

Lawton Chiles, Governor

Carol M. Browner, Secretary

TRANSFER FACILITY NOTIFICATION FORM

This form must be completed as required in Florida Administrative Code Rule 17-730.171(3) by transfer facilities storing hazardous waste in accordance with Florida Administrative Code Rule 17-730.171. All information must be typed or printed clearly.

I. Transporters Identification:

Company Name Van Waters & Rogers Inc.

EPA ID No. FLD 020 985 727

Company Mailing Address 6049 Highway 41A South

Tampa, FL 33619

Principal Contact Wayne Toth

Phone Number (813) 677-8414

RECEIVED

FEB 4 1964

HAZARDOUS WASTE

II. Transfer Facility Identification:

Name of Facility Van Waters & Rogers Inc.

Street Address 6049 Highway 41A South

Tampa, FL 33619

Latitude $27^{\circ}52' 03.2''$ Longitude $82^{\circ}23' 00.5''$

County Hillsborough

Waste Codes *

Storage Volume 5280 Gallons

* All RCRA Listed and characteristic except D003 or Radioactive wastes.

RECEIVED
FEB 08 1994

FEB 08 1994

DER FORM 17-730.900(6)
Effective October 14, 1992

Department of Environmental Protection
SOUTHWEST DISTRICT
TRANSFER AND NOTIFICATION FORM
BY _____ Page 1 of 2

III. Certification

I CERTIFY UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. AS THE OWNER OR OPERATOR OF THE ABOVE REFERENCED HAZARDOUS WASTE TRANSFER FACILITY, I ALSO CERTIFY THAT THIS FACILITY IS IN COMPLIANCE WITH ALL PROVISIONS OF FAC 17-730.171.

Walter T. Goossen

Regional Regulatory Manager

PRINT/TYPE NAME

TITLE

W.T. Goosse

January 27, 1994

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE SIGNED

Please complete this form and mail to the following address:

Florida Department of Environmental Regulation
Hazardous Waste Management Section
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Comp



Lawton Chiles
Governor

Florida Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619
813-744-6100

Virginia B. Wetherell
Secretary

November 16, 1993

Mr. Wayne Toth
Van Waters & Rogers, Inc.
Route 3, Box 498-A
6049 Old Highway 41A
Tampa, FL 33619

Re: Warning Letter #93-0076HW29SWD
Hillsborough County

Dear Mr. Toth:

A review of the file for the referenced case indicates that all the violations cited in the Warning Letter have been corrected. Thank you for your cooperation. This enforcement action is now closed.

Sincerely,

A handwritten signature in cursive script, appearing to read "William Kutash".

William Kutash
Administrator
Division of Waste Management

WK/tjr

cc: Janet Ashwood, BWP&R
Alan Farmer, USEPA, Region IV
Compliance File



Florida Department of
Environmental Protection

Lawton Chiles

Governor
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619
813-744-6100

Virginia B. Wetherell
Secretary

NOV 1 1993

Van Waters & Rogers Inc.
Route 3, Box 498-A
6049 Old Highway 41A
Tampa, FL 33619

Attn: Wayne Toth

WARNING LETTER #WL93-0076HW29SWD

RE: Van Waters & Rogers Inc.
FLD020985727, Hillsborough County

Dear Mr. Toth:

A hazardous waste compliance inspection was conducted at your facility on October 19, 1993. This inspection was conducted under the authority of Section 403.091, Florida Statutes, and Chapter 403, Part IV, Florida Statutes, in order to determine the compliance status of your facility with Title 40 Code of Federal Regulations Parts 260 through 268, as adopted in Florida Administrative Code Chapter 17-730.

During this inspection, possible violations of rules regarding hazardous waste management were noted. These possible violations are described as follows:

Failure to inspect hazardous waste storage areas at least weekly.

Failure to develop and implement a written schedule for inspecting all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment associated with the hazardous waste transfer area.

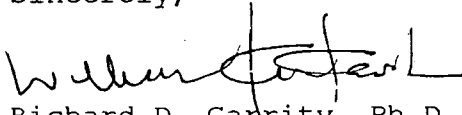
You are requested to contact Timyn J. Rice of this office at (813) 744-6100, ext. 473, within 10 calendar days of receipt of this Warning Letter, to arrange a meeting with Department personnel to discuss the issues raised in this Warning Letter.

PLEASE BE ADVISED that this Warning Letter is part of an agency investigation preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. The purpose of this letter is to advise you of potential violations and to set up a meeting to discuss possible resolutions to any potential violations that may have occurred for which you may be responsible. If after further investigation, the Department determines that the violation occurred, you may resolve the violations by correcting the violations or, in some cases, by providing an acceptable time schedule within which the violations will be corrected.

Van Waters & Rogers Inc.
WARNING LETTER #WL93-0076HW29SWD

Failure to respond in writing in 10 days may result in the initiation of a formal administrative enforcement proceedings through the issuance of a Notice of violation and the assessment penalties. If the Department issues a Notice of Violation, and you are named as a party, you will be informed of your rights to contest any determination made by the Department in the Notice of Violation.

Sincerely,


for Richard D. Garrity, Ph.D.
Director of District Management
Southwest District

RDG/tjr

Enclosure

cc: Janet Ashwood, BWP&R
Alan Farmer, USEPA, Region IV
Compliance File



Lawton Chiles
Governor

Florida Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619
813-744-6100

Virginia B. Wetherell
Secretary

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION TYPE: COMPLAINT XROUTINE FOLLOW-UP PERMITTING
FACILITY NAME: Van Waters & Rogers Inc. DEP/EPA ID FLD020985727
STREET ADDRESS: 6049 Old Hwy. 41A, Tampa, FL
MAILING ADDRESS: Route 3, Box 498-A, 6049 Old Hwy. 41A, Tampa, FL 33619
COUNTY: Hills PHONE: (813)677-8414 DATE: 10/19/93 TIME: 1:30 pm

TYPE OF FACILITY

| | | |
|------------------------------------|---------------------------------|---------------------------------|
| Generator | Storage | Treatment |
| <u> </u> Generator(>1000 kg/mo) | <u> </u> Container | <u> </u> Tank |
| <u>X</u> SQG (100-1000 kg/mo) | <u> </u> Tank | <u> </u> Land Treatment |
| <u> </u> CESQG (<100 kg/mo) | <u> </u> Waste Pile | <u> </u> Thermal |
| | <u> </u> Surface Impoundment | <u> </u> Chem/Phys/Bio |
| Transporter | | <u> </u> Incinerator |
| <u>X</u> Transporter | Disposal | <u> </u> Surface Impoundment |
| <u>X</u> Transfer Facility | <u> </u> Landfill | <u> </u> Exempt Off-Site |
| | <u> </u> Surface Impoundment | |
| <u> </u> Non Handler | <u> </u> Waste Pile | <u> </u> Used Oil |

2. Applicable Regulations:

 40 CFR 261.5 X 40 CFR 262 X 40 CFR 263 40 CFR 264
X 40 CFR 265 40 CFR 266 X 40 CFR 268 X 17-730 F.A.C.

3. Responsible Officials:

Wayne Toth, Branch Operations Manager

4. Survey Participants and Principal Inspector:

Timyn J. Rice - FDEP
Wayne Toth - Van Waters & Rogers

5. Facility Latitude: Longitude:

27°52'03"

82°23'01"

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit No.: n/a Date Issued: Exp. Date:

8. Process Description:

Van Waters & Rogers (VW&R) is a chemical manufacturer and distributor. The Tampa facility operates as a warehouse distribution center for industrial chemicals and solvents and agricultural, pesticides, herbicides and fertilizers. Several solvent products are repackaged for distribution from bulk storage. The facility also manufactures chlorine bleach and operates as a transfer facility in the transport of hazardous waste.

The manufacture of chlorine bleach takes place in a separate building and does not result in the production of any hazardous waste. Excess chlorine vented from filling tanks is mixed with caustic to produce the bleach. VW&R paints the chlorine cylinders with latex paint. Any enamel painting is done with spray cans that are used until empty.

The bulk solvent tanks all have dedicated pumps and piping so that no waste is generated from flushing the lines. One non-dedicated line generates flushing waste from time to time. At the time of inspection, three drums of D002 waste from flushing were being stored in the 180 day storage area. The date of accumulation on these drums was 7/1/93.

VW&R also operates as a hazardous waste transporter. The Tampa facility is used as a transfer facility. Transfer waste is stored for no longer than 10 days in a designated area of the warehouse before being shipped back out. At the time of inspection there were eight drums of paint waste in the transfer area. A computerized log of transfer waste is kept which is a record of all waste entering and leaving the facility. The record includes the date the waste was shipped in, the generator, the generator's EPA ID number, the manifest document number, and the date the waste was shipped out. A review of the log indicated that all waste had been shipped out before the 10 day storage limit had expired.

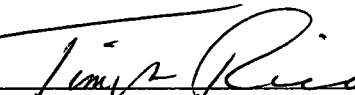
A review of the manifests, contingency plan, closure plan, arrangements with local authorities, and training records showed them to be complete and well organized. However, VW&R has not been documenting weekly inspections of the hazardous waste storage areas per 40 CFR 265.174. Blank weekly waste storage inspection logs were immediately available and the inspection policy was immediately implemented. Also, VW&R had not developed and followed a written schedule for inspecting all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment in the transfer area per 17-730.171 F.A.C.

9. Summary of Violations:

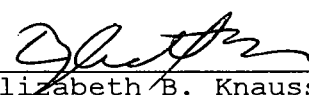
40 CFR 265.174 Failure to inspect areas where hazardous waste containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors.

17-730.171(2)(a) Failure to develop and follow a written schedule
(40 CFR 265.15) for inspecting all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment in the transfer area.

Inspected: _____


Timyn J. Rice
Environmental Specialist II

Approved: _____


Elizabeth B. Knauss
Environmental Specialist III

Date: _____

10/24/03

PENALTY COMPUTATION WORKSHEET

Violator's Name: Van Waters & Rogers Inc.

Identify Violator's Facility: same

Name of Department Staff Responsible for the Penalty Computations:
Timyn Rice

Date: October 25, 1993

PART I - Class B (no penalty) Determination

Rationale for Class B Determination: 40 CFR 265.174 - VW&R had inspected the storage areas regularly but failed to document the inspections. Inspection logs were available and the inspection policy was immediately implemented. 40 CFR 265.15 - Although all safety equipment, security devices, etc. are inspected periodically, VW&R did not have a specific plan for the hazardous waste transfer area. The plan is in development and will be implemented immediately.

PART II - Class A Penalty Determinations

| Violation Type | Potential for Harm | Extent of Dev. | Matrix Amount | Multi day | Adjustments | Total |
|-------------------|-----------------------|-------------------|------------------|--------------|-------------|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |

Total Penalties for all Violations: \$

(Attach Part III for each violation for which an adjustment
on multi-day penalty is determined.)

Date 10/19/93
Inspector T RICE
Facility ID# PLD020985727

RCRA INSPECTION REPORT
SMALL QUANTITY GENERATOR'S CHECKLIST

Note: On multiple part questions, check those not in compliance.

Section A - Site Identification

1. Site Name: VAN DATERS & ROGERS, INC.

Section B - Hazardous Waste Determination (262.11)

1. Does generator generate hazardous waste(s) listed in Subpart D (261.30-261.33 - List of Hazardous Waste)? Yes ☒ No

a. If yes, list wastes, EPA numbers & quantities. _____

2. Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity, 261.20-261.24 - Characteristics of Hazardous Waste) ☒ Yes No

a. If yes, list wastes, EPA numbers, and quantities. DOOZ. STRONG ACIDS
AND BASES GENERATED PERIODICALLY

b. Does generator determine characteristics by testing, by product knowledge, or by applying process knowledge? ☒ Yes No

(1) If determined by testing, did generator use test methods in Part 261, Subpart C (or equivalent)? ☒ Yes No

(2) If equivalent test methods used, attach copy of the test methods used.

Section C - Manifest (262.20-.23)

1. Has generator shipped hazardous waste off-site since September 22, 1986? (Subpart B - The Manifest) ☒ Yes No

a. If no, do not fill out Section C and D.

b. If yes, identify primary off-site facilities.
List facilities in narrative report.

2. Does generator use manifest? (262.20 - General requirements) ☒ Yes ☐ No
- Is EPA Form 8700-22 (Rev 9-88) used? ☒ Yes ☐ No
- If no, does the generator qualify for the contractual agreement exemption? (262.20(e)) ☒ N/A ☐ Yes ☐ No
- If yes, inspect manifest at random. Do all manifests reviewed include the following information?
(262.21 - Required information) (Check items not on manifest.)
- a. Generator EPA ID No. ☒ Yes ☐ No
- b. Manifest Document No. ☒ Yes ☐ No
- c. Generator's Name, Mailing Address, Tel No. ☒ Yes ☐ No
- d. Transporter(s) Name, EPA I.D. No., Telephone No. ☒ Yes ☐ No
- e. Facility Name, Address, and EPA I.D. No., Telephone No. ☒ Yes ☐ No
- f. DOT description of the waste ☒ Yes ☐ No
- g. (1) Containers (number and type) ☒ Yes ☐ No
(2) Total Quantity (weight or volume) ☒ Yes ☐ No
- h. EPA Waste No. ☒ Yes ☐ No
- i. Emergency Information (optional)
(Special handling instruction, Phone No.) ☒ Yes ☐ No
- j. Is the following certification on each manifest form? ☒ Yes ☐ No

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

DATE _____
FACILITY ID _____

k. Signature and dates

(1) Generators ☒ Yes ☐ No
(2) Transporter ☒ Yes ☐ No
(3) Disposer (returned copy) ☒ Yes ☐ No

l. Indicate number of manifests inspected and number of violations. Note type of violation in report. 6
0

m. If copy of manifest from facility was not returned within 60 days, did generator file an exception report? (262.42(b) - Exception reporting) N/A Yes ☐ No

If yes, did it contain the following information?
Legible copy of manifest. N/A Yes ☐ No

and

Cover letter explaining generator's efforts to locate waste. N/A Yes ☐ No

n. Does (will) generator retain copies for 3 years? ☒ Yes ☐ No

Section D - Pre-Transport Requirements (262.30-34) N/A

1. Does generator package waste for transport? ☒ Yes ☐ No

If no, skip to question 8.

If yes, complete the following questions.

2. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? (262.30 - Packaging) ☒ Yes ☐ No

3. Inspect containers to be shipped.

a. Are containers to be shipped in good condition? (Describe containers and condition; i.e., leaking or corroding or bulging.) ☒ Yes ☐ No

b. Is there evidence of heat generation from incompatible wastes in the containers? ☐ Yes ☒ No

4. Before shipping, does the generator use DOT labeling requirements in accordance with 49 CFR 172 (263.31 - Labeling)? ☒ Yes ☐ No

5. Does the generator mark each package in accordance with 49 CFR 172 (262.32 - Marking)? ☒ Yes ☐ No

6. Is each container of 110 gallons or less marked with the following label (262.32 - Marking)? ☒ Yes ☐ No

DATE _____

FACILITY ID _____

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address _____

Manifest Document Number _____

7. If there are any vehicles present on site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet. (262.33 - Placarding)
- a. Does the generator have the appropriate placards to offer the initial transporter? ☒ Yes ☐ No
- b. If no, who provides placards? _____
8. Accumulation Time (262.34 - Accumulation Time)
- a. Is facility a permitted storage facility?
Is yes, skip to question #9. ☐ Yes ☒ No
- If no, answer rest of question #8.
- b. Does the facility comply with the 180-day accumulation limit? (262.34(d)) ☒ Yes ☐ No
- c. Does the facility comply with the 6000 kg. maximum accumulation of hazardous waste? (262.34(d)(1)) ☒ Yes ☐ No
- d. Are containers used to store wastes? (262.34(d)(2)) ☒ Yes ☐ No
- If yes, complete Containers Storage Checklist for Small Quantity Generators.
- Is the beginning date of accumulation time clearly indicated? (262.34(a)(2)) ☒ Yes ☐ No
- e. Are tanks used to store wastes? (262.34(d)(3)) ☐ Yes ☒ No
- If yes, complete Tanks Checklist for Generators.
- f. While being accumulated, is each container or tank clearly marked "Hazardous Waste"? (262.34(a)(3)) ☒ Yes ☐ No

Section E - Recordkeeping and Records (262.40-43)

☐ N/A

Explain _____

DATE _____
FACILITY ID _____

1. Is generator keeping the reports of test results where applicable? (262.40(c)) ☒ Yes ☐ No

2. Where are records kept (at facility or elsewhere)?

AT FACILITY

3. Who is in charge of keeping the records?

Name WAYNE TOTH Title OPERATIONS MANAGER

4. Any additional reporting? (262.43 - Additional Reporting)
If yes, describe in narrative. ☐ Yes ☒ No

Section F - Special Condition (262.50 - International Shipments) ☐ N/A

Explain

1. Has generator received from, or transported to a foreign source any hazardous waste? ☐ Yes ☒ No

a. If yes, has he filed a notice with the Regional Administrator? N/A
☐ Yes ☐ No

b. Is this waste manifested and signed by Foreign consignee? N/A
☐ Yes ☐ No

c. If generator transported wastes out of the country, has he received confirmation of delivered shipment? N/A
☐ Yes ☐ No

Section G - Preparedness and Prevention (265.30-37)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility) ☐ Yes ☒ No

If yes, use narrative explanation.

2. Is the facility equipped with (265.32 - Required equipment):

a. Internal communications or alarm system? ☒ Yes ☐ No
Is it easily accessible in case of emergency ☒ Yes ☐ No

b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination? ☒ Yes ☐ No

Is this equipment tested to assure its proper operation? ☒ Yes ☐ No

How frequently? ANNUALLY

DATE _____
FACILITY ID _____

- d. Water of adequate volume for hoses, sprinklers or water spray system? ☒ Yes ☐ No

(1) Describe source of water C.O.T.

(2) Indicate flow rate and/or pressure and storage capacity, if applicable. _____

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space) ☒ Yes ☐ No

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements With Local Authorities) ☐ N/A ☒ Yes ☐ No

If N/A, explain. _____

5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements with Local Authorities) ☒ N/A ☐ Yes ☐ No

If yes, indicate primary authority. _____

Is the fire department a city or volunteer fire department? _____

6. Does the owner/operator have phone number of and agreements with state emergency response teams, emergency response contractors and equipment suppliers? (265-37 - Arrangements with Local Authorities) ☒ Yes ☐ No

Are they readily available to the emergency coordinator? ☒ Yes ☐ No

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements with Local Authorities) ☒ Yes ☐ No

If no, has the owner/operator attempted to do this? ☐ Yes ☐ No

8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operation record? (265.37(b) - Arrangements with Local Authorities) ☒ Yes ☐ No

Section H - Modified Contingency Plan and Emergency Procedure
(262.34(d)(4))

1. Is there an emergency coordinator on site or within short driving distance of the plant at all times? ☒ Yes ☐ No *45 minutes*
2. Who is the emergency coordinator? WAYNE TOTH _____
3. Is the following information posted near the telephone:
 - a. Name and telephone number of emergency coordinator? ☒ Yes ☐ No
 - b. Location of fire extinguishers, spill control material and, if present, fire alarm? ☒ Yes ☐ No
 - c. Telephone number of fire department if no direct alarm? ☒ Yes ☐ No
4. Are all employees thoroughly familiar with proper waste handling and emergency procedures as relevant to their responsibilities during normal facility operations and emergencies? ☒ Yes ☐ No
5. Does the emergency coordinator or his designee know what is the required response in the event of a fire, a spill which can be contained, or a fire, explosion or other release which could threaten human health outside the facility or reach surface water? ☒ Yes ☐ No

Date _____
Inspector _____
Facility ID# _____

CONTAINERS STORAGE CHECKLIST FOR SMALL QUANTITY GENERATORS

(40 CFR Part 265 Subpart I - Use and Management of Containers)
Except 265.176

1. Are the containers in good condition (265.171)? (Check for leaks, corrosion, bulges, etc.) ☒ Yes ☐ No
2. If a container is found to be leaking, does the operator transfer the hazardous waste from the leaking container? ☒ Yes ☐ No
3. Is the waste compatible with the containers and/or its liner (265.172)? ☒ Yes ☐ No
4. Are the containers kept closed except when adding or removing wastes (265.173(a))? ☒ Yes ☐ No
5. Are containers holding hazardous waste opened, handled or stored in such a manner as to cause the container to rupture or leak (265.173(b))? ☐ Yes ☒ No

If yes, explain using narrative.

6. Are each of the containers inspected at least weekly (265.174)? ☐ Yes ☒ No *no doc.*

If no, explain using narrative concerning the frequency of inspection.

7. Are incompatible wastes stored in the same containers? ☐ Yes ☒ No

If yes, explain using narrative.

8. Are containers holding incompatible wastes kept apart by physical barrier or sufficient distance? ☒ Yes ☐ No

If no, explain using narrative.

Date 8/19/93
Inspector RICE
Facility ID# FLD020985727

TRANSPORTERS CHECKLIST

I. SITE NAME: VAN WATERS & ROGERS, INC.

II. TRANSPORTER REQUIREMENTS (40 CFR 263)

1. Do vehicles transporting hazardous waste have the appropriate placards? (263.10)(49 CFR 172.500) ☒ Yes ☐ No
2. Does transporter have an EPA identification number? (263.11(a)) ☒ Yes ☐ No
3. Does the transporter use manifest system as required by 263.20? ☒ Yes ☐ No

Do the manifests contain at least:

- a. Name, address, and EPA ID of transporter? ☒ Yes ☐ No
- b. Name, address, and EPA ID code of generator? ☒ Yes ☐ No
- c. Name, address, identification code of designated permitted facility? ☒ Yes ☐ No
- d. Corresponding manifest document number? ☒ Yes ☐ No
- e. Description and quantity of each hazardous waste? ☒ Yes ☐ No
- f. Signature of subsequent transporters? ☒ Yes ☐ No
- g. Signatures signifying proper delivery or reasons why delivery could not be certified? ☒ Yes ☐ No
- h. EPA waste codes? ☒ Yes ☐ No

DATE _____
FACILITY ID _____

4. International shipments: (263.20(g)) ☒ N/A
- a. Record of date waste left U.S.? ☐ Yes ☐ No
- b. Presence of one signed copy in records? ☐ Yes ☐ No
- c. Signed copy of manifest returned to the generator? ☐ Yes ☐ No
- d. Copy of the manifest given to a U.S. Customs official at the point of departure from the United States? ☐ Yes ☐ No
5. For SQG waste:
- a. Is waste transported according to reclamation agreement? ☐ Yes ☒ No
- b. Is following information recorded on a shipping paper:
- | | |
|--|---|
| Name, address, and EPA ID of waste generator | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Quantity of waste accepted | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DOT - required shipping info | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Date waste is accepted | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
- c. Does transporter carry this shipping paper during transport? ☒ Yes ☐ No
- d. Are records maintained for three years after termination or expiration of reclamation agreement? ☒ Yes ☐ No
6. Are copies of the manifest retained for 3 years? (263.22) ☒ Yes ☐ No
7. Is there evidence of discharge of hazardous waste? (263.30) ☐ Yes ☒ No
8. Has transporter demonstrated the financial responsibility required under 17-30.170(2) ☒ Yes ☐ No
9. Does the transporter verify financial responsibility with the Department annually (17-730.170(3))? ☒ Yes ☐ No

III. TRANSFER FACILITY REQUIREMENTS (17-730.171)

- A. Does transporter comply with 10 day storage limit for transfer facilities? (263.12) ☒ Yes ☐ No
1. Is the hazardous waste packaged according to 262.30? (263.12) ☒ Yes ☐ No

B. General Facility Standards (265 Subpart B)

1. Security (265.14)

- a. Is the facility security system adequate to minimize unauthorized entry? ☒ Yes ☐ No
- b. Are signs posted and legible for 25 feet? ☒ Yes ☐ No

2. Inspection Requirement (265.15)

- a. Does the facility have a copy of the Inspection Plan? ☐ Yes ☒ No
- b. Does the facility have completed inspection logs? ☐ Yes ☒ No
- c. Were the deficiencies corrected in a timely manner? ☐ Yes ☒ N/A
- d. Are the inspection logs maintained at the facility for 3 years? ☐ Yes ☒ N/A

3. Personnel Training (265.16)

- a. Do management personnel complete hazardous waste training? ☒ Yes ☐ No
- Is training on the job? ☒ Yes ☐ No
- Is training in the classroom? ☒ Yes ☐ No
- b. Do laborers who handle hazardous waste complete training? ☒ Yes ☐ No
- Is training on the job? ☒ Yes ☐ No
- Is training in the classroom? ☒ Yes ☐ No
- c. Does training include:
- Emergency response procedures? ☒ Yes ☐ No
- Inspection procedures? ☒ Yes ☐ No
- Operation of hazardous waste handling equipment? ☒ Yes ☐ No
- d. How often is training reviewed? ANNUALLY
- e. Does the facility have personnel training records including:
- Job title and description of position? ☒ Yes ☐ No
- Description of employee's training? ☒ Yes ☐ No

DATE _____
FACILITY ID _____

f. Is training successfully completed within 6 months of hiring/transfer to HW position? ☒ Yes ☐ No

g. Are records maintained for three years at the facility? ☒ Yes ☐ No

4. Ignitable, Reactive, or Incompatible Waste (265.17)

a. Is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat? ☒ Yes ☐ No

b. Are "No Smoking" signs posted in the area? ☒ Yes ☐ No

C. Preparedness and Prevention (265 Subpart C)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility) ☐ Yes ☒ No

If yes, use narrative explanation.

2. Is the facility equipped with (265.32 - required equipment):

a. Internal communications or alarm system? ☒ Yes ☐ No
Is it easily accessible in case of emergency? ☒ Yes ☐ No

b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? ☒ Yes ☐ No

Is this equipment tested to assure its proper operation? ☒ Yes ☐ No

How frequently? MONTHLY / YEARLY

d. Water of adequate volume for hoses, sprinklers or water spray system? ☒ Yes ☐ No

(1) Describe source of water. C.O.T.

