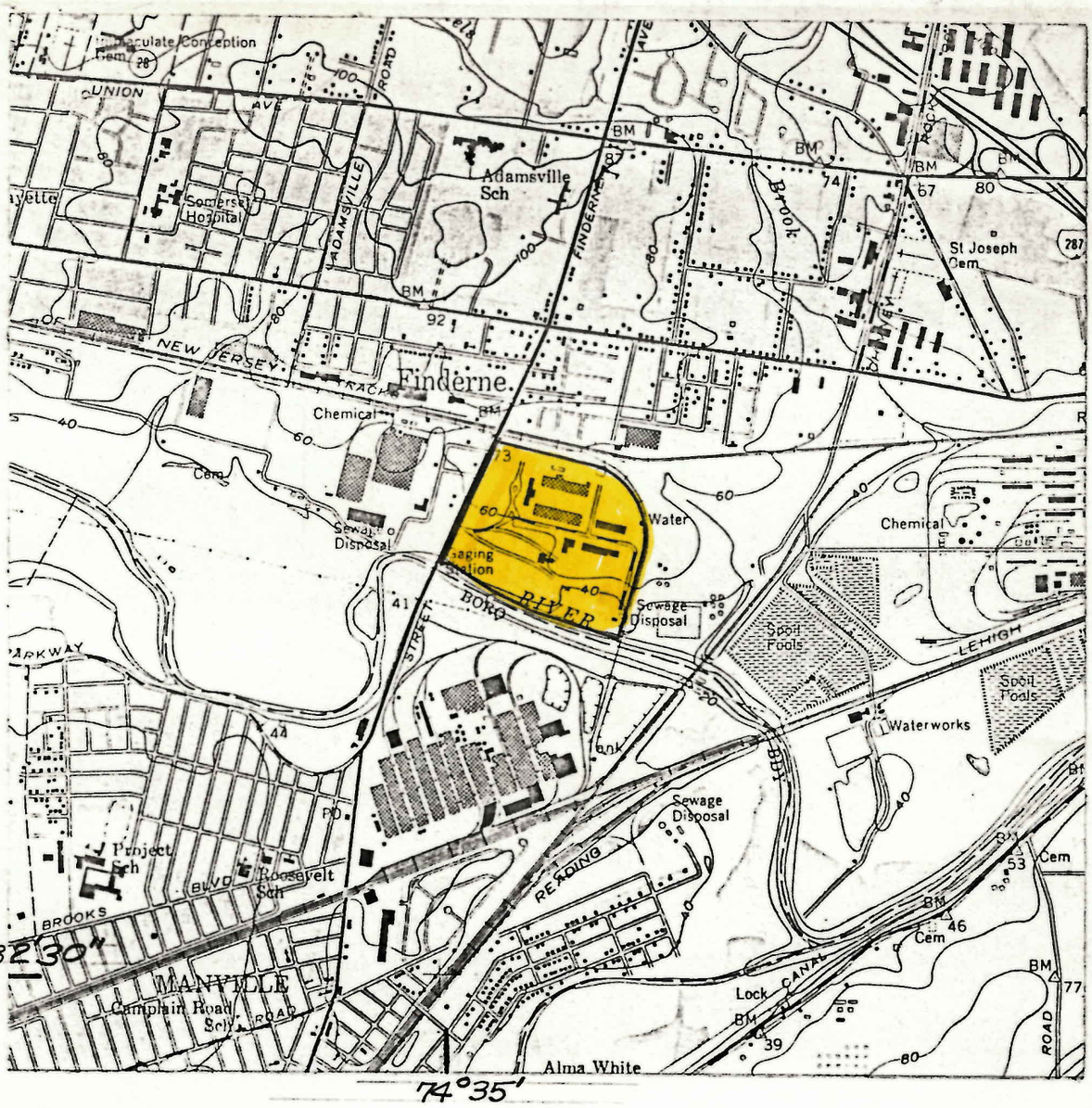
He said he would review the definitions of the hazardous waste characteristics and run tests if there is any question about whether the waste is hazardous. However, his immediate impression is that the waste is not hazardous.

No further action recommended.

