WA 2302 4c

7/19/88

RHÔNE-POULENC INC.
ORGANIC CHEMICALS DIVISION

9229 E. Marginal Way South - P.O. Box 80963 - Seattle, Washington 98108 - Telephone: (206) 764-4450

RECEIVED
JUL 20 1988
WASTE MANAGEMENT BRANCH

FILE COPY

July 19, 1988

Certified Mail
Return Receipt Requested

Mr. Charles W. Rice, Chief
RCRA Compliance Section
U.S. Environmental Protection Agency, Region 10
1200 Sixth Avenue, HW-112
Seattle, Washington 98101

Re: Notice of Violation and Warning, and Request for Information - Environmental Protection Agency Identification Number WAD009282302

Dear Mr. Rice:

Please consider this letter as our response to the above Notice which we received on June 20, 1988.

We are very concerned that there has been a misunderstanding concerning the requirements applicable to Notice of Transfer of our Seattle facility from Monsanto to Rhone-Poulenc, and want to reassure both EPA and the Washington Department of Ecology ("WDOE") that we provided timely notice in the manner recommended to us. Nevertheless, we understand the request for revisions to permit file documents and enclose the following:

- Revised Part A Hazardous Waste Permit Application-Forms 1 and 3

- Hazardous Waste Facility Certificate of Liability Insurance

- Closure Letter of Credit

Prior to Rhone-Poulenc's purchase of the Seattle Plant from Monsanto, contacts were made with various permitting agencies concerning the specific requirements for transfer and related filings. The advice received was to the effect that Rhone-Poulenc should notify the agencies, and that an amended Part A application was optional. A revised Notification of Dangerous Waste Activities (Form 2) was sent to Messers. Saunders, Bruno, and Conroy at the WDOE on September 30, 1986; and on October 10, 1986, Rhone-Poulenc confirmed by letter its intent to close the waste storage area at its facility, in accordance with the Closure Plan previously filed on August 18, 1986.

Rhone-Poulenc understood that the storage area at the plant was covered by financial security requirements provided by Monsanto. As a request for closure in accordance with filed Closure Plan was pending with the WDOE, we were unaware and not advised in connection with transfer requirements that any special action was required by Rhone-Poulenc. In this regard, we do not have direct knowledge that the financial responsibility requirements posted by Monsanto expired or were otherwise inadequate during the transition and closure process. Additionally, the DOE regulations applicable at the time of the ownership transfer did not contain a 6-month deadline for change of ownership. Please refer to the prior version of WAC173-303-805(d).

Finally, the third claimed violation involved the numbering of one waste - - the subclassification of waste methylene chloride. In particular, the original Part A application listed spent methylene chloride as "F001" (which is correct for degreasing uses of methylene chloride) instead of "F002" (which is correct for general uses of methylene chloride). This classification was of no significant consequence, and the F002 designation has been used in the plant's annual Dangerous Waste Reports to the WDOE, as well as in a recently revised WDOE Form 2, Notification of Dangerous Waste activities.

As demonstrated above, we believe firmly that the EPA and WDOE were provided with all of the substantive information and notifications concerning transfer in a timely fashion. Under any fair view of the facts, earnest efforts were made to obtain guidance on transfer requirements and Rhone-Poulenc followed those instructions, in good faith. Additionally, we believe that the numbering issue with respect to spent methylene chloride was of no consequence and was, in fact, clarified by annual reporting designations. For these reasons, we trust that the enclosures clarify the file records, and that you will agree that neither a citation nor a penalty is justified.

Sincerely,

Sue E. Hays

Sue E. Hays
Governmental Affairs Superintendent

cc: Ms. Julie Sellick, WDOE
Hazardous Waste Section Supervisor

Enclosures

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

Form Approved OMB No. 158-R0175

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 F WAD009282302 T/A C D

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

III. NAME OF FACILITY

C 1 SKIP RHONE-POULENC INC

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 SUE E HAYS GOVT AFFAIRS SUPT	206	764	4450

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 PO BOX 80963

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 SEATTLE	WA	98108

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 9229 EAST MARGINAL WAY SOUTH

B. COUNTY NAME

KING

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 SEATTLE	WA	98108	

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2869 (specify) Industrial Organic Chemicals	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: RHONE-POULENC INC

B. Is the name listed in Item VIII-A also the owner? ☐ 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)

P (specify)

D. PHONE (area code & no.): 206 764 4450

E. STREET OR P.O. BOX: PO BOX 80963

F. CITY OR TOWN: SEATTLE

G. STATE: WA

H. ZIP CODE: 98108

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	N	WA0003093	
D. PSD (Air Emissions from Proposed Sources)	P		
B. UIC (Underground Injection of Fluids)	U		
E. OTHER (specify)		7107	(specify) METRO (POTW)
C. RCRA (Hazardous Wastes)	R	WAD009282302	
E. OTHER (specify)			(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.