(2) Indicate flow rate and/or pressure and storage capacity, if applicable. _____

DATE _____
FACILITY ID _____

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space) ☒ Yes ☐ No
4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements with Local Authorities) ☐ N/A ☒ Yes ☐ No
If N/A, explain _____
5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements with Local Authorities) ☒ N/A ☐ Yes ☐ No
If yes, indicate primary authority. _____
Is the fire department a city or volunteer fire department? _____
6. Does the owner/operator have phone number of and agreements with state emergency response teams, emergency response contractors and equipment suppliers? (265.37 - Arrangements with Local Authorities) ☒ Yes ☐ No
Are they readily available to the emergency coordinator? ☒ Yes ☐ No
7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements with Local Authorities) ☒ Yes ☐ No
If no, has the owner/operator attempted to do this? _____
8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operation record? (265.37 - Arrangements with Local Authorities) ☒ Yes ☐ No

C. Contingency Plan and Emergency Procedures (265 Subpart D)

1. Does the facility have a contingency plan?
(265.51 - Purpose and Implementation of Contingency Plan) ☒ Yes ☐ No
2. Is it maintained at the facility?
(265.53 - Copies of Contingency Plan) ☒ Yes ☐ No
3. Is the contingency plan a revised SPCC Plan
(265.52 - Content of Contingency Plan) ☒ Yes ☐ No
 - a. Does the plan include:
 - (1) Action personnel will take? ☒ Yes ☐ No
 - (2) Evacuation routes? ☒ Yes ☐ No
 - (3) Emergency Equipment? ☒ Yes ☐ No
 - (4) Is the emergency equipment properly inspected and maintained? ☒ Yes ☐ No
4. Is there an emergency coordinator on site or within short driving distance of the plant at all times? (265.55 - Emergency Coordinator) ☒ Yes ☐ No
5. Who is the emergency coordinator? WAYNE TOTH
6. Has the facility supplied local police and fire departments with a copy of the contingency plan?
(265.53(b) - Content of Contingency Plan) ☒ Yes ☐ No

D. Container Storage Checklist

(Subpart I - Use and Management of Containers 265.170)

1. Are the containers in good condition (265.171)?
(check for leaks, corrosion, bulges, etc.) ☒ Yes ☐ No
2. If a container is found to be leaking, does the operator transfer the hazardous waste from the leaking container? ☒ Yes ☐ No
3. Is the waste compatible with the containers and/or its liner? (265.172) ☒ Yes ☐ No

4. Are containers holding hazardous waste opened, handled or stored in such a manner as to cause the container to rupture or leak? (265.173) Yes ✓ No
If yes, explain using narrative.
5. Are each of the containers inspected at least weekly (265.174)? Yes ✓ No
If no, explain using narrative concerning the frequency of inspection. INSPECTED, BUT NO DOCUMENTATION
6. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility property line? (265.176) ✓ Yes No
If yes, explain using narrative.
7. Are incompatible wastes stored in the same containers? Yes ✓ No
If yes, explain using narrative.
8. Are containers holding incompatible wastes kept apart by physical barrier or sufficient distance? ✓ Yes No
If no, explain using narrative.
- E. Does facility have a written closure plan satisfying requirements of closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112(c), 265.114, 265.115? (17-30.171(2)(b)) ✓ Yes No
- F. Is hazardous waste that is stored in containers or vehicles stored on a man made surface which is capable of preventing spills or releases to the ground? (17-730.171(2)(d)) ✓ Yes No
- G. Is a written log maintained for all waste entering or leaving the transfer facility? (17-730.171(2)(e)) ✓ Yes No
Does the log contain:
Generators' names? ✓ Yes No
Manifest numbers? ✓ Yes No
Dates when waste enters and leaves facility? ✓ Yes No

DATE _____
FACILITY ID _____

H. Has the facility notified the department on Form 17-730.900(6) (Transfer facility notification form)? (17-730.171(3)) ☒ Yes ☐ No

I. Does the transfer facility have an EPA/DER ID number? ☒ Yes ☐ No

IV. UNREGULATED WASTES (HOUSEHOLD/CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR WASTES)

_____ N/A

1. Does the transporter have documentation that this waste was generated by an unregulated source? _____ Yes ☒ No

2. If no, is the transporter assuming responsibility as the generator of this waste? _____ Yes ☒ No

a. If yes, complete the applicable Generator or Small Quantity Generator checklist.

b. If no, the inspector should inform the transporter that he will be held responsible as the generator of the waste and will be reinspected to ensure that the applicable requirements are being satisfied. A follow-up inspection should be scheduled as follows:

i) 90 days after initial inspection if the quantity of "unregulated" wastes on site exceed 1000 kg.

ii) 180 days after initial inspection if the quantity of "unregulated" wastes on site are less than 1000 kg.

3. Does the transporter mix/consolidate hazardous wastes of different DOT shipping descriptions 263.10(c)(2)? _____ Yes ☒ No

If yes, complete the Generator checklist.

V. LAND BAN WASTE

1. Does the transporter manage restricted (land ban) wastes?

If yes, check appropriate box(es).

☒ Yes ☐ No

"California List" _____
F--- List ☒

RCRA INSPECTION REPORT
LAND DISPOSAL RESTRICTIONS CHECKLIST

Facility ID#: FLD020985727 Date of Inspection: 10/19/93

Facility Name: VAN WATERS & ROGERS INC.

Facility Address: ROUTE 3, BOX 498-A, 6049 OLD HWY 41A,
TAMPA, FL 33619

Facility Phone #: (813) 677-8414 Facility Contact: WAYNE TOTH

Contact's Title: OPERATIONS MANAGER

Persons present for Inspection: TIMMYN RICE
WAYNE TOTH

Date and Time Inspection Began: 10/19/93 @ 1:30 pm

Date and Time Inspection Ended: 10/19/93 @ 4:00 pm

I. (a) Describe the generator's restricted waste streams (use the LDR Treatment Standards list) and the destination of each:

DDO1 - SOLVENT LINE FLUSH

DDO2 - ACID OR AMINE LINE FLUSH

Revision # 1
Date 3-12-91

- (b) Are the wastes correctly identified? (You may need to review TOC, TSS, HOC, TCLP, PFLT, 3rd Thirds WW, NWW, Technology Acronyms, Tables 268.41, 268.42 & 268.43.) [268.7 Notices for 3rd Thirds includes variance until 8-8-90: Minimum Technology]

Yes

- (c) Is the generator storing restricted waste on site?

Yes

Is the generator complying with 268.50?

Yes

Is the generator complying with 262.34 as required by 268.50(a)(1)?

Yes

Are the wastes identified correctly?

Yes

Revision # 1
Date 3-12-91

LDR CHECKLIST

Have LDR wastes been stored over 90 days (generator)?

No, (180 days - SQG)

If the facility is a TSD and has been storing LDR wastes for over a year, can the TSD prove (if challenged) that the reason for such storage is solely for the purpose of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal?

n/a

(d) Does the generator have a case-by-case extension or a variance? (specify)

no

II. Waste with Treatment Standards

(a) Do the Notifications required by 268.7 include:

EPA Hazardous Waste #: yes

Applicable Treatment Standards or proper reference for wastes other than F001-F005, F020-F023, F026-F028, and California List (3rd Third Rule):

yes

Manifest Document #'s: yes

Waste Analysis Data, where available: yes

Certification Statement if Generator is
Claiming to meet Treatment Standards: yes

Date Waste is Subject to Prohibitions if
Subject to a Case-By-Case Extension or Variance: yes

Revision # 1
Date 3-12-91

LDR CHECKLIST

III. Does the generator maintain the above records on-site for five (5) years?

Yes

IV. Additional Notes and Comments:
(Check for soft hammer compliance prior to May 8, 1990.)

Revision # 1
Date 3-12-91

GENERATOR LAND BAN CHECKLIST

Generator: VAN WATERS & ROGERS

FLD 020985727

Date: 10/19/93

Inspector: T. Rice

[illegible]

PART 268 GENERATOR VIOLATIONS

CH 121
- 12/11/88
not

1. Restricted waste identified as unrestricted.
2. No LDR notice sent to TSD for restricted waste.
3. Copy of LDR notice not kept (after 8-8-88) §268.7(a)(6).
4. Notice does not include all applicable EPA waste codes (effective 5-8-90 for all wastes -- effective as applicable for bulked shipments) §268.7.
5. Notice does not include all applicable treatment standards:
 - a. Standard for 1 or more waste code omitted or incorrect;
 - b. Standard for 1 or more hazardous constituent omitted or incorrect;
 - c. Incorrect determination of treatability group or subcategory;
 - d. California list restrictions omitted.
6. Notice does not reference manifest document number - §268.7.
7. Insufficient analytical data to support generators certification that waste meets treatment standard - §268.7(a)(2).
8. No waste analysis plan (§268.7(a)(4), 5/8/90).
- *9. Certification statement omitted or not signed by generator for wastes meeting treatment standards - §268.7(a)(2).
10. Notice omits or gives incorrect dates wastes subject to variance or case by case extensions will be prohibited from land disposal §268.7(a)(3)(v).
11. Lab packs incorrectly certified - contains wastes from both Appendix IV and V - §268.7(a)(7+8).
12. Ineligible facility is using tolling agreement exemption §268.7(a)(9).
13. No soft hammer certifications/demonstrations (n/a after 5/8/90).
14. Copy of generators soft hammer certification/demonstration not forwarded by storage/treatment facility to disposal facility.
15. Other

Notice Types

- N. Unrestricted from land disposal
- R. Restricted from land disposal - requires treatment
- T. Restricted - meets treatment standards -
- V. Restricted - subject to variance
- E. Restricted - subject to case by case extension or exemption
- S. SQG tolling agreement
- L. Lab pack with only Appendix IV or V wastes

HAZARDOUS WASTE INSPECTION
EXIT INTERVIEW

FACILITY: VAN WATERS & ROGERS

I.D. NUMBER: FLD 020 985 727

DATE: 10/19/93

TIME: _____

INTERVIEW PARTICIPANTS: TIMMYN RICE, WAYNE TOTH

This exit interview is the Department's procedure to advise you early in the process of possible violations of Florida Administrative Code Chapter 17-730, which adopts Federal Regulations 40 CFR Parts 260-266 by reference. It is possible that the violations noted and checked are incomplete. After a complete internal file review by the Department, an inspection report will be finalized. In most cases the violations noted below by the inspector will not change in the final report, therefore, you are advised to immediately begin correcting these violations. The Department will forward the complete inspection checklist along with the finalized inspection report within 45 days. Be advised that the Department has signed an enforcement agreement with the U.S. Environmental Protection Agency which calls for the assessment and collection of monetary penalties for violations. While your quick response in correcting the violations may not reduce the calculated penalties, continued non-compliance may result in greater penalty liability.

The following violations have been tentatively identified:

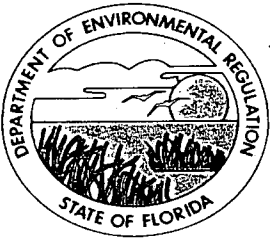
- ☐ 1. Hazardous Waste Determination (262.11).
- ☐ 2. Hazardous Waste Notification (262.12 or 263.11 or 264/265.11).
- ☐ 3. Manifest Deficiencies or Recordkeeping and Reporting (263 Subpart B or 264/265 Subpart E).
- ☐ 4. Personnel Training [265.16 (262.34(d) for SQG) or 264.16].
- ☐ 5. Contingency Plan [265 Subpart D (262.34(d) for SQG) or 264 Subpart D).
- ☐ 6. Preparedness and prevention (265 Subpart C or 264 Subpart C).
- ☒ 7. Container Requirements (265.34 or 264/265 Subpart I).
- ☐ 8. Tank Requirements (262.34 or 264/265 Subpart J).
- ☐ 9. Operating a treatment, storage or disposal facility without a permit (403.722 F.S., F.A.C. 17-730, Section IV).
- ☐ 10. Security Requirements (264/265 .14).
- ☐ 11. Groundwater Monitoring (264/265 Subpart F).
- ☐ 12. Closure/Post-closure (264/265 Subpart G).
- ☐ 13. Failure to comply with the provisions of a Department issued permit or with the provisions of the Consent Order.
- ☒ 14. Other 265.15 GENERAL INSPECTIONS

COMMENTS: _____

DER INSPECTOR SIGNATURE: _____

FACILITY PARTICIPANT SIGNATURE: _____

NOTE: BY SIGNING THIS FORM THE FACILITY PARTICIPANT IS ONLY INDICATING THAT THIS FORM HAS BEEN RECEIVED. THIS IS NOT AN ADMISSION THAT THE CITED PROVISIONS HAVE BEEN VIOLATED.



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Lawton Chiles, Governor

Carol M. Browner, Secretary

TRANSFER FACILITY NOTIFICATION FORM

ROUTING SLIP

TO: _____ Ed O'Connell (NW District) _____ Vicky Valade (NE District)
_____ John White (Central District) ✓ _____ Beth Knauss (SW District)
_____ Jeff Smith (SE District) _____ Charles Emery III (South District)

Transporter: _____ EPA ID#: _____

Notification received in headquarters on: February 25, 1993

To district on: Feb 25, 1993 Suspense date: _____

District action:

_____ Transfer facility approved _____ Site inspection conducted
_____ Transfer facility denied _____ Site inspection not conducted

Contingency/emergency plan received: _____ yes _____ no

Closure plan received: _____ yes _____ no

Comments: _____

Evaluated by: _____ Date: _____

Headquarters action:

_____ Transfer facility approval certificate issued on: _____

_____ Transfer facility approval certificate not issued.

Comments: _____

Completed by: _____ Date: _____

HWTF Routing Slip 11/92 (rev.0)

Van Waters & Rogers Inc.
subsidiary of **Univar**

2145 SKYLAND COURT
P.O. BOX 1677
NORCROSS, GA 30091-1677
PHONE (404) 246-7700
FAX (404) 409-1757

February 19, 1993

Florida Department of Environmental Regulation
Hazardous Waste Management Section
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

VIA CERTIFIED MAIL

Dear Sir or Madam:

Enclosed you will find the annual update forms for the three transfer facilities operated by Van Waters & Rogers Inc. I am the Regional Regulatory Manager for this Southern Region of Van Waters & Rogers Inc. The three transfer facilities are in the Van Waters & Rogers Inc. Southern Region. I have elected to file these updates from this Regional Office.

If you have any questions, or need additional information, please don't hesitate to contact me.

Very truly yours,

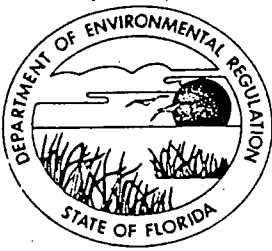


Walter T. Goossen
Regulatory Manager,
Southern Region

CC: Wayne Toth, Tampa
Lloyd Gray, Delray Beach
Robert Potochnik, Jacksonville
Area Operations Manager, Atlanta

RECEIVED
DER-MAIL ROOM
1993 FEB 24 PM 2:28

D.E.R.
MAR - 1 1993
SOUTHWEST DISTRICT
TAMPA



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Lawton Chiles, Governor

Carol M. Browner, Secretary

TRANSFER FACILITY NOTIFICATION FORM

This form must be completed as required in Florida Administrative Code Rule 17-730.171(3) by transfer facilities storing hazardous waste in accordance with Florida Administrative Code Rule 17-730.171. All information must be typed or printed clearly.

I. Transporters Identification:

Company Name Van Waters & Rogers Inc.
EPA ID No. FLD 020 985 727
Company Mailing Address 6049 Highway 41A South
Tampa, FL 33619
Principal Contact Wayne Toth
Phone Number (813) 677-8414

II. Transfer Facility Identification:

Name of Facility Van Waters & Rogers Inc.
Street Address 6049 Highway 41A South
Tampa, FL 33619
Latitude 27°52' 03.2" Longitude 82°23' 00.5"
County Hillsborough
Waste Codes *
Storage Volume 5280 Gallons

* All RCRA Listed and characteristic except D003 or Radioactive wastes.

III. Certification

I CERTIFY UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. AS THE OWNER OR OPERATOR OF THE ABOVE REFERENCED HAZARDOUS WASTE TRANSFER FACILITY, I ALSO CERTIFY THAT THIS FACILITY IS IN COMPLIANCE WITH ALL PROVISIONS OF FAC 17-730.171.

Walter T. Goossen

Regional Regulatory Manager

PRINT/TYPE NAME

TITLE

W.T. Goossen

February 19, 1993

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE SIGNED

Please complete this form and mail to the following address:

Florida Department of Environmental Regulation
Hazardous Waste Management Section
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Van Waters & Rogers Inc.
subsidiary of Univar

6049 OLD 41A HWY
TAMPA, FL 33619-9796
PHONE (813) 677-8414
FAX (813) 671-2920

November 12, 1992

Florida Department of
Environmental Regulation
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-8218

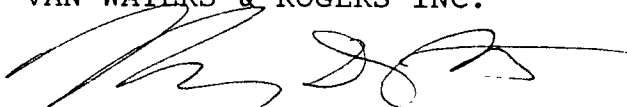
To Whom it May concern:

In accordance with FAC 17-730.171(1) (a), enclosed you will find a copy of the contingency/emergency for the Van Waters & Rogers Inc. facility at the address shown on this letterhead. This facility has hazardous waste transfer facility status in the State of Florida. This Van Waters & Rogers Inc. facility has the EPA Id number FLD020985727.

If you have any questions, or need additional information, please don't hesitate to contact me.

Very Truly Yours,

VAN WATERS & ROGERS INC.



Wayne D. Toth
Branch Operations Manager

Enclosure(s)

/kml

D. E. R.

NOV 13 1992

SOUTHWEST DISTRICT
TAMPA



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

29 October 1990

GARY TONRY
VAN WATERS & ROGERS
RT 3 BOX 498A
TAMPA, FL 33619

RE: Revisions to FAC 17-730.171 Transfer Facilities

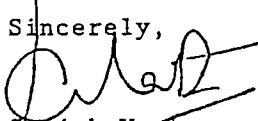
Florida Administrative Code (FAC) 17-730.171 outlines the requirements for hazardous waste transfer facilities. A transfer facility is defined as a transportation related facility where shipments of waste are held during the normal course of transportation. The Department revised FAC 17-730.171 effective August 13, 1990.

The owner or operator of a transfer facility which stores manifested waste for more than 24 hours but ten(10) days or less must notify the Department using Form 17-730.900(6), the Transfer Facility Notification Form. This form must be submitted at least thirty(30) days before the storage of hazardous waste begins.

The owner or operator of a transfer facility must also obtain an EPA/DER identification number for each transfer facility location. In the past, a transporter could identify multiple transfer facilities in the state and use one identification number for all locations. Now, a transporter must request a separate EPA/DER identification number for each transfer facility. If a transfer facility is located on property that has been assigned an identification number because of other hazardous waste activities, no action is required.

To obtain an identification number please submit the enclosed EPA Form 8700-12 to the Department. In Section VIII of the form, mark Item 2 as a transporter. Under Mode of Transportation, mark #5 Other, and specify "Transfer Facility". Send 2 copies of the completed form to the Notification Coordinator in the Hazardous Waste Regulation Section at the address above.

If you have questions about the Transfer Facility rule, please call Linda Lakes at 904-488-0300.

Sincerely,

Satish Kastury
Administrator, Hazardous Waste Regulation Section

Enclosures:
Transfer Facility Information Sheet
FAC 17-730.171 Transfer Facility Rule
EPA Form 8700-12 Notification of Regulated Waste Activity

cc: SW District



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

HAZARDOUS WASTE TRANSFER FACILITY INFORMATION SHEET

TRANSPORTER: VAN WATERS & ROGERS EPA ID: FLD020985727

TRANSFER FACILITY LOCATION: 6051 HWY 41A SOUTH, TAMPA
TRANSFER FACILITY EPA/DER ID: FLD020985727
STORAGE VOLUME: 5280 GALS

CONTACT: GARY TONRY
MAILING ADDRESS: RT 3 BOX 498A, TAMPA, FL 33619
PHONE: 813-677-8414

☒ IS INFORMATION ABOVE CORRECT? PLEASE UPDATE AND RETURN FORM TO THE DEPARTMENT.

☒ EPA/DER ID ASSIGNED TO TRANSFER FACILITY. NO ACTION NECESSARY.

☐ APPLY FOR EPA/DER ID FOR TRANSFER FACILITY LOCATION. EPA FORM 8700-12 IS ENCLOSED.

☐ PROOF OF TRANSPORTER LIABILITY INSURANCE IS NOT CURRENT. SEND DER FORM 17-830.900(5) TO THE DEPARTMENT.

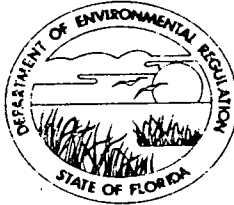


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

4520 OAK FAIR BLVD.
TAMPA, FLORIDA 33610-7347

813-623-5561
Suncom-552-7612



BOB MARTINEZ
GOVERNOR
DALE TWACHTMANN
SECRETARY
DR. RICHARD D. GARRITY
DISTRICT MANAGER

July 1, 1988

Van Waters & Rogers, Inc.
Route 3, Box 498-A
Tampa, Florida 33619

Attn: Mr. Gary Tonry

RE: Class II Hazardous Waste Violations
Van Waters & Rogers, Inc. - Hillsborough County
FLD 020 985 727

Dear Mr. Tonry:

A hazardous waste compliance inspection was conducted at your facility on June 1, 1988. This inspection was conducted under the authority of Section 403.091, Florida Statutes and Chapter 403, Part IV, Florida Statutes, and is designed to ascertain the compliance status of your facility with 40 CFR 260-266, adopted in Florida Administrative Code Chapter 17-30.

During the inspection, violations of rules regarding hazardous waste management were noted. These violations are set forth in Section #9 of the attached inspection report.

A review of the information submitted on June 8, 1988 indicates these Class II violations have been corrected. This enforcement referral is now closed.

Thank you for your prompt attention in this matter. If you have any questions, please call Ms. Elizabeth Knauss at 813/623-5561.

Sincerely,

Diane Trummer

Dr. Clabe R. Polk
Program Manager
Waste Management Section

CRP/br

cc: Trussell Report
Hooshang Boostani, HCEPC

Trommer

REFERRAL NO. 0121

PROGRAM: HW

ENFORCEMENT REFERRAL FORM

SOURCE: Van Waters & Rogers Inc.

RESPONSIBLE PARTY: Gary Tonry

ADDRESS: Route 3, Box 498-A

ADDRESS: _____

Tampa, FL 33619

TELEPHONE: 813/677-8414

TELEPHONE: _____

EPA ID NO: FLD 020 985 727

TYPE: Transfer COUNTY: Hills

G.P.S.I.: 4029P80870

SECTION: _____ TOWNSHIP _____ RANGE _____

ENGINEER: _____

ATTORNEY: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

RECEIVING WATERS: _____

CLASSIFICATION: _____

DOMINANT PLANT COMMUNITY: _____

I.

VIOLATION SUMMARY

| RULE OR STATUTE | DESCRIPTION OF VIOLATIONS |
|---------------------------|---------------------------|
| See attached | |
| <u>40CFR 265.16(d)(2)</u> | |
| | |
| | |
| | |
| | |
| | |
| | |

II. DESCRIPTION OF INTERACTION WITH VIOLATOR:

WRITTEN: _____ DATE: _____
 TELEPHONE: _____ DATE: _____
 MEETINGS: _____ DATE: _____
 INSPECTIONS: X DATE: 6-1-88

III. OTHER AGENCIES INVOLVED? _____

IV. ATTACH ALL CURRENT FILES WHICH PERTAIN TO THE VIOLATION:

(in-house referrals must be accompanied by all current
 permitting files. Outside referrals must be accompanied by
 copies of all relevant files.)

V. COMMENTS: _____

VI. DESCRIPTION OF CORRECTIVE ACTION NEEDED: (Attach map of restoration lines, jurisdiction lines, etc.).

VII. REFERRED BY: Elizabeth Knauss DATE: 6-9-88

SECTION SUPERVISOR: *[Signature]* DATE: 6-10-88

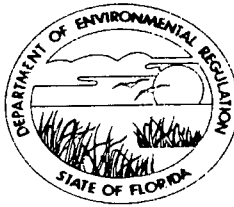
PRIORITY: HIGH _____ MODERATE _____ LOW _____ 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

4520 OAK FAIR BLVD.
TAMPA, FLORIDA 33610-7347

813-623-5561
Suncom—552-7612



BOB MARTINEZ
GOVERNOR

DALE TWACHTMANN
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

June 10, 1988

Van Waters & Rogers, Inc.

6051 U.S. 41-A
Route 3, Box 498-A
Tampa, Florida 33617

Attn: Mr. Gary Tonry

Dear Mr. Tonry:

Thank you for your assistance during the RCRA compliance inspection conducted on June 1, 1988. Based upon the information gathered from this inspection, Van Waters & Rogers, Inc., was found not to be in compliance with the regulations governing hazardous waste transfer facilities as promulgated under 40 CFR Part 263, which the State of Florida adopts under Chapter 17-30, Florida Administrative Code.

However, all non-compliance items have since been corrected. Enclosed is the inspection report generated from this visit. Please retain this report as a part of your permanent records.

If you have any questions contact me at (813) 623-5561.

Sincerely,

Elizabeth Knauss
Environmental Supervisor
Hazardous Waste Program

EK/br

REFERRAL NO. _____

PROGRAM: HW

ENFORCEMENT REFERRAL FORM

SOURCE: Van Waters & Rogers Inc.

RESPONSIBLE PARTY: Gary Tonry

ADDRESS: Route 3, Box 498-A
Tampa, FL 33619

ADDRESS: _____

TELEPHONE: 813/677-8414

TELEPHONE: _____

EPA ID NO: FLD 020 985 727

TYPE: Transfer COUNTY: _____

G.P.S.I.: 4029P80870

SECTION: _____ TOWNSHIP _____ RANGE _____

ENGINEER: _____

ATTORNEY: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

RECEIVING WATERS: _____

CLASSIFICATION: _____

DOMINANT PLANT COMMUNITY: _____

I.