J. Josephs
Water Facilities Branch

(facility did not respond to notification package)

NJD001519230 NATIONAL STARCH & CHEMICAL



40°32'30"

74°35'

SCALE 1:24000

1 ½ 0 1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 20 FEET
DATUM IS MEAN SEA LEVEL

MN GN
11° 196 MILS
0°17' 5 MILS

UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

PROPERTY PLAN
BRIDGEWATER SITE

BOUND BROOK, N. J.
N4030—W7430/7.5

SK-1081-3

X NEW JERSEY AIR POLUTION PERMITS -- EXISTING

#21985	Building 1, East--Spray Booth
#21986	Building 1, West--Spray Booth
#30371	Building 2, Corrugator--Spray Booth
#Pending	Building 1, Room 1224--Spray Booth
#38364	Building 5, PERMABOND--SO2 Scrubber, Packed Tower System
#39792	Building 5, PERMABOND--300 Gallon Reactor with Condenser, venting Toluene
#39793	Building 5, PERMABOND--Exhaust at Product Entry Port for 150 Gallon-Pre-Wet Tank

Continued from page 4.

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

CAMP HILL
HIGHWAY
MAGNOLIA
HIGHWAY
ANGEL ROAD

National
STARCH AND CHEMICAL CORPORATION

10 FINDERNE AVE. ◆ BRIDGEWATER, N. J. ◆ 201-685-5000 ALL MAIL TO BOX 6500, BRIDGEWATER, N. J. 08807
WRITER'S DIRECT DIAL NUMBER:
CABLE ADDRESS • NASPROD, BRIDGEWATERNEWJERSEY
TWX • 710-480-9240

August 15, 1980

U.S. Environmental Protection Agency
Regional Office
26 Federal Plaza
New York, N.Y. 10007

Gentlemen:

Persuant to Section 3010 of the Resource Conservation and Recovery Act and regulations issued thereunder, we submit herewith a completed and duly executed notification form (EPA Form 8700-12) in connection with waste generation and potential storage activities at our plant located in Bridgewater, New Jersey.

We periodically dispose of ignitable waste and laboratory chemicals that may meet the minimum quantity regulation.

Very truly yours,

Robert W. Strain
Safety Administrator
National Starch & Chem. Corp.

NJ DO 1519230

RWS/jj

National
STARCH AND CHEMICAL CORPORATION

FINDERNE AVE. ◆ BRIDGEWATER, N.J. ◆ 201-685-5000 ALL MAIL TO BOX 6500, BRIDGEWATER, N.J. 08807

WRITER'S DIRECT DIAL NUMBER:

CABLE ADDRESS • NASPROD. BRIDGEWATERNEWJERSEY
TWX • 710-480-9240

Delete TSD category

June 28, 1982

I.D. # NJD001519230

delete C119, 1103, 1105 & delete

E.P.A. Region II
26 Federal Plaza
New York, N.Y. 10007

Dear Gentlemen:

JH HWDMS 9/21/82

This letter serves as a formal request to remove National Starch and Chemical's Bridgewater location as a licensed hazardous waste storage site. We will maintain our generator status but are dropping the interim storage filing since the original filing was precautionary and is no longer applicable. The amended 40 CFR Part 262.34 (1/11/82) which could allow an extension to the 90 day accumulation on a case-by-case basis had provided for the potential problems we anticipated. We are therefore, following the 40 CFR 1/11/82 recommendation "generator are encouraged to withdraw protective filings by contacting their EPA Regional Offices". Any hazardous waste generated at our site will be disposed of within the regular 90 day generator provisions.

Sincerely,
Robert W. Strain
Robert W. Strain

JUL 2 2 PM '82
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 44-R138

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

See Attached Comments

MANUFACTURER'S NAME: National Starch and Chemical Corporation

EMERGENCY TELEPHONE NO.: 201-755-4100

ADDRESS (Number, Street, City, State, and ZIP Code): 10 Finderne Avenue, Bridgewater, New Jersey 08807

CHEMICAL NAME AND SYNONYMS: N/A (Not Applicable)

TRADE NAME AND SYNONYMS: BONDMASTER G950 RED (81-0950)

CHEMICAL FAMILY: N/A

FORMULA: N/A

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES		%	TLV (Units)
1,1,1 trichloroethane	approx.	50	350
* methylene chloride	approx.	30	500
* toluene	less than	5	200

* Subject to further limitations, see Table Z-2, OSHA regulation 1910.1000 "Air Contaminants"

SECTION III - PHYSICAL DATA

BOILING POINT (°F.) based on 1,1,1 trichloroethane appr.	165		SPECIFIC GRAVITY (H_2O=1)	1.29
VAPOR PRESSURE (mm Hg.) based on 1,1,1 trichloroethane @ 20°C approx.	100		PERCENT VOLATILE BY XXXXXXXX weight %	83
VAPOR DENSITY (AIR=1) approx.	3.9		EVAPORATION RATE (butyl acetate=1)	greater than 1
SOLUBILITY IN WATER	Negligible			

APPEARANCE AND ODOR: Red liquid, sweet chlorinated solvent odor

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used): N/A

FLAMMABLE LIMITS: Lel / Uel

EXTINGUISHING MEDIA: N/A

SPECIAL FIRE FIGHTING PROCEDURES: N/A

UNUSUAL FIRE AND EXPLOSION HAZARDS: Under high heat solvents can decompose to form toxic chlorine derivatives.

