**Cranston Plant**

CIBA-GEIGY Corporation
180 Mill Street
Cranston, Rhode Island 02905
Telephone 401 467 8200

CIBA-GEIGY

Ciba-Geigy
RID001194323
R-1A

January 29, 1986

CERTIFIED MAIL

U.S. Environmental Protection Agency
Region 1
J.F.K. Federal Building
Room 1903-HSC
Boston, MA 02203

Attention: Paula Lia

Establishment Number:
R.I. D001194323

Dear Paula:

RE: Notification of Hazardous Waste Activities

Pursuant to the requirements of 50 Federal Regulations 53315, et. seq. 12/31/85, Notification of Hazardous Waste Activity Part A, CIBA-GEIGY is herewith notifying the Agency that it has previously identified wastes F001, F002, F003, F004 and F005 as hazardous wastes from non-specific source in its original Part A application.

It is, therefore, not necessary for CIBA-GEIGY to reapply under Part A. A copy of the original Part A is enclosed to satisfy the Agency's requirement for notification by January 30,1986 referenced above.

Sincerely,

James E. Crowley, Manager
Safety, Health & Environment

JEC/am
Enclosure

cc: Ms. Julie Miller, Engineer
Department of Environmental Management
Division of Air and Hazardous Materials
75 Davis Street
Providence, RI 02908

ENV-6

SEMS DocID 667401

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

Form Approved. OMB No. 158-
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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).*

| | |
|---|---|
| INSTALLATION'S EPA I.D. NO. | RID001194323 |
| NAME OF INSTALLATION | CIBA-GEIGY CORP |
| II. INSTALLATION MAILING ADDRESS | PO BOX 2055<br>PROVIDENCE RI 02905 |
| III. LOCATION OF INSTALLATION | 180 MILL ST<br>~~PROVIDENCE~~ CRANSTON RI 02905 |

## FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F R I D 0 0 1 1 9 4 3 2 3 T/A C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 8 0 0 6 1 8

## I. NAME OF INSTALLATION

CIBA-GEIGY CORPORATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 2055

CITY OR TOWN: 4 PROVIDENCE

ST.: RI

ZIP CODE: 02905

## LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 180 MILL STREET

CITY OR TOWN: 6 CRANSTON

ST.: RI

ZIP CODE: 02905

## IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 CROWLEY JAMES SH&E MANAGER

PHONE NO. *(area code & no.)*: 401-467-8200

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 CIBA-GEIGY CORPORATION ARDSLEY NEW YORK

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

F = FEDERAL
M = NON-FEDERAL

M

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

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete Item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [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.

C continued

I.D. – FOR OFFICIAL USE ONLY

W

## RIPTION OF HAZARDOUS WASTES *(continued from front)*

RDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous from non–specific sources your installation handles. Use additional sheets if necessary.

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| 7 | 8 | 9 | 10 | 11 | 12 |

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 |

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 |
|---|---|---|---|---|---|
| U113 | U122 | U123 | U133 | U147 | U151 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| U154 | U159 | U160 | U161 | U162 | U165 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| U188 | U194 | U196 | U211 | U219 | U220 |

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 |
|---|---|---|---|---|---|

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)

## 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 |
|---|---|---|
| | | |

PA Form 8700-12 (6-80) REVERSE

C. Continued on another sheet.

I.D. – FOR OFFICIAL USE ONLY

W

## 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 F001 | 2 F002 | 3 F003 | 4 F004 | 5 F005 | 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 P005 | 32 P053 | 33 P054 | 34 P095 | 35 U002 | 36 U003 |
| 37 U008 | 38 U009 | 39 U012 | 40 U031 | 41 U037 | 42 U041 |
| 43 U044 | 44 U052 | 45 U056 | 46 U070 | 47 U092 | 48 U103 |

**D. LISTED INFECTIOUS WASTES.** Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 49 | 50 | 51 | 52 | 53 | 54 |

**E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001) [X] 2. CORROSIVE (D002) [X] 3. REACTIVE (D003) [X] 4. TOXIC (D000)

## X. CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

| SIGNATURE | NAME & OFFICIAL TITLE *(type or print)* | DATE SIGNED |
|---|---|---|
| | | |



C. Continued on another sheet.

on C continued

I.D. – FOR OFFICIAL USE ONLY

W

## RIPTION OF HAZARDOUS WASTES *(continued from front)*

RDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous s from non–specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

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 |

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical sub-stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 31 U228 | 32 U239 | 33 D011 | 34 U007 | 35 U025 | 36 U226 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

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 |

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)

## 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 |
|---|---|---|
| Claude H. Trottier | CLAUDE H. TROTTIER<br>PLANT MANAGER | AUGUST 1, 1980 |

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION I
BOSTON, MASSACHUSETTS 02203

## RECEIPT FOR COURIER DELIVERY

TO: (Addressee) Paula Fria FEB 4 1987
HSC
1903

Please acknowledge receipt of the
CHECK ☐ LETTER ☒ PACKAGE ☐ OTHER ☐
indicated below:
(SENDER): ______

## SHIPMENT IDENTIFICATION

☐ AIRBORNE # ______ ☐ DHL# ______
☐ EXPRESS MAIL # ______
☐ FEDERAL EXPRESS # ______
☐ UPS # ______ ☐ EMERY# ______
☒ US POSTAL-CERTIFIED # 128406716
☐ US POSTAL-REGISTERED # ______
☐ OTHER (Specify) ______ # ______

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RECEIVED BY: ______ ______
(Signature) (Date)