POOR LEGIBILITY

ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ DUE TO THE QUALITY OF THE ORIGINAL

CA 0000625392

Varian / 611 Hansen Way / Palo Alto / California 94303 / U.S.A.
Tel. (415) 493-4000
Telex 34-8476

varian

November 18, 1980

SFUND RECORDS CTR
2378156

EPA Region IX
Attn: A-3-2
215 Fremont Street
San Francisco, CA 94105

Dear Sirs:

Enclosed is Part A of the permit application submitted to obtain interim status under the Resource Conservation and Recovery Act for an existing treatment or storage facility. The information supplied on RCRA forms 1 and 3 represents our best judgment and belief as to the information requested. For example, because we are a multi-facility, multi-product manufacturing company, the SIC codes provided under section VII, and the brief description under section XII, are close approximations which may not completely describe all aspects of our business. In addition, the owner certification in section IX of form 3 is a certification of the "owner" of the treatment or storage facility, as defined in EPA General Instructions, and not the owner of the land or building from whom we have obtained a leasehold interest.

The enclosed applications have been submitted in a good faith attempt to comply with those EPA Hazardous Waste Regulations under the Resource Conservation and Recovery Act which were published by November 1, 1980, and the information submitted represents our best judgment as to EPA requirements as of that date.

Very truly yours,

Wilfrid A. Kranzthor
Director of Management Systems

WAK:aab

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	C	A	T	0	0	0	6	2	5	3	9	2		1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

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	YR.	MO.	DAY
8	7 9	0 4	1 3

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

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

[ ] 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
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

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	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	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	400	G		7				
2	T 0 1	25	U		8				
3					9				
4					10				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 3674 (specify) Diodes and rectifiers	7 3674 (specify) Semiconductor devices
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 VARIAN ASSOCIATES INC.

B. Is the name listed in Item VIII-A also the owner? XX YES [ ] NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other", specify.)*
F = FEDERAL, M = PUBLIC *(other than federal or state)*, S = STATE, O = OTHER *(specify)*, P = PRIVATE
P (specify)

D. PHONE *(area code & no.)*: A 415 493 4000

E. STREET OR P.O. BOX: 611 Hansen Way

F. CITY OR TOWN: B Palo Alto

G. STATE: CA

H. ZIP CODE: 94303

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	D. PSD *(Air Emissions from Proposed Sources)*: 9 P
B. UIC *(Underground Injection of Fluids)*: 9 U	E. OTHER *(specify)*: 9 S 2-0639 (specify) CA Extremely Hazardous Waste
C. RCRA *(Hazardous Wastes)*: 9 R	E. OTHER *(specify)*: 9 (specify)

XI. MAP

Attach to this application on 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)*

Varian designs, builds, markets and services high technology products for customers in industry, communications, defense, science, and medicine. Products include electron tubes, solid state devices, vacuum components and systems based on vacuum technology, analytical instruments, medical systems and magnetic components.

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
John Heldack V.P. Corp. Development & Public Affairs	John Heldack	11/~~11~~ 13/80

COMMENTS FOR OFFICIAL USE ONLY

C

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 . u 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
W CAT 000625392 T/A 1 C	W DUP T/A 2 C 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	F001	400	P	S01	
2	F002	"	P	S01	
3	F003	"	P	S01	
4	F005	"	P	S01	
5	F007	"	P	S01 ~~T01~~	Excluded per 40 CFR Part 122.21 (d)(2)(vi) as an elementary Neutralizing Unit.
6	F017	"	P	S01	
7	P012	"	P	S01	
8	P030	"	P	S01	
9	P053	"	P	S01	
10	U226	"	P	S01	
11	U002	"	P	S01	
12	U188	"	P	S01	
13	U228	"	P	S01	
14	U239	"	P	S01	
15	U134	"	P	S01	
16	U154	"	P	S01	
17	D002	100		T01	Excluded per 40 CFR Part 122.21 (d) (2) (vi) as an elementary Neutralizing Unit.
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS[illegible] (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)*

F	C	A	T	0	0	0	6	2	5	3	9	2	T/A	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)*
37 23 N	121 58 W

VIII. FACILITY OWNER

X 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	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