(Continued on reverse side)

Form OSHA-20
Rev. May 72

Arrow MANUFACTURING COMPANY, INCORPORATED
567-52ND STREET, WEST NEW YORK, NEW JERSEY 07093
NEW JERSEY · 201-867-4833
NEW YORK · 212-564-4085

October 21, 1980

Mr. Harry Ruisi
EPA Region 11
Information Service Center
26 Federal Plaza
New York, New York 10007

OCT 22 12 09 PM '80
NEW YORK, N.Y. 10007

Dear Sir:

Over the past week and an half I have made several unsuccessful attempts to reach you by phone. I have some questions regarding our status as it relates to the Federal Hazardous Waste Control. I have enclosed a copy of the contents of a glue used in the manufacture of our product. As is indicated on the sheet, the contents are part of your listing as being dangerous wastes.

I should explain that this glue is applied to our product by means of an automatic spray-coat process. The spraying operation has an efficiency rate of approximately 85%. The 15% that is lost in the operation is collected in paint arrestros in the spray booth. We have three spray booths. Only one booth is operating at a time. The other two booths are set up for operations to maintain continuity. On Monday mornings the paint arrestors are removed from all of the booths. Over the weekend it is safe to presume that the solvents contained in the glue have fully dissipated.

The manufacturer of the glue is reluctant to provide us with the types of solids that are contained in the glue. As is indicated, the solids represent roughly 15%. It is presumed also that the solids are of a rubber nature. Therefore, what we are disposing of contains virtually no solvents and only rubber saturated paint arrestors. I, therefore, feel as though we should be exempt from restrictions as they apply to your Federal Waste Program.

I would appreciate discussing this with you at your earliest convenience.

Respectfully yours,

ARROW MANUFACTURING CO., INC.

William Cowie

William Cowie, Chief Engineer

WC:mm

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Jan. 23, 1981

NJD 001519230

Informational Requests from RCRA Regulated Facilities

Clifford R. Lundin, Chief
Water Compliance Section - Permits Administration Branch

James Reidy, Chief
RCRA Permits Section - Water Permits Branch

Enclosed you will find copies of several letters of inquiring concerning the applicability of RCRA regulations to specific facilities or wastes. These represent the remainder of over 100 such requests received by my section. We have answered all questions within our areas of expertise. However, the attached letters demand a technical evaluation which would probably fall under the jurisdiction of your section.

Please contact me should you have any question.

Encl.

2PM-PA:Lundin:sj 1/23/81

CONCURRENCES

SYMBOL	2PM-PA							
SURNAME	Lundin							
DATE	1/23							

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 44-R1387

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

See Attached Comments

MANUFACTURER'S NAME: National Starch and Chemical Corporation	EMERGENCY TELEPHONE NO.: 201-755-4100
ADDRESS (Number, Street, City, State, and ZIP Code): 10 Finderne Avenue, Bridgewater, New Jersey 08807	
CHEMICAL NAME AND SYNONYMS: N/A (Not Applicable)	TRADE NAME AND SYNONYMS: BONDMASTER G950 RED (81-0950)
CHEMICAL FAMILY: N/A	FORMULA: N/A

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES		%	TLV (Units)
1,1,1 trichloroethane	approx.	50	350
* methylene chloride	approx.	30	500
* toluene	less than	5	200

* Subject to further limitations, see Table Z-2, OSHA regulation 1910.1000 "Air Contaminants"

SECTION III - PHYSICAL DATA

BOILING POINT (°F.) based on 1,1,1 trichloroethane appr.	165	SPECIFIC GRAVITY (H_2O=1)	1.29
VAPOR PRESSURE (mm Hg.) based on 1,1,1 trichloroethane @ 20°C approx.	100	PERCENT VOLATILE BY ~~XXXXXXXX~~ weight %	83
VAPOR DENSITY (AIR=1) approx.	3.9	EVAPORATION RATE (butyl acetate=1) greater than	1
SOLUBILITY IN WATER	Negligible		
APPEARANCE AND ODOR	Red liquid, sweet chlorinated solvent odor		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used): N/A	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA: N/A			
SPECIAL FIRE FIGHTING PROCEDURES: N/A			
UNUSUAL FIRE AND EXPLOSION HAZARDS: Under high heat solvents can decompose to form toxic chlorine derivatives.			