XII. NATURE OF BUSINESS (provide a brief description)

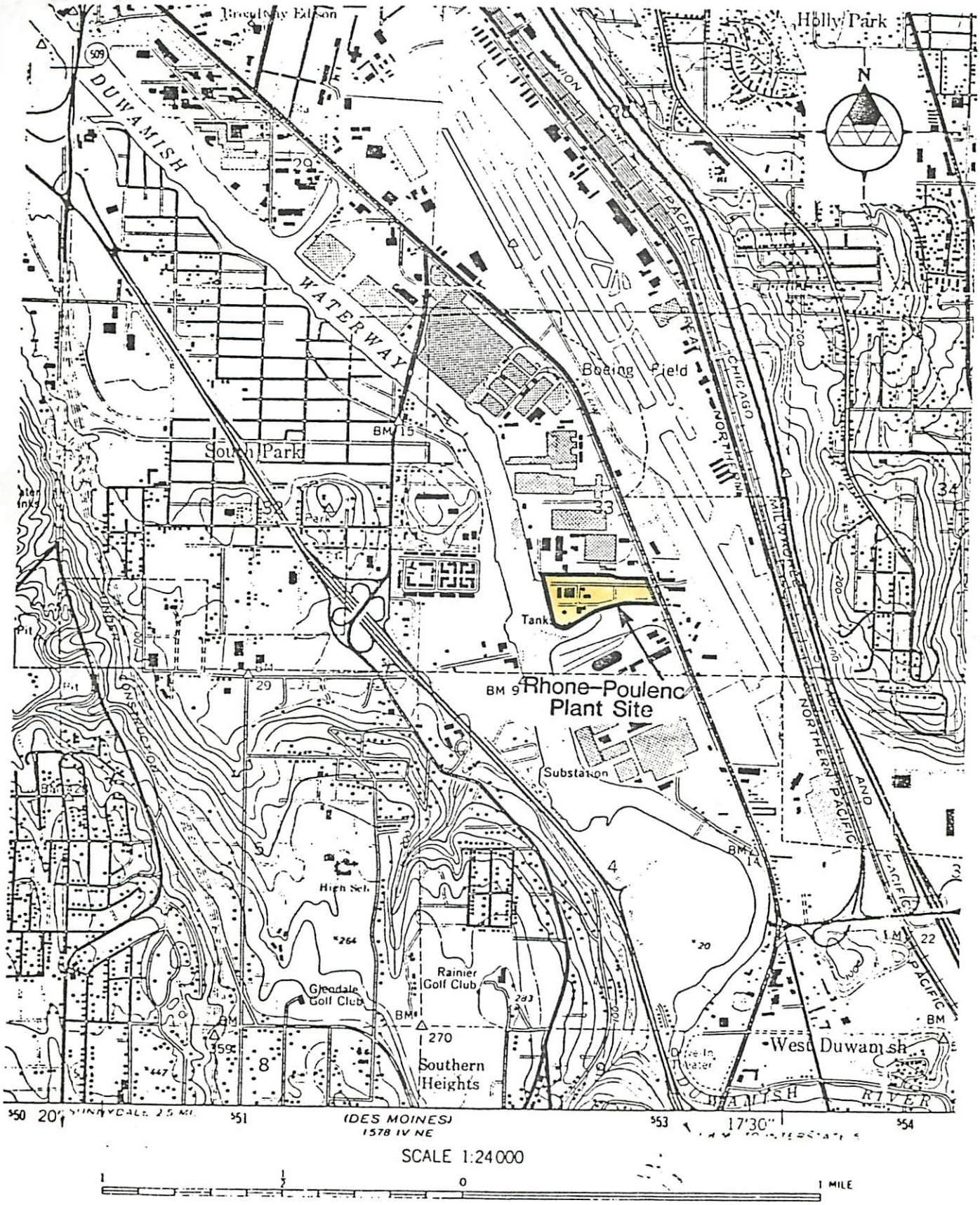
Vanillin manufacturing

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
James P. Reilly Vice President/General Manager	J. P. Reilly	7/18/88