VIOLATION SUMMARY

| RULE OR STATUTE | DESCRIPTION OF VIOLATIONS |
|-----------------|---------------------------|
| See attached | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

II. DESCRIPTION OF INTERACTION WITH VIOLATOR:

WRITTEN: _____ DATE: _____
 TELEPHONE: _____ DATE: _____
 MEETINGS: _____ DATE: _____
 INSPECTIONS: X DATE: 6-1-88

III. OTHER AGENCIES INVOLVED? _____

IV. ATTACH ALL CURRENT FILES WHICH PERTAIN TO THE VIOLATION:

(in-house referrals must be accompanied by all current
 permitting files. Outside referrals must be accompanied by
 copies of all relevant files.)

V. COMMENTS: _____

VI. DESCRIPTION OF CORRECTIVE ACTION NEEDED: (Attach map of restoration lines, jurisdiction lines, etc.).

VII. REFERRED BY: Elizabeth Knauss DATE: 6-9-88

SECTION SUPERVISOR: *Elizabeth Knauss* DATE: 6-10-88

PRIORITY: HIGH _____ MODERATE _____ LOW _____ |

1. EPA I.D. # FL 0020985727

2. HANDLER NAME: Van Waters & Rogers

3. ADDRESS: 6051 154th
ROUTE 3 Box 498-A
TAMPA, FL 33619
HILLSBOROUGH

3a. COUNTY: HILLSBOROUGH

4. DATA ENTRY: (Circle One) NEW UPDATE

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS OF THIS REPORT 6, 1, 88

5a. AGENCY RESPONSIBLE FOR EVALUATION: (Circle One) EPA
State
Contractor/EPA

7a. Type Facility: (Circle One)
Treat/Store/Dispose
Non-Handler
Transporter
Generator
Small Quan. Generator
Cond. Exempt S.O.G.
Exempt

7b. Type Ownership: (Circle One)
Federal
State
County
Private
Municipal

Other Contractor/State Oversight

1 = Compliance Eval. Inspection (CEI) 7 = Other - Part B Call-in (Put Code in Box)
2 = Sampling Inspection 8 = Other - Withdrawal Candidate
3 = Record Review 9 = Other - Closed Facility
4 = Comprehensive GWM Evaluation (CME) 10 = Other - General
5 = Compliance Schedule Evaluation 11 = Case Development Inspection
6 = Other 12 = O & M Inspection
80 = Informal Meeting

| Class of Violation | Violation/Releases | | | | | | | |
|--------------------|--------------------|------------|------------------|------------|----------------|------------|------------|----------|
| | GWM/RLSE | C/PC | Fin.Res | Pt.B | Cmpl.Sch | Manifest | Other | Land-Ban |
| I | X S Z O R* B* | X S Z O | X S Z O I* B* | X S Z O | X S Z O C B | X S Z O | X S Z O | X S Z O |
| II | X S Z O | X S Z O | X S Z O | X S Z O | X S Z O C B | X S Z O | X S Z O | X S Z O |

- as transport

9. ENFORCEMENT ACTIONS: (Area of Viol./Rlse. = GW, CP, FR, PB, CS, MA, OT, LB, or AA)

[illegible]

10. Enforcement Comment:

Inspectors Name: C. Patel 15

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

4520 OAK FAIR BLVD.
TAMPA, FLORIDA 33610-7347

813-623-5561
Suncom—552-7612



BOB MARTINEZ
GOVERNOR
DALE TWACHTMANN
SECRETARY
DR. RICHARD D. GARRITY
DISTRICT MANAGER

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT COMPLAINT ☒ ROUTINE FOLLOW-UP PERMITTING
FACILITY NAME Van Waters & Rogers, Inc. DER/EPA ID FLD 020 985 727
ADDRESS 6051 U.S. 41 A - Tampa, FL 33619
COUNTY Hillsborough Phone (813) 677-8414 DATE 6-1-88 TIME 1:30 p.m.

TYPE OF FACILITY:

| | | |
|---|-------------------------------|-------------------------------|
| Generator | Storage | Treatment |
| <u> </u> Small Quantity | <u> </u> Container | <u> </u> Tank |
| <u> </u> Generator | <u> </u> Tank | <u> </u> Land Treatment |
| | <u> </u> Waste Pile | <u> </u> Thermal |
| Transporter | <u> </u> Surface Impoundment | <u> </u> Chem/Phys/Bio. |
| <input checked="" type="checkbox"/> Transporter | | <u> </u> Incinerator |
| | Disposal | <u> </u> Surface Impoundment |
| | <u> </u> Landfill | |
| | <u> </u> Surface Impoundment | |
| | <u> </u> Waste Pile | |

2. Applicable Regulations:

 40 CFR 262 ☒ 40 CFR 263 40 CFR 264 40 CFR 265

3. Responsible Official: (Name & Title)

Gary Tonry

4. Survey Participants & Principal Inspector

Gary Tonry
Elizabeth Knauss - FDER
Edith Morales - FDER

5. Facility Latitude:

Longitude:

27° 58' 03"

82° 38' 01"

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit Number: n/a Date Issued: Expiration Date:

Van Waters & Rogers Inc.
FLD 020 985 727

8) PROCESS DESCRIPTION

In November, 1986, Van Waters and Rogers, Inc. acquired McKesson Chemical Company, including the Tampa distribution center for industrial chemicals and solvents. The Tampa facility maintains a warehouse storage area for virgin chemicals, a solvent repackaging process and a separate building where chlorine gas is repackaged into cylinders and bleach is produced. As part of the maintenance routine, gas cylinders are painted with a silver colored paint. The paint is a blend of mineral spirits and powdered aluminum, with 1,1,1- trichloroethane used as a thinner. No waste is generated from the process, besides empty containers and used brushes.

The bulk solvent tanks all have dedicated pumps and piping so that no waste is generated from flushing the lines. The facility has not generated any hazardous waste from spills since the previous inspection.

As a service to its customers, Van Waters & Rogers picks up spent solvents and transports them back to the Tampa facility. The solvent drums are stored in a section of the warehouse for less than 10 days and transported by a second carrier to Safety-Kleen's Envirosystems' plant in New Castle, Kentucky. Most recently, St. Josephs Motor Lines has acted as the second transporter.

All of the facility's records were in order except that a job description for the position "Driver" was not on file. This was corrected prior to the completion of this report.

9) SUMMARY OF VIOLATIONS

40 CFR 265.16(d)(2) - No written job description for the position of "Driver" was on file.

Approved 
Elizabeth Knauss
Environmental Supervisor

Date 6-10-88

Date _____
Inspector _____
Facility ID# _____

RCRA INSPECTION REPORT
GENERATOR'S CHECKLIST

Note: On multiple part questions, check those not in compliance.

Section A - Site Identification No.

1. Site Name: Van Waters & Rogers

Section B - Hazardous Waste Determination (262.11)

1. Does generator generate hazardous waste(s) listed in Subpart D (261.30 - 261.33 - List of Hazardous Waste)? Yes ☒ No

a. If yes, list wastes, EPA numbers & quantities.

does not generate waste

2. Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity) (261.20 - 261.24 - Characteristics of Hazardous Waste.) Yes ☒ No

a. If yes, list wastes, EPA numbers, and quantities.

b. Does generator determine characteristics by testing, by product knowledge, or by applying process knowledge? _____

(1) If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? Yes ☒ No

(2) If equivalent test methods used, attach copy of equivalent methods used.

- pumps and piping are dedicated to specific materials in bulk storage

3. Is generator subject to full regulation under Part 262? Yes ☒ No
(If no, check appropriate exemptions)

Small quantity generator (261.5 - Special requirements)
(Describe small quantity disposal practices & checklist) _____

OR

Produces non-hazardous waste at this time (261.4 - Exclusions) _____

OR

Recycles, reclaims, uses or reuses hazardous waste at this time (261.6 - Exclusions) (Describe how this is achieved.) _____

OR

Being a farmer disposing of waste pesticides for his own use on his own property (262.51 - Farmers) _____

OR

Burns hazardous waste as a fuel for the purpose of recovering usable energy (261.1(c)(2)) _____

11-1-86 *McKesson Chemical Division*
Sold to Van Waters & Rogers

Section C - Manifest (262.20-.23)

1. Has generator shipped hazardous waste off-site since Nov. 19, 1980?
(Subpart B - The Manifest)

☒ Yes ☐ No

- a. If no, do not fill out Section C and D.
- b. If yes, identify primary off-site facilities.
List facilities in narrative report.

2. Does generator use manifest? (262.20 - General requirements)

☐ Yes ☐ No

If yes, inspect manifests at random. Do all manifests reviewed include the following information?
(262.21 - Required information) (Check items not on manifest.)

- a. Manifest Document No. ☐ Yes ☐ No
- b. Generator's Name, Mailing Address, Tel. No. ☐ Yes ☐ No
- c. Generator EPA I.D. No. ☐ Yes ☐ No
- d. Transporter(s) Name and EPA I.D. No. ☐ Yes ☐ No
- e. Facility Name, Address and EPA I.D. No. ☐ Yes ☐ No
- f. DOT description of the waste ☐ Yes ☐ No
- g. (1) Quantity (weight or volume) ☐ Yes ☐ No
(2) Containers (type and number) ☐ Yes ☐ No
- h. Emergency Information (optional)
(special handling instructions, Phone No.) ☐ Yes ☐ No
- i. Is the following certification on each manifest form? ☐ Yes ☐ No

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

- j. Signatures and dates

- (1) Generator ☐ Yes ☐ No
- (2) Transporter ☐ Yes ☐ No
- (3) Disposer (returned copy) ☐ Yes ☐ No

- k. Indicate number of manifests inspected
and number of violations.
- Note type of violation in report.

N/A
as
generator

1. If copy of manifest from facility was not returned within 45 days, did generator file an exception report? (262.42 - Exception reporting)

☐ Yes ☐ No

If yes, did it contain the following information?

Legible copy of manifest

☐ Yes ☐ No

AND

Cover letter explaining generators efforts to locate waste.

☐ Yes ☐ No

- m. Does (will) generator retain copies for 3 years?

☒ Yes ☐ No

Section D - Pre-Transport Requirements (262.30-34)

1. Does generator package waste for transport?

☐ Yes ☐ No

If no, skip to question 8.

If yes, complete the following questions.

2. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? (262.30 - Packaging)

☐ Yes ☐ No

3. Inspect containers to be shipped.

- a. Are containers to be shipped in good condition?

(Describe containers and condition; i.e., leaking or corroding or bulging.)

☐ Yes ☐ No

- b. Is there evidence of heat generation from incompatible wastes in the containers?

☐ No ☐ Yes

4. Before shipping, does the generator use DOT labeling requirements in accordance with 49 CFR 172? (263.31 - Labeling)

☐ Yes ☐ No

5. Does the generator mark each package in accordance with 49 CFR 172? (262.32 - Marking)

☐ Yes ☐ No

6. Is each container of 110 gallons or less marked with the following label? (262.32 - Marking)

☐ Yes ☐ No

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address _____

Manifest Document Number _____

N/A
↓

will use correct procedure if any is generated

7. If there are any vehicles present on site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet. (262.33 - Placarding)

a. Does the generator have the appropriate placards to offer the initial transporter?

☒ Yes ☐ No

b. If no, who provides placards?

8. Accumulation Time (262.34 - Accumulation Time)

a. Is facility a permitted storage facility?
If yes, skip to question #9.

☐ Yes ☒ No

If no, answer rest of question #8.

b. Does the facility comply with the 90-day accumulation time limit? (262.34(a))
If no, has the generator been granted a 30-day extension? (262.34(b))

☒ Yes ☐ No

If yes, explain the unforeseen/uncontrollable circumstances in the narrative.

☐ Yes ☐ No

c. Are containers used to store wastes? (262.34(a)(1))

☒ Yes ☐ No

If yes, complete Containers Storage Checklist for Generators.

Is the beginning date of accumulation time clearly indicated? (262.34(a)(2))

☐ Yes ☐ No

d. Are tanks used to store wastes? (262.34(a)(1))

☐ Yes ☒ No

If yes, complete Tanks Checklist for Generators

e. While being accumulated, is each container or tank clearly marked "Hazardous Waste"? (262.34(a)(3))

☒ Yes ☐ No

NOTE: If generator accumulates waste on site but is not a storage facility, fill out Appendix A to Generators Checklist.

9. Describe storage area. Use photos and narrative.

Section E - Recordkeeping and Records (262.40-43) N/A Explain

1. Is generator keeping the following reports? (262.40 - Record keeping)
(Note: The following must be kept for a minimum of three years.)

a. Annual reports (not applicable until January 1983).

☒ Yes ☐ No

b. Test results where applicable.

☐ Yes ☐ No

in transfer Facility
N/A none generators on site
not observed none on site

N/A

2. Where are records kept (at facility or elsewhere)? at Facility

3. Who is in charge of keeping the records?

Name Gary Tony Title operations manager

4. Any additional reporting? (262.43 - Additional Reporting) Yes ☒ No

Section F - Special Condition (262.50 - International Shipments)

N/A

Explain _____

1. Has generator received from, or transported to a foreign source any hazardous waste? No Yes

a. If yes, has he filed a notice with the Regional Administrator? Yes No

b. Is this waste manifested and signed by Foreign consignee? Yes No

c. If generator transported wastes out of the country, has he received confirmation of delivered shipment? Yes No

Date _____
Inspector _____
Facility ID# _____

-69-

Appendix A
To Generator Checklist

Section A - Personnel Training (265.16)

1. Do management personnel complete hazardous waste training? ☒ Yes ☐ No
 - a. Is training on-the-job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
2. Do laborers who handle hazardous waste complete training? ☒ Yes ☐ No
 - a. Is training on-the job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
3. Does training include:
 - a. Emergency response procedures? ☒ Yes ☐ No
 - b. Inspection procedures? ☒ Yes ☐ No
 - c. Operation of hazardous waste handling equipment? ☒ Yes ☐ No
4. How often is training reviewed? annually
5. Does the facility have personnel training records including:
 - a. Job title and description of position? ☐ Yes ☒ No
 - b. Description of employee's training? ☒ Yes ☐ No
6. Are records maintained for three years? ☒ Yes ☐ No

"Driver missing"

Section B - Preparedness and Prevention (265.30-37)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility) ☒ No ☐ Yes
If yes, use narrative explanation.
2. Is the facility equipped with (265.32 - Required equipment)? ☒ Yes ☐ No
 - a. Internal communications or alarm system? ☒ Yes ☐ No
Is it easily accessible in case of emergency? ☒ Yes ☐ No
 - b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No
 - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? ☒ Yes ☐ No
Is this equipment tested to assure its proper operation? ☒ Yes ☐ No
How frequently? monthly inspections

d. Water of adequate volume for hoses, sprinklers or water spray system?

☒ Yes ☐ No

(1) Describe source of water

Hillsborough County

(2) Indicate flow rate and/or pressure and storage capacity, if applicable.

1 1/2 inch Fire-hoses

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space)

☒ Yes ☐ No

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements With Local Authorities)

☐ N/A ☒ Yes ☐ No

If N/A, explain

5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements With Local Authorities)

☐ N/A ☒ Yes ☐ No

If yes, indicate primary authority

Hills. City

Is the fire department a city or volunteer fire department?

county

6. Does the owner/operator have phone numbers of and agreements with state emergency response teams, emergency response contractors and equipment suppliers? (265.37 - Arrangements With Local Authorities)

☒ Yes ☐ No

Are they readily available to the emergency coordinator?

☒ Yes ☐ No

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements With Local Authorities)

☒ Yes ☐ No

If no, has the owner/operator attempted to do this?

☐ Yes ☒ No

8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operating record? (265.37 - Arrangements With Local Authorities)

☐ Yes ☒ No

NA

Section C - Contingency Plan and Emergency Procedures (265.50-56)

1. Does the facility have a contingency plan?
(265.51 - Purpose and Implementation of Contingency Plan) ☒ Yes ☐ No
2. Is it maintained at the facility?
(265.53 - Copies of Contingency Plan.) ☒ Yes ☐ No
3. Is the contingency plan a revised SPCC Plan?
(265.52 - Content of Contingency Plan) ☐ Yes ☒ No
 - a. Does the plan include:
 - (1) Action personnel will take? ☒ Yes ☐ No
 - (2) Evacuation routes? ☒ Yes ☐ No
 - (3) Emergency equipment? ☒ Yes ☐ No
 - (4) Is the emergency equipment properly inspected and maintained? ☒ Yes ☐ No
4. Is there an emergency coordinator on site or within short driving distance of the plant at all times?
(265.55 - Emergency Coordinator) ☒ Yes ☐ No
5. Who is the emergency coordinator? Gene Rainwater
6. Has the facility supplied local police and fire departments with a copy of the contingency plan?
(265.52 - Content of Contingency Plan.) ☒ Yes ☐ No

Date 6-1-88
Inspector E. KNAUSS
Facility ID# FLD 020985 727

TRANSPORTERS CHECKLIST

I. SITE NAME: Van Waters & Rogers

II. TRANSPORTER REQUIREMENTS (40 CFR 263)

1. Do vehicles transporting hazardous waste have the appropriate placards? (263.10)(49 CFR 172.500)

☐ Yes ☐ No *available*
- no trucks on site

2. Does transporter have an EPA identification number? (263.11(a))

☒ Yes ☐ No

3. Does transporter comply with 10 day storage limit for transfer facilities? (263.12)

☐ Yes ☐ No

a. Is the hazardous waste packaged according to 262.30? (263.12)

☒ Yes ☐ No *verbal*

4. Does the transporter use manifest system as required by 263.20?

☐ Yes ☐ No

Do the manifests contain at least:

a. Name and address of transporter?

☒ Yes ☐ No

b. Name, address, identification code of generator?

☒ Yes ☐ No

c. Name, address, identification code of designated permitted facility?

☒ Yes ☐ No

d. Corresponding manifest document number?

☒ Yes ☐ No

e. Description and quantity of each hazardous waste?

☒ Yes ☐ No

f. Signature of subsequent transporters?

☒ Yes ☐ No

g. Signatures signifying proper delivery or reasons why delivery could not be certified?

☐ Yes ☒ No *N/A*

Does not transport to TSD

5. International shipments: (263.20(g))

- a. Record of date waste left U.S.?
- b. Presence of one signed copy in records?
- c. Signed copy of manifest returned to the generator?
- d. Copy of the manifest given to a U.S. Customs official at the point of departure from the United States?

☒ N/A

☐ Yes ☐ No
☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

6. Are copies of the manifest retained for 3 years? (262.22)

☒ Yes ☐ No

7. Is there evidence of discharge of hazardous waste? (263.30)

☐ Yes ☒ No

8. Has transporter demonstrated the financial responsibility required under 17-30.170(2)?

☒ Yes ☐ No

III. TRANSFER FACILITY REQUIREMENTS (17-30.171)

A. General Facility Standards (265 Subpart B)

1. Security (265.14)

- a. Is the facility security system adequate to minimize unauthorized entry?
- b. Are signs posted and legible for 25 feet?

☒ Yes ☐ No
☒ Yes ☐ No

2. Inspection Requirement (265.15)

- a. Does the facility have a copy of the Inspection Plan?
- b. Does the facility have completed inspection logs?
- c. Were the deficiencies corrected in a timely manner?
- d. Are the inspection logs maintained at the facility for 3 years?

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

3. Personnel Training (265.16)

a. Do management personnel complete hazardous waste training?

☒ Yes ☐ No

• Is training on-the-job?

☒ Yes ☐ No

• Is training in-the-classroom?

☒ Yes ☐ No

off site by regional compliance manager
Don Black

b. Do laborers who handle hazardous waste complete training? ☒ Yes ☐ No

- Is training on-the-job? ☒ Yes ☐ No
- Is training on-the-classroom? ☒ Yes ☐ No

c. Does training include:

- Emergency response procedures? ☒ Yes ☐ No
- Inspection procedures? ☒ Yes ☐ No
- Operation of hazardous waste handling equipment? ☒ Yes ☐ No

d. How often is training reviewed? annually

e. Does the facility have personnel training records including:

- Job title and description of position?
- Description of employee's training?

☒ Yes ☒ No *not For Driver*
☒ Yes ☐ No

f. Is training successfully completed within 6 months of hiring/transfer to HW position?

☒ Yes ☐ No

g. Are records maintained for three years at the facility?

☒ Yes ☐ No

4. Ignitable, Reactive, or Incompatible Waste (265.17)

a. Is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat?

☒ Yes ☐ No

b. Are "No Smoking" signs posted in the area?

☒ Yes ☐ No

B. Preparedness and Prevention (265 Subpart C)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility)

☐ Yes ☒ No

If yes, use narrative explanation.

2. Is the facility equipped with (265.32 - required equipment)

- a. Internal communications or alarm system?
- Is it easily accessible in case of emergency?

☒ Yes ☐ No
☒ Yes ☐ No

b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No

c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? ☒ Yes ☐ No

Is this equipment tested to assure its proper operation? ☒ Yes ☐ No

How frequently? monthly inspections

d. Water of adequate volume for hoses, sprinklers N/A or water spray system? ☒ Yes ☐ No

(1) Describe source of water county water
(2) Indicate flow rate and/or pressure and storage capacity, if applicable. _____

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space) ☒ Yes ☐ No

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements With Local Authorities) ☐ N/A ☒ Yes ☐ No

If N/A, explain _____

5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements with Local Authorities) ☐ N/A ☐ Yes ☐ No

If yes, indicate primary authority Hills. CTY FD + Sheriff
Is the fire department a city or volunteer fire department? _____

OK 6. Does the owner/operator have phone number of and agreements with state emergency response teams OK emergency response contractors and equipment suppliers? ☒ Yes ☐ No
(265.37 - Arrangements with Local Authorities)

Are they readily available to the emergency coordinator? ☒ Yes ☐ No

up at 2-15-88

Brandon
Community

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements with Local Authorities)

☒ Yes ☐ No

If no, has the owner/operator attempted to do this?

8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operation record? (265.37 - Arrangements with Local Authorities)

☐ Yes ☐ No

N/A

C. Contingency Plan and Emergency Procedures (265 Subpart D)

1. Does the facility have a contingency plan? (265.51 - Purpose and Implementation of Contingency Plan)

☒ Yes ☐ No

2. Is it maintained at the facility? (265.53 - Copies of Contingency Plan)

☒ Yes ☐ No

3. Is the contingency plan a revised SPCC Plan (265.52 - Content of Contingency Plan)

☐ Yes ☒ No

a. Does the plan include:

- (1) Action personnel will take?
(2) Evacuation Routes?
(3) Emergency Equipment?
(4) Is the emergency equipment properly inspected and maintained?

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

4. Is there an emergency coordinator on site or within short driving distance of the plant at all times? (265.55 - Emergency Coordinator)

☒ Yes ☐ No

5. Who is the emergency coordinator?

Gene Rainwater - branch manager

6. Has the facility supplied local police and fire departments with a copy of the contingency plan? (265.53(b) - Content of Contingency Plan)

☒ Yes ☐ No

Date 6-1-88
Inspector E. KNAUSS
Facility ID# FL0020985727

D. CONTAINERS STORAGE CHECKLIST FOR TRANSPORTERS

(Subpart I - Use and Management of Containers 265.170)

1. Are the containers in good condition (265.171)?
(check for leaks, corrosion, bulges, etc.)

☒ Yes ☐ No *(verbal)*

2. If a container is found to be leaking, does the operator transfer the hazardous waste from the leaking container?

overpack if necessary ☒ Yes ☒ No

3. Is the waste compatible with the containers and/or its liner? (265.172)

☒ Yes ☐ No

4. Are containers holding hazardous waste opened, handled or stored in such a manner as to cause the container to rupture or leak? (265.173)

☐ Yes ☒ No

If yes, explain using narrative.

5. Are each of the containers inspected at least weekly (265.174)?

☒ Yes ☐ No

If no, explain using narrative concerning the frequency of inspection.

6. Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility property line? (265.176)

☒ Yes ☐ No

If yes, explain using narrative.

7. Are incompatible wastes stored in the same containers?

☐ Yes ☒ No *- per drivers checklist*

If yes, explain using narrative.

8. Are containers holding incompatible wastes kept apart by physical barrier or sufficient distance?

☒ Yes ☐ No

If no, explain using narrative.

N/A

E. Does facility have a written closure plan satisfying requirements of closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112(c), 265.114, 265.115? (17-30.171(2)(b)) ☒ Yes ☐ No

F. Is hazardous waste that is stored in containers or vehicles stored on a man made surface which is capable of preventing spills or releases to the ground? (17-30.171(2)(d)) ☒ Yes ☐ No

G. Has the facility notified the department on Form 17-30.401(6) (Transfer facility notification form)? (17-30.171(3)) ☒ Yes ☐ No

IV. UNREGULATED WASTES (HOUSEHOLD/CONDITIONALLY
EXEMPT SMALL QUANTITY GENERATOR WASTES)

☒ N/A

1. Does the transporter have documentation
that this waste was generated by an
unregulated source?

☐ Yes ☐ No

2. If no, is the transporter assuming responsi-
bility as the generator of this waste?

☐ Yes ☐ No

a. If yes, complete the applicable Generator
or Small Quantity Generator checklist.

b. If no, the inspector should inform the
transporter that he will be held responsible
as the generator of the wastes and will be
reinspected to ensure that the applicable
requirements are being satisfied. A follow
up inspection should be scheduled as follows:

i) 90 days after initial inspection if the
quantity of "unregulated" wastes on site
exceed 1000 kg.

ii) 180 days after initial inspection if the
quantity of "unregulated" wastes on site
are less than 1000 kg.

3. Does the transporter mix/consolidate hazardous
wastes of different DOT shipping descriptions
263.10(c)(2)?

☐ Yes ☒ No

If yes, complete the Generator checklist.