(Continued on reverse side)

Arrow MANUFACTURING COMPANY, INCORPORATED
567-52ND STREET, WEST NEW YORK, NEW JERSEY 07093
NEW JERSEY · 201-867-4833
NEW YORK · 212-564-4085

October 21, 1980

Mr. Harry Ruisi
EPA Region 11
Information Service Center
26 Federal Plaza
New York, New York 10007

OCT 22 12 28 PM '80
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007
PERMITS ADMIN. BRANCH
REGION II

Dear Sir:

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I would appreciate discussing this with you at your earliest convenience.

Respectfully yours,

ARROW MANUFACTURING CO., INC.

William Cowie

William Cowie, Chief Engineer

WC:mm

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Form Approved
OMB No. 44-R1387

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing, Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

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See Attached Comments

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CHEMICAL FAMILY: N/A	FORMULA: N/A

SECTION II - HAZARDOUS INGREDIENTS

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PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES		%	TLV (Units)
1,1,1 trichloroethane	approx.	50	350
* methylene chloride	approx.	30	500
* toluene	less than	5	200
* Subject to further limitations, see Table Z-2, OSHA regulation 1910.1000 "Air Contaminants"			

SECTION III - PHYSICAL DATA

BOILING POINT (°F.) based on 1,1,1 trichloroethane appr.	165	SPECIFIC GRAVITY (H_2O=1)	1.29
VAPOR PRESSURE (mm Hg.) based on 1,1,1 trichloroethane @ 20°C approx.	100	PERCENT VOLATILE BY XXXXXXXX weight %	83
VAPOR DENSITY (AIR=1) approx.	3.9	EVAPORATION RATE (butyl acetate=1) greater than	1
SOLUBILITY IN WATER	Negligible		
APPEARANCE AND ODOR	Red liquid, sweet chlorinated solvent odor		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used): N/A	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA: N/A			
SPECIAL FIRE FIGHTING PROCEDURES: N/A			
UNUSUAL FIRE AND EXPLOSION HAZARDS: Under high heat solvents can decompose to form toxic chlorine derivatives.			

(Continued on reverse side)

National Starch and Chemical Company

Finderne Avenue
Bridgewater, New Jersey 08807
201-685-5000
Cable Address: NASPROD,BRIDGEWATERNEWJERSEY
TWX: 710-480-9240

Writer's Direct Dial Number:

November 19, 1992

Mr. Ton Moy
United States Environmental Protection Agency
Region II
Jacob K. Javits Federal Bldg.
New York, NY 10278

Re: Certified Letter Dated 11/12/92

Dear Mr. Moy:

A RCRA inspection was performed by Mr. Robin Jones of the NJDEP in July of 1992. During the inspection Mr. Jones pointed out that the waste manifests supplied to one of our two Hazardous Waste Contractors was not accompanied by a land ban form. He suggested that in order to comply with the land ban regulations we must immediately begin using a land ban form.

The following day I contacted our Hazardous Waste Contractor and discussed the situation. A land ban form is now being used and is being supplied to that contractor. I have enclosed copies of the most recent manifests along with the land ban forms. I believe that this will satisfy compliance with the regulations in question.

Should you have any questions I can be reached at 908-685-5074.

Sincerely,

Roger F. Gary

Roger F. Gary
Compliance Supervisor

cc: R.W.Strain
R. Burstein
file - RCRA Inp.

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

2-119-04

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NJD 991719230
2. Manifest Document No.: 42910
3. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
NATIONAL STARCH CO
10 FINDERINE
BRIDGEWATER NJ 08807-3355

4. Generator's Phone ( ) 908 685-5000

A. State Manifest Document Number: **NJA 1434447**

B. State Generator's ID: SAME

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. US EPA ID Number: ILD 981060408

7. Transporter 2 Company Name
8. US EPA ID Number

C. State Transporter's ID: NJDEP58890-19234
D. Transporter's Phone: (908) 356-2229
E. State Trans. ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
315 E MAIN ST 2-119-04
BOUND BROOK NJ 08805
10. US EPA ID Number: NJD 000768077

G. State Facility's ID
H. Facility's Phone (908) 356-2229

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (MINERAL SPIRITS) NA1993 PGIII (D001) (ERG#27)	XX2	CM	XX137	P	D001
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: D039 D018

K. Handling Codes for Wastes Listed Above: S02

15. Special Handling Instructions and Additional Information
9236 43780790 962950 2-119-04-6423 0120
EMERGENCY RESP 908-888-4660 24HR
CONT'D (A) MINERAL SPIRITS 87.4%, C8 AROMATICS 12.3%, TOLUENE 0.3%

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: D. Darryl Riles
Signature: DARRYL RILES
Month Day Year: 01 01 92

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL GUARINI
Signature
Month Day Year: 01 01 92