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
John Heldack V.P. Corp. Development & Public Affairs	John Heldack	11/18/80

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
John Heldack V.P. Corp. Development & Public Affairs	WK John Heldack	11/18/80

CONTINUE ON PAGE 5

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

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F C A T 0 0 0 6 2 5 3 9 2

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

19 NOV 1980

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
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

1 SKIP VARIAN ASSOC SOLID STATE MICROWAVE DIVN

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 GUNDERSEN CARL DIV SPRT SVCE	408 988 1331

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 3251 OLCOTT ST

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 SANTA CLARA	CA	95050

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 3251 OLCOTT ST

B. COUNTY NAME

SANTA CLARA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 SANTA CLARA	CA	95050	

CONTINUE ON REVERSE

WASTE STATION LISTING-STATION CONTAINER NUMBERS

The collection stations listed below are indicated by letter, and each container in a specific area is indicated by number.

A. Materials Lab
#1-Trichloroethane III,#2-Mixed Solvents,#3-Trichloroethylene-Bottle, #8-Aurostrip(Cyanide),#67-A-40 Stripper-B.

B. ENGINEER LAB
#4&#5-Mixed Solvents,#6 Dichloromethane,#7-Trichloroethane III #9-A-40 Stripper-B

C. POLISHING ROOM
#10-Mixed Solvents,#11-Trichloroethylene,#12-Gallium Arsenide/Chlorox,#13-Bromine/Methanol,#14-Trichloroethane III-bottle

D. SEMICONDUCTOR YELLOW ROOM
#15-Chlorobenzene,#16-Hydrofluoric acid,#17-Mixed Solvents, #64-Trichloroethylene-B,#70-Xylene-B.

E. DIODE YELLOW ROOM
#18.Rinse/Devoloper,#19-Trichloroethylene,#20 Mixed Solvents, #68-Methanol/Hydrogen Peroxide/Phosphoric Acid-B,#72-A-40 Stripper-B

F. DIODE ASSEMBLY
#26-Transene 100,#27-Methanol/Hydrogen Peroxide/Phosphoric acid-B.

G. ION IMPLANT ROOM
#28-Hydrofluoric acid,#29-Mixed Solvents,#30-Trichloroethylene #31-Trichloroethane III-B,#32-Solid Arsenic.

H. EPI LAB
#33-Hydrofluoric acid,#34-Mixed Solvents,#36-Trichloroethylene #35-Aurostrip(Cyanide)

I. WHITE ROOM-R & D
#37-Hydrofluoric acid,#38-Mixed Solvents,#39-Ferric Chloride, #40-Trichloroethylene,#41-Bromine/Methanol-B, 42-Rinse/Devoloper-B,#43-Silver Solution(Cyanide)-B,#44-ECF-Gold Solution-B
#66-Hydrobromic Acid/Water/Bromine-B,#69-A-40 Stripper, #71- Trichloroethane III.

J. SOFTBOARD ETCH ROOM
#45-Mixed Solvents,#46-Ferric Chloride,#47 Irridite,#48-Tinposit.

K. SOFTBOARD ASSEMBLY
#49-Trichloroethane III,#50-Mixed Solvents,#51-Irridite

L. PAINT BOOTH
#60-Paint Sludge/Thinner

M. THIN FILM ETCH ROOM
#52-Gold Etch(potassium Iodite),#53-A-40 Stripper,#54-Trichloroethane III,#56-Rinse/Developer-Mixed Solvents.

N. POLISHING ROOM (Gallium Arsenide)
#62 Gallium Arsenide Slurry & Water

O. CLP ROOM
#55-Bromine/Methanol-B #61-Mixed Solvents-B
#63-Trichloroethylene-B #67-Gallium Arsenide Slurry/Water

P. SOURCES AREA
#57-Mixed Solvents,#58- Irridite,#59-Trichloroethane III-B

Q. DIODE PLATE ROOM
#21-Trichloroethylene-B,#22-Nickelex,#23-Mixed Solvents, #24- Gold Plate Solution(Cyanide),#25-ECF Gold Solution