V. LAND BAN WASTE

1. Does the transporter manage restricted
(land ban) wastes?

If yes check appropriate box(es)

"California list" ☒

F--- list ☐

☒ Yes ☐ No

11/87

Van Waters & Rogers Inc.

subsidiary of Univar

6051 HWY 41A SO.
ROUTE 3, BOX 498-A
TAMPA, FL 33619
PHONE (813) 677-8414

June 6, 1988

Elizabeth Knauss
State of Florida
Dept. of Environmental Reg
45200 Oak Fair Blvd.
Tampa, FL 33610

Dear Elizabeth,

Attached please find truck driver job description per your request to complete compliance review on June 1, 1988. Please don't hesitate to call if you have any more questions.

Sincerely,



Gary Tonry
Operations Manager

Encl.
GT:km

cc: D. Black
File

D. E. R.

JUN 08 1988

SOUTH WEST DISTRICT
TAMPA

POSITION GUIDE

| | | | |
|---|---|----------------------|----------|
| INCUMBENT | A. | | |
| | TITLE Truck Driver | | NAME |
| | CORPORATE STAFF/COMPANY McKesson Chemical Company | | DIVISION |
| | DEPARTMENT | LOCATION "Branch" | DATE |
| TITLE | B. GENERAL STATEMENT OF POSITION FUNCTION | | |
| | A McKesson Chemical driver is responsible to the Branch Operations Manager/Branch | | |
| | Manager for the safe, efficient, and legal operation of his vehicle and the | | |
| | transporting of materials to/from customers and suppliers. In carrying out these | | |
| | responsibilities, he is required to operate and maintain his/her vehicle and | | |
| | transport such goods in full compliance with all applicable Federal, State, and | | |
| | Local regulations, as well as within Company policy. Each driver is required | | |
| | to meet all the requirements of Part 391 of Title 49 D.O.T. regulations "Quali- | | |
| | fications of Drivers", prior to and during his/her employment with McKesson | | |
| | Chemical Company. Upon completion of indoctrination and introductory training | | |
| | he will perform his work in strict accordance with the requirements of Department | | |
| | of Transportation (Title 49) and Environmental Protection Agency (Title 40) | | |
| | regulations, and Company policy. He will maintain cordial relationships with | | |
| | both internal and external sources in the best interest of the Company and | | |
| | perform his work to protect the public and environment. | | |
| | JUN 08 1988 | | |
| | SOUTH WEST DISTRICT TAMPA | | |
| | C. APPROVALS (Must be completed prior to recruiting, hiring, transfer or promotion into position - if used as personnel requisition) | | |
| MANAGER | | DATE | |
| PERSONNEL DEPARTMENT | | DATE | |
| ORGANIZATION AND MANAGEMENT PLANNING (GRADE 15 AND ABOVE) | | DATE | |
| COMPENSATION (To be completed by Personnel Department) | | | |
| GRADE LEVEL | DATE | BY | |

D. POSITION SCOPE

| | | | |
|---|----------------------|--------------------------|-----------------|
| REPORTS TO | NAME "Supervisor" | TITLE " | " |
| SUPERVISES DIRECTLY | TITLE | NO. OF EMPLOYEES | |
| | TITLE | NO. OF EMPLOYEES | |
| | TITLE | NO. OF EMPLOYEES | |
| SUPERVISES INDIRECTLY (NUMBER OF EMPLOYEES) | | EXEMPT 0 | NON-EXEMPT 0 |
| FINANCIAL | | | |
| SALES/BUDGETS/PROFITS \$ | | ASSETS \$ | |
| RELATIONSHIPS | | | |
| INTERNAL | | EXTERNAL | |
| Branch Manager | | Customers | |
| Administrative - Operations Manager | | Other Branch's Employees | |
| Warehousemen | | | |
| | | | |
| | | | |
| | | | |

E. POSITION SPECIFICATIONS (Qualifications for job)

| | |
|-------------------------|--|
| EDUCATION/ KNOWLEDGE | Min. -- High school graduate or equivalent |
| EXPERIENCE | Min. -- Minimum 25 years of age. -- Recent graduate from truck driving school with no experience. |
| SKILLS | --Capable of operating assigned vehicle. --Successful completion of required D.O.T. Drivers Road Test. --Knowledgeable of all applicable D.O.T. regulations. --Complete training requirements of EPA regulations regarding loading, transporting and unloading of hazardous wastes. |

| F. MAJOR RESPONSIBILITIES | WEIGHT (Importance) | STANDARDS OF PERFORMANCE (How responsibilities are measured) |
|---------------------------|------------------------|--|
| Driving | 80-90% | <p>--Deliveries and pick-ups made on a timely basis.</p> <p>--Logs will be received the following morning with no deviations from regulations, and in a neat manner.</p> <p>--Adherence to tachograph program and the standards of performance expected under that program.</p> <p>--Responsible for all safety guidelines as outlined by Company policy and training (use of safety equipment, proper modes of operation and procedure, equipment inspections - maintenance, etc.)</p> <p>--Full compliance with all D.O.T./E.P.A. regulations as outlined in training sessions. All incidents of a nature requiring management attention to be immediately reported to management for thorough investigation and necessary action.</p> <p>In addition to H/M and H/W regulatory adherence; full compliance with all traffic laws, speed limits, weight limits, placarding requirements, etc., in effect.</p> |
| Maintenance and Delivery | 10-20% | <p>--Truck will be kept in neat, safe, and orderly manner. Inspections to be made daily on vehicle; maintenance schedule adhered to as outlined by management.</p> <p>--Render any necessary assistance at customer or branch location to warehousemen, to prepare for loading or delivery (i.e. assisting w/unloading, cleaning trailers, checking count, etc.)</p> |
| | 100 % | |

STATE OF FLORIDA
AUTOMOBILE
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA,

(the "Insurer"), of 70 PINE STREET, NEW YORK, NEW YORK 10270

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to VAN WATERS & ROGERS INC.

(the "Insured"), of 1600 NORTON BLDG, SEATTLE, WA 98104

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 17-30.170. The coverage applies at:

| EPA/DER I.D. No. | Name | Address |
|------------------|-------------------------|--|
| FLD 020 985727 | VAN WATER & ROGERS INC. | 6051 HIGHWAY 41A SOUTH TAMPA, FL 33619 |
| FLD 981 014681 | VAN WATER & ROGERS INC. | 2783 WEST 5TH STREET JACKSONVILLE, FL 32205 |

(If coverage is for multiple facilities identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number RMBA154-9186, issued on 3-1-87. The effective date of

said policy is 3-1-87.
[Date]

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of

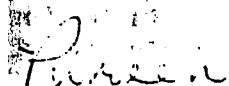
said policy is _____.
[Date]

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

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

- NOTARIAL
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Regulation (FDER), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty-five (35) days after a copy of such written notice is received by the Secretary of the FDER as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States including Florida.

 [Signature of Authorized Representative of Insurer]

PUREEN A. ROSETTE

[Type name] [Social Security Number]

SENIOR UNDERWRITER

[Title]

Authorized Representative of

NATIONAL UNION FIRE INSURANCE COMPANY

[Name of Insurer]

THREE EMBARCADERO CENTER, SAN FRANCISCO, CA 94111

[Address of Representative]

HAZARDOUS WASTE INSPECTION
EXIT INTERVIEW

FACILITY:

Van Waters + Rogers

I.D. NUMBER:

FLD 020985727

DATE:

6/1/88

TIME:

1:00 pm

INTERVIEW PARTICIPANTS:

Gary Tonry, Beth Krauss, E. Morales

This exit interview is the Department's procedure to advise you early in the process of possible violations of Florida Administrative Code Chapter 17-30, which adopts Federal Regulation 40 CFR Parts 260-266 by reference. It is possible that the violations noted and checked are incomplete. After a complete internal file review by the Department, an inspection report will be finalized. In most cases the violations noted below by the inspector will not change in the final report, therefore, you are advised to immediately begin correcting these violations. The Department will forward the complete inspection checklist along with the finalized inspection report within 45 days. Be advised that the Department has signed an enforcement agreement with the U.S. Environmental Protection Agency which calls for the assessment and collection of monetary penalties for violations. While your quick response in correcting the violations may not reduce the calculated penalties, continued non-compliance may result in greater penalty liability.

The following violations have been tentatively identified:

- ☐ 1. Hazardous Waste Determination (262.11).
- ☐ 2. Hazardous Waste Notification (262.12 or 263.11 or 264/265.11).
- ☐ 3. Manifest Deficiencies or Recordkeeping and Reporting (262 Subpart B and D or 263 Subpart B or 264/263 Subpart E).
- ☒ 4. Personnel Training [265.16 (262.34(d) for SQG) or 264.16].
- ☐ 5. Contingency Plan [265 Subpart D (262.34(d) for SQG) or 264 Subpart D].
- ☐ 6. Preparedness and prevention (265 Subpart C or 264 Subpart C).
- ☐ 7. Container Requirements (262.34 or 264/265 Subpart I).
- ☐ 8. Tank Requirements (262.34 or 264/265 Subpart J).
- ☐ 9. Operating a treatment, storage or disposal facility without a permit (403.722 F.S., F.A.C. 17-30, Section IV).
- ☐ 10. Security Requirements (264/265.14).
- ☐ 11. Groundwater Monitoring (264/265 Subpart F).
- ☐ 12. Closure/Post-closure (264/265 Subpart G).
- ☐ 13. Failure to comply with the provisions of a Department Issued Permit or with the provisions of the Consent Order.
- ☐ 14. Other

COMMENTS:

"Drive" job description

DEPARTMENT SIGNATURE:

E. Morales

FACILITY PARTICIPANT SIGNATURE:

Gary Tonry

NOTE:

BY SIGNING THIS FORM THE FACILITY PARTICIPANT IS ONLY INDICATING THAT THIS FORM HAS BEEN RECEIVED. THIS IS NOT AN ADMISSION THAT THE CITED PROVISIONS HAVE BEEN VIOLATED.

DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

July 24, 1986

Mr. Steven Rudnick
McKesson Chemical Company
6051 Highway 41-A, South Route 3
Box 498-A
Tampa, Florida 33619

Re: Warning Notice #29-86-07-236
McKesson Chemical Company

Dear Mr. Rudnick:

A review of your correspondence dated July 21, 1986 indicates the violation cited in the referenced Warning Notice has been corrected. This enforcement action is now closed.

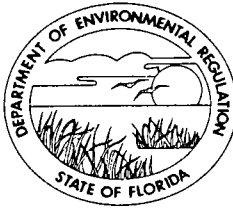
Sincerely,

Robin B. Mackley
Environmental Specialist I
Enforcement Section

RBM/ab

cc: David Thulman, OGC
✓ Paul Luth

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000

BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

December 17, 1986

Mr. Ed Kerul
McKesson Chemical Company
6051 Highway 41-A South
Route 3 Box 498A
Tampa, Florida 33619

Dear Mr. Kerul:

Thank you for your assistance during the RCRA compliance inspection conducted on December 16, 1986. Based upon the information gathered from this inspection, McKesson Chemical Company, was found to be in compliance with the regulations governing hazardous waste generators, transporters and transfer facilities as promulgated under CFR Parts 262 and 263, which the State of Florida adopts under Chapter 17-30, Florida Administrative Code.

Enclosed is the inspection report generated from this visit. Please retain this report as a part of your permanent records.

If you have any questions contact me at (813) 985-7402.

Sincerely,

Robin B. Mackley

Robin B. Mackley
Environmental Specialist I
Hazardous Waste Section

RBM/br

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000

BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT COMPLAINT X ROUTINE FOLLOW-UP PERMITTING
FACILITY NAME Moreland McKesson Chemical Co. DER/EPA ID FLD 020 985 727
ADDRESS 6051 U.S. 41-A, Tampa, FL 33619
COUNTY Hillsborough Phone (813) 677-8414 DATE 12-16-86 TIME 10:00 a.m.

TYPE OF FACILITY:

| | | |
|----------------------------|---------------------------------|---------------------------------|
| Generator | Storage | Treatment |
| <u> </u> Small Quantity | <u> </u> Container | <u> </u> Tank |
| <u>X</u> Generator | <u> </u> Tank | <u> </u> Land Treatment |
| | <u> </u> Waste Pile | <u> </u> Thermal |
| Transporter | <u> </u> Surface Impoundment | <u> </u> Chem/Phys/Bio. |
| <u>X</u> Transporter | | <u> </u> Incinerator |
| | Disposal | <u> </u> Surface Impoundment |
| | <u> </u> Landfill | |
| | <u> </u> Surface Impoundment | |
| | <u> </u> Waste Pile | |

2. Applicable Regulations:

X 40 CFR 262 X 40 CFR 263 40 CFR 264 40 CFR 265

3. Responsible Official: (Name & Title)

Mr. Stephen Rudnick

4. Survey Participants & Principal Inspector

Steve Rudnick / Ed Kerul, McKesson Chemical
Robin Mackley, FDER
Paul Luth, FDER
Lila Carter, FDER

5. Facility Latitude:

Longitude:

27° 52' 32"

82° 23' 05"

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit Number: Date Issued: Expiration Date:

Moreland McKesson Chemical Co.
FLD 020 985 727


8. Discrepancies with Process Description:

See attached page

o

9. List and explain noncompliance items.

None

APPROVED BY 
Paul E. Luth
Environmental Supervisor

8) Process Description

McKesson Chemical Company is a nationwide distributor of industrial chemicals and solvents. The Tampa facility maintains a warehouse storage area for the virgin chemicals, a solvent repackaging process and a separate building where chlorine gas is repackaged into cylinders and bleach is produced. There are no hazardous wastes generated at McKesson, however the facility wishes to maintain its generator status in case an accidental spill takes place and requires cleanup and disposal.

As a service to its customers, McKesson Chemical transports spent solvents for recycling at the McKesson Envirosystems plant in New Castle, Kentucky. Typically, McKesson will wait until a full trailer truckload can be compiled before they initiate a pickup. This would entail traveling between several customers and picking up each customers waste solvent. When a full load is collected it is transferred to a common carrier service such as Ryder PIE or Overnight Express for final shipment to the New Castle facility. The turnaround time for transferring the waste to the secondary transporter is generally 3-4 days. During this lapse the spent solvents are kept on the enclosed trailer and it is parked within the fenced-in compound at the McKesson facility.

McKesson Chemical originally intended to operate a hazardous waste storage facility for the spent recyclable solvents and had submitted an application for a construction permit (HC29-090463) to build the storage area. However, this application was withdrawn on October 30, 1986. It is the intention of McKesson Chemical to operate only as a transfer facility.

Based upon the information gathered from this inspection, McKesson Chemical was found to be in compliance with the regulations governing hazardous waste generators, transporters and transfer facilities as promulgated under 40 CFR Parts 262 and 263 and Chapter 17-30, Florida Administrative Code.

Date 12/16/86
Inspector Mackley/With/Carter
Facility ID# FLA 020985727

RCRA INSPECTION REPORT
GENERATOR'S CHECKLIST

Note: On multiple part questions, check those not in compliance.

Section A - Site Identification No.

1. Site Name: McKesson Chemical Company

Section B - Hazardous Waste Determination (262.11)

1. Does generator generate hazardous waste(s) listed in Subpart D (261.30 - 261.33 - List of Hazardous Waste)? Yes ☒ No

a. If yes, list wastes, EPA numbers & quantities.

2. Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity) (261.20 - 261.24 - Characteristics of Hazardous Waste.) Yes ☒ No

a. If yes, list wastes, EPA numbers, and quantities.

b. Does generator determine characteristics by testing, by product knowledge, or by applying process knowledge? _____

(1) If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? Yes ☐ No ☐

(2) If equivalent test methods used, attach copy of equivalent methods used.

3. Is generator subject to full regulation under Part 262? ☒ Yes ☐ No
(If no, check appropriate exemptions)

Small quantity generator (261.5 - Special requirements)
(Describe small quantity disposal practices & checklist)

OR

Produces non-hazardous waste at this time (261.4 - Exclusions)

OR

Recycles, reclaims, uses or reuses hazardous waste at this time
(261.6 - Exclusions) (Describe how this is achieved.)

OR

Being a farmer disposing of waste pesticides for his
own use on his own property (262.51 - Farmers)

OR

Burns hazardous waste as a fuel for the purpose of recovering
usable energy (261.1(c)(2))

Generator
Status maintained
in case of
Spill-generated
waste

Section C - Manifest (262.20-.23)

1. Has generator shipped hazardous waste off-site since Nov. 19, 1980?
(Subpart B - The Manifest)

☒ Yes ☐ No

a. If no, do not fill out Section C and D.

- b. If yes, identify primary off-site facilities. *McKesson Envirosystems*
List facilities in narrative report. *New Castle, KY*

2. Does generator use manifest? (262.20 - General requirements)

☒ Yes ☐ No

If yes, inspect manifests at random. Do all manifests reviewed include the following information?
(262.21 - Required information) (Check items not on manifest.)

- a. Manifest Document No.

☒ Yes ☐ No

- b. Generator's Name, Mailing Address, Tel. No.

☒ Yes ☐ No

- c. Generator EPA I.D. No.

☒ Yes ☐ No

- d. Transporter(s) Name and EPA I.D. No.

☒ Yes ☐ No

- e. Facility Name, Address and EPA I.D. No.

☒ Yes ☐ No

- f. DOT description of the waste

☒ Yes ☐ No

- g. (1) Quantity (weight or volume)

☒ Yes ☐ No

- (2) Containers (type and number)

☒ Yes ☐ No

- h. Emergency Information (optional)

(special handling instructions, Phone No.)

☒ Yes ☐ No

- i. Is the following certification on each manifest form?

☒ Yes ☐ No

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

- j. Signatures and dates

- (1) Generator

☒ Yes ☐ No

- (2) Transporter

☒ Yes ☐ No

- (3) Disposer (returned copy)

☐ Yes ☐ No

- k. Indicate number of manifests inspected and number of violations.

8
0

Note type of violation in report.

1. If copy of manifest from facility was not returned within 45 days, did generator file an exception report? N/A
(262.42 - Exception reporting)

☐ Yes ☐ No

If yes, did it contain the following information?

Legible copy of manifest

☐ Yes ☐ No

AND

Cover letter explaining generators efforts to locate waste.

☐ Yes ☐ No

- m. Does (will) generator retain copies for 3 years?

☒ Yes ☐ No

Section D - Pre-Transport Requirements(262.30-34)

N/A

1. Does generator package waste for transport?

☐ Yes ☒ No

If no, skip to question 8.

If yes, complete the following questions.

2. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? (262.30 - Packaging)

☐ Yes ☐ No

3. Inspect containers to be shipped.

- a. Are containers to be shipped in good condition?

(Describe containers and condition; i.e., leaking or corroding or bulging.)

☐ Yes ☐ No

- b. Is there evidence of heat generation from incompatible wastes in the containers?

☐ No ☐ Yes

4. Before shipping, does the generator use DOT labeling requirements in accordance with 49 CFR 172? (263.31 - Labeling)

☐ Yes ☐ No

5. Does the generator mark each package in accordance with 49 CFR 172? (262.32 - Marking)

☐ Yes ☐ No

6. Is each container of 110 gallons or less marked with the following label? (262.32 - Marking)

☐ Yes ☐ No

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address _____

Manifest Document Number _____

7. If there are any vehicles present on site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet. (262.33 - Placarding) *None*

a. Does the generator have the appropriate placards to offer the initial transporter? ☐ Yes ☐ No

b. If no, who provides placards? _____

8. Accumulation Time (262.34 - Accumulation Time)

a. Is facility a permitted storage facility? ☐ Yes ☒ No
If yes, skip to question #9.

If no, answer rest of question #8.

b. Does the facility comply with the 90-day accumulation time limit? (262.34(a)) *N/A* ☐ Yes ☐ No

If no, has the generator been granted a 30-day extension? (262.34(b)) ☐ Yes ☐ No

If yes, explain the unforeseen/uncontrollable circumstances in the narrative.

c. Are containers used to store wastes? (262.34(a)(1)) *N/A* ☐ Yes ☐ No

If yes, complete Containers Storage Checklist for Generators.

Is the beginning date of accumulation time clearly indicated? (262.34(a)(2)) ☐ Yes ☐ No

d. Are tanks used to store wastes? (262.34(a)(1)) *N/A* ☐ Yes ☐ No

If yes, complete Tanks Checklist for Generators

e. While being accumulated, is each container or tank clearly marked "Hazardous Waste"? (262.34(a)(3)) ☐ Yes ☐ No

NOTE: If generator accumulates waste on site but is not a storage facility, fill out Appendix A to Generators Checklist.

9. Describe storage area. Use photos and narrative.

Section E - Recordkeeping and Records (262.40-43) *N/A* Explain _____

1. Is generator keeping the following reports? (262.40 - Record keeping)
(Note: The following must be kept for a minimum of three years.)

a. Annual reports (not applicable until January 1983). *N/A* ☐ Yes ☐ No

b. Test results where applicable. ☐ Yes ☐ No

2. Where are records kept (at facility or elsewhere)? on-site

3. Who is in charge of keeping the records?

Name Steve Rudnick Title Administrative Manager

4. Any additional reporting? (262.43 - Additional Reporting) Yes ☒ No

Section F - Special Condition (262.50 - International Shipments)

☒ N/A

Explain _____

1. Has generator received from, or transported to a foreign source any hazardous waste? No Yes

a. If yes, has he filed a notice with the Regional Administrator? Yes No

b. Is this waste manifested and signed by Foreign consignee? Yes No

c. If generator transported wastes out of the country, has he received confirmation of delivered shipment? Yes No

Date 12/16/86
Inspector Mackley / Leith / Carter
Facility ID# FLD 026 985 727

-6g-

Appendix A
To Generator Checklist

Section A - Personnel Training (265.16)

1. Do management personnel complete hazardous waste training? ☒ Yes ☐ No
 - a. Is training on-the-job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
2. Do laborers who handle hazardous waste complete training? ☒ Yes ☐ No
 - a. Is training on-the job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
3. Does training include:
 - a. Emergency response procedures? ☒ Yes ☐ No
 - b. Inspection procedures? ☒ Yes ☐ No
 - c. Operation of hazardous waste handling equipment? ☒ Yes ☐ No
4. How often is training reviewed? At least once/year
5. Does the facility have personnel training records including
 - a. Job title and description of position? ☒ Yes ☐ No
 - b. Description of employee's training? ☒ Yes ☐ No
6. Are records maintained for three years? ☒ Yes ☐ No

Section B - Preparedness and Prevention (265.30-37)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility) ☒ No ☐ Yes
If yes, use narrative explanation.
2. Is the facility equipped with (265.32 - Required equipment)
 - a. Internal communications or alarm system?
Is it easily accessible in case of emergency? ☒ Yes ☐ No
 - b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No
 - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment?
Is this equipment tested to assure its proper operation? ☒ Yes ☐ No
How frequently? Inspected once/month Tested once/year

-7g-

- d. Water of adequate volume for hoses, sprinklers or water spray system? ___ Yes ___ No

(1) Describe source of water Hills Co. Utilities

(2) Indicate flow rate and/or pressure and storage capacity, if applicable. Not Known

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space) ___ Yes ___ No No drums on site

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements With Local Authorities) ___ N/A ___ ☒ Yes ___ No

If N/A, explain _____

5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements With Local Authorities) ___ N/A ___ Yes ___ No

If yes, indicate primary authority _____

Is the fire department a city or volunteer fire department? _____

6. Does the owner/operator have phone numbers of and agreements with state emergency response teams, emergency response contractors and equipment suppliers? (265.37 - Arrangements With Local Authorities) ___ ☒ Yes ___ No

Are they readily available to the emergency coordinator? ___ ☒ Yes ___ No

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements With Local Authorities) ___ ☒ Yes ___ No

If no, has the owner/operator attempted to do this? ___ Yes ___ No

8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operating record? (265.37 - Arrangements With Local Authorities) ___ Yes ___ No N/A

Section C - Contingency Plan and Emergency Procedures (265.50-56)

1. Does the facility have a contingency plan?
(265.51 - Purpose and Implementation of Contingency Plan) ☒ Yes ☐ No
2. Is it maintained at the facility?
(265.53 - Copies of Contingency Plan.) ☒ Yes ☐ No
3. Is the contingency plan a revised SPCC Plan?
(265.52 - Content of Contingency Plan) ☐ Yes ☒ No
 - a. Does the plan include:
 - (1) Action personnel will take? ☒ Yes ☐ No
 - (2) Evacuation routes? ☒ Yes ☐ No
 - (3) Emergency equipment? ☒ Yes ☐ No
 - (4) Is the emergency equipment properly inspected and maintained? ☒ Yes ☐ No
4. Is there an emergency coordinator on site or within short driving distance of the plant at all times?
(265.55 - Emergency Coordinator) ☒ Yes ☐ No
5. Who is the emergency coordinator? Gene Rainwater
6. Has the facility supplied local police and fire departments with a copy of the contingency plan?
(265.52 - Content of Contingency Plan.) ☒ Yes ☐ No

Date 12/16/86
Inspector MacKley / Butth / Carter
Facility ID# FLD 020985727

TRANSPORTERS CHECKLIST
(40 CFR 263)

1. License number and current date on tag SC TL17264
(tractor and trailer, if separate units) FL N46717
2. Maintenance of records for the specified
three year time limit? (263.72) ☒ Yes ☐ No
3. Copy of manifest or delivery document available?(263.20) ☒ Yes ☐ No
Manifest containing at least: (263.21)
 - a. Name and address of transporter? ☒ Yes ☐ No
 - b. Name, address, identification code of generator? ☒ Yes ☐ No
 - c. Name, address, identification code of designated
permitted facility? ☒ Yes ☐ No
 - d. Corresponding manifest document number? ☒ Yes ☐ No
 - e. Description and quantity of each hazardous waste? ☒ Yes ☐ No
 - f. Signature of subsequent transporters? ☒ Yes ☐ No
 - g. Signatures signifying proper delivery or
reasons why delivery could not be certified? ☒ Yes ☐ No
4. Containers properly labeled and marked? (262.31--32) ☒ Yes ☐ No
5. International shipments: (262.50) N/A
 - a. Record of date waste left U.S.? ☐ Yes ☐ No
 - b. Presence of one signed copy in records? ☐ Yes ☐ No
6. Evidence of leaking or damaged containers? (Note appearance of
truck also) (263.30 - Hazardous Waste Discharges) N/A ☐ No ☐ Yes
7. Vehicles containing hazardous waste placarded properly?
(49 CFR 172.500) verbally confirmed ☐ Yes ☐ No
8. If it is required of vehicle or if vehicle contains more than
1,000 lbs of hazardous waste, check to see that markings:
 - a. Appear on both sides of vehicle? ☒ Yes ☐ No
 - b. Are in letters contrasting in color with background? ☒ Yes ☐ No
 - c. Are legible during daylight from 50 feet away? ☒ Yes ☐ No
9. Does the operator have a copy of the financial assurance
required by 17-30.17(2)? ☒ Yes ☐ No

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
SOUTHWEST DISTRICT

CONVERSATION RECORD

Date 8/18/86
Time 3:00 pm

Subject McKesson Chem - spill
Permit No. _____
County Hillsborough
Telephone No. 813-689-6757

Mr. Wade Dehhee

Representing Hillsborough Co. Fire Dept.