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: CHRISTINE CRAIG
Signature
Month Day Year: 01 02 92

GENERATOR / TRANSPORTER / FACILITY

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

3 — TSD MAIL TO - GENERATOR

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

In case of an emergency or spill immediately call the state the emergency occurred in and the N.J. Dept. of Environmental Protection. (609) 292-5560 (Day) (609) 292-7172 (Night)

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

D-119-04

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
NATIONAL STARCH CO
10 FINDERINE
BRIDGEWATER NJ 08807-0045

4. Generator's Phone (908 685-5000)

A. State Manifest Document Number
NJA 1361486

B. State Generator's ID
SAME

5. Transporter 1 Company Name
SAFETY-KLEEN CORP

6. US EPA ID Number
NJD 051260408

C. State Transporter's ID
NJ 7456

D. Transporter's Phone (908) 356-3229

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Trans. ID

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
515 E MAIN ST
BOUND BROOK NJ 08805

10. US EPA ID Number
D-119-04
NJD 000748077

F. Transporter's Phone (

G. State Facility's ID

H. Facility's Phone (908) 356-3229

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM

12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | Waste No.

GENERATOR

a. X WASTE COMBUSTIBLE LIQUID, N.O.S. (MINERAL SPIRITS, MA1990 RQ)(D001 ERGNEY) | xxx | xxxx | D001

b.

c.

d.

J. Additional Descriptions for Materials Listed Above
D039 D018
a. c.

K. Handling Codes for Wastes Listed Above
302
a. c.

b. d.

15. Special Handling Instructions and Additional Information
9044 45931961 6703499 D-119-04-6460 0120
EMERGENCY RESPONSE PHONE 1-800-468-7860 (24HR
CONT'D (A) MINERAL SPIRITS 87.5% AS AROMATICS 12.5% TOLUENE 0.5%

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Roger F. Gray | Signature: Roger F. Gray | Month Day Year: 11 06 92

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: M. Gunning | Signature | Month Day Year: 11 06 92

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: LINDA GONDA | Signature: Linda Gonda | Month Day Year: 11 06 92

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete.

3 — TSD MAIL TO - GENERATOR

SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES

Safety-Kleen

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
(DESIGNATED FACILITY)

EPA ID NO. NJD000768077
(DESIGNATED FACILITY)

ADDRESS: SAFETY-KLEEN CORP.
P.O. BOX 471
515 E. MAIN ST.
BOUND BROOK, NJ 08805-0471

Under manifest number 1351486, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. _____, or sales/service acknowledgement No. _____, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgement(s) for five (5) years beyond the termination of the service contract.

PLEASE CHECK THE APPROPRIATE BOXES

✓	WASTE NAME	EPA* WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
☑	Waste Petroleum Naphtha (105 - Mineral Spirits)	D001, D018, D039,	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
☐	Waste Petroleum Naphtha (140 - Mineral Spirits)	D001,	Ignitable Liquid (High TOC Subcategory)	INCIN. FSUBS. or RORGS (40 CFR 268.42) (non-waste water)
☐	Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039,	All of the above, plus: __ Cadmium __ Chromium __ Lead __ Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
☐	Waste Compound Cleaning Liquid/ Immersion cleaner 609	F004, F002, F002, D006, D007, D008, D022,	Cresylic Acid 1, 2-dichlorobenzene Methylene chloride __ Cadmium __ Chromium __ Lead __ Chloroform	0.75 (non-waste water) 0.125 (non-waste water) 0.96 (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
☐	Waste Compound Cleaning Liquid/ Immersion Cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's ≥ 1000 mg/l __ Cadmium __ Chromium __ Lead __ Benzene __ Chlorobenzene __ 1, 4-Dichlorobenzene __ Tetrachloroethylene __ Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established Not Established
☐	Waste Perchloroethylene	F002,	Tetrachloroethylene	0.05 (non-waste water)
☐	Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	0.96 (non-waste water)
☐	Waste 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	0.41 (non-waste water)
☐	Waste Petroleum Naphtha (Dry Cleaning)	D001, D039,	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN. FSUBS. or RORGS (40 CFR 268.42) (non-waste water) Not Established
☐	Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	0.59 (non-waste water) 0.75 (non-waste water) 0.33 (non-waste water) 0.33 (non-waste water) 0.15 (non-waste water) 0.75 (non-waste water) INCIN. FSUBS. or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
☐	Waste Antifreeze	D008, D039,	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

*These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: NAT'L STARCH

EPA ID NO.: NJD005482230

Generator's Signature (X) Roger F. Gary

Date: 11-6-92

Printed Name and Title of Generator: Roger F. Gary Compliance Supervisor

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.

