ODEQ LQG ID numbers that were closed in RCRIS based on EPA-State research - July, 2000:

These sites were originally assigned an ID number in HWDMS (pre-RCRIS) and then sometime in the later years re-notified for some change (ownership??), and were given a new ID number in HWIMSy instead of having their current ID number's information updated. The result is that these facilities have two active RCRIS ID numbers. The newer ID number is currently being tracked in HWIMSy and RCRIS. The older ID number is only in RCRIS, and because ODEQ is authorized for the Handler module, this makes the older ID numbers invalid. Region 10 deactivated the older ID numbers. after cross-referencing both ID numbers to each other. Records for both sites will be compiled.

Old ID #	Old Name	New ID #	New Name	Address
ORD046260741	Lile International Co	ORQ000003848	Nike IHM	15705 SW 72nd Ave
ORD000812891	CALGON CORP	ORD990659492	Rhone Poulenc	6200 NW ST Helens Rd
ORD980980288	John Day Svc Ctr	ORD980981575	OR Trail Electric Coop	West Hwy 3/4 Mi W of John Day
ORD009038399	KOGAP MFG CO	ORQ000009035	Kogap Enterprises Inc	2080 S Pacific Hwy
ORD061482519	Lilly Industrial Coatings Inc	ORD000711564	Ashland Chemical Co	619 SW Wood St
OR1170090095	LSC Marine Inc USNS Wilkes	ORD097005425	Dillingham Ship Repair	Dillingham Yard Swan Island
ORQ000004077	ODEQ Astoria Plywood	ORD009033846	ODEQ Astoria Plywood	409 23rd St
ORD009024829	Sol Pro Div of Spe De Way Prod	ORD980836761	Wood Kote Products Inc	8000 NE 14th Pl
ORD054268388	Suburban Door Co	ORD980834386	Dimensional Fabricators	11120 SW Industrial Way
ORD000641647	Texaco USA A Division	ORR000000869	Texaco Refining & Mktg	Prarie & Bushell Rd
OR0170000061	USNAVY Tongue Pt NAS	OR2161630643	USDOT Tongue Pt NAS	Hwy 30 Btwn MP 95 & 96
ORT420010068	USWCOM Pendleton 5XB	ORD000641043	USWCOM Pendleton	237 SW 1st St

Additional OR LQG sites that should have been closed in RCRIS based on file reviews:

ORD 08859 8123 CARON CHEMICAL INC 8600 SUVER RD MONMOUTH - Notification file has the original 7/30/80 notification and acknowledgment forms. Facility files show 1981 waste sampling lab results; a 1981 determination that this site may be a Superfund site; 1981 remedial action paperwork; chronology of events from 6/80 to 3/81; a 1981 signed clean-up agreement between ODEQ, EPA and company; and various other supporting documents to the contamination at the site. Summaries indicate that the site was a closed chemicals company uncergoing CERCLA clean-up. **CONTACTED REGION 10 CERCLA STAFF AND VERIFIED THAT SITE CLEAN-UP IS COMPLETE.**

ORD 00080 1332 ALLEGHENY INDUSTRIAL CO INC 12TH & PACIFIC NEWBERG - Notification file has the original 8/18/80 notification and acknowledgment forms; and a 3/82 request by the company to cancel their ID number because they vacated site and sold the building to Publishers with no known hazardous waste problems. EPA file is stamped inactive. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0290 ANTELOPE R 7.4 MILES SSE OF ANTELOPE - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0308 BORING R 1.6 MI NNW OF BORING - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0316 BROGAN R 6.7 MI W OF BROGAN - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0332 MAUPIN RS 9.7 MI SSE OF MAUPIN - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

ORT 42001 0324 JOHN DAY RS 4.3 MI SW OF JOHN DAY - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

OR3 21080 0048 USARMY COE PORTLAND DIST OPS DIV E RIVER RD RM 190 THE DALLES - Notification file has only the ODEQ 12/7/92 notification and acknowledgment forms. This is an ACOE Dredging project on the Dalles dam. **CLOSD ID NUMBER IN RCRIS**.