☒ Telephoned Me ☐ Was Called ☐ Scheduled Meeting ☐ Unscheduled Meeting

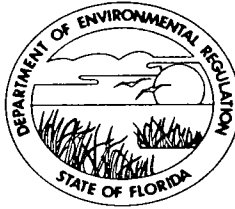
Other Individuals Involved in Conversation/Meeting Ed Kerol (McKesson)
677-8414

Summary of Conversation/Meeting Tanker being washed out overflowed
into diked area (drainage to neutralization basin) containing
approx. 170 caustic soda. Guard summoned Fire Dept. who
shut off water (water left on by employee accidentally). Liquid
which overflowed entered McKesson's neutralization system
and deposited into City of Tampa System.

(continue on another
sheet, if necessary)

Signature K. McClain
Title ESI

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

July 9, 1986

Mr. Gene Rainwater
McKesson Chemical Company
6051 Highway 41-A South
Rt. 3 Box 498 A
Tampa, Florida 33619

WARNING NOTICE #29-86-07-236
FLD # 020985727

Dear Mr. Rainwater:

RE: RCRA Hazardous Waste Compliance
Inspection Conducted June 10, 1986

A hazardous waste compliance inspection was conducted at your facility on June 10, 1986. A copy of the inspection report is attached to this Notice. This inspection was conducted under the authority of Section 403.061, Florida Statutes and Chapter 403, Part IV, Florida Statutes, and is designed to ascertain the compliance status of your facility with 40 CFR 260-266, adopted as Florida Administrative Code Rule 17-30.

During the inspection the following violations of 40 CFR 260-266, as adopted by Florida Administrative Code Rule 17-30 were noted:

40 CFR 263.20(a)

Facility accepted improperly
filled out manifest from
generator.

You are advised to immediately cease all operations contributing to violations of the cited statutes and regulations. You are further advised that you may be held liable for any damages occurring to the resources of the State and for the restoration to original condition of those resources.

Mr. Gene Rainwater
WN #29-86-07-236

July 9, 1986
Page Two

The violations set forth in this Warning Notice may be resolved by the execution of a mutually acceptable Consent Order or, in some cases by the provision by you of an acceptable Time Schedule within which the violations will be corrected. This Consent Order and/or Time Table will set forth the specific requirements for compliance and the time periods within which compliance must be achieved. If a Consent Order is required it will set forth a settlement figure payable to the State in compensation for your violations of State statutes.

Please be advised that we must be notified in writing within ten (10) calendar days of the receipt date of this Notice of your desire to resolve these issues and your plans for complying with the cited statutes. Please address your response to Ms. Robin Mackley of the District Office. Failure to respond in writing by the tenth day may result in one of the following actions:

1. The issuance of an Administrative Order against you pursuant to the authority of Chapter 403.121, Florida Statutes within thirty (30) days of date of receipt of this Notice.

2. The filing of civil complaint in circuit against you pursuant to the authority of Chapter 403.131, 403.141, 403.161, and 403.727, Florida Statutes.

Please be advised that should Consent Order negotiations be initiated, they must result in complete signed Order within ninety (90) days of the receipt of this Notice.

Sincerely,



Craig McArthur
Environmental Supervisor

RM/msb

cc: Richard D. Garrity, Ph.D
David Thulman, OGC
Paul Luth

REFERRAL NO.

PROGRAM: HW

ENFORCEMENT REFERRAL FORM

SOURCE: McKesson Chemical Co

RESPONSIBLE PARTY: Gene Rainwater-Mgr.

ADDRESS: 6051 Highway 41A South
(Rt 3 Box 498A)

ADDRESS: _____

Tampa, Fl. 33619

TELEPHONE: (813) 677-8414

TELEPHONE: _____

EPA ID NO: FLD 020985727

TYPE: COUNTY: Hillsborough

G.P.S.I.:

SECTION: TOWNSHIP RANGE _____

ENGINEER: _____

ATTORNEY: _____

ADDRESS:

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

RECEIVING WATERS:

CLASSIFICATION: _____

DOMINANT PLANT COMMUNITY: _____

I.

VIOLATION SUMMARY

| RULE OR STATUTE | DESCRIPTION OF VIOLATION |
|-------------------------------------|--|
| 40 CFR Part 263 Subpart B-263.20(a) | Facility accepted improperly filled out manifest from generator. |
| | |
| | |
| | |
| | |
| | |
| | |

II. DESCRIPTION OF INTERACTION WITH VIOLATOR:

WRITTEN: _____ DATE: _____
TELEPHONE: _____ DATE: _____
MEETINGS: _____ DATE: _____
INSPECTIONS: x DATE: 6-10-86

III. OTHER AGENCIES INVOLVED? None

IV. ATTACH ALL CURRENT FILES WHICH PERTAIN TO THE VIOLATION:

(In-house referrals must be accompanied by all current permitting files. Outside referrals must be accompanied by copies of all relevant files.)

V. COMMENTS: Warning letter suggested. (McKesson Chemical has
 demonstrated effort to correct manifest error.)

VI. DESCRIPTION OF CORRECTIVE ACTION NEEDED: (Attach map of restoration lines, jurisdictional lines, etc.).

VII. REFERRED BY: K. McClain **DATE:** 6-10-86
SECTION SUPERVISOR: *[Signature]* **DATE:** 6-23-86

PRIORITY: HIGH MODERATE LOW ✓

NE WAIPUAI.

7. Handler type: (Circle one)
Major ☐ Non-Major ☒

7a. Type facility: (Circle One)
Treat/Store/Dispose
Non-Handler
Transporter
Generator
Small Quan. Generator
Exempt

7b. Type Ownership: (Circle One)
Federal State
County Municipal
Private

8b. TYPE OF EVALUATION COVERED
BY THIS REPORT:
Put *code in box 5
Choose one

1. EPA ID: F L D O 2 0 9 8 5 ' 3 7

2. H.W. PERMIT NO.

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

3. HANDLER NAME: McKesson Chemical Company

4. ADDRESS: 6051 Highway 41A South (RT. 3 Box 498A)
Tampa, FL. 33619

S. RESPONSIBLE FACILITY OFFICIAL: Gene Rainwater - Manager

6. COUNTY: Hillsborough LAT/LONG: 27°52'32"/82°23'05"

8. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:

8a. AGENCY RESPONSIBLE FOR
EVALUATION:
Put "code in box [5]
(SEE Back of form)

12/19/85

9. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 8): 6/10/86

4. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes ☒ No ☐
Status Date 11/11/2018

10). AREA AND CLASS OF VIOLATION
(enter 'X' in appropriate box
if violations found. Enter
'0' if no violations found in
area evaluated.) Enter 'Z' to
indicate area of interest.

| Class of Violation | Area of Violation | | | | | | |
|--------------------|-------------------|-------|-----------|--------|----------|--------|-------|
| | GWM | CL/PC | Fin. Res. | Permit | Cmpl.Sch | Manif. | Other |
| I | | | | | | | 0 |
| II | | | | | | X | 0 |

1. ENFORCEMENT ACTIONS:

[illegible]

2. CURRENTS: McKesson Chemical has made an effort to correct problem with manifest - warning letter suggested.

K. McClain
Principal Inspector

* CODES

8a. AGENCY RESPONSIBLE FOR EVALUATION:

E = EPA
S = State
J = Joint
C = Contractor/EPA
O = Other
B = Contractor/State
X = Oversight

8b. TYPE OF EVALUATION COVERED BY THIS REPORT:

1 = Evaluation Inspection
2 = Case Development (Sampling)
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up
6 = Other - Citizen Complaint
7 = Other - Part B Call-In
8 = Other - Withdrawal Candidate
9 = Other - Closure/Post-Closure
0 = Other - General

11. CODES FOR TYPES OF ENFORCEMENT ACTIONS:

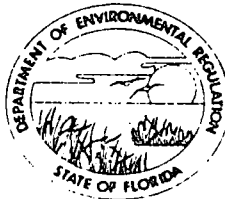
02 = 3007 Letter
03 = Warning Letter
04 = N.O.V.
05 = CO (Administrative Order)
11 = Filed Civil Action
12 = Filed Criminal Action
15 = 3008(H) Corrective Action Order
18 = CERCLA 106 Order
(See instruction for additional codes)

CODES FOR RESPONSIBLE AGENCY:

E = EPA
S = State
X = EPA Oversight

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301-8241



BOB GRAHAM
GOVERNOR
VICTORIA J. TSCHINKEL
SECRETARY

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT ☐ COMPLAINT ☒ ROUTINE ☐ FOLLOW-UP ☐ PERMITTING
FACILITY NAME McKesson Chemical Company DER/EPA ID FLD020985727
ADDRESS 6051 Highway 41A South (Rt. 3 Box 498A) Tampa, FL 33619
COUNTY Hillsborough Phone (813) 677-8414 DATE 6/10/86 TIME 9:30 a.m.

TYPE OF FACILITY:

| | | |
|---|--|--|
| Generator | Storage | Treatment |
| <input type="checkbox"/> Small Quantity | <input type="checkbox"/> Container | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Tank | <input type="checkbox"/> Land Treatment |
| | <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Thermal |
| Transporter | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Chem/Phys/Bio. |
| <input checked="" type="checkbox"/> Transporter | | <input type="checkbox"/> Incinerator |
| | Disposal | <input type="checkbox"/> Surface Impoundment |
| | <input type="checkbox"/> Landfill | |
| | <input type="checkbox"/> Surface Impoundment | |
| | <input type="checkbox"/> Waste Pile | |

2. Applicable Regulations:

☐ 40 CFR 262 ☒ 40 CFR 263 ☐ 40 CFR 264 ☐ 40 CFR 265

3. Responsible Official: (Name & Title)

Gene Rainwater - Manager

4. Survey Participants & Principal Inspector

Steven Rudnick - McKesson
Ed Kerul - McKesson
Kim McClain - FDER

5. Facility Latitude:

27° 52' 32"N

Longitude:

82° 23' 05"W

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit Number: HC29-90463 Date Issued: pending Expiration Date: pending

8. Discrepancies with Process Description; if different from previews report.

See attached page

9. List and explain noncompliance items.

40 CFR Part 263 Subpart B - 263.20(a) - The manifest system - facility
accepted improperly filled out manifest from generator.

APPROVED BY


Dale J. Sticik
Permitting Engineer IV

8) Process Description

McKesson Chemical Company is a nationwide firm and is a distributor of industrial chemicals and solvents.

The process description at McKesson Chemical Company's Tampa facility has remained unchanged since the last RCRA compliance inspection on 12-19-85.

McKesson Chemical's Tampa plant presently consists of a large warehouse for storing virgin chemicals, a solvent repackaging area, and the repackaging of chlorine gas into cylinders.

The facility is a transporter of hazardous wastes (solvents) primarily as a service to its customers. The facility transports its wastes via second transporter to the McKesson EnviroSystems recycling plant located in New Castle, Kentucky.

McKesson Chemical is still maintaining generator status although the facility does not produce any hazardous wastes. The generator status is maintained in case of any spill occurrences where clean up and disposal would be necessary.

PIE International, (previously known as Ryder-PIE) is still utilized as McKesson's secondary transporter for final shipment of the waste solvents to the EnviroSystems plant in Kentucky.

Construction of McKesson Chemical's hazardous waste storage area has not begun as of this inspection date. The facility is waiting on further proceedings from the Department of Environmental Regulation on this matter before construction is to commence. The storage area, when complete, will consist of a diked area 19' x 25', with 3 1/2 inch high berms. The storage area will be constructed inside the main building where the virgin chemicals are stored, and will be designed to hold a maximum of 96-55 gallon waste drums.

Date 6/10/86
Inspector K. McClain
Facility ID# FLD 020985727

TRANSPORTERS CHECKLIST
(40 CFR 263)

1. License number and current date on tag TL172-71 ^(C trailer) S.C. ^(C trailer) FL 45845D
(tractor and trailer, if separate units) No tractors on facility's property at this time.
2. Maintenance of records for the specified three year time limit? (263.72) ☒ Yes ☐ No
3. Copy of manifest or delivery document available?(263.20) ☒ Yes ☐ No
- Manifest containing at least: (263.21)
- a. Name and address of transporter? ☒ Yes ☐ No
- b. Name, address, identification code of generator? ☒ Yes ☐ No
- c. Name, address, identification code of designated permitted facility? ☒ Yes ☐ No
- d. Corresponding manifest document number? ☒ Yes ☐ No
- e. Description and quantity of each hazardous waste? ☒ Yes ☐ No
- f. Signature of subsequent transporters? ☒ Yes ☐ No
- g. Signatures signifying proper delivery or reasons why delivery could not be certified? ☒ Yes ☐ No
4. Containers properly labeled and marked? (262.31-.32) ☐ Yes ☐ No
5. International shipments: (262.50) N/A ☐ Yes ☐ No
- a. Record of date waste left U.S.? ☐ Yes ☐ No
- b. Presence of one signed copy in records? ☐ Yes ☐ No
6. Evidence of leaking or damaged containers? (Note appearance of truck also) (263.30 - Hazardous Waste Discharges) ☒ No ☐ Yes
7. Vehicles containing hazardous waste placarded properly? (49 CFR 172.500) ☒ Yes ☐ No
8. If it is required of vehicle or if vehicle contains more than 1,000 lbs of hazardous waste, check to see that markings:
- a. Appear on both sides of vehicle? ☒ Yes ☐ No
- b. Are in letters contrasting in color with background? ☒ Yes ☐ No
- c. Are legible during daylight from 50 feet away? ☒ Yes ☐ No
9. Does the operator have a copy of the financial assurance required by 17-30.17(2)? ☒ Yes ☐ No

Generator signed in wrong place on one manifest. Transporter II signed in incorrect line also.

No containers on site at time of this inspection - truck load left on 6/6/86.

No containers on site - trailers O.K.

Date 6/20/86
Inspector R. McClain
Facility ID# FLD020985727

RCRA INSPECTION REPORT
GENERATOR'S CHECKLIST

Note: On multiple part questions, check those not in compliance.

Section A - Site Identification No.

1. Site Name: McKesson Chemical Company

Section B - Hazardous Waste Determination (262.11)

1. Does generator generate hazardous waste(s) listed in Subpart D
(261.30 - 261.33 - List of Hazardous Waste)? Yes ☒ No

a. If yes, list wastes, EPA numbers & quantities.

2. Does generator generate solid waste(s) that exhibit hazardous
characteristics? (corrosivity, ignitability, reactivity, EP
toxicity) (261.20 - 261.24 - Characteristics of Hazardous Waste.) Yes ☒ No

a. If yes, list wastes, EPA numbers, and quantities.

b. Does generator determine characteristics by testing, by
product knowledge, or by applying process knowledge? N/A

(1) If determined by testing, did generator use test
methods in Part 261, Subpart C (or Equivalent)? Yes ☐ No

(2) If equivalent test methods used, attach copy of
equivalent methods used.

3. Is generator subject to full regulation under Part 262?
(If no, check appropriate exemptions) Yes ☒ No

Small quantity generator (261.5 - Special requirements)
(Describe small quantity disposal practices & checklist)

OR

Produces non-hazardous waste at this time (261.4 - Exclusions)

OR

Recycles, reclaims, uses or reuses hazardous waste at this time
(261.6 - Exclusions) (Describe how this is achieved.)

OR

Being a farmer disposing of waste pesticides for his
own use on his own property (262.51 - Farmers)

OR

Burns hazardous waste as a fuel for the purpose of recovering
usable energy (261.1(c)(2))

☒ (Facility is a transporter
of hazardous waste and
is not a generator of
hazardous waste. Facility
wishes to maintain generator
status for spill purposes
only).

Section C - Manifest (262.20-.23)

1. Has generator shipped hazardous waste off-site since Nov. 19, 1980?
(Subpart B - The Manifest)

___ Yes ☒ No

- a. If no, do not fill out Section C and D.
- b. If yes, identify primary off-site facilities.
List facilities in narrative report.

2. Does generator use manifest? (262.20 - General requirements)

___ Yes ___ No

If yes, inspect manifests at random. Do all manifests
reviewed include the following information?
(262.21 - Required information) (Check items not on manifest.)

- a. Manifest Document No. ___ Yes ___ No
- b. Generator's Name, Mailing Address, Tel. No. ___ Yes ___ No
- c. Generator EPA I.D. No. ___ Yes ___ No
- d. Transporter(s) Name and EPA I.D. No. ___ Yes ___ No
- e. Facility Name, Address and EPA I.D. No. ___ Yes ___ No
- f. DOT description of the waste ___ Yes ___ No
- g. (1) Quantity (weight or volume) ___ Yes ___ No
(2) Containers (type and number) ___ Yes ___ No
- h. Emergency Information (optional)
(special handling instructions, Phone No.) ___ Yes ___ No
- i. Is the following certification on each manifest form? ___ Yes ___ No

This is to certify that the above named
materials are properly classified, described,
packaged, marked and labeled and are in proper
condition for transportation according to the
applicable regulations of the Department of
Transportation and the EPA.

- j. Signatures and dates

(1) Generator

___ Yes ___ No

(2) Transporter

___ Yes ___ No

(3) Disposer (returned copy)

___ Yes ___ No

- k. Indicate number of manifests inspected
and number of violations. _____
Note type of violation in report. _____

1. If copy of manifest from facility was not returned within 45 days, did generator file an exception report?
(262.42 - Exception reporting)

___ Yes ___ No

If yes, did it contain the following information?
Legible copy of manifest

___ Yes ___ No

AND

Cover letter explaining generators efforts to locate waste.

___ Yes ___ No

- m. Does (will) generator retain copies for 3 years?

___ Yes ___ No

Section D - Pre-Transport Requirements (262.30-34)

_____ N/A

1. Does generator package waste for transport?

___ Yes ___ No

If no, skip to question 8.

If yes, complete the following questions.

2. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? (262.30 - Packaging)

___ Yes ___ No

3. Inspect containers to be shipped.

- a. Are containers to be shipped in good condition?
(Describe containers and condition; i.e., leaking or corroding or bulging.)

___ Yes ___ No

- b. Is there evidence of heat generation from incompatible wastes in the containers?

___ No ___ Yes

4. Before shipping, does the generator use DOT labeling requirements in accordance with 49 CFR 172? (263.31 - Labeling)

___ Yes ___ No

5. Does the generator mark each package in accordance with 49 CFR 172? (262.32 - Marking)

___ Yes ___ No

6. Is each container of 110 gallons or less marked with the following label? (262.32 - Marking)

___ Yes ___ No

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address _____

Manifest Document Number _____

7. If there are any vehicles present on site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet. (262.33 - Placarding)

a. Does the generator have the appropriate placards to offer the initial transporter?

___ Yes ___ No

b. If no, who provides placards?

8. Accumulation Time (262.34 - Accumulation Time)

a. Is facility a permitted storage facility?
If yes, skip to question #9.

___ Yes ___ No

If no, answer rest of question #8.

b. Does the facility comply with the 90-day accumulation time limit? (262.34(a))

___ Yes ___ No

If no, has the generator been granted a 30-day extension? (262.34(b))

___ Yes ___ No

If yes, explain the unforeseen/uncontrollable circumstances in the narrative.

c. Are containers used to store wastes? (262.34(a)(1))

___ Yes ___ No

If yes, complete Containers Storage Checklist for Generators.

Is the beginning date of accumulation time clearly indicated? (262.34(a)(2))

___ Yes ___ No

d. Are tanks used to store wastes? (262.34(a)(1))

___ Yes ___ No

If yes, complete Tanks Checklist for Generators

e. While being accumulated, is each container or tank clearly marked "Hazardous Waste"? (262.34(a)(3))

___ Yes ___ No

NOTE: If generator accumulates waste on site but is not a storage facility, fill out Appendix A to Generators Checklist.

9. Describe storage area. Use photos and narrative.

Section E - Recordkeeping and Records (262.40-43) ___ N/A Explain _____

1. Is generator keeping the following reports? (262.40 - Record keeping)
(Note: The following must be kept for a minimum of three years.)

a. Annual reports (not applicable until January 1983).

✓ ___ Yes ___ No

b. Test results where applicable.

___ Yes ___ No

2. Where are records kept (at facility or elsewhere)? FACILITY

3. Who is in charge of keeping the records?

Name Ed Kerol Title Operations Manager

4. Any additional reporting? (262.43 - Additional Reporting) Yes ☒ No

Section F - Special Condition (262.50 - International Shipments)

☒ N/A

Explain _____

1. Has generator received from, or transported to a foreign source any hazardous waste?

☒ No Yes

a. If yes, has he filed a notice with the Regional Administrator?

Yes No

b. Is this waste manifested and signed by Foreign consignee?

Yes No

c. If generator transported wastes out of the country, has he received confirmation of delivered shipment?

Yes No

Date 6/20/86
Inspector K. McClain
Facility ID# FLD020985727

-6g-

Appendix A
To Generator Checklist

Section A - Personnel Training (265.16)

1. Do management personnel complete hazardous waste training? ☒ Yes ☐ No
 - a. Is training on-the-job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
2. Do laborers who handle hazardous waste complete training? ☒ Yes ☐ No
 - a. Is training on-the job? ☒ Yes ☐ No
 - b. Is training in the classroom? ☒ Yes ☐ No
3. Does training include:
 - a. Emergency response procedures? ☒ Yes ☐ No
 - b. Inspection procedures? ☒ Yes ☐ No
 - c. Operation of hazardous waste handling equipment? ☒ Yes ☐ No
4. How often is training reviewed? once/yr minimum
5. Does the facility have personnel training records including
 - a. Job title and description of position? ☒ Yes ☐ No
 - b. Description of employee's training? ☒ Yes ☐ No
6. Are records maintained for three years? ☐ Yes ☒ No

Ed Kerd began at McKesson in '84. No records were maintained previous to this concerning personnel. Sign-off for training received.

Section B - Preparedness and Prevention (265.30-37)

1. Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and Operation of Facility) ☒ No ☐ Yes
If yes, use narrative explanation.
 2. Is the facility equipped with (265.32 - Required equipment)
 - a. Internal communications or alarm system?
Is it easily accessible in case of emergency? ☒ Yes ☐ No
 - b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No
 - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment?
Is this equipment tested to assure its proper operation? ☒ Yes ☐ No
- How frequently? monthly by McKesson employee
Co. fire dept - every 6 months

d. Water of adequate volume for hoses, sprinklers or water spray system?

☒ Yes ☐ No

(1) Describe source of water City of Tampa

(2) Indicate flow rate and/or pressure and storage capacity, if applicable. unknown

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (e.g., adequate aisle space in between barrels to check for leakage, corrosion and proper labeling, etc.) (265.35 - Required Aisle Space)

☐ Yes ☐ No

N/A (no storage of hazardous waste exists)

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements With Local Authorities)

☐ N/A ☒ Yes ☐ No

If N/A, explain _____

5. In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements With Local Authorities)

☒ N/A ☐ Yes ☐ No

If yes, indicate primary authority _____

Is the fire department a city or volunteer fire department? County - non-volunteer

6. Does the owner/operator have phone numbers of and agreements with state emergency response teams, emergency response contractors and equipment suppliers? (265.37 - Arrangements With Local Authorities)

☒ Yes ☐ No

Are they readily available to the emergency coordinator?

☒ Yes ☐ No

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37 - Arrangements With Local Authorities)

☒ Yes ☐ No

If no, has the owner/operator attempted to do this?

☐ Yes ☐ No

8. If the State, or local authorities decline to enter into the above referenced agreements, has this been documented in the operating record? (265.37 - Arrangements With Local Authorities)

☐ Yes ☐ No N/A

Section C - Contingency Plan and Emergency Procedures (265.50-56)

1. Does the facility have a contingency plan?
(265.51 - Purpose and Implementation of Contingency Plan) ☒ Yes ☐ No
2. Is it maintained at the facility?
(265.53 - Copies of Contingency Plan.) ☒ Yes ☐ No
3. Is the contingency plan a revised SPCC Plan?
(265.52 - Content of Contingency Plan) ☒ Yes ☐ No
 - a. Does the plan include:
 - (1) Action personnel will take? ☒ Yes ☐ No
 - (2) Evacuation routes? ☒ Yes ☐ No
 - (3) Emergency equipment? ☒ Yes ☐ No
 - (4) Is the emergency equipment properly inspected and maintained? ☒ Yes ☐ No
4. Is there an emergency coordinator on site or within short driving distance of the plant at all times?
(265.55 - Emergency Coordinator) ☒ Yes ☐ No
5. Who is the emergency coordinator? Gene Rainwater - Brandon
6. Has the facility supplied local police and fire departments with a copy of the contingency plan?
(265.52 - Content of Contingency Plan.) ☒ Yes ☐ No

compliance

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000



BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

July 1, 1986

Robert I. Alvarez, M.D.
8611 Alaska Street
Tampa, Florida 33604

Dear Mr. Alvarez:

I have received your letter concerning the discharge of chlorine gas from McKesson Chemical Company. In the process of investigating your letter, I contacted Chief Wade DeHate of the Hazardous Incidence Team of Hillsborough County. He confirmed the occurrence of the discharge and their response to the incidence.