NUMERICAL WASTE CONTAINER LISTING

1. Trichloroethane III
2. Mixed Solvents
3. Trichloroethyene-B
4. Mixed Solvents
5. Mixed Solvents
6. Dichloromethane
7. Trighloroethane III
8. Aurostrip (Cyanide)
9. A-40 Stripper-B
10. Mixed Solvents
11. Trichloroethyene
12. Gallium Arsenide/Chlorox
13. Bromine/Methanol-B
14. Trichloroethane III-B
15. Chlorobenzene
16. Hydrofluoric Acid
17. Mixed Solvents
18. Rinse/Developer
19. Trichloroethyene
20. Mixed Solvents
21. Trichloroethyene
22. Nickelex
23. Mixed Solvents-B
24. Gold Solution (Cyanide)
25. ECF Gold Solution
26. Transene 100
27. Methanol/Hydrogen Peroxide/ Phosphoric Acid
28. Hydrofluoric Acid
29. Mixed Solvents
30. Trichloroethyene
31. Trichloroethane III-B
32. Solid Arsenic (Pail)
33. Hydrofluoric Acid
34. Mixed Solvents
35. Aurostrip (Cyanide)
36. Trichloroethyene
37. Hydrofluoric Acid
38. Mixed Solvents
39. Ferric Chloride
40. Trichloroethyere
41. Bromine/Methanol-B
42. Rinse/Developer-B
43. Silver Plate Solution(cyanide)-B
44. ECF Gold Plate Solution-B
45 Mixed solvents
46. Ferric Chloride
47. Irridite
48. Tinposit
49. Trichloroethane III
50. Mixed Solvents
51. Irridite
52. Gold Etch Solution
53. A-40 Stripper
54. Trichloroethane III
55. Bromine/Methanol-B
56. Mixed Solvents-R/D
57. Mixed Solvents
58. Irridite
59. Trichloroethane III-
60. Paint Sludge/Paint Thinner
61. Mixed Solvents
62. Gallium Arsenide/ Slurry
63. Trichloroethyene-B
64. Trichloroethyene-B
65.
66. Hydrobromic Acid/ Water/Bromine-B
67. Ga As Slurry/Water
68. Methanol/Hydrogen Peroxide/Phosphoric Acid
69. A-40 Stripper
70. Xylene-B
71. Trichloroethane III
72. A-40 Stripper-B

FLAMMABLES

#2,#4,#5
#10,#17,#20,
#23.#29,#34,
#38,#45,#50,
#[redacted],#57,
#61
Mix Solvents

5 Gallon Steel
#15 Chlorobenzene
ONLY
17E

#18,#26,
#42,#56,#70,
#

#60
2(5gallon)
steel drums
1-sludge
1-Thinner
17E

Mix Solvents

17E

Bromine/Methanol
#13,#41, 55
1 gallon poly
in DOT 17H

Mix Solvents

POISONS

G_AA_s Slurry
#62 #67
5 gallon steel
drum

G_aA_s Chlorox
5/30 gallon
poly drum
#12

~~Lead Oxide~~
~~Lead Fluoride~~
~~#63 open head~~
~~5 gallon steel~~

Aurostrip
#8,#35,
5 gallon Steel
drum

Solid Arsenic
#32,
5 gallon steel
open head
37A

HALOGENS

Recycle
marked in yellow

Assorted TCE/Acet.
Dirty
with
H_2O
#[redacted],#3,#
#19,#21,#30
#36,#40,#64
#63

TRICH III ONLY
#1,#14,#31,
#49,#54,#59,
#7,#71,

TMS ONLY
form Kay's
Degreaser
5 Gallon
Steel

TMC &
DCE(Dichloro-
methane)
#6, &
Degreasers

CORROSIVES

Irridite
poly 5/gallon
#47,#51,#58,

Nickelex
5 gallon poly
#22

A-40 Stripper
poly 5/30 gallon
#9,#53,#[redacted],
#69, 72

Hydrobromic acid/bro
5 gallon poly #66

ECF Gold
Solution
#25, #44,

Ferric Chloride
poly 5 gallon
#39,#46,

Gold Cyanide
#24 solution
& R&D's

#68,#2

Meth/Hyd Perox/Phos acid(5gallon poly

Potassium Iodite
Gold Solution #52

5 gallon poly drum

Silver solution
Cyanide 5 gallon
steel #43.