PART NO. 1328 (8/92)

GENERATOR

Safety-Kleen

TO: SAFETY-KLEEN CORP. (DESIGNATED FACILITY)

EPA ID NO. NJD000788077 (DESIGNATED FACILITY)

ADDRESS: 515 E. MAIN ST. BOUND BROOK NJ.

OPTION A

Under manifest number NJA1434447, the generator noted below is shipping to you a was determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator heret provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator ar facility for five (5) years from the date of waste shipment.

OPTION B
SQG CUSTOMERS ONLY
(PARTS WASHER AND IMMERSION CLEANER 609 AND 699)

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposa I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all wast shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manife No. _____, or sales/service acknowledgement No. _____, and all subsequent shipments A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgment(s) for five (5 years beyond the termination of the service contract.

PLEASE CHECK THE APPROPRIATE BOXES

✓	WASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
☑	Waste Petroleum Naphtha	D001,	Ignitable Liquid (High TOC Subcategory)	Incineration (INCIN), fuel substitution (FSUBS or recovery (RORGS) INCIN
			Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l	Not Established
		D018,	Benzene	Not Established
		D039,	Tetrachloroethylene	Not Established
☐	Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001,	All of the above, plus:	
		D006,	__ Cadmium	1.0
		D007,	__ Chromium	5.0
		D008,	__ Lead	5.0
		D039,	__ Tetrachloroethylene	Not Established
☐	Waste Compound Cleaning Liquid/ Immersion cleaner 609	F002,	Cresylic Acid	0.75
		F004,	1, 2-dichlorobenzene	0.125
			Methylene chloride	0.96
		D006,	__ Cadmium	1.0
		D007,	__ Chromium	5.0
		D008,	__ Lead	5.0
		D022,	__ Chloroform	Not Established
☐	Waste Compound Cleaning Liquid/ Immersion Cleaner 699		HOC's ≥ 1000 mg/l	INCIN
		D006,	__ Cadmium	1.0
		D007,	__ Chromium	5.0
		D008,	__ Lead	5.0
		D018,	__ Benzene	Not Established
		D021,	__ Chlorobenzene	Not Established
		D027,	__ 1, 4-Dichlorobenzene.	Not Established
		D039,	__ Tetrachloroethylene	Not Established
		D040,	__ Trichloroethylene	Not Established
☐	Waste Perchloroethylene	F002,	Tetrachloroethylene	0.05
☐	Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	0.96
☐	Waste 1.1.1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	0.41
☐	Waste Paint Related Material	F005,	Acetone	0.59
		F003,	Methyl Ethyl Ketone	0.75
			Methyl Isobutyl Ketone	0.33
			Toluene	0.33
			Xylene	0.15
			Methanol	0.75
		D001,	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS
		D006,	Cadmium	1.0
		D007,	Chromium	5.0
		D008,	Lead (TOC Subcategory)	5.0
☐	Waste Antifreeze	D008,	Lead	5.0 (This is a non-waste water)
		D039,	Tetrachloroethylene	Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which create the waste).

*These treatment standards do not preclude reclamation prior to final disposition.

2-118-04-6423

Generator Company: NATIONAL STARCH

EPA ID NO.: NJD001549230

Generator's Signature: (X) Darryl Ryles 9/2/92

Date: 9-2-92

Printed Name and Title of Generator: (X) DARRYL RYLES

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposa restrictions.

GENERATOR

Part No. 1326 (Rev. 6/92

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: National starch & chem Corp

EPA I.D. Number: NJD001519230

COMPANY ADDRESS: 10 Finderne Ave Bridgewater

COMPANY CONTACT OR OFFICIAL: Bob Stein

TITLE: Safety Coordinator

OTHER ENVIRONMENTAL PERMITS HELD BY FACILITY: [✓] NPDES [✓] AIR [ ] OTHER

PERMITS APPEAL BRANCH RECEIVED JUL 17 10 39 AM '81 ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10007

INSPECTOR'S NAME: Bob Dante

DATE OF INSPECTION: 6/27/81

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 11:00

(1) Is there reason to believe that the facility has hazardous waste on site? yes

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

[✓] Company admits that its waste is hazardous during the inspection.

[✓] Company admitted the waste is hazardous in ~~its~~ RCRA notification and/or Part A Permit Application.