ORT 42001 0357 PINE GROVE R 6.8 MI ENE OF WAPANITIA - Notification file has the original 2/27/81 notification and acknowledgment forms; and a portion of a piece of returned mail indicating that a forwarding order had expired on only known mailing address. **CLOSED ID NUMBER IN RCRIS.**

OR 5425
6.5.90
2a

811 SW SIXTH AVE. PORTLAND, OREGON 97204

NEIL GOLDSCHMIDT
GOVERNOR

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT, SEVEN STEPS FOR IDENTIFYING HAZARDOUS WASTES, BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED HERE IS REQUIRED BY OREGON ADMINISTRATIVE RULE 340-102-012. THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN THE STATE OF OREGON.

OFFICIAL USE ONLY
DEQ 102-012-89
DATE RECEIVED

1. NAME OF SITE

NAME: SUPERVISOR OF SHIPBUILDING USN

☐ **2. DO NOT GENERATE HAZARDOUS WASTE** DELETE NAME FROM LIST
(CHECK BOX IF APPLICABLE) COMPLETE SECTION 5

3. DEQ/EPA IDENTIFICATION NUMBER

IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER

ENTER HERE
(12 digit number)

RECEIVED
JUN 05 1990
Hazardous & Solid Waste Division
Department of Environmental Quality

4. REASON FOR NOTIFICATION

(MARK ONE BOX ONLY)
REQUEST IS TO

☒ 1. OBTAIN DEQ/EPA ID NUMBER
☐ 2. WITHDRAW DEQ/EPA ID NUMBER
☐ 3. CANCEL DEQ/EPA ID NUMBER
☐ 4. REACTIVATE DEQ/EPA ID NUMBER
☐ 5. UPDATE NOTIFICATION INFORMATION

5. SITE INFORMATION

RECEIVED
JUN 18 1990
WASTE MANAGEMENT BRANCH

A. PHYSICAL LOCATION OF SITE

STREET ADDRESS: 5555 N CHANNEL AVE BLDG 2

COUNTY: MULTNOMAH

CITY, STATE, ZIP: PORTLAND OR 97217

B. MAILING ADDRESS OF SITE

STREET/P.O. BOX: SUPERVISOR OF SHIPBUILDING USN

CITY, STATE, ZIP: SEATTLE WA 98115-5003

C. LEGAL OWNER OF SITE

NAME: WEST STATE INC

STREET: 5555 N CHANNEL AVE BLDG 2

P.O. BOX:

CITY, STATE, ZIP: PORTLAND OR 97217

D. CONTACT AT THE SITE

NAME: DANNY E PIPER

TITLE: SAFETY MANAGER

TELEPHONE: 2065263378 (WITH AREA CODE)

E. STANDARD INDUSTRIAL CODE (SIC)

(REFER TO ENCLOSED SIC LISTING)

3731 PRIMARY

3732 SECONDARY

6/11/90
#2632
cc: EPA
NWR
Gen

F. SITE CLASSIFICATION

(SEE INSTRUCTIONS FOR EXPLANATION)

IDENTIFY ONE CATEGORY FOR EACH "TYPE"

(MARK ONE BOX ON EACH LINE)

	PRIVATE	FEDERAL	STATE	COUNTY	DISTRICT	MUNICIPAL	INDIAN
OWNER TYPE	X						
OPERATOR TYPE		X					
PROPERTY TYPE	X						

6. TYPE OF HAZARDOUS WASTE ACTIVITY

(MARK ALL APPROPRIATE BOX(ES))

YES NO
☒ ☐ A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY)
1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
☒ a. FOR OWN WASTE ONLY
☐ b. FOR COMMERCIAL PURPOSES
2. MODE OF TRANSPORTATION
☐ a. AIR ☐ b. RAIL ☐ c. HIGHWAY ☐ d. WATER ☐ e. OTHER

YES NO
☒ ☐ B. HAZARDOUS WASTE GENERATOR

YES NO
☐ ☐ C. HAZARDOUS WASTE TREATMENT (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ F. HAZARDOUS WASTE RECYCLER
☐ 1. On-site ☐ 2. Off-site

YES NO
☐ ☐ G. MARKET OR BURN HAZARDOUS WASTE FUELS
(MARK APPROPRIATE BOXES)
☐ 1. GENERATOR MARKETING TO BURNER
☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)
TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
☐ a. UTILITY BOILER
☐ b. INDUSTRIAL BOILER
☐ c. INDUSTRIAL FURNACE
☐ d. OTHER (PLEASE SPECIFY): _____