COMMENTS FOR OFFICIAL USE ONLY

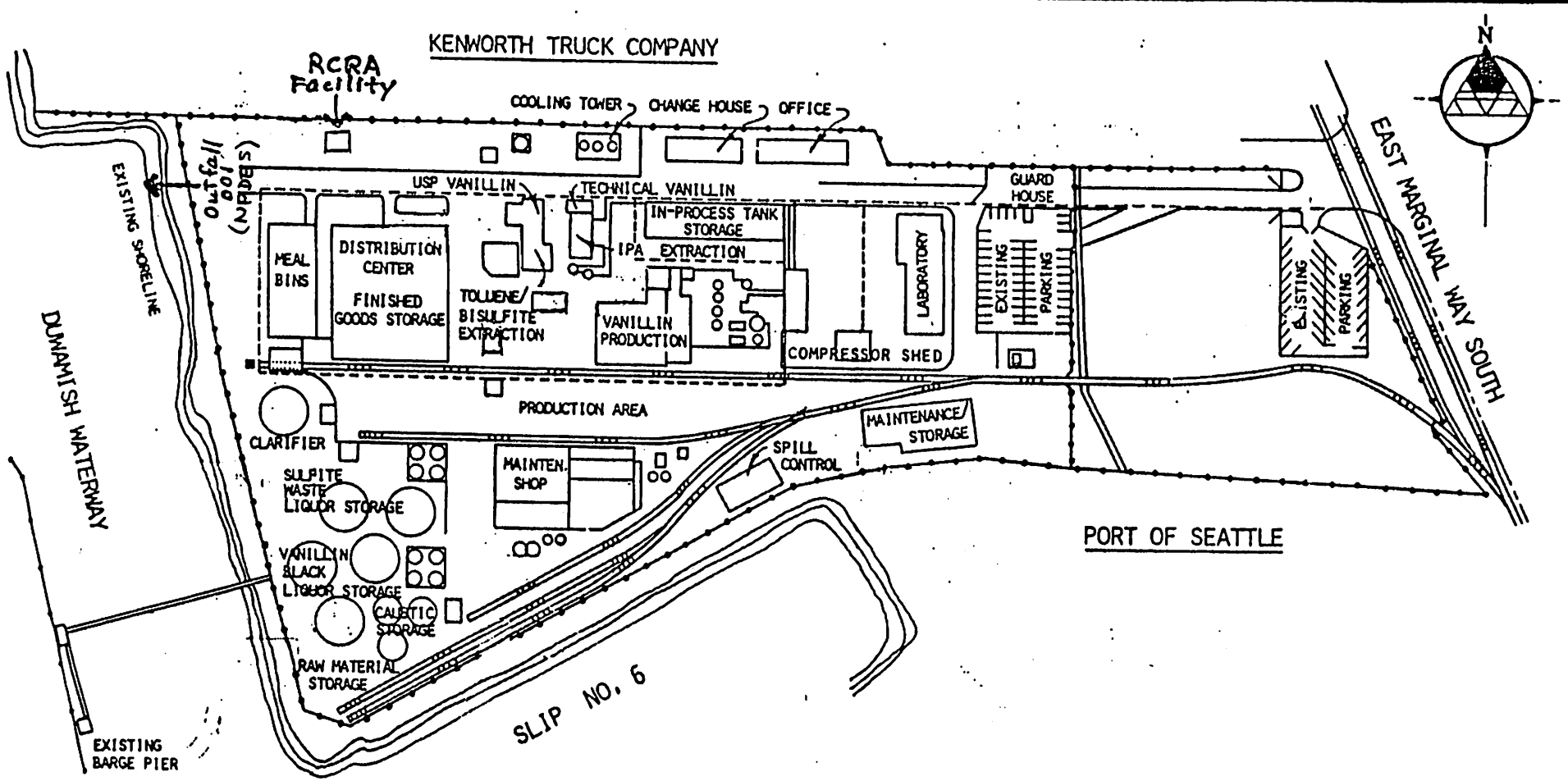


Site Location Map
Rhone-Poulenc Inc.
Seattle, Washington

Part XI

REFERENCE: USGS 1949 SEATTLE SOUTH,
WASHINGTON TOPOGRAPHIC QUADRANGLE
PHOTOREVISED 1968

Figure 1



Rhone-Poulenc Inc.
Site Map
Part XI

REFERENCE: SITE PLAN DATED JULY 24,1979 BY LECAIR/RAYBURN & COMPANY

Figure 2

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												T/A	C
F	W	A	D	0	0	9	2	8	2	3	0	2	1

1 2 - 13 14 15

FOR OFFICIAL USE ONLY

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

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)* (71)