[ ] The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

[✓] The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

[✓] The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

[✓] EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

[ ] Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?		✓	

Please explain: Company knows wastes are hazardous

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each. Ignitables solvents 67, 55 gallon drums

	YES	NO	DON'T KNOW
(2) Does the facility generate hazardous waste?	✓		
(3) Does the facility transport hazardous waste?		✓	
(4) Does the facility treat, store or dispose of hazardous waste?	✓		

TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

VISUAL OBSERVATIONS

	YES	NO	DON'T KNOW
(5) SITE SECURITY (§265.14)			
a. Is there a 24-hour surveillance system?	✓		
b. Is there a suitable barrier which completely surrounds the active portion of the facility? yes			
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	✓		
(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)	✓		
a. If "YES", what are the approximate quantities? ignitables 67 - 55 gallon drums			
b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste?	✓		
c. If "YES", explain stored in secure drums			
d. In your opinion, are proper precautions taken so that these wastes do not:			
- generate extreme heat or pressure, fire or explosion, or violent reaction?	✓		
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health?	✓		
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?	✓		
- damage the structural integrity of the device or facility containing the waste?	✓		
- threaten human health or the environment?	✓		

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility? NO

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

	YES	NO	DON'T KNOW
- an internal communications or alarm system?		✓	
- a telephone or other device to summon emergency assistance from local authorities?	✓		
- portable fire equipment?	✓		
- adequate aisle space?	✓		
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. For the types of waste and amount on site no internal alarm system is needed in my opinion.		✓	

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. see above

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?	NA		
If you have, please comment, as appropriate.	NA		
(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain.		✓	
b. Do you believe that operation of this facility may affect groundwater quality?		✓	
c. If "YES", explain.			

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?	NA		
a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received?	NA		
b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) 3			
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	✓		

* This requirement applies only after November 19, 1981.

	YES	NO	KNOW
- the generator's name, mailing address, telephone number, and EPA identification number	✓		
- the name, and EPA identification number of each transporter	✓		
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;	✓		
- a DOT description of the wastes	✓		
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	✓		
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	✓		
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	NA		
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)		✓	
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary ____ . All wastes are basically the same ✓ Company treats all waste as hazardous ____ Don't Know ____			
b. Does hazardous waste come to this facility from off-site sources?		✓	
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	NA		
(12) INSPECTIONS (§265.15) National Starch is making plans to change there classification to just a Generator which they are.			
a. Does the facility have a written inspection schedule?		✓	
b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?		✓	
c. Does the owner/operator record inspections in a log?		✓	
d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.		✓	

DON'T

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ✓ ___ ___
- type and amount of training to be given to personnel in jobs related to hazardous waste management? ___ ✓ ___
- actual training or experience received by personnel? ___ ✓ ___

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51) ✓ ___ ___

a. Does the plan describe arrangements made with local authorities? ✓ ___ ___

b. Has the contingency plan been submitted to local authorities? ✓ ___ ___

How do you know? The company Admitted it was

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ✓ ___ ___

d. Does the plan have a list of what emergency equipment is available? ✓ ___ ___

e. Is there a provision for evacuating facility personnel? ✓ ___ ___

f. Was an Emergency Coordinator present or on call at the time of the inspection? ✓ ___ ___

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? ✓ ___ ___
- location and quantity of each waste? ___ ✓ ___
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? NA ___ ___
- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? NA ___ ___

*(16) Does the facility have written closure and post-closure plans? (§265.110) ___ ✓ ___

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? ___ ✓ ___

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* Effective date for this requirement is May 19, 1981.

DON'T

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? ✓

- a description of the steps necessary to decontaminate facility equipment during closure? ✓

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed? ✓

b. What is the anticipated date for final closure? ✓

†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? ✓

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure? ✓

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? ✓

- the name, address and phone number of a person or office to contact during post-closure? ✓

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? ✓

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144) ✓

National starch ~~again~~ is planning to change its clasification.

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) NA

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste mangement area? NA

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? NA

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† This section applies only to disposal facilities.

* Effective date for this requirement is May 19, 1981.

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE	TREATMENT	DISPOSAL
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	
	Other _____	

	YES	NO	DON'T KNOW
CONTAINERS (§265.170)			
1. Are there any leaking containers? If "YES", explain.		✓	
2. Are there any containers which appear in danger of leaking? If "YES", explain.		✓	
3. Do wastes appear compatible with container materials?	✓		
4. Are all containers closed except those in use?	✓		
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?		✓	
6. How often does the plant manager claim to inspect container storage areas? daily			
7. Does it appear that incompatible wastes are being stored in close proximity to one another? If "YES", explain.		✓	
8. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line?	✓		
9. What is the approximate number and size of containers with hazardous wastes? 67, 55 gallon drums			

TANKS (§265.190)	YES	NO	DON'T KNOW
1. Are there any leaking tanks? If "YES", explain.	___	___	___
2. Are there any tanks which appear in danger of leaking. If "YES", explain.	___	___	___
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.	___	___	___
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	___	___	___
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?	___	___	___
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.	___	___	___
7. How often does the plant manager claim to inspect container storage areas?			
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.	___	___	___
9. What is the approximate number and size of tanks containing hazardous wastes?			