YES NO
☐ ☐ H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES)
☐ 1. GENERATOR MARKETING TO BURNER
☐ 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
☐ 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
☐ 4. BURNER OF OFF-SPECIFICATION USED OIL
(INDICATE TYPE OF COMBUSTION DEVICE)
TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
☐ a. UTILITY BOILER
☐ b. INDUSTRIAL BOILER
☐ c. INDUSTRIAL FURNACE
☐ d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K	K	K	K	F	F001	F	F
P	P	P	P	U	U	U	U

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

☐ IGNITABLE (D001)
☐ CORROSIVE (D002)
☐ REACTIVE (D003)
☐ EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:)

☐ D004	☐ D008	☐ D012	☐ D016
☐ D005	☐ D009	☐ D013	☐ D017
☐ D006	☐ D010	☐ D014	
☐ D007	☐ D011	☐ D015	

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

☐ X 001 ☐ X 002 ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ OTHER (PLEASE SPECIFY) _____
USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

☐ FRG (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
- generate 2,200 or more pounds of spill cleanup debris
- generate more than 2.2 pounds of acutely hazardous waste
- generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
- accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site

☒ SQG (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
- generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
- accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site

☐ CEG (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
- generate 220 pounds or less of spill cleanup debris containing hazardous waste
- generate 2.2 pounds or less of acutely hazardous waste
- accumulate, at any time, up to 2,200 pounds of hazardous waste on-site

(NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

9. CERTIFICATION

SIGNATURE _____ 6-5-90

DANA E. RIPER	SAFETY & OCCUPATIONAL HEALTH MANAGER	
NAME (please print or type)	OFFICIAL TITLE	DATE SIGNED

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

OR ~~[illegible]~~ SAR5
5-22-90

May 22, 1990

Kelly, We need to be careful on these!

SUPERVISOR OF SHIPBUILDING USN - Contact: Danny E Piper
(206) 526-3378

I. The property is owned by Port of Portland. The address is shared by at least 8 other registered generators at this time. There will be more.

II. At this time, the navy is applying for co-generatorship, but with their own numbers, for the sites currently registered to Cascade General and Northwest Marine (Iron Works Inc). There will be additional applications in the future.

This is where it gets tricky.

Cascade General has never registered with DEQ. We have nothing in our data system and no file. They do not report quarterly. If they applied directly to you, we'd appreciate a copy of their notification form. Their number on the Region Ten Report is ORD180761934 which is tied specifically to Bldg. 71.

DEQ knows Cascade General only because it bought Dillingham Ship Repair which lists the general site location of 5555 N Channel Ave. Dillingham's EPA No. is ORD097005425. I have asked Cascade to update generator info.

The Navy asks to be registered to generate in all Cascade General Space. Is that one number or two?

The second navy application is for co-generatorship with NorthWest Marine (Iron Works Inc)- I asked them to update their generator info also-- at 6000 North Channel Avenue. Again, they want their own number.

RECEIVED
MAY 25 1990
WASTE MANAGEMENT BRANCH

811 SW SIXTH AVE. PORTLAND, OREGON 97204

NEIL GOLDSCHMIDT
GOVERNOR

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT, SEVEN STEPS FOR IDENTIFYING HAZARDOUS WASTES, BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED HERE IS REQUIRED BY OREGON ADMINISTRATIVE RULE 340-102-012. THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN THE STATE OF OREGON.

OFFICIAL USE ONLY
DEQ 102-012-89
DATE RECEIVED

1. NAME OF SITE

NAME: SUPERVISOR OF SHIPBUILDING USN

☐ **2. DO NOT GENERATE HAZARDOUS WASTE** DELETE NAME FROM LIST
(CHECK BOX IF APPLICABLE) COMPLETE SECTION 5

3. DEQ/EPA IDENTIFICATION NUMBER

IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER

ENTER HERE (12 digit number)

RECEIVED
MAY 27 1990
Hazardous & Solid Waste Division
Department of Environmental Quality

4. REASON FOR NOTIFICATION

(MARK ONE BOX ONLY)
REQUEST IS TO

☒ 1. OBTAIN DEQ/EPA ID NUMBER
☐ 2. WITHDRAW DEQ/EPA ID NUMBER
☐ 3. CANCEL DEQ/EPA ID NUMBER
☐ 4. REACTIVATE DEQ/EPA ID NUMBER
☐ 5. UPDATE NOTIFICATION INFORMATION