Chlorine gas, when liberated into the environment, may cause severe irritation of the eyes and respiratory tract. When a spill occurs, the appropriate emergency response is to evacuate the area and allow the vapors or fumes to dissipate.

The role of the Department of Environmental Regulation in these situations is to evaluate the damage to the environment and take appropriate measures to assure restoration in the event of contamination. Due to the time that has elapsed and the nature of the spill, an effective action from this Department has been mitigated?

made (es) safe.
Other rights you may wish to pursue in this matter should be through your own legal counsel.

Sincerely,

Robin B. Mackley

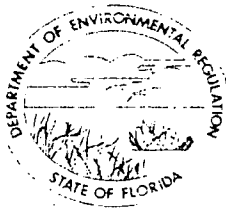
Robin B. Mackley
Environmental Specialist I
Enforcement Section

RBM/ab

cc: Clabe Polk
Tom Maurer, OGC
Dale Stitik

DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301 8241



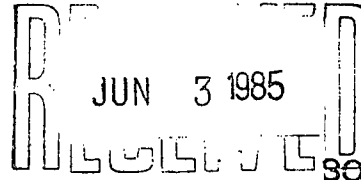
BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

May 28, 1985

CERTIFIED MAIL

Mr. Donald M. Black
Regulatory Compliance Manager
McKesson Chemical Company
Post Office Box 266
North Haven, Connecticut 06473



D. E. R.

MAY 31 1985

SOUTH WEST DISTRICT
TAMPA

RE: FLD 020 985 727, Tampa, Florida

ENFORCEMENT

Dear Mr. Black:

The Department has completed its review of the documents submitted to comply with the financial requirements of 40 CFR Part 264, Subpart H, as adopted by reference in Florida Administrative Code Rule 17-30.18. From the documents submitted, we are unable to verify the figure of \$1,646,047 for the sum of the current closure and post-closure cost estimates.

The total of the cost estimates in Exhibit "C" equals \$2,690,048. All cost estimates in Exhibit "D" are duplicates of estimates in Exhibit "C", which should not be the case if questions 3 and 4 are answered accurately. Although McKesson Corporation still passes the financial test with the higher cost estimate, it is necessary for us to have an accurate listing of facilities and cost estimates as part of our records.

A special report from your independent certified public accountant to you as described in 264.143(f)(3)(iii) was not submitted to the department. This report must be submitted for McKesson Chemical Company to satisfy the financial requirements of 40 CFR Part 264. Please note, since McKesson Chemical Company's Tampa facility is a new facility, 264.143(f)(4) applies. This says that financial documents must be submitted to the department at least 60 days before the date on which hazardous waste is first received for treatment, storage or disposal. I presume that since the construction permit has not been issued that the 60 day deadline has not been exceeded and therefore there is no compliance issue at this time. However, keep this deadline in mind in forwarding the CPA's special report and accurate Exhibits "C" & "D" to complete this submittal and financial test updates.

Please send financial responsibility information to me at the letterhead address. Call me at 904/488-0300 if you have any questions.

Sincerely,

Diane C. Hunt

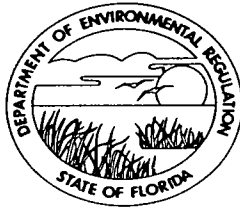
Diane C. Hunt
Environmental Specialist
Solid and Hazardous Waste Section

DCH/lis

cc: Rich Landi - DER/SWD (for Permit File)

✓Clabe Polk - DER/SWD

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000

BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

Mr. Gene Rainwater
McKesson Chemical Company
Route 3 Box 498A
Tampa, FL 33619

December 20, 1985

Dear Mr. Rainwater:

Thank you for all of the assistance that your colleagues afforded me during the RCRA inspection conducted on December 19, 1985. Based upon the information gathered during this inspection, McKesson Chemical Company was found to be in compliance with the regulations governing hazardous waste transporters as promulgated under 40 CFR Part 263 which the State of Florida adopts under Chapter 17-30 of the Florida Administrative Code.

Enclosed you will find the inspection report and associated checklist that was generated from this inspection. If you have any questions or if I may be of any assistance please contact me at (813) 985-7402.

Sincerely,



Steve Curry
Environmental Specialist
Hazardous Waste Section

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32301-8241



SOB GRAHAM
GOVERNOR
VICTORIA J. TSCHINKEL
SECRETARY

HAZARDOUS WASTE INSPECTION REPORT

1. INSPECTION REPORT ☐ COMPLAINT ☒ ROUTINE ☐ FOLLOW-UP ☐ PERMITTING

FACILITY NAME McKesson Chemical Company DER/EPA ID FL D 020 985 727

ADDRESS 6051 Highway 41A South (Route 3 Box 498A) Tampa, FL 33619

COUNTY Hillsborough Phone (813) 677-8414 DATE 12/19/85 TIME 10:00 AM

TYPE OF FACILITY:

| | | |
|---|--|--|
| Generator | Storage | Treatment |
| <input type="checkbox"/> Small Quantity | <input type="checkbox"/> Container | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Tank | <input type="checkbox"/> Land Treatment |
| | <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Thermal |
| Transporter | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Chem/Phys/Bio. |
| <input checked="" type="checkbox"/> Transporter | | <input type="checkbox"/> Incinerator |
| | Disposal | <input type="checkbox"/> Surface Impoundment |
| | <input type="checkbox"/> Landfill | |
| | <input type="checkbox"/> Surface Impoundment | |
| | <input type="checkbox"/> Waste Pile | |

2. Applicable Regulations:

☐ 40 CFR 262 ☒ 40 CFR 263 ☐ 40 CFR 264 ☐ 40 CFR 265

3. Responsible Official: (Name & Title)

Gene Rainwater - Manager

4. Survey Participants & Principal Inspector

Howard Brown - McKesson
Ed Kerul - McKesson
Steven Rudnick - McKesson

Steve Curry - FDER

5. Facility Latitude:

27° 52' 32" N

Longitude:

82° 23' 05" W

6. Type of Ownership: FEDERAL STATE COUNTY MUNICIPAL PRIVATE

7. Permit Number: HC29-0904630 Date Issued: Pending Expiration Date: Pending

8. Discrepancies with Process Description: if different from previous report.

See attached page

9. Summary of Violations: list and explain noncompliance items.

| <u>Regulation</u> | <u>Description</u> |
|-------------------|--------------------|
|-------------------|--------------------|

NONE

APPROVED: Paul E. Luth
Environmental Specialist II

8). Process Description - McKesson Chemical Company

McKesson Chemical Company is a nationwide distributor of industrial chemicals and solvents. The Tampa facility maintains a warehouse storage area for the virgin chemicals, a solvent repackaging process and a separate building where chlorine gas is repackaged into cylinders and bleach is produced. There are no hazardous wastes generated at McKesson, however the facility wishes to maintain its generator status in case an accidental spill takes place and requires cleanup and disposal.

As a service to its customers, McKesson Chemical transports spent solvents for recycling at the McKesson EnviroSystems plant in New Castle, Kentucky. Typically, McKesson will wait until a full trailer truckload can be compiled before they initiate a pickup. This would entail traveling between several customers and picking up each customers waste solvent. When a full load is collected it is transferred to a common carrier service such as Ryder PIE or Overnight Express for final shipment to the New Castle facility. The turnaround time for transferring the waste to the secondary transporter is generally 3-4 days. During this lapse the spent solvents are kept on the enclosed trailer and it is parked within the fenced in compound at the McKesson facility.

McKesson Chemical is planning to construct and operate a hazardous waste storage facility for the spent recyclable solvents. As of this inspection they have submitted an application for a construction permit (HC29-090463) in order to build the storage area. This application is currently under review and has not been issued to date.

Date 12/19/85
Inspector Curry
Facility ID# FUD 020-485-727

TRANSPORTERS CHECKLIST
(40 CFR 263)

1. License number and current date on tag BV 8569 12/85
(tractor and trailer, if separate units) _____
2. Maintenance of records for the specified
three year time limit? (263.72) ☐ Yes ☐ No
3. Copy of manifest or delivery document available?(263.20) ☒ Yes ☐ No
Manifest containing at least: (263.21)
 - a. Name and address of transporter? ☒ Yes ☐ No
 - b. Name, address, identification code of generator? ☒ Yes ☐ No
 - c. Name, address, identification code of designated
permitted facility? ☒ Yes ☐ No
 - d. Corresponding manifest document number? ☒ Yes ☐ No
 - e. Description and quantity of each hazardous waste? ☒ Yes ☐ No
 - f. Signature of subsequent transporters? ^C ☒ Yes ☐ No
 - g. Signatures signifying proper delivery or
reasons why delivery could not be certified? ☒ Yes ☐ No
4. Containers properly labeled and marked? (262.31-.32) N/A ☐ Yes ☐ No None on site
5. International shipments: (262.50) N/A
 - a. Record of date waste left U.S.? ☐ Yes ☐ No
 - b. Presence of one signed copy in records? ☐ Yes ☐ No
6. Evidence of leaking or damaged containers? (Note appearance of
truck also) (263.30 - Hazardous Waste Discharges) ☐ No ☐ Yes None on site
7. Vehicles containing hazardous waste placarded properly?
(49 CFR 172.500) ☒ Yes ☐ No
8. If it is required of vehicle or if vehicle contains more than
1,000 lbs of hazardous waste, check to see that markings:
 - a. Appear on both sides of vehicle? ☒ Yes ☐ No
 - b. Are in letters contrasting in color with background? ☒ Yes ☐ No
 - c. Are legible during daylight from 50 feet away? ☒ Yes ☐ No
9. Does the operator have a copy of the financial assurance
required by 17-30.17(2)? ☒ Yes ☐ No

9:31:43 4/17/1984

CHARTER 939699 AMEND TO NAME, FOR PROFIT LOC CA-00
FEI 94-2432849 REG 12/21/1977 LST 3/02/1978 NO1
NAME MORELAND-MCKESSON CHEMICAL COMPANY, INC. (A CALI CHANGED 3/02/1978
F CORP)
ADDRESS ONE POST STREET
SAN FRANCISCO, CALIFORNIA 94104
PAID ON PAID ON 1,385 SHS BNPV
OFFICERS/DIRECTORS:
V/P STARACI, VINCENT ONE POST ST SAN FRANCISCO, CA 0000
A/S PEETZ, LORRAINE E ONE POST ST SAN FRANCISCO, CA 0000
A/T SEELENFREUND, ALAN ONE POST ST SAN FRANCISCO, CA 0000
A/S/D MILLER, N A ONE POST ST SAN FRANCISCO, CA 0000
D THOMPSON, CHARLES A ONE POST ST SAN FRANCISCO, CA 0000
P SIMPSON, D CAMP CROFT INDUS'L PARK SPARTANBURG, S C 0000
REG. AGENT CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL. 33324
ANNUAL REPORTS FILED: (1982) 3/01/1982 (1983) 3/14/1983 (1984) 2/29/1984

HW

McKesson

December 6, 1983

D.E.R.

DEC 9 1983

SOUTHWEST DISTRICT
TAMPA

Richard J. Powell
Environmental Permitting
State of Florida
Department of Environmental Regulation
7601 Highway 301 North
Tampa, Florida 33610

Re: FLD 020 985 727

Dear Dick:

Attached are revised Form 1/Form 3 for our Part A application. These will give you a more accurate and current view of our business. I have also attached, for your information, a flow chart of our "closed-loop" solvent distribution system. This chart shows the following features:

Our position in the industry and financial mass-- With 65 distribution branches and numerous other warehouse locations, McKesson Chemical is the largest private national distributor of solvents and other chemicals. [Note: McKesson Corporation, our parent corporation, is a \$4.25 billion in annual sales distribution giant and one of the top 200 corporations in the United States.]

Our vertical integration-- We are the only national chemical distribution company that owns and operates its own (three) reclamation refineries. As such we can sell into our own established markets all the reclaimed solvent we can process.

No speculative accumulation-- We can market all the product we can process.

Material is never discarded-- Once a stream is selected, we control its movement from the off-site generator through the reclamation process and on to its ultimate customer. [Note: McKesson is the only recycling company that offers complete idemnification to its raw material (approved waste stream) suppliers from point of pick-up to completion of the reclamation process.]

Double-check sample and approval process-- Candidate raw materials must be sampled, analyzed and approved before entering the refinery side of the loop; further these same raw materials must again be sampled, analyzed and approved for conformation with the original sample before entering the refinery process itself.



Serving the Nation
Since 1833

McKesson 4-17-84
TOP - Chemical
STORER

Have interim
STATUS -

by June 1, 1984

\$4000.⁰⁰₌₌



Not shown on this chart are three additional important factors that should be known:

Each and every transaction with our "hazardous waste" customers is actually a batch-tolling arrangement-- That is, we contract for a specified quantity of a raw material stream whose composition is predetermined and commercial value agreed upon, a purchase order is tendered and the goods move through our system as a separate and discrete entity whose integrity and uniqueness is preserved up to and through the refinery process. In many cases the reclaimed solvent is sold right back to the off-site generator who initially produced the raw material stream; in all cases the reclaimed solvent remains under our control until resold.

We are not in fact in the hazardous waste business at all-- Since the definition of hazardous waste in 40 CFR 261 is more a matter of function than chemistry, we have elected to remain out of both the treatment and disposal functions. Our "storage" function at the distribution branches is not that normally associated with hazardous waste management. We, the distribution branches, serve merely as staging points for the consolidation of economically attractive full trailer loads of containers of preselected waste streams for transshipment from the off-site generators to our reclamation facilities. [Note: Only at the reclamation facilities do we conduct those hazardous waste management functions normally associated with "storage"; that is, sampling, secondary containment, contingency planning, personnel training, etc.] You can see, then, that we actually function under the guidelines established in 40 CFR 261.6 (a)(1) as beneficially using or reusing "hazardous waste" by legitimately recycling or reclaiming "hazardous waste".

Recent correspondence (attached as I received it) from the Federal EPA indicates that the "hazardous wastes" we handle are not "listed wastes" such as F001, F002, U226, U228, etc.), but rather unregulated "solvent blends".

This is the best definition of our current "hazardous waste" business I can provide. I have recently discussed all of these issues with both Region IV and the Federal EPA. The persons with whom I have been speaking are encouraging us to continue our discussions at the Federal EPA to press for the exemption of our distribution branches from further regulation (including permitting) under RCRA.

If there ever was a cogent case for regulatory relief and the encouragement of legitimate solvent recovery, it is ours. We hope you can also see our position in this light and either exempt us from further regulation in Florida, or agree to an abbreviated application process so that we may be fully permitted as soon as possible. I fervently believe that we are part of the solution to the hazardous waste problem.

We are eager to proceed in Florida with your program as it best suits both organizations. Please let me know how else I can be of service to you in this regard-- particularly if you have any questions.

Richard J. Powell
State of Florida
Page 3
December 6, 1983

Most sincerely,

MCKESSON CHEMICAL COMPANY



Hal Brown
Regional Warehousing Manager

HB/jc
Attachments -Rev. Part A
Flow Chart
EPA Corresp.

cc: D. Eisner-HOC
D. Black-ERO
W. Gabbard-Enviro
D. Simpson
J. Foster
D. Pike
S. Block

DER.
DEC 9 1983
SOUTHWEST DISTRICT
TAMPA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460
OFFICE OF SOLID WASTE

DEC 21 1981

Mr. Tom Cook, Chief
Hazardous Waste Section
Solid Waste Management Division
Office of Land Programs
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Dear Mr. Cook:

In your letter of October 16, 1981, you questioned EPA's interpretation of the spent solvent listings as they pertain to solvent mixtures. We recognize that this is a problem area, and we are working to rectify it. We have already begun to study the solvents used in Safety-Kleen's mixture and other commonly used solvents. The Agency expects to refine the solvent listings and to attempt to resolve the mixture problem as it relates to solvents. However, at the present time, the solvent listings F001-F005 apply only to pure or technical grade solvents, when spent or discarded. An analogous situation exists for commercial chemical products listed in §261.33 (e) and (f).

The Agency realized that this approach would create a major problem in that mixtures of solvents would not be covered by the spent solvent listings and, therefore, not within the scope of Subtitle C regulation, unless the waste exhibited any of the characteristics defined in Subpart C of 40 CFR Part 261. However, at the time that the Agency promulgated the solvent listings and prepared the background document to support them, we felt it inappropriate to define "spent solvents" in quantitative terms because insufficient data precluded the Agency from establishing a threshold level for toxic constituents other than those regulated by the National Interim Primary Drinking Water Standards. Without establishing a threshold concentration level at which a solvent would be considered hazardous waste, when spent or discarded, the Agency was unable to define at what concentrations mixtures of these solvents would constitute a hazard, when spent or discarded. Surely all materials containing these solvents in any concentration do not meet the statutory definition of hazardous waste. Thus, the Agency concluded that the spent solvent listings would apply only to technical grade solvents, notwithstanding the fact that lesser concentrations of these chemicals may be toxic.

JUL 31 1981

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF SOLID WASTE

Subject: Safety-Kleen Corporation Spent Solvents

FROM: John P. Lehman, Director *J. P. Lehman*
Hazardous and Industrial Waste Division (WH-565)

TO: See Below

10m
cc: John B.
cc: Betty / Linda (last)

I recently had an inquiry from one of the Regional Offices pertaining to solvents distributed on a lease basis by Safety-Kleen Corporation. Since Safety-Kleen distributes its products and services on a nation-wide basis I thought I should share this with you. Safety-Kleen has been informing its customers that their spent solvent being returned to their service centers is not regulated by EPA under RCRA.

As noted in the attached letter, Safety-Kleen had petitioned the Agency for a clarification or modification of the RCRA regulations to exempt their spent product from RCRA control due to their particular "closed loop" type of leasing operation. Upon review of their petition we determined that their spent product was not the specific spent solvents listed in §261.31 of our regulations. Therefore the waste would only be hazardous if it exhibited one of the characteristics of hazardous waste. As such it would not be subject to RCRA control if it were being beneficially used or re-used, or legitimately recycled or reclaimed (§261.6(a)).

Thus, Safety-Kleen's information to their customers is correct and within the decision as made in response to their petition to the Agency. This information should serve your needs if you receive similar inquiries within your area. Please call Matt Straus of my staff (755-9187) should you want a copy of Safety-Kleen's petition or if you have any questions on this decision.

Attachment

Addressees:

Directors, Air and Hazardous Materials Divisions,
Regions I and III-X
Director, Water Division, Region II
Douglas MacMillan, Acting Director,
Office of Water Programs Enforcement

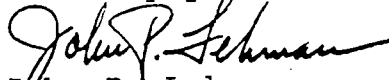
RECEIVED
AUG 6 1981

AIR & HAZARDOUS MATERIALS DIV

The Agency agrees with your statement that EPA's "sometimes discarded" provision in the definition of solid waste has created problems as it relates to Safety-Kleen's solvent mixture and other materials that are recycled. For example, a sludge being used as a feedstock material in a production process (for instance, fly ash being used as an ingredient in concrete) is still considered to be a solid waste. The Agency is currently working on revising the definition of solid waste (40 CFR 261.2) to clearly distinguish wastes from non-wastes and to devise an appropriate regulatory scheme that will selectively regulate recycling activities known to be the most hazardous or thought to have that potential. EPA expects that selectively regulating these activities will lighten the regulatory burden of many small businesses and also promote resource recovery.

At the present time, the Agency intends to adhere to its present interpretation of the solvent listings. However, as mentioned, we plan to revise these listings upon completion of our solvents study. Should you have further questions concerning the Agency's position on this issue or any information that would assist us, please feel free to contact Matthew Straus, of my staff, at (202) 755-9187.

Sincerely yours,



John P. Lehman

Director

Hazardous & Industrial Waste Division (WH-565)

Book.
DEC 9 1963
SOUTHWEST DISTRICT
TAMPA

To

D. L. Eisner, Home Office

Date

November 17, 1983

FOREMOST
McKESSON

From

Donald M. Black

Copies to

D. A. Davis, HO
H. E. Brown, SERO
M. Kirkland, SRO
T. E. Nisler, CRO
D. L. Wettstead, WRO
G. N. Butter, MEC
W. D. Gabbard, MEC

Location

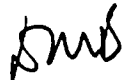
Eastern Region

Subject

SOLVENT BLENDS AS LISTED WASTES

I picked up an interesting bit of information during my recent visit to Region III of the USEPA in Philadelphia: it has been established and accepted by the legal authorities of the EPA that a blend of materials that individually would be hazardous wastes is not a listed waste if the blend was sold originally as a blend. In other words, a blend per se is not a listed waste if sold originally as a blend, regardless of the nature of the basic components.

A copy of the supporting documentation from Washington is attached. The reading has caused some consternation within the EPA, but no immediate change is expected.



Donald M. Black

DMB:dc

Attachments



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 2 1983

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

RE: WCBLG2518

Dr. Donald Black
McKeffen Chemical Company
136 Summit Avenue
Montvale, NJ 07645

Dear Dr. Black:

At the request of Sam Rotenburg, of our Region III office, I have enclosed several letters related to Safety-Kleen (product) and its coverage by regulations under the Resource Conservation and Recovery Act (RCRA). As you will note, for most areas of possible concern, this product (and its recovery) are not subject to RCRA regulations. However, we are contemplating regulatory amendments both to add additional solvents to our listed group and to cover mixtures of solvents. If you need further information, please call me or Jacqui Sales, of my staff; we may be reached at (202) 382-4770.

Sincerely yours,

A handwritten signature in cursive script, reading "Alan S. Corson".

Alan S. Corson
Chief

Waste Characterization Branch

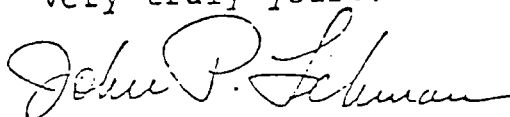
Enclosures

because the materials in such a system are never discarded. Clarification was requested because Safety-Kleen believes that EPA's definition of "solid waste" can be interpreted as including some materials that are not discarded in a given industrial operation but that are discarded in others. Alternatively, Safety-Kleen requested that the regulation defining solid waste be modified to include only materials that are in fact discarded in the industrial operation in which they are created.

We have decided that the agency need not act on Safety-Kleen's petition at this time. Based on the facts contained in the petition, and additional information presented at the meeting, we have determined that neither of the solvents distributed by Safety-Kleen is presently listed as hazardous waste in 40 CFR §261, Subpart D. At the May 27 meeting, we pointed out that the spent mineral spirits solvent is not a listed waste, but sought further information on the chlorinated solvent distributed by Safety-Kleen. We recently advised you, and hereby confirm, that the spent chlorinated solvent is also not a listed waste. Although the solvent contains materials that are contained in wastes listed in 40 CFR 261.31, it is our interpretation that the regulations are intended to apply to spent solvents identifiable as any technical grades of the chemical that is produced or marketed and not to mixtures otherwise containing the chemical. Safety-Kleen's chlorinated solvent is a mixture of cresylic acid, methylene chloride, o-dichlorobenzene and water. The company's spent solvent thus does not constitute a waste listed in Subpart D of Part 261 and is not considered a listed waste.

Thus, Safety-Kleen's spent solvents would only be hazardous because they exhibit any of the four characteristics identified in 40 CFR §261, Subpart C. Because non-listed hazardous wastes are not subject to regulation at this time if they are being beneficially recycled or stored for that purpose, (see 40 CFR §261.6(a)) the regulations already provide the relief sought in your petition. Thus, we plan no further actions on your request. Please contact Matt Straus of my staff if you have any further questions. < Mr. Straus can be reached at (202) 755-9187. > 382-4770

Very truly yours,



John P. Lehman

Director

Hazardous & Industrial Waste Division (WH-565)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460
OFFICE OF SOLID WASTE

JUL 21 1981

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Mr. Theodore H. Mueller
Safety-Kleen Corporation
655 Big Timber Road
Elgin, Illinois 60120

Dear Mr. Mueller:

This letter responds to the concerns raised in Safety-Kleen's "Petition for Clarification or Modification of Regulation," which you submitted to the Environmental Protection Agency on April 6, 1981.

According to the facts stated in the petition and at the May 27 meeting, Safety-Kleen distributes two types of small parts cleaning solvents to its customers. The solvents are a mineral spirits solvent and a chlorinated, water-phase solvent containing approximately 14% cresylic acid, 29% methylene chloride, 29% o-dichlorobenzene, and 28% water with a surfactant. The solvents are distributed through a closed-loop system in which solvent from the company's reprocessing facilities is delivered in company-owned trucks to regional service centers where it is stored for subsequent delivery to the company's customers. This solvent is then delivered under a lease arrangement to the customer in cleaning equipment supplied by Safety-Kleen or other companies. Delivery is performed by Safety-Kleen service representatives. The representatives replace drums of spent solvent with drums of clean solvent and return the spent solvent to the service centers. The mineral spirits solvent is usually transferred to bulk storage tanks; the chlorinated solvent remains in drums, which are generally kept in storage sheds. The spent solvent is then transported to the reprocessing facilities for recycling.

