

IMAGE QUALITY

AS YOU VIEW THE FOLLOWING  
DOCUMENT, PLEASE NOTE THAT  
PORTIONS OF THE ORIGINAL WERE OF  
POOR QUALITY

Is it a tank?

ENVIRONMENTAL PROTECTION AGENCY

AMMO -- Informal Memo

Date: 9/17/81

TO: JOHN Harvanek

Subject: Moreland McKesson Chemical

Part A is ~~in~~ incomplete and confusing.

1. Process Design Capacity Page 1 of 5 shows storage in a tank of 200 gpd.
2. Description of HW page 3 of 5 shows characteristically corrosive HW of ~~230~~ 230 ~~TPY~~ with no process code.

Therefore we cannot evaluate request because ~~it~~ it does not agree with incomplete facts in Part A. Also, notification indicates Commercial Chemical Hazardous waste are handled. Please clarify.

FROM:

Dan Lane

Moreland McKesson Chemical  
Company

Foremost-McKesson  
Chemical Group  
Drawer 2169  
Spartanburg, SC 29304  
803 583 8481

000759

RECEIVED  
EPA REGION IV

FLD020985727

June 10, 1981



Mr. Paul Keith  
EPA Region IV  
RCRA Activities  
345 Courtland Street, N. E.  
Atlanta, Georgia 30365

Delek ILC  
Withdraw Part A  
& Merge

Dear Mr. Keith:

Per our conversation, please withdraw our application for our location in Tampa, Florida as submitted on EPA Form 3. (face copy attached) The original application was for treatment facility which is simple pH adjustment and neutralization system that we have to adjust wastewater before discharge to POTW.

As subject facility was exempt from necessity of registration by an amendment in the Federal Register on or about November 19, 1980, we should like to remove this simple pH adjustment facility from registration and withdraw our application from same.

Yours very truly,

MCKESSON CHEMICAL COMPANY

J. H. Foster  
Regional Operations Manager

JHF/jc  
Attachment



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FLD020985727	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				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.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

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'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		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			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 Moreland McKesson Company

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 Thomas, Emory	Manager	813	6777 8414

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 Route 3	Box 498A	Tampa	FL	33619	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 6051	Highway 41A South	Hillsborough	Tampa	FL	33619			

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

A. FIRST				B. SECOND			
7	5	1	6	7			
(specify)				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?					
8 Moreland McKesson Company												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)					
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE												803 583 8481					
E. STREET OR P.O. BOX																	
PO Box 2169																	
F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B Spartanburg												SC		29304		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												I 0 2 9 - 5 8 1 8 DER, Florida											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R												(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. 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)

Surface water at this location is trapped in underground containment tanks where the pH is adjusted; if necessary, before the water is carried to the sewer system. To anticipate the possibility of an accidental spill which might result in trace quantities of a hazardous material being present in the containment system, we have elected to list this location as a treatment facility.

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	
W.D. Bain, Jr. Regional Vice President				11/13/80	

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

<b>FORM</b> <b>3</b> <b>RCRA</b>	 <b>EPA</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	<b>EPA I.D. NUMBER</b> <table border="1" style="width: 100%;"><tr><td>S</td><td>F</td><td>L</td><td>P</td><td>0</td><td>2</td><td>0</td><td>9</td><td>8</td><td>5</td><td>7</td><td>2</td><td>7</td><td>T/A</td><td>C</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr></table>	S	F	L	P	0	2	0	9	8	5	7	2	7	T/A	C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
S	F	L	P	0	2	0	9	8	5	7	2	7	T/A	C																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																			

<b>FOR OFFICIAL USE ONLY</b>		<b>COMMENTS</b>													
<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED (yr., mo., &amp; day)</b>														
<table border="1" style="width: 100px;"><tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr></table>	23	24	25	26	27	28	29	<table border="1" style="width: 100px;"><tr><td>yr.</td><td>mo.</td><td>day</td></tr><tr><td>77</td><td>02</td><td>21</td></tr></table>	yr.	mo.	day	77	02	21	
23	24	25	26	27	28	29									
yr.	mo.	day													
77	02	21													

**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.)

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

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

**FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN**

<b>C</b>	<b>YR.</b>	<b>MO.</b>	<b>DAY</b>
8	77	02	21
13	73	74	75
14	76	77	78

**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	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			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
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			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
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.