RECEIVED
MAY 25 1990
WASTE MANAGEMENT BRANCH

5. SITE INFORMATION

A. PHYSICAL LOCATION OF SITE

5/21/90 as per phone
Mr. Piper site

STREET ADDRESS: 3555 N CHANNEL AVE Bldg 71

COUNTY: MULTNOMAH

CITY, STATE, ZIP: PORTLAND OR 97203

B. MAILING ADDRESS OF SITE

STREET/P.O. BOX: SUPERVISOR OF SHIPBUILDING USN

CITY, STATE, ZIP: SEATTLE WA 98115-5003

C. LEGAL OWNER OF SITE

NAME: CASCADE GENERAL INC

STREET:

P.O. BOX: 4367

CITY, STATE, ZIP: PORTLAND OR 97208

D. CONTACT AT THE SITE

NAME: DANNY E PIPER

TITLE: SAFETY MANAGER

TELEPHONE: 206 526 3378 (WITH AREA CODE)

E. STANDARD INDUSTRIAL CODE (SIC)

(REFER TO ENCLOSED SIC LISTING)

PRIMARY: 3731
SECONDARY: 3732

5/23/90
#2589
cc: ~~EPA~~
NWR
Gen

F. SITE CLASSIFICATION

(SEE INSTRUCTIONS FOR EXPLANATION)

IDENTIFY ONE CATEGORY FOR EACH "TYPE"

(MARK ONE BOX ON EACH LINE)

	PRIVATE	FEDERAL	STATE	COUNTY	DISTRICT	MUNICIPAL	INDIAN
OWNER TYPE	X						
OPERATOR TYPE		X					
PROPERTY TYPE	X						

6. TYPE OF HAZARDOUS WASTE ACTIVITY

(MARK ALL APPROPRIATE BOX(ES))

YES [X] NO [ ] A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY)
- 1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
  - [X] a. FOR OWN WASTE ONLY
  - [ ] b. FOR COMMERCIAL PURPOSES
- 2. MODE OF TRANSPORTATION
  - [ ] a. AIR [ ] b. RAIL [X] c. HIGHWAY [ ] d. WATER [ ] e. OTHER

YES [X] NO [ ] B. HAZARDOUS WASTE GENERATOR

YES [ ] NO [ ] C. HAZARDOUS WASTE TREATMENT (NOTE: PERMIT MAY BE REQUIRED.)

YES [ ] NO [ ] D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.)

YES [ ] NO [ ] E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.)

YES [ ] NO [ ] F. HAZARDOUS WASTE RECYCLER
- [ ] 1. On-site [ ] 2. Off-site

YES [ ] NO [ ] G. MARKET OR BURN HAZARDOUS WASTE FUELS
(MARK APPROPRIATE BOXES)
- [ ] 1. GENERATOR MARKETING TO BURNER
- [ ] 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)

TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
- [ ] a. UTILITY BOILER
- [ ] b. INDUSTRIAL BOILER
- [ ] c. INDUSTRIAL FURNACE
- [ ] d. OTHER (PLEASE SPECIFY): _____

YES [ ] NO [ ] H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES)
- [ ] 1. GENERATOR MARKETING TO BURNER
- [ ] 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
- [ ] 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
- [ ] 4. BURNER OF OFF-SPECIFICATION USED OIL (INDICATE TYPE OF COMBUSTION DEVICE)

TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
- [ ] a. UTILITY BOILER
- [ ] b. INDUSTRIAL BOILER
- [ ] c. INDUSTRIAL FURNACE
- [ ] d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K	K	K	K	F	F	F001	F
P	P	P	P	U	U	U	U

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

- [X] IGNITABLE (D001)
- [X] CORROSIVE (D002)
- [ ] REACTIVE (D003)
- [ ] EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:)

[ ] D004	[ ] D008	[ ] D012	[ ] D016
[ ] D005	[ ] D009	[ ] D013	[ ] D017
[ ] D006	[ ] D010	[ ] D014	
[ ] D007	[ ] D011	[ ] D015	

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

[ ] X 001 [ ] X 002 [ ] X [ ][ ][ ] [ ] X [ ][ ][ ] [ ] X [ ][ ][ ] [ ] OTHER (PLEASE SPECIFY) _____
USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

[ ] FRG (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
- generate 2,200 or more pounds of spill cleanup debris
- generate more than 2.2 pounds of acutely hazardous waste
- generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
- accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site