The petition submitted by Safety-Kleen requests EPA to issue a statement clarifying the meaning of the term "solid waste" in 40 CFR §261.2. The petition stated that the definition of "solid waste" in the Resource Conservation and Recovery Act was not intended to include materials recycled in a closed-loop system of the sort used by Safety-Kleen.

| FORM 1 GENERAL | | ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER F F L D 0 2 0 9 8 5 7 2 7 | |
|---|--|--|----------------------------|---|--|
| 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 | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | YES | NO | FORM ATTACHED | |
| | | | 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 | | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 MCKESSON CHEMICAL COMPANY | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | B. PHONE (area code & no.) | | |
| 2 BLOCK, STEVEN J., MANAGER | | | 813 677 8414 | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | B. CITY OR TOWN | | |
| 3 POST OFFICE BOX 498-A, ROUTE 3 | | | TAMPA | | |
| C. STATE | | | D. ZIP CODE | | |
| FL | | | 33619 | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 56051 HIGHWAY 41A SOUTH | | | | | |
| B. COUNTY NAME | | | | | |
| HILLSBOROUGH | | | | | |
| C. CITY OR TOWN | | | | | |
| TAMPA | | | | | |
| D. STATE | | | | | |
| FL | | | | | |
| E. ZIP CODE | | | | | |
| 33619 | | | | | |
| F. COUNTY CODE (if known) | | | | | |
| | | | | | |

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

| | | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|---|-----------|-----------------------------------|---|---|---|-----------|---|-----------|-------------------------------------|--|--|--|--|--|--|
| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | |
| 7 | 5 | 1 | 6 | 1 | (specify) | Chemicals & Allied Products | 7 | 2 | 8 | 1 | 9 | (specify) | Industrial Inorganic Chemicals, NEC | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| 7 | 2 | 8 | 6 | 9 | (specify) | Industrial Organic Chemicals, NEC | 7 | 2 | 8 | 1 | 2 | (specify) | Alkalies & Chlorine | | | | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|---|--|--|--|--|----------------|--|--|--|--|
| A. NAME | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | |
| MCKESSON CHEMICAL 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) | | | | | P = PRIVATE | | | | | O = OTHER (specify) | | | | | A 803 583 8481 | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | |
| POST OFFICE BOX 2169 | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | | | | | H. ZIP CODE | | | | | | | | | |
| BSPARTANBURG | | | | | | | | | | SC | | | | | 29304 | | | | | | | | | |
| IX. INDIAN LAND | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | (specify) | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 R FLD020985727 | | | | | | | | | | (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)

Private, commercial distribution of bulk, packaged and repackaged from bulk liquid and dry organic and inorganic industrial, food, pharmaceutical and reagent grade chemicals supplied by their original manufacturers. Included within this product line are chlorinated, fluorinated, oxygenated and petroleum based hydrocarbon solvents. Certain of these solvents, after their initial use by our customers, may qualify, after rigorous sampling and screening, as raw materials for beneficial recycling by our reclamation refinery. This reclamation facility, which is owned and operated by another division of the same parent corporation, is located at New Castle, KY. The distribution branch located at Tampa, FL, would serve only as a transfer point for these selected waste streams produced by off-site generators in order to stage and consolidate full trailer-loads of containers for transshipment to the reclamation facility. No intentional, purposeful generation of hazardous wastes occurs at the Tampa distribution facility. Neither are processing operations of any kind performed here.

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 | | | | | | | | | |
| Darwin H. Simpson Southeast Region, Vice-President | | | | | | | | | |  | | | | | | | | | | December 5, 1983 | | | | | | | | | |

COMMENTS FOR OFFICIAL USE ONLY

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

Revised Part A Application
McKesson Chemical Company
Tampa, Florida
FLD 020 985 727



ROAD CLASSIFICATION

- | | | | |
|------------------|------------|-----------------|-------|
| Heavy-duty | ————— | Light-duty | ————— |
| Medium-duty | ————— | Unimproved dirt | ===== |
| Interstate Route | U.S. Route | State Route | |



TAMPA, FLA.
N2752.5—W8222.5/7.5

1956
PHOTOREVISED 1969
AMS 4539 IV NW—SERIES V847

(RIVERVIEW)
4539 IV SE

FORM 3 RCRA

EPA

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 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| F | F | L | D | 0 | 2 | 0 | 9 | 8 | 5 | 7 | 2 | 7 | | | 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)

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

| YR. | MO. | DAY |
|-----|-----|-----|
| 8 | | |

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

☐ 2. NEW FACILITY (Complete item below.)

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

| YR. | MO. | DAY |
|-----|-----|-----|
| | | |

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 |
|--------------------------------|----------------------|--|--|----------------------|--|
| Storage: | | | Treatment: | | |
| 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; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | 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.) | | |
| 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 | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

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

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|-----------------------------------|----------------------------|---------------------------------|-------------|-----------------------------------|----------------------------|---------------------------------|
| | | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | | | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) |
| X-1 | S 0 2 | 600 | G | 5 | | | |
| X-2 | T 0 3 | 20 | E | 6 | | | |
| 1 | S 0 1 | 4950 | G | 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**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 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 HAZ. 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 |

NOTE: Photocopy this page before completing if, have more than 26 wastes to list.

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|----|----|----|----|----|--|----|----|---|--|--|--|--|--|--|--|--|--|
| <div> <div>W</div> <div>F</div> <div>L</div> <div>D</div> <div>0</div> <div>2</div> <div>0</div> <div>9</div> <div>8</div> <div>5</div> <div>7</div> <div>2</div> <div>7</div> <div>1</div> </div> | | | | | | | | | | | | | <div> <div>W</div> <div>DUP</div> <div>2</div> <div>DUP</div> </div> | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | D. PROCESSES | | | | | | | | | | | | |
| WASTE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | 1. PROCESS CODES (enter) | | | | | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | |
| | | | | 27 | 28 | 29 | 27 | 28 | 29 | 27 | 28 | 29 | 27 | 28 | 29 | | | | | | | | | | |
| 1 | F 0 0 1 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 2 | F 0 0 2 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 3 | F 0 0 3 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 4 | F 0 0 5 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 5 | D 0 0 1 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 6 | U 0 0 2 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 7 | U 0 7 5 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 8 | U 0 8 0 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 9 | U 1 4 0 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 10 | U 1 5 4 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 11 | U 1 5 9 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 12 | U 2 1 0 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 13 | U 2 2 0 | 550 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 14 | U 2 2 6 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 15 | U 2 2 8 | 1100 | G | S | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| 16 | U 2 3 9 | 550 | G | S | Q | 1 | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

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

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|-----|----|
| S | F | L | D | 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 |

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.)

| | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | E | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

| | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C | F | | | | | | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

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

Darwin H. Simpson

Regional Vice-President, Southeast

December 5, 1983

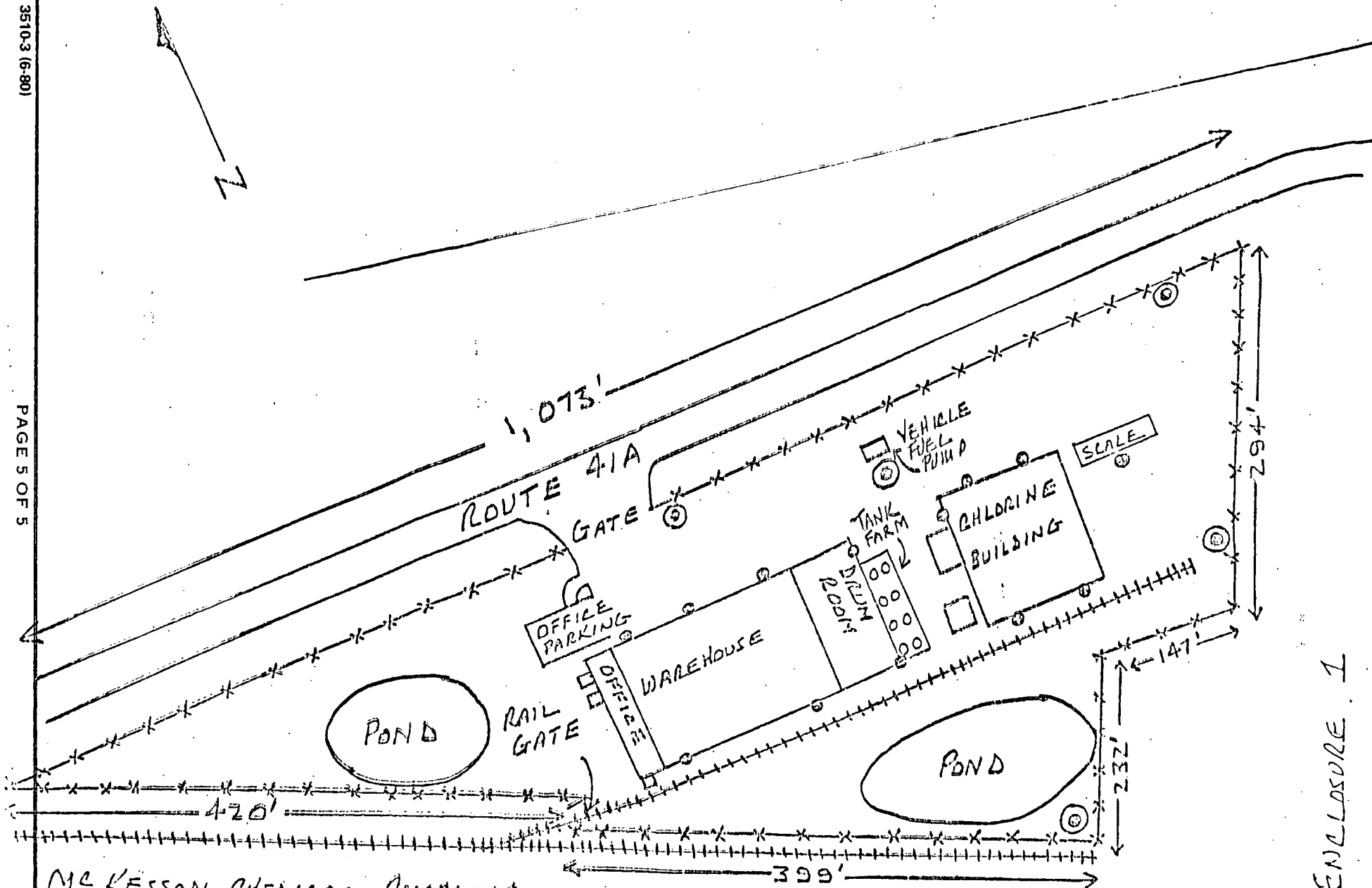
X. OPERATOR CERTIFICATION

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



MR. KESSON CHEMICAL COMPANY
TAMPA, FLORIDA

ENCLOSURE 1

| | | | |
|---|----------------|--|---|
| FORM 1 GENERAL | EPA | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> FLD020985727 </div> |
| II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div> | | 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. | |

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 | Moreland McKesson Company |
|---|---------------------------|

IV. FACILITY CONTACT

| | |
|---|---------------------------------------|
| A. NAME & TITLE (last, first, & title) | B. PHONE (area code & no.) |
| 2 Thomas, Emory Manager | 813 677 8414 |

V. FACILITY MAILING ADDRESS

| | |
|------------------------------|------------------------|
| A. STREET OR P.O. BOX | B. CITY OR TOWN |
| 3 Route 3 Box 498A | Tampa |
| C. STATE | |
| F1 | |
| D. ZIP CODE | |
| 33619 | |

VI. FACILITY LOCATION

| | |
|--|-----------------------|
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | B. COUNTY NAME |
| 5 6051 Highway 41A South | Hillsborough |
| C. CITY OR TOWN | |
| Tampa | |
| D. STATE | |
| F1 | |
| E. ZIP CODE | |
| 33619 | |
| F. COUNTY CODE (if known) | |
| | |

CONTINUED FROM THE FRONT

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

| | | | | | | | |
|----------|---|---|---|-----------|---|--|-----------|
| A. FIRST | | | | B. SECOND | | | |
| 5 | 1 | 6 | 1 | (specify) | 7 | | (specify) |
| C. THIRD | | | | D. FOURTH | | | |
| 7 | | | | (specify) | 7 | | (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 S = STATE P = PRIVATE | | | | M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | P (specify) | | A 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 | | | | | | | | | | 1029-5818 (specify) 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 | |

COMMENTS FOR OFFICIAL USE ONLY

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

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*).

III LOCATION OF INSTALLATION

COMMENTS

[illegible]

| | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|--|--|--|-----|----|----------|----|----|------------------------------------|----|--|
| INSTALLATION'S EPA I.D. NUMBER | | | | | | | | | | | | | APPROVED | | | DATE RECEIVED (yr., mo., & day) | | |
| 3 | | | | | | | | | | | T/A | C | | | | | | |
| F | | | | | | | | | | | | 1 | | | | | | |
| 1 | 2 | | | | | | | | | | 13 | 14 | 15 | 16 | 17 | - | 22 | |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | o | r | e | l | a | n | d | M | c | K | e | s | s | o | n | C | o | m | p | a | n | y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

STREET OR P.O. BOX

[illegible]

| CITY OR TOWN | | | | | | | | | | | | | | | ST. | ZIP CODE | | | | |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|-----|----------|---|---|---|---|
| 4 | T | a | m | p | a | | | | | | | | | | FL | 3 | 3 | 6 | 1 | 9 |

STREET OR ROUTE NUMBER

[illegible]

| CITY OR TOWN | | | | | | | | | | | | | | | ST. | ZIP CODE | | | | | |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|-----|----------|---|---|---|---|---|
| 6 | T | a | m | p | a | | | | | | | | | | | FL | 3 | 3 | 6 | 1 | 9 |

NAME AND TITLE (last, first, & job title)

[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

| | | | | | |
|---|----------|----------|----------|---------|------|
| 8 | Moreland | McKesson | Chemical | Company | Inc. |
|---|----------|----------|----------|---------|------|

| | | | |
|---|---------|--|--|
| 15 116 B. TYPE OF OWNERSHIP (enter the appropriate letter into box) | | 55 VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) | |
| F = FEDERAL M = NON-FEDERAL | M 36 | <input checked="" type="checkbox"/> 37 A. GENERATION <input checked="" type="checkbox"/> 39 C. TREAT/ STORE /DISPOSE | <input checked="" type="checkbox"/> 38 B. TRANSPORTATION (complete item VII) <input type="checkbox"/> 60 D. UNDERGROUND INJECTION |

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

☐ 61 A. AIR ☐ 62 B. RAIL ☒ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

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.

| <input checked="" type="checkbox"/> A. FIRST NOTIFICATION | <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (<i>complete item C</i>) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10" style="padding: 2px;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | C. INSTALLATION'S EPA I.D. NO. | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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.

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 |

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.

[illegible]

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. See attachment.

[illegible]

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 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 23 - 28 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 |

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.)

☐ 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)

G. N. Butter, Technical Director
McKesson Chemical Company

DATE SIGNED

8-14-80

McKesson Chemical Company

Foremost-McKesson
Chemical Group
One Post Street
San Francisco, CA 94104
415 983 8300



To Whom It May Concern:

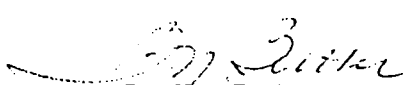
McKesson Chemical Company, which is an operating division of Foremost-McKesson, Inc., is a distributor of various chemical products for various suppliers of chemicals. It operates a large number of distribution facilities throughout the country, of which this is one. We stock an average of five-hundred (500) packaged chemical products at these locations. The products carried will vary from location to location and from time to time. It is anticipated that some or all of the products could at one time or another result in the generation of a hazardous waste and the amount generated could in one or more instances exceed the quantity limit for a small generator. Since ours is a distributing function it is impossible for us to be more specific at this time.

In addition, this particular unit is a repackager of certain chemical products which is expected to result in the generation of hazardous wastes. This is more particularly spelled out in the Notification submitted herewith.

D.E.R.

NOV 14 1983

SOUTHWEST DISTRICT
TAMPA


G. N. Butter
Technical Director
McKesson Chemical Company

GNB:ks
attachment (Form GSA No. 0246-EPA-OT)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

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.

MORELAND MCKESSON COMPANY
EPA ID NUMBER
NOV 16 1980
TAMPA, FLORIDA
INSTALLATION ADDRESS

FLD0209P5727

MORELAND MCKESSON COMPANY
ROUTE 3 BOX 498A
TAMPA

FL 33619

6051 HIGHWAY 41A
TAMPA

FL 33619

EPA Form 8700-12A (4-80)



U.S. ENVIRONMENTAL PROTECTION AGENCY
ACKNOWLEDGEMENT OF APPLICATION
FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility with the EPA Identification Number shown on the front of this postcard; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an **initial qualification** for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA Form 3510-3A (12-80)

FOR OFFICIAL USE ONLY

II. FIRST OR REVISED APPLICATION

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

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

III. PROCESSES – CODES AND DESIGN CAPACITIES

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 |
|--------------------------------|--------------|--|--|-------------------------|--|
| Storage: | | | Treatment: | | |
| 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 | | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | | |
| Disposal: | | | 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.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| 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 | | | |
| UNIT OF MEASURE CODE | | | UNIT OF MEASURE CODE | | |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

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

EPA Form 3510-3 (6-80)

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS 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 |

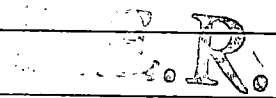
NOTE: Photocopy this page before completing. You have more than 26 wastes to list.

Form Approved OMB No. 153-S80004

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> W F L D 0 2 0 9 8 5 7 2 7 T/A C </div> | | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> W DUP T/A C </div> | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 </div> | | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 23 </div> | | | | | | | | | | | | |

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)) | | | | | | | | |
| | | | | 27 | 28 | 29 | 27 | 28 | 29 | 27 | 28 | 29 | | | | | | |
| 1 | 5002 | 230 | T | | | | | | | | | | Total wash water & surface water | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | |


 NOV 14 1983
 SOUTHWEST DISTRICT
 TAMPA

IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

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

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

FLD0209857276

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)

27 52 03 4

LONGITUDE (degrees, minutes, & seconds)

082 23 00 5

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

X. OPERATOR CERTIFICATION

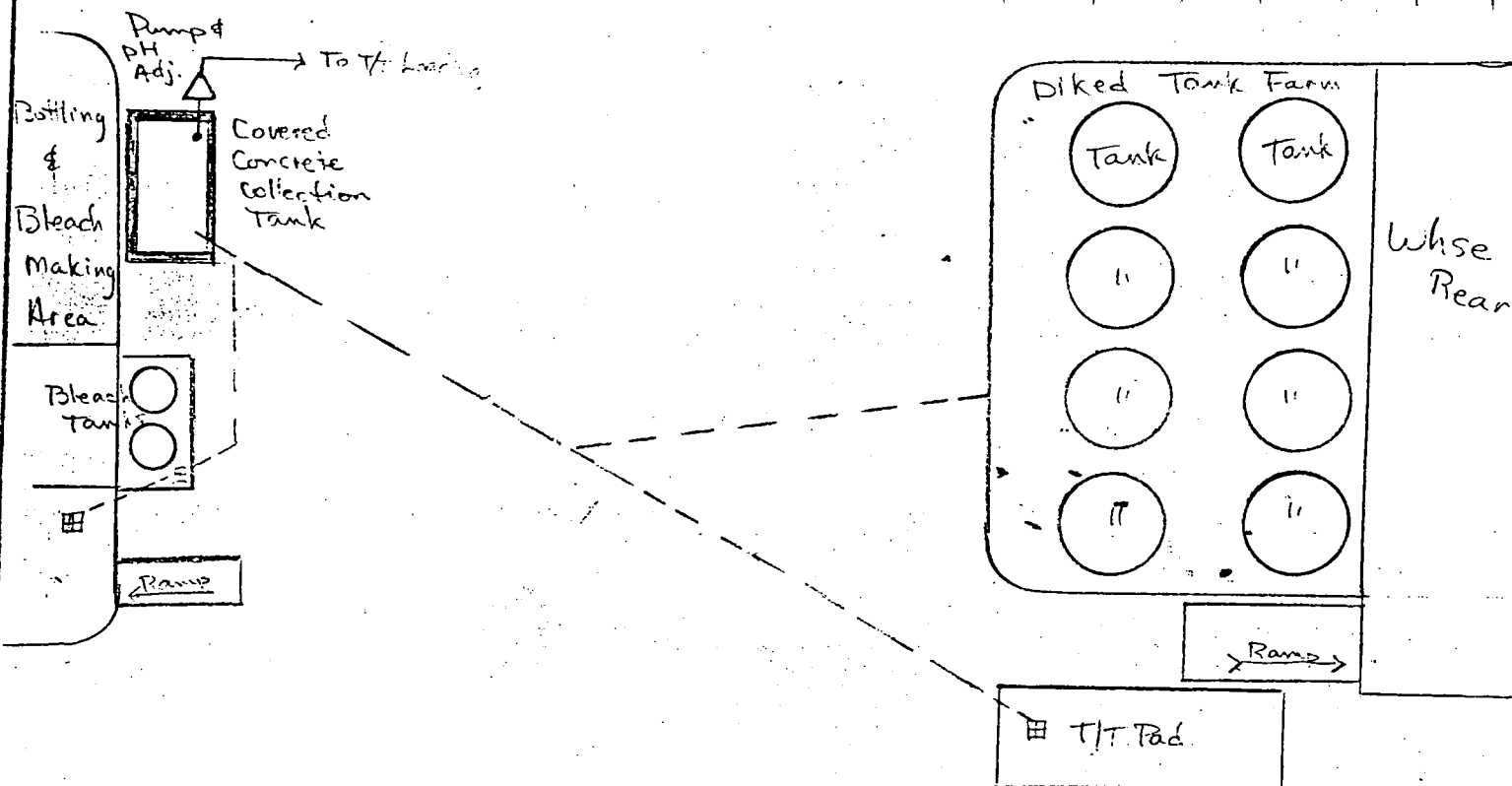
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, 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

SITING DRAWING (see page 4)



Surface Water &
Wash water
Collection & pH
Adjustment System.

VI. PHOTOGRAPHS

Tampa, Fla.

[not received in time to include in 1st mailing deadline]

HW

McKesson

November 11, 1983

D.E.R.

NOV 14 1983

SOUTHWEST DISTRICT
TAMPA

Richard J. Powell
Environmental Permitting
State of Florida
Department of Environmental Regulation
7601 Highway 301 North
Tampa, Florida 33610

Dear Dick:

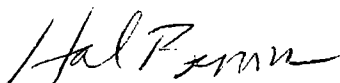
I have attached the various items from our Tampa file that would be of interest to you. You can see the sequence-- Notification, Form 1, Form 3, Inspection--leading to our assumption of interim status. Unfortunately very little business developed in 1980-1982 because of the general business malaise, the distance from Tampa to our T/S/D/R facility in New Castle, Ky., and the fact that we only reclaim solvents and do not offer disposal services.

Where the confusion arose is our request to withdraw from the treatment category (6/10/81 Ltr.) only. This function was excluded from regulation by amendment and our simple pH adjustment and neutralization system became exempt.

We have consistently sought to retain our interim status as a "storer", both to complement our transporter permits and also to support our recycling division, even though we would merely act as a transfer agent for off-site generators of containerized, reclaimable solvent streams.

Now that business is improving and my management is aware of our need to "get something going" concerning Tampa, we would certainly appreciate your understanding of our situation and help in this regard.

Sincerely,



Hal Brown

HB/jc

Attachments

cc: DMB CCH
DLE DEP
JHF DHS



Serving the Nation
Since 1833

McKesson

November 7, 1983

Mr. Lloyd Woosley, P.E.
U. S. Environmental Protection Agency
Region IV, 345 Courtland Street
Atlanta, Georgia 30365

Dear Lloyd:

Thank you for your note of 11/2/83. The Federal Register NPR (4/4/83) you sent was interesting, but, unfortunately, will not impact us significantly. We are still looking and hoping for proposed legislation that will:

1. Recognize, define and legitimize our function as third party transfer/staging agents between off-site generators of recyclable solvents (as raw materials) and our T/S/D/R facilities that reclaim these high-quality wastes.
2. In recognition of our legitimate and valuable recovery function, grant some substantial relief from the onerous, time-consuming, and duplicative requirements of full compliance with the Part B application requirements.

In fact what you will see from us, if there is no legislative relief, is the same Part B (in various revisions), with only the names, places and dates changed.

Once we submit our revised Kingsport application, later this month, perhaps we can get the Regional Administrator involved in the review process. Once you understand the similarity of function, management, stability, fiscal responsibility, and internal operating rules and procedures involved in our facility/regional/national hazardous waste management programs, it may then be possible for Region IV to grant us some administrative relief on future Part B applications. We would be eager to continue to supply that information unique to any individual facility, (primarily Sec. B), such as maps, location layout, management, emergency response, and hazard prevention equipment/contacts, etc. However, the text of Sections C, D, F, G, H, & I will remain essentially unchanged except for local and special information in all our future applications.



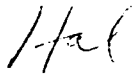
Serving the Nation
Since 1833

On a related subject, I have attached a copy of my 6/14/83 letter to Mr. Scarbrough which remains unanswered. The copy of the notification you sent me was for our former location in Jacksonville, Fl., and not the Part A sent with my 14 June letter. You may have us listed as "Moreland-McKesson" Company as went through a name change in 1981.

I hope this information will be helpful to you.

Sincerely,

MCKESSON CHEMICAL COMPANY



Hal Brown
HB/jc
Attachment

cc: D. Black
D. Eisner
J. Foster
D. Simpson

To
D. L. Eisner - HOC/27

Date
October 14, 1983

From
Hal Brown

Location/Tel.
Southeast Regional Office
(803) 583-8481

M-Kesson

Intra Company
Correspondence

Subject
Status of RCRA Part B
Permitting TD 84097

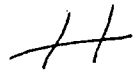
Copies To
D. M. Black
J. H. Foster
D. H. Simpson

Two points of interest to Southeast Region:

1. Kingsport was omitted. This application should be listed either under paragraph 5--Applications Submitted and Branches Visited, or paragraph 6--Application Submitted and No Further Activity.

We have not heard from EPA Region IV in more than a year, nor from Tennessee DWSM in more than ten months on our application, so I can understand your omission of our "Forgotten Application".

2. Tampa's due date is not established, yet, because it is a voluntary application. If we do not set a date soon, it may never be processed. I understand that Don will be real busy for the next four months on the existing list, but may I suggest an April 1, 1984 date?


Hal Brown
HECB:tw

September 30, 1983

ACTIVITY REPORT - SEPTEMBER, 1983

Page two.

II. Other Permitting Activity

- A. New Jersey Pollutant Discharge Elimination System permit application filed for Woodbridge. Securing this permit is a requisite for Woodbridge's HW storage permit.
- B. Application for kosher labelling of sorbitol solution at Woodbridge filed.
- C. Hazardous waste and hazardous material transport permit filing for Boston and Albany.
- D. New Jersey has issued a permit for storage of toluene in bulk at Woodbridge.