HF ACID
Poly 5/30
Gallon drum
#16,#28,#33
#37,

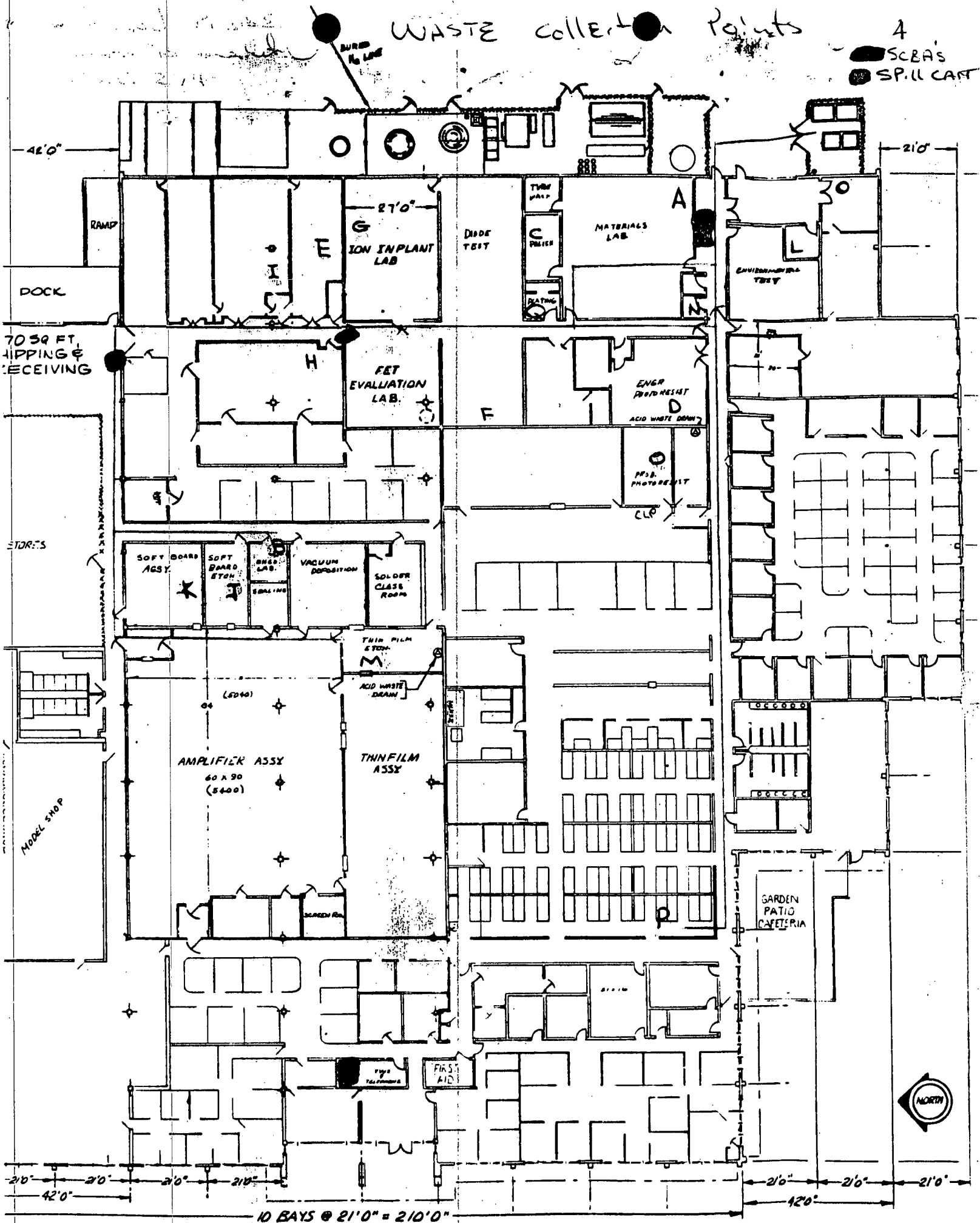
Tinposit(5 gallon polydrum)
48

WASTE COLLECTION POINTS

4

SCBA'S

SPILL CART



PART A RATING SHEET

FACILITY NAME: Varian Assoc

EPA I.D. #: CAT000625392 COUNTY: 085 SCORE: 026

PROCESS: S01 --- --- --- --- --- ---

--- --- --- --- --- ---

SCORE = POINTS X WEIGHTING FACTOR 0 = Non Hazardous 99 = Imminent Hazard	WEIGHTING FACTOR	SCORE
AGE OF FACILITY (YEARS) 0 - 10 (1 pt.) 11 - 20 (2 pt.) 21 - 30 (3 pt.) over 30 (4 pt.)	1	1
PROCESS DESIGN CAPACITY (GAL.) 1 - 1k (1 pt.) 1k - 10k (2 pt.) 10k - 100k (3 pt.) 100k - 500k (4 pt.) over 500k (5 pt.)	2	2
PROCESS (pick worst case, add 1 point if any additional processes, then multiply by weighing factor) 5 pt. - landfill (D80) disposal in surface impoundments (D83) injection wells (D79) 4 pt. - treatment in surface impoundments (T02) storage in surface impoundments (S04) 3 pt. - land application (D81) underground tanks (S02) storage in piles (S03) 2 pt. - treatment in tanks or containers (T01) incineration (T03) 1 pt. - storage in tanks or containers (S01, S02)	3	3
CHARACTER OF WASTE 1 pt. - hazardous (D,F,K,U) 2 pt. - D005 - D015, D017, U021, U043, U117, U133 - U135, U223, U232 3 pt. - acutely hazardous (P)	4	12
LOCATION OF FACILITY 1 pt. - rural 2 pt. - urban	1	2
BEST ENGINEERING JUDGEMENT lower hazard - - - - - - - - - - - higher hazard 1 2 3 4 5	3	6

RATIONALE FOR BEJ SCORE AND OTHER COMMENTS:

Facility handles small amounts of waste - but several P wastes.

Storage area not shown in photo.

TOTAL SCORE = 26

RATER: Hokkanen

DATE: 5/27/81

EPA-IX-FORM 859

Part A, Permit Process --- Internal Checklist

ID Number CAT000625392 Inst Name Varian Asso