[X] SQG (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
- generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
- accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site

[ ] CEG (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
- generate 220 pounds or less of spill cleanup debris containing hazardous waste
- generate 2.2 pounds or less of acutely hazardous waste
- accumulate, at any time, up to 2,200 pounds of hazardous waste on-site

(NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

9. CERTIFICATION

SIGNATURE Danny E. Piper

DANNY E. PIPER	SAFETY & OCCUPATIONAL HEALTH MANAGER	5-17-90
NAME (please print or type)	OFFICIAL TITLE	DATE SIGNED

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

NEIL GOLDSCHMIDT
GOVERNOR

Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1390 PHONE (503) 229-5696

April 16, 1990

Cascade General, Inc
P O Box 4367
Portland, OR 97208
Attn: Loy Kahler, President

Re: Hazardous Waste Registration
Notification Update
ORD097005425

Dear Mr Kahler:

Would you be kind enough to update information with regard to the Dillingham Ship Repair site identified by the above captioned EPA number. Our files indicate Dillingham applied for, received and used this number for the site located at 5555 North Channel Avenue, Portland Oregon until the time its properties and operations were sold to Cascade General, Inc., in August 1987. If Cascade is using the site and number, it needs to notify EPA of this change in ownership. If it is not using this number or site, it needs to cancel the site specific number.

The Oregon Hazardous Waste Notification form should be used to provide the Department with updated information about a site. This may include, for example, a change of name or ownership of the company located on the site, or the waste type generated. The EPA number always stays with the site indicated on the form under physical location of site (question #5).

If your company has moved to or acquired a new site, please enter the new site location and indicate that you wish to obtain an ID Number for your new location. Be sure to request cancellation of the number associated with your company's old site if it no longer owns the site or generates or stores hazardous waste on that site. Distinction between present and previous site owners is made through the application/cancellation process of both parties.

RECEIVED
MAY 25 1990
WASTE MANAGEMENT BRANCH

The packet includes:

- "DEQ Hazardous Waste Fact Sheet For Oregon Generators" - this fact sheet gives an overview of hazardous waste generation and management.

- 2 copies of the Notification of Hazardous Waste Activity form and instructions - complete and return 1 copy for each different site to:

  Department of Environmental Quality
  Hazardous Waste Section
  811 SW Sixth Avenue
  Portland, OR 97204
  Attn: Susan Eidman

  Be sure to keep a copy for your files.

- DEQ "Seven Steps for Indentifying Hazardous Wastes" - this booklet will help you determine your generator status and the type of waste you generate.

- A booklet from the U.S. Environmental Protection Agency, which contains information about hazardous waste regulations

- Generator fee and reporting requirements from the Oregon Administrative Rules.

This information has been provided to assist you in completing the Notification form. If you need further assistance or information, please contact the DEQ's Hazardous Waste Section, (503) 229-6511, or toll-free in Oregon, 1-800-452-4011.

Thank you for your attention to this matter.

Sincerely,

Susan Eidman

Susan Eidman
Hazardous Waste

RECEIVED
MAY 25 1990
WASTE MANAGEMENT BRANCH

Enclosures

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.: OCD 8 EPA Lo...

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Dillingham Ship Repair
P.O. Box 4367
Portland, OR 97208

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	APPROVED	DATE RECEIVED (yr., mo., & day)
F ORD009760542 5 T/A C 1		811110

I. NAME OF INSTALLATION

DILLINGHAM SHIP REPAIR

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 4367

CITY OR TOWN: 4 PORTLAND — ST.: OR — ZIP CODE: 97208

RECEIVED MAY 25 1990

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 5555 N CHANNEL AVE

CITY OR TOWN: 6 PORTLAND — ST.: OR — ZIP CODE: 97217

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 HERNANDEZ SCOTT LOSS CONTROL

PHONE NO. *(area code & no.)*: 503-285-1111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DILLINGHAM CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] 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.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete Item C)*

C. INSTALLATION'S EPA I.D. NO.: ORD009760542 5

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

1	2		13	14	15
W					1

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	8	9	10	11	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	20	21	22	23	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: U159	32: U165	33: U220	34: U239	35	36
37	38	39	40	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)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 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
[illegible]	Vice President	11-4-81