<b>DUP</b>															<b>T/A</b>		<b>C</b>			
															13		14		15	
<b>LINE NUMBER</b>	<b>A. PROCESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>						<b>FOR OFFICIAL USE ONLY</b>	<b>LINE NUMBER</b>	<b>A. PROCESS CODE (from list above)</b>	<b>B. PROCESS DESIGN CAPACITY</b>						<b>FOR OFFICIAL USE ONLY</b>			
		<b>1. AMOUNT (specify)</b>									<b>1. AMOUNT</b>									
		<b>2. UNIT OF MEASURE (enter code)</b>								<b>2. UNIT OF MEASURE (enter code)</b>										
X-1	S 0 2	600						G	5											
X-2	T 0 3	20						E	6											
1	S 0 2	200						U	7											
2									8											
3									9											
4									10											

**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:

- 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.
- 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.
- 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 HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W F L D 0 2 0 9 8 5 7 2 7 T/A C 1													W DUP T/A C 2 DUP													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
WASTE 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)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	0	2	230				T										Total wash water & surface water							
2																										
3																										
4																										
5																										
6																										
7																										
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26																										



IV. DESCRIPTION OF HAZARDOUS WASTE

ntinued)

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

EPA I.D. NO. (enter from page 1)											
9	8	7	6	5	4	3	2	1	0	9	8
F	F	L	D	0	2	0	9	8	5	7	2
1	2	3	4	5	6	7	8	9	0	1	2

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)								
2	7	5	2	0	3	4	0	8	2	2	3	0	0	5
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79


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

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) W. D. Bain, Jr. Regional Vice-President	B. SIGNATURE 	C. DATE SIGNED 11-18-80
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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
-------------------------	--------------	----------------



RECEIVED  
PLEASE PLACE LABEL IN THIS SPACE

SEP 13 12 02 PM '66  
RECEIVED - MONT

## COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)		
5													T/A	C				
F														1				
1	2												13	14	15	16	17 22	

[illegible]

## STREET OR P.O. BOX

[illegible]

CITY OR TOWN															ST.		ZIP CODE			
C																				
4	T	a	m	p	a										FL	3	3	6	1	9
15	16														40	41	42	43	-	51

## STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST.	ZIP CODE								
C																								
6	T	a	m	p	a											FL	3	3	6	1	9			
15	16														40	41	42	43	44	45	46	47	48	49

## NAME AND TITLE (last, first, &amp; job title)

[illegible]

**A. NAME OF INSTALLATION'S LEGAL OWNER**

8	M	o	r	e	l	a	n	d		M	c	K	e	s	s	o	n		C	h	e	m	i	c	a	l		C	o	m	p	a	n	y		I	n	c	.
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---

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

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

F = FEDERAL  
M = NON-FEDERAL

## **X A. GENERATION**

☒ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/~~SYMPT~~/DISEASE

#### **D. UNDERGROUND INJECTION**

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

☐ 41 A. AIR      ☐ 42 B. RAIL      ☒ 43 C. HIGHWAY      ☐ 44 D. WATER      ☐ 45 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.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

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

C. INSTALLATION'S EPA I.D. NO. \_\_\_\_\_[illegible]

**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		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
7			8			9			10			11			12		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
U 0 0 2	U 2 2 6	U 2 1 0	U 2 2 8	U 0 3 1	U 0 5 7
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 0 6 9	U 1 1 2	U 1 2 2	U 1 5 4	U 1 5 9	U 1 6 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 2 0	U 2 3 9				
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	<b>49</b>			<b>50</b>			<b>51</b>			<b>52</b>			<b>53</b>			<b>54</b>			
	23	-	26		23	-	26		23	-	26		23	-	26		23	-	26

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

**4. TOXIC**  
**(D000)**

*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)	
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G. N. Butter, Technical Director  
McKesson Chemical Company

DATE SIGNED

8-14-80