SURFACE IMPOUNDMENTS (§265.220)			
1. Is there at least 2 feet of freeboard in the impoundment?	___	___	___
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	___	___	___
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain.	___	___	___

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics? ___ ___ ___
If "YES", explain.

5. Are there any leaks, failures or is there any deteriorization in the impoundments? ___ ___ ___
If "YES", explain.

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion? ___ ___ ___

   a. Does it appear to need such protection? ___ ___ ___

   b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile? ___ ___ ___
If "YES", explain.

3. Is leachate run-off from a pile a hazardous waste? ___ ___ ___
If "YES", explain this determination and answer (a) and (b) below.

   a. Is the pile placed on an impermeable base that is compatible with the waste? ___ ___ ___

   b. Is the pile protected from precipitation and run-on? ___ ___ ___

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? ___ ___ ___
Please explain or indicate if no such wastes are present.

   Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? ___ ___ ___
   Please explain.

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (§265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil? ___ ___ ___
Please explain.

*2. Is run-on diverted away from the active portions of the land treatment facility? ___ ___ ___

*3. Is run-off collected? ___ ___ ___

4. Are food chain crops being grown on the facility property? ___ ___ ___

a. If "YES", can the facility operator document that arsenic, lead and mercury:

- will not be transferred to the crop or ingested by food chain animals or ___ ___ ___

- will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. ___ ___ ___

b. Has notification of the growing of the food chain crops been made to the Regional Administrator? ___ ___ ___

5. Is there a written and implemented plan for unsaturated zone monitoring? ___ ___ ___

6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? ___ ___ ___

7. Do the closure and post-closure plans address:

a. control of migration of hazardous wastes into the groundwater? ___ ___ ___

b. control of run-off, release of airborne particulate contaminants? ___ ___ ___

c. compliance with requirements for the growth of food-chain crops (if they are present)? ___ ___ ___

8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. ___ ___ ___

9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. ___ ___ ___

10. What is the area of the land receiving hazardous waste treatment? ___ ___ ___

LANDFILLS (§265.300)

†1. Is run-on diverted away from the active portions of the landfill? ___ ___ ___

†2. Is run-off from active portions of the landfill collected? ___ ___ ___

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* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

	YES	NO	KNOW
3. Is waste which is subject to wind dispersal controlled? Explain.	___	___	___
4. Does the owner/operator maintain a map with:			
- the exact location and dimensions of each cell	___	___	___
- the contents of each cell and approximate location of each hazardous waste type	___	___	___
5. Do the closure and post-closure plans address:			
- control of pollutant migration via ground water?	___	___	___
- control of surface water infiltration?	___	___	___
- prevention of erosion?	___	___	___
6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.	___	___	___
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If"NO", explain.	___	___	___
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",	___	___	___
a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?	___	___	___
b. Is the waste treated and stabilized so that free liquids are no longer present?	___	___	___
*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?	___	___	___
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?	___	___	___
If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?	___	___	___

11. What is the approximate area of the hazardous waste landfill?

_____

* Effective date for this requirement is November 19, 1981.

INCINERATORS AND THERMAL TREATMENT -
(§§265.340 and 265.379)

	YES	NO	DON'T KNOW
1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?			
2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7.	___	___	___
3. Has waste analysis been performed (and written records kept) to include:			
- heating value of the waste	___	___	___
- halogen content	___	___	___
- sulfur content	___	___	___
- concentration of lead	___	___	___
- concentration of mercury	___	___	___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here [ ].

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?	___	___	___
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:			
- waste feed	___	___	___
- auxiliary fuel feed	___	___	___
- air flow	___	___	___
- incinerator temperature	___	___	___
- scrubber flow	___	___	___
- scrubber pH	___	___	___
- relevant level controls	___	___	___
-Every hour for:			
- stack plume (color and opacity)	___	___	___
5. Is there open burning of hazardous waste?	___	___	___

a. If "YES", what is being burned? (only burning or detonation of explosives is permitted)

b. If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

	YES	NO	DON'T KNOW
6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.	___	___	___
a. Is there any evidence of fugitive emissions?	___	___	___
7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.	___	___	___

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (§265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.	___	___	___
2. Is there a means to stop the inflow of continuously-fed hazardous wastes?	___	___	___
3. Is there ignitable or reactive waste fed into the treatment system?	___	___	___
If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.	___	___	___
Are the incompatible wastes placed in the same treatment process? If "YES", explain.	___	___	___

5. Describe the treatment system at this facility.