EPA Form 8700-12 (6-80) REVERSE

DETACH

RECEIVED MAY 25 1990 WASTE MANAGEMENT BRANCH

811 SW SIXTH AVE. PORTLAND, OREGON 97204

NEIL GOLDSCHMIDT
GOVERNOR

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT
BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED
THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN

-102-012

ONLY
2-89
VED

Mr. Piper says this is address site owner (Northwest Marine) gave him. I said this is address of West Stale Inc, another site he will be registering later, — I am asking NW Marine what their correct address is — will notify you —

RECEIVED
MAY 17 1990
Hazardous & Solid Waste Division
Department of Environmental Quality

RECEIVED
MAY 25 1990
WASTE MANAGEMENT BRANCH

1. NAME OF SITE

NAME: SUPERVISOR OF SHIPBUILDING USN

☐ **2. DO NOT GENERATE HAZARDOUS WASTE** DELETE NAME
(CHECK BOX IF APPLICABLE) COMPLETE SECTION 5

3. DEQ/EPA IDENTIFICATION NUMBER

IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER

ENTER HERE
(12 digit number)

4. REASON FOR NOTIFICATION

(MARK ONE BOX ONLY)
REQUEST IS TO

- ☒ 1. OBTAIN DEQ/EPA ID NUMBER
- ☐ 2. WITHDRAW DEQ/EPA ID NUMBER
- ☐ 3. CANCEL DEQ/EPA ID NUMBER
- ☐ 4. REACTIVATE DEQ/EPA ID NUMBER
- ☐ 5. UPDATE NOTIFICATION INFORMATION

5. SITE INFORMATION

5/21/90 as per phone msg Piper

A. PHYSICAL LOCATION OF SITE

STREET ADDRESS: ~~5555~~ 6000 N Channel Ave N CHANNEL AVE

COUNTY: MULTNOMAH

CITY, STATE, ZIP: PORTLAND OR 97203

B. MAILING ADDRESS OF SITE

STREET/P.O. BOX: SUPERVISOR OF SHIPBUILDING USN

CITY, STATE, ZIP: SEATTLE WA 98115-5003

C. LEGAL OWNER OF SITE

NAME: NORTHWEST MARINE Iron Works

STREET: 6000 5555 N CHANNEL AVE BLDG 2

P.O. BOX: 3109

CITY, STATE, ZIP: PORTLAND OR 97203

D. CONTACT AT THE SITE

NAME: DANNY E. PIPER

TITLE: SAFETY MANAGER

TELEPHONE: 2065263378 (WITH AREA CODE)

E. STANDARD INDUSTRIAL CODE (SIC)

(REFER TO ENCLOSED SIC LISTING)

PRIMARY: 3731

SECONDARY: 3732

5/23/90 #2590 CC: ~~EPA~~ NWR Gen

F. SITE CLASSIFICATION

(SEE INSTRUCTIONS FOR EXPLANATION)

IDENTIFY ONE CATEGORY FOR EACH "TYPE"

(MARK ONE BOX ON EACH LINE)

	PRIVATE	FEDERAL	STATE	COUNTY	DISTRICT	MUNICIPAL	INDIAN
OWNER TYPE	X						
OPERATOR TYPE		X					
PROPERTY TYPE	X						

5

6. TYPE OF HAZARDOUS WASTE ACTIVITY

(MARK ALL APPROPRIATE BOX(ES))

YES NO
☒ ☐ A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY)
1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
☒ a. FOR OWN WASTE ONLY
☐ b. FOR COMMERCIAL PURPOSES
2. MODE OF TRANSPORTATION
☐ a. AIR ☐ b. RAIL ☒ c. HIGHWAY ☐ d. WATER ☐ e. OTHER

YES NO
☒ ☐ B. HAZARDOUS WASTE GENERATOR

YES NO
☐ ☐ C. HAZARDOUS WASTE TREATMENT (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.)