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials: Yes	No	Valid Prmtg Date?
1	T/S/D Facility? (If No, return to respondent.)	___	___	
3	Form 1 received?	___	___	
1	Form 3 received?	___	___	
1 & 3	Postmarked on or before November 19, 1980?	___	___	___
3	Date of operation entered?	___	___	
3	Date of operation on or before November 19, 1980?	___	___	___
Notif. record	Notifier?	___	___	
"	Notified on or before August 18, 1980?	___	___	
1	Form 1, XIII B signed?	___	___	
3	Form 3, IX B Signed?	___	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here ___)

ref 1/26

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___

1 & 3 Core items missing? If Yes, indicate which items:

Facility name___; location___; mail address___; operator info___;

certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:

Maps___; photos___; drawings___; lat/long___.

Other observations and comments:

Ret. 9/16 For photos of drum storage. - received 10-14-81

Log out/Log in on reverse side.

Received Date Stamp

19 NOV 1981

(Stamp forms also)

Varian Associates Inc
3251 Olcott St
Santa Clara, Ca
95051

VARIAN
ASSOC.

CAT000625392

Permit #
CAT 000625392

Photo submitted by Jose
Maintenance
988-1331 ext. 274
Problems or Questions

1

All flammables Grounded

Ground Rod

Mixed Solvents

Bromine Hydrobromic

TMC Recycle

TMC Recycle

Trichloro Ethane & Methylene Chloride

7

GaAs Waste

GaAs Chlorosilane Waste

Hydrostop

Solid Arsenic

Hydrofluoric Acid

Mixed Acids

Spare

Tin Powder (Acid)

5 # 6

Double Gate # 1

EMPTY SPACES

Cabinet (Gloves, Suits, Respirator, Safety goggles, Apron, Ect. Labels)

Shower Eye wash

BUILDING

Picture not done to scale just to add pictures

2