C 8 (15) — YR. (73 74) MO. (75 76) DAY (77 78) — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

☐ 2. NEW FACILITY *(Complete item below.)* (71)

YR. (73 74) MO. (75 76) DAY (77 78) — FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

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

☒ 1. FACILITY HAS INTERIM STATUS (72)

☐ 2. FACILITY HAS A RCRA PERMIT (72)

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.
1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A	C
C	D	U	P										1

1 2 - 13 14 15

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. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1					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	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				*included with above*

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S W WAD009282302 T/A C 1	S W DUP T/A 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	D002	10 000	T	S02	
2	F002	250	P	S01	
3		100	T	S02	State Dangerous Wastes
4		500	P	S01	
5		25	T	S02 S01	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

S F | W A D 0 0 9 2 8 2 3 0 2 | T/A | C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

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)*

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.)*
E Rhone-Poulenc Inc.	201-297-0100

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F CN 5266	G Princeton	NJ	08543

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
James P. Reilly	James P. Reilly	7/18/88

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
Bruce E. Pallante	Bruce E. Pallante	7/20/88

CONTINUE ON PAGE 5

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer, National Union Fire Insurance Company of Pittsburgh, Pa., of 70 Pine Street, New York, N.Y. 10270 hereby certifies that it has issued liability insurance covering bodily injury and property damage to Rhone-Poulenc Inc. (te "Insured"), of CN 5266 Princeton, New Jersey 08543 in connection with the insured obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at:

Location	Liability Coverage
	Sudden
Seattle, WA 9229 E. Marginal Way South Seattle, WA 98108	1,000,000/2,000,000

The limits of liability are $3,000,000 each occurrence and $6,000,000 annual aggregate exclusive of legal defense costs. The coverage is provided under policy number PRM 7063060 issued on 8/18/87. The effective date of said policy is 8/18/87.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

   a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

   b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any decuctible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

   c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

   d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrative(s) or the EPA Region(s) in which the facilities are located.

e) Any other termination of the insurance will be effective only upon notice and only after the expiration of thirty (30) days of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facilities are located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Signature of Authorized representative of Insurer

Joseph E. Miller
Assistant Secretary

BARCLAYS

BARCLAYS BANK PLC
75 Wall Street
New York, NY 10265

IRREVOCABLE LETTER OF CREDIT NO. 810766

THE DIRECTOR
Washington State Department of Ecology
Northeast Regional Office
4350 150th Avenue North East
Redmond, Washington 98052

Dear Sir or Madam:

We hereby establish our Irrevocable Standby Letter of Credit No.**810766** in your favor, at the request and for the account of Rhone Poulenc, Inc., 9229 E. Marginal Way South, Seattle, Washington 98108 up to an aggregate amount of (United States Dollars Seventeen Thousand Eight Hundred) U.S.$17,800.00 available upon presentation of:

(1) your sight draft, bearing reference of this Letter of Credit No.**810766** and

(2) your signed statement reading as follows " I certify that the amount of the draft is payable pursuant to regulations issued under authority of the Resource Conservation and Recovery Act of 1976 as amended, and the Hazardous Waste Disposal Act as amended (Chapter 70.105 RCW)."

This letter of credit is effective as of July 20, 1988 and shall expire on July 20, 1989, but such expiration date shall be automatically extended for a period of 1 (one) year on July 20, 1989 and on each successive expiration date, unless, at least 120 (one hundred twenty) days before the current expiration date, we notify both you and Rhone Poulenc, Inc. by certified mail that we have decided not to extend this letter of credit beyond the current expiration date. In the event you are so notified, any unused portion of the credit shall be available upon presentation of your sight draft for 120 days after the date of receipt by both you and Rhone Poulenc, Inc. as shown on the signed return receipts.

Whenever this letter of credit is drawn on under and in compliance with the terms of this credit, we shall duly honor such draft upon presentation to us, and we shall deposit the amount of the draft directly into the standby trust fund of Rhone Poulenc, Inc. in accordance with your instructions.

We certify that the wording of this letter of credit is, with the exception of changes required by Washington State Department of Ecology to assure compliance with the financial requirements of WAC 173-303-400 and/or WAC 173-303-620(10), identical to the wordings specified in 40 CFR 264.151(d) as such regulations were constituted on the date shown immediately below..

This credit is subject to the most recent edition of the Uniform Customs and Practice for Documentary Credits published by the International Chamber of Commerce.

Very truly yours,

BARCLAYS BANK PLC

Pamela Seeley
Authorized Signature

July 19, 1988

Nelson Bernardo
Authorized Signature

July 19, 1988