YES NO
☐ ☐ F. HAZARDOUS WASTE RECYCLER
☐ 1. On-site ☐ 2. Off-site

YES NO
☐ ☐ G. MARKET OR BURN HAZARDOUS WASTE FUELS
(MARK APPROPRIATE BOXES)
☐ 1. GENERATOR MARKETING TO BURNER
☐ 2. OTHER MARKETER
☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)
TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
☐ a. UTILITY BOILER
☐ b. INDUSTRIAL BOILER
☐ c. INDUSTRIAL FURNACE
☐ d. OTHER (PLEASE SPECIFY): _____

YES NO
☐ ☐ H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES)
☐ 1. GENERATOR MARKETING TO BURNER
☐ 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
☐ 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
☐ 4. BURNER OF OFF-SPECIFICATION USED OIL
(INDICATE TYPE OF COMBUSTION DEVICE)
TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
☐ a. UTILITY BOILER
☐ b. INDUSTRIAL BOILER
☐ c. INDUSTRIAL FURNACE
☐ d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K	K	K	K	F	F	F001	F
P	P	P	P	U	U	U	U

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

☒ IGNITABLE (D001)
☒ CORROSIVE (D002)
☐ REACTIVE (D003)

☐ EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:)

☐ D004	☐ D008	☐ D012	☐ D016
☐ D005	☐ D009	☐ D013	☐ D017
☐ D006	☐ D010	☐ D014	
☐ D007	☐ D011	☐ D015	

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

☐ X 001 ☐ X 002 ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ OTHER (PLEASE SPECIFY) _____
USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

☐ FRG (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
- generate 2,200 or more pounds of spill cleanup debris
- generate more than 2.2 pounds of acutely hazardous waste
- generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
- accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site

☒ SQG (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
- generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
- accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site

☐ CEG (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
- generate 220 pounds or less of spill cleanup debris containing hazardous waste
- generate 2.2 pounds or less of acutely hazardous waste
- accumulate, at any time, up to 2,200 pounds of hazardous waste on-site

(NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

9. CERTIFICATION

SIGNATURE Danny E. Piper

DANNY E. PIPER	SAFETY & OCCUPATIONAL HEALTH MANAGER	5-17-90
NAME (please print or type)	OFFICIAL TITLE	DATE SIGNED

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

Please print or type with ELITE type (12 characters/in) in the unshaded areas only. No. 0246-EPA-01

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

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 ORD980665368 T/A 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 811104

I. NAME OF INSTALLATION

NORTHWEST MARINE IRON WORKS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 BOX 3109

CITY OR TOWN: 4 PORTLAND ST.: OR ZIP CODE: 97208

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 6000 N CHANNEL AVENUE

CITY OR TOWN: 6 PORTAND ST.: OR ZIP CODE: 97217

RECEIVED MAY 25 1990 WASTE MANAGEMENT BRANCH

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 FLYNN JACK SAFETY SUPERVISOR

PHONE NO. *(area code & no.)*: 503-285-7557

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 NORTHWEST MARINE IRON WORKS INC

DETACH

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)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] 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.

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

C. INSTALLATION'S EPA I.D. NO.: ORD980665368

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W														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	8	9	10	11	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	20	21	22	23	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 U159	32 U165	33 U220	34 U239	35	36
37	38	39	40	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.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 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
	J.G. Flynn Safety Supervisor	11-2-81

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 → ORD 097005425

Dillingham Ship Repair
PO Box 4367
Portland, OR 97208

INSTALLATION ADDRESS → 5555 N Channel Av
Portland, OR 97217

EPA Form 8700-12B (4-80)

811224

[redacted]

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.: DEQ & EPA General

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Dillingham Ship Repair
P.O. Box 4367
Portland, OR 97208

RECEIVED
NOV 9 1981
PROGRAM DEVELOPMENT SECTION

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).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F ORD097005425 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 811106

I. NAME OF INSTALLATION

DILLINGHAM SHIP REPAIR

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 4367

CITY OR TOWN: 4 PORTLAND

ST.: OR

ZIP CODE: 97208

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 5555 N CHANNEL AVE

CITY OR TOWN: 6 PORTLAND

ST.: OR

ZIP CODE: 97217

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 7 HERNANDEZ SCOTT LOSS CONTROL

PHONE NO. *(area code & no.)*: 503-285-1111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DILLINGHAM CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] 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.

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

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

IX. DESCRIPTION OF HAZARDOUS WASTES

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

CONTINUE ON REVERSE

RECEIVED
NOV 9 1981
PROGRAM DEVELOPMENT SECTION

I.D. – FOR OFFICIAL USE ONLY			
S		T/A	C
W			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	8	9	10	11	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	20	21	22	23	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	32	33	34	35	36
U159	U165	U220	U239		
37	38	39	40	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)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 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
Louis M Brawley	Vice President	11-4-81