III. Miscellaneous

- A. Bids for incineration of distress Triton X-202 at Woodbridge received from SCA and Ross Incineration and submitted to Region.
- B. Facility of marketer of distress chemicals visited and working arrangement established for ER.



Donald M. Black

DMB:dc

Date _____

September 30, 1983

Copies to

D. A. Davis

R. R. Powell

W. R. Landry

m-plc for
Nesler
Brown
Kerbland
Wettstein
Butler

Eastern Region

Subject

ACTIVITY REPORT - SEPTEMBER, 1983

1. Part B Applications

- A. Region V of the USEPA has notified us that permits for Cincinnati, Columbus, and Cleveland will issue today.
- B. On the other hand, the Ohio EPA has notified us informally that the office of Ohio's Attorney General has requested additional information on the applications of these branches. The OEPA is somewhat stunned, particularly in light of the Federal permits, and considers the request "totally irrelevant". Some delay will ensue.
- C. New Jersey has issued the Woodbridge draft permit with the public hearing scheduled for October 31.
- D. Part B's filed for Altoona with both state and USEPA (new facility - not called).
- E. Part B for Pittsburgh filed with USEPA in order to provide for expanded storage capacity (had been called by Pennsylvania).
- F. Other applications in process:
 - 1. Portland, called for November 14.
 - 2. Philadelphia, called for December 1.
 - 3. Albuquerque, called for February 1.
 - 4. Chattanooga, called for February 29.
- G. Turmoil at Hummelstown continues. The PADER is taking it in stride and has tentatively scheduled standard public hearing during period of November 16-23.

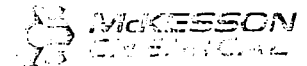
Don't mean this
Sorry is late
I'll circulate
Dr. Don's
future
monthly
Reports
near the
first of
the
month.
E

5. Omaha, called for Dec 9

Darwin

McKesson
McKesson Chemical Company
Post Office Drawer 2168
Spartanburg, South Carolina 29304
803-583-8481

June 14, 1983



James A. Scarbrough, Chief
Residuals Management Branch
U. S. Environmental Protection Agency
Region IV, 345 Courtland Street
Atlanta, Georgia 30365

Re: Applications for Interim Status Approval
as a Hazardous Waste Storer

Dear Mr. Scarbrough:

We are requesting interim status approval for hazardous waste storage for our branch locations in Region IV as follows:

| | |
|-------------------|--------------|
| Atlanta, Ga. | GAD072472707 |
| Augusta, Ga. | GAD000828269 |
| Charlotte, N. C. | NCD024481848 |
| Greensboro, N. C. | NCD089903983 |
| Mobile, Al. | ALD000737478 |
| Spartanburg, S.C. | SCD008941619 |
| Tampa, Fl. | FLD020985727 |

Our branches in Chattanooga, Kingsport, & Nashville, Tennessee will be subject to an independent series of actions since Tennessee is operating under Phase II and we have already achieved interim status at Kingsport.

Please note that our Jacksonville, Fl. facility (FLD000737429) should be included in the group of branches above, but since we have moved its location we will be required to submit a corrected Part A application. (attached) Also, we have closed our Birmingham, Al. facility (ALD095697447).

As you may already know, our Company is the largest private distributor of chemicals in the U.S.A. We purchased a multi-plant waste recycling company two years ago, so we can now provide complete distribution services for virgin and recycled fluorinated, chlorinated, oxygenated and petroleum solvents from the generic groups F001, F002, F003, and F005.



Our operating rules for the profitable servicing of hazardous waste accounts restricts us to handling only containerized, high-grade waste streams. We solicit only solvents from the four main solvent groups mentioned above and have invested heavily in analytical lab equipment to pre-screen and qualify prospective waste streams to eliminate those with difficult, toxic impurities which would not be profitable for us to handle. This includes all constituents listed on the D, K and P Groups listed in Part 261.

As a matter of practical consequence we are acting strictly as a transfer agent for these hazardous waste transactions and need interim status authorization only because:

(1) The overwhelming majority of waste streams we regularly handle involve chemicals which are unregulated in their virgin state and only become subject to regulation when they are lightly contaminated with cutting oils, grease, paint solids, etc. which do not significantly alter their original chemical properties. If this were not so, they would be of no commercial value or interest to us.

(2) Point (1) notwithstanding, we still would not need interim status authorization if it were not for the fact that we (our branches and the regional office) cannot in all cases directly control the trucking operations involved in these hazardous waste transactions. These are handled by and large by our independent recycling operation and occasionally they would not be able to move the drums to our recycling facilities within the prescribed storage time limits dictated by our transporter permits.

I will also be applying to the individual states concerned to petition their participation in and approval of our interim status authorizations. Since we have filed Part A applications for the facilities mentioned above in August of 1980, you and the state agencies concerned already have the factual information needed for our current requests.

If I can provide you with any additional information required for the completion of this process, please contact me at your earliest convenience.

Sincerely,

MCKESSON CHEMICAL COMPANY



Hal Brown
Regional Warehousing Manager

HB/jc
Attachment
(Rev. Part A-Jacksonville, Fl.)
bcc: DLE
JHF
DHS

3-25-83 McKESSON CHEM. (HAL BROWN) - STORAGE FACILITY

DRUMMED WASTES

HALOGENATED SOLVENTS

SMALL AMOUNTS OF FLAMMABLE SOLVENTS

EPA (SCARBOROUGH LETTER) - OPINION FROM TALLA,
PART A + B

WITHDREW INTERIM STATUS

BOUGHT INLAND CHEMICAL - BECAME INTERESTED
IN STORAGE FACILITY.

TO: Mr. Don Moores, Southwest District

FROM: R. H. Patton, Administrator, Chemistry Section

DATE: December 10, 1982

SUBJECT: McKesson Chemical Co., Tampa, Hillsborough County *
Effluent Sample * Volatile Organics Analyses * File
Reference: T.13.B.37.

Please find attached the laboratory results for volatile organics analyses of subject effluent samples.

If you have any questions or need additional information, please let us know.

RHP:ac

Attachments

cc: Dr. G. J. Thabaraj
✓ Mr. Bill Hennessey
Mr. Matt McCann
Mr. Doug Jones
File Reference: T.13.B.37

D.E.R.

DEC 13 

SOUTHWEST DISTRICT
TAMPA

INTEROFFICE MEMORANDUM

TO: Dr. R. H. Patton

FROM: Joe Bricker *JB*

DATE: December 9, 1982

SUBJECT: McKesson Chemical Co., Tampa, Hillsborough County
Water Samples For Volatile Organic Analysis
Sample I.D. #17857 Through #17860.
File Reference: T.13.B.37.

Two samples (one water sample and a field blank) were received from Tampa, Hillsborough County, (McKesson Chem. Co.) for volatile organic analysis. Sample analyses were performed by purge and trap GC/FID techniques for component screening. Component identification and quantification is performed by purge and trap GC/MS techniques.

The field blank (#17857) was found to be relatively free of volatile components. The sample (#17860) was found to contain chloroform and tetrachloroethene. The concentrations of these components are listed on the attached data sheet.

attachment:

PURGEABLES

Volatile Organic Analysis

SPAN # 17860 Date Collected: 11/29/82 Date Analyzed: 12/02/82
 Effluent, McKesson Chemical Co.
 Location: Tampa, Hillsborough County.

| Component: | Concentration (ug/L): |
|------------|-----------------------|
|------------|-----------------------|

| | |
|--------------------------------|-----------|
| Acrolein..... | 25U |
| Acrylonitrile..... | 25U |
| Benzene..... | 5U |
| Bromodichloromethane..... | 5U |
| Bromoform..... | 5U |
| Bromomethane..... | 5U |
| Carbon tetrachloride..... | 5U |
| Chlorobenzene..... | 5U |
| Chloroethane..... | 5U |
| 2-Chloroethylvinyl ether..... | 5U |
| Chloroform..... | 11.7 ug/L |
| Chloromethane..... | 5U |
| Dibromochloromethane..... | 5U |
| Dichlorodifluoromethane..... | 5U |
| 1,1-Dichloroethane..... | 5U |
| 1,2-Dichloroethane..... | 5U |
| 1,1-Dichloroethene..... | 5U |
| 1,2-Dichloroethene..... | 5U |
| 1,2-Dichloropropane..... | 5U |
| cis-1,3-Dichloropropene..... | 5U |
| trans-1,3-Dichloropropene..... | 5U |
| Ethylbenzene..... | 5U |
| Methylene chloride..... | 35U |
| 1,1,2,2-Tetrachloroethane..... | 5U |
| Tetrachloroethene..... | 11.4 ug/L |
| 1,1,1-Trichloroethane..... | 5U |
| 1,1,2-Trichloroethane..... | 5U |
| Trichloroethene..... | 5U |
| Trichlorofluoromethane..... | 25U |
| Toluene..... | 5U |
| Vinyl chloride..... | NA |
| Xylene..... | 5U |
| Styrene..... | 5U |
| Dichlorobenzene..... | 5U |
| o-Chlorotoluene..... | 5U |
| n-Propylbenzene..... | 5U |
| n-Butylbenzene..... | 5U |
| Trimethylbenzene..... | 5U |

U = Material was analyzed for but not detected. The value given is the minimum quantification limit.

< means component was detected but was not quantified, and is known to be less than the value given.

> means component was detected but was not quantified, and is known to be greater than the value given.

J = Estimated Value.

NA = Component Not Analyzed for by this technique.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET
ATLANTA, GEORGIA 30365

JUL 01 1982

4AW-RM

Mr. Julian H. Foster
Regional Operations Manager
Foremost-McKesson Chemical Group
McKesson Chemical Company
Post Office Drawer 2169
Spartanburg, South Carolina 29304

Re: Moreland-McKesson, EPA I.D. #FLD020985727

Dear Mr. Foster:

In response to your letter dated June 3, 1982, this is to confirm that the referenced facility is still carried in our records as a potential generator and transporter of hazardous waste under the same I.D. #FLD020985727.

If there are any questions pertaining to this, please contact this office.

Sincerely yours,

James H. Scarbrough, Chief
Residuals Management Branch

June 3, 1982

U. S. Environmental Protection Agency
Region IV
345 Courtland Street
Atlanta, Georgia 30365

Attention: James H. Scarbrough, Chief
Residuals Management Branch

Re: EPA ID# FLD 020 985 727
Your letter of May 11, 1982 - 4AW-RM

Dear Mr. Scarbrough:

In reply to the above letter, we wish to emphasize that we are to retain our EPA Registration #FLD 020 985 727 as a potential generator and transporter of hazardous waste. Please acknowledge this status.

Yours truly,

MCKESSON CHEMICAL COMPANY

Julian H. Foster
Regional Operations Manager

JHF/jc



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET
ATLANTA, GEORGIA 30365

MAY 11 1982

4AW-RM

Mr. Julian H. Foster
Regional Operations Manager
Foremost-Mckesson
Chemical Group
McKesson Chemical Company
P. O. Drawer 2169
Spartanburg, SC 29304

Re: EPA I. D. Number FLD 020 985 727

Dear Mr. Foster:

This letter acknowledges receipt of your request to be removed from our hazardous waste activity list. Based on the information furnished by you, EPA agrees that the hazardous waste regulations apparently do not apply to your facility, therefore, you will be classified as a non-handler of hazardous waste.

EPA intends to retain your notification file within our data management system, so that, in the future, should the need arise, an EPA identification number will be available to you.

You should be aware that the state in which your facility is located has its own rules and regulations concerning hazardous waste. You should contact that office to insure that you are in compliance with their regulations.

If you require further information, please contact Nell Keever of my staff at (404)881-3446.

Sincerely yours,

A handwritten signature in cursive script that reads "Joseph C. Mulvey for".

James H. Scarbrough, Chief
Residuals Management Branch

cc: Florida Department of Environmental Regulations

April 19, 1982

U. S. Environmental Protection Agency
Region IV
345 Courtland Street
Atlanta, Georgia 30365

Attention: James H. Scarbrough, Chief
Residuals Management Branch

Dear Mr. Scarbrough:

Re: McKesson Chemical Co., Tampa, Fla. -EPA #FLD020985727

We wish to emphasize that we are to retain our EPA Registration #FLD 020985727, as a potential generator of hazardous waste. Please acknowledge this status.

Yours truly,

MCKESSON CHEMICAL COMPANY

Julian H. Foster
Regional Operations Manager

JHF/jc

D.E.R.

NOV 14 1983

SOUTHWEST DISTRICT
TAMPA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET
ATLANTA, GEORGIA 30365

APR 12 1982

REF: 4AW-RM

Mr. J. H. Foster
Regional Operations Manager
Moreland McKesson Chemical Company
Chemical Group
Drawer 2169
Spartanburg, SC 29304

Re: McKesson Chemical Co., Tampa, FL - EPA #FLD 020 985 727

Gentlemen:

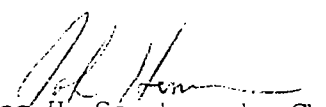
This letter is to acknowledge receipt of your request for withdrawal of your application for a permit under the Resource Conservation and Recovery Act (RCRA), as amended. Your letter indicated that you no longer treat, store, or dispose of hazardous wastes. Therefore, your application is considered withdrawn, and your file has been inactivated.

This letter should not be construed as concurrence with your determination that the Federal regulations are not applicable to your facility.

However, based on your voluntary request for removal from our list of permit applicants, your interim status under §3005(e) of the Act has been terminated. Consequently, if we determine upon subsequent inspection that your facility is treating, storing, or disposing of hazardous waste without a permit (or interim status), you will be subject to enforcement action under §3008 of the Act.

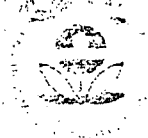
If you wish to reconsider your request for withdrawal, please advise us within the next ten days.

Sincerely yours,


James H. Scarbrough, Chief
Residuals Management Branch

CC: FL Department of Environmental Regulations

Ref. - - -
Reply - We wish to emphasize that we are to retain our EPA
Registration # _____, as a potential generator
of hazardous waste. Please acknowledge this status.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET
ATLANTA, GEORGIA 30365

APR 12 1982

REF: 4AW-RM

Mr. J. H. Foster
Regional Operations Manager
Moreland McKesson Chemical Company
Chemical Group
Drawer 2169
Spartanburg, SC 29304

Re: McKesson Chemical Co., Tampa, FL - EPA #FLD 020 985 727

Gentlemen:


This letter is to acknowledge receipt of your request for withdrawal of your application for a permit under the Resource Conservation and Recovery Act (RCRA), as amended. Your letter indicated that you no longer treat, store, or dispose of hazardous wastes. Therefore, your application is considered withdrawn, and your file has been inactivated.

This letter should not be construed as concurrence with your determination that the Federal regulations are not applicable to your facility.

However, based on your voluntary request for removal from our list of permit applicants, your interim status under §3005(e) of the Act has been terminated. Consequently, if we determine upon subsequent inspection that your facility is treating, storing, or disposing of hazardous waste without a permit (or interim status), you will be subject to enforcement action under §3008 of the Act.

If you wish to reconsider your request for withdrawal, please advise us within the next ten days.

Sincerely yours,


James H. Scarbrough, Chief
Residuals Management Branch

CC: FL Department of Environmental Regulations

Foremost-McKesson
Chemical Group
Drawer 2169
Spartanburg, SC 29304
803 583 8481FLD 020 985 727
FLD 020 985 727

June 10, 1981

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

Delele ILC
Withdraw Part A
& Merge

Dear Mr. Keith:

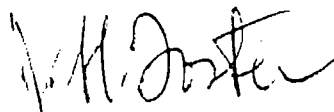
Tampa, FL Facility

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



Moreland McKesson Chemical
Company

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

FLD 020 985 727

FLD 020 985 727



June 10, 1981

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

Delek LLC
Withdraw Part A
& Merge

Dear Mr. Keith:

Tampa, FL Facility

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



November 23, 1981

Mr. Paul C. Keith
United States Environmental Protection Agency
Region IV
345 Courtland Street
Atlanta, Georgia 30365

Dear Mr. Keith:

As we discussed previously, we should like to request the addition of transporter registration for our various branches listed below that are now permitted as potential generators of hazardous waste.

We have various customers who are asking us to pick up (solvents) from them for recycling, and we should like to be registered as transporters of hazardous waste so that we might perform this service. Please advise if there is anything further that we need to do to effect this registration. The locations and I. D. numbers are:

| | |
|--------------------|--------------|
| Richmond, Va. | VAT000619973 |
| Greensboro, N. C. | NCD089903983 |
| Charlotte, N. C. | NCD024481848 |
| Spartanburg, S.C. | SCD008941619 |
| Kingsport, Tenn. | TND000822973 |
| Chattanooga, Tenn. | TND000737445 |
| Nashville, Tenn. | TND000737437 |
| Atlanta, Ga. | GAD072472707 |
| Augusta, Ga. | GAD000828269 |
| Mobile, Ala. | ALD000737478 |
| Tampa, Fla. | FLD020985727 |

Yours very truly,

Julian H. Foster
Regional Operations Manager

JHF/jc

file copy
17-1.122(84)

EFF. 10/1/81

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

APPLICATION FOR DETERMINATION OF HAZARDOUS WASTE GENERATOR

STATUS UNDER CHAPTER 208, FLORIDA STATUTES

Please complete only the ONE of the three sections below which applies to your status as a hazardous waste generator in Florida:

- I. I hereby certify that the waste generated by the following facility does not meet the definition of a hazardous waste as defined in Chapter 17-30, Florida Administrative Code, and is therefore not subject to the tax levied on generators of hazardous waste in Florida. I am aware that if at any time the waste generated at the referenced facility meets the criteria for a hazardous waste, the generator will be subject to the hazardous waste tax as mandated in Chapter 208, Florida Statutes, and must notify the Department of such a change.

McKesson Chemical Company
Facility Name

Foremost - McKesson Inc.

Owner's Name

(1) Box 498A, Tampa, Fla. 33619

(2) Box 37242, Jacksonville, Fla. 32205

Business Address

(1) Hwy 41A -Route 3, Tampa, Fla. 33619

(2) 924 Lane Avenue, Jacksonville, Fla. 32205

Mailing Address

[Signature] - Regional Ops. Mgr.

Owner's Signature or

Authorized Representative

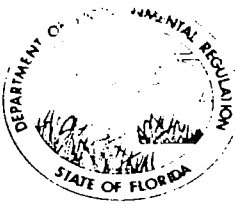
We registered with the EPA as potential generators only. Our business is chemical distribution, and there is occasionally a possibility of an accidental spill, drum breakage, etc. which might result in some hazardous waste, and which might require an EPA no. for proper disposal. Thus we elected to apply for "stand-by" type of registration as potential generators.

*Date
Fla. RC/RA*

DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610



BOB GRAHAM
GOVERNOR

JACOB D. VARN
SECRETARY

WILLIAM K. HENNESSEY
DISTRICT MANAGER

June 8, 1981

Mr. Emory N. Thomas
Tampa Branch Manager
Moreland McKesson Co.
6051 Highway 41 A South
Tampa, FL 33619

Dear Mr. Thomas:

Thank you for your helpfulness in touring the Moreland McKesson plant. Attached for your information is a copy of the appropriate checklist that will be forwarded to Tallahassee for their consideration.

If you have any further questions, please do not hesitate to call me at 813/985-7402.

Sincerely,

Phyllis Jones

Phyllis Jones

PJ/bc

cc Ed + Julian

GENERATORS CHECKLIST

EPA I. D. #
FLD 020985727

1. Check manifest

- identification (I.D. code, name, address, date)
- waste information (shipping description, hazard class, quantity and unit)
- emergency information (immediate response information, special handling instructions, phone no.)
- certification: This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA."

Moreland McKesson C
6051 Hwy 41A South
Tampa, FL 33619
after neutralization,
goes to city sewer

YES

N/A

2. Check containers

- improper construction
- leaks or corrosion
- heat generation from incompatible wastes

NO

NO

NO

3. Labeling practices

- DOT shipping description
- Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

N/A

Generator's Name and Address _____

Manifest Document Number _____

N/A

N/A

4. Placards for transport

5. Check accumulation time of wastes:

a. check records and dates

b. check containers

6. Check contingency plan

7. Recordkeeping practices:

a. manifests

b. annual reports

c. exception reports

d. test results

8. International shipments

9. Permit information: *NONE*

a. List all applicable permits held by the generator:

NPDES Permit SPCC Plan State Permit (Specify) _____

Air Permits Local Permit RCRA Disposer

RCRA Storer RCRA Treater

Other (Specify) DER Permit No. I039-5818

*expires
Nov 11 1982*

b. In Compliance Yes No Unknown with respect to: _____
Regulation Name/#

10. Past regulatory actions:

None

Yes

If yes, summarize: _____

This checklist
covers injection
checklist.

EPA I.D.#
FLD 020985727

FIGURE 11
GENERAL SITE INSPECTION CHECKLIST

1. Site Identification:

a. site name

Moreland McKesson Company

b. street (or other
identifier)

6051 Highway 41A South

c. city, state, zip

Tampa FL 33619

d. county name

Hillsborough

e. owner/operator

Emory Thomas

f. telephone ⁸¹³ 677-8414
(if known)



Federal
Municipal



State
Private



County
Unknown

g. site description

2. Characterization of site activity:

a. check off the appropriate activities below:

STORER

Pile _____
Surface Impoundment _____
Drums _____
Tank, Above Ground _____
Tank, Below Ground _____
Other _____

TREATER →

Adjust
pH

Filtration _____
Incineration _____
Thermal Treatment _____
Volume Reduction _____
Recycling/Recovery _____
Chem/Phys/Bio Treatment _____
Waste Oil _____
Reprocessing _____
Solvent Recovery _____
Other _____

DISPOSER

Landfill _____
Land Treatment _____
Surface Impoundment _____
Incineration _____
Other Spewer _____

b. specify details of site activities as needed:

Note: This form is undergoing Agency review. A final form will be distributed at a later date, accompanied by a separate transmittal notice.

Actions Taken or Planned

3. Permit information:

a. List all applicable permits held by the site:

NPDES Permit SPCC Plan State Permit (Specify) _____

Air Permits Local Permit RCRA Disposer

RCRA Storer RCRA Treater

Other (Specify) DEF permit No. I 029 - 5818 expired Nov 1, 1982

In Compliance Yes No Unknown with respect to: _____
Regulation Name/#

4. Past regulatory actions:

None

Yes If yes, summarize: _____

5. Inspection activity (past or on-going):

None

Yes -- Specify:

| Date of Past Action | Performed by EPA/State | Describe: |
|---------------------------|------------------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Remedial activity (past or on-going):

None

Yes -- Specify:

General Facility Standards

7. Regional notices to RA present:

- a. foreign shipments
- b. new owner/operator

Yes

No

()

(X)

()

(X)

8. General Waste Analysis Plan must include:

- a. test methods
- b. sampling method
- c. review or repeat of analysis

Yes

No

(X)

(X)

(X)

(X)

(X)

(X)

9. Adequate security:

- a. 24 hour surveillance system
- b. artificial or natural barrier around facility
- c. means to control entry
- d. danger sign(s) at entrance(s)

guard system at night

perimeter

yes

no yes

265.15 10. Inspection requirements must include:

- a. malfunction
- b. operator error
- c. discharges
- (d.) inspection schedule
- e. safety, emergency equipment
- f. security devices
- g. operating and structural equipment
- (h.) inspection log

yes - daily

yes

yes

no

yes

yes

no

11. Personnel training records:

- a. job titles

yes

General Site Inspection - Continued

- b. description of training
- c. records of training
- 12. Requirements for ignitable, reactive or incompatible wastes:
 - a. handling
 - b. no smoking signs
 - c. separation and confinement
 - d. check waste containers

ok
yes
N/A
yes
N/A
ok

Preparedness and Prevention

- 13. Maintenance and operation of facility:
 - a. evidence of fire, explosion or contamination of the environment
- 14. Required equipment:
 - a. alarm system
 - b. telephone or 2-way radio
 - c. portable fire extinguishers, fire control, spill control equipment and decontamination equipment
 - d. water of adequate volume for hoses, sprinklers or water spray system

No
yes
telephone
yes
yes

- 15. Testing and maintenance of equipment:
 - a. testing and maintenance procedures
 - b. condition of equipment

yes
ok

- 16. Required aisle space

ok

- 17. Arrangements with local authorities (operating record)

Gibson Hol.
Fire Dept.

General Site Inspection - Continued

Contingency Plan and Emergency Procedures

18. Content of contingency plan

yes

19. Copies of contingency plan

yes

20. Emergency coordinator:

- a. identify emergency coordinator
- b. ensure qualifications of coordinator

mainly because of shipping

*Emerg. Response
Proy. All
managers are trained
ok
ok*

21. Emergency procedures

Manifest System, Recordkeeping, and Reporting

N/A

*The companies
truck takes
to the city sewer.*

22. Use of manifest system:

- a. procedures for processing each manifest
- b. records of past shipments

23. Manifest discrepancies (methods of detection)

24. Operating record:

- a. presence
- b. maintenance

25. Availability, retention and disposition of records

26. Annual report

27. Unmanifested waste report:

- a. procedures for filling out report
- b. compliance file for reports

N/A

*Shipping
Paper
City of
Tampa
Hacker
Print
No drivers
signature
& sign.
saying
was got
to city.*

General Site Inspection - Continued

28. Additional reports:

- a. releases, fires and explosions
- b. groundwater contamination
- c. facility closure

No
N/A
OK / IN FIRE PLAN

Groundwater Monitoring

N/A

29. Applicability:

- a. check applicability
- b. operation and maintenance of a system
- c. waiver of requirement

30. Groundwater monitoring system:

- a. presence
- b. number and placement of wells
- c. maintenance of wells
- d. well integrity

31. Sampling and analysis:

- a. sampling and analysis plan
- b. records of sampling and analysis

32. Preparation, evaluation and response:

- a. outline of water quality assessment program
- b. adequacy of outline

33. Recordkeeping and reporting:

- a. groundwater analysis records
- b. reports of groundwater monitoring information to Regional Administrator
- c. annual groundwater quality reports

General Site Inspection - Continued

34. Closure and post closure:

- a. closure plan
265.111 (b.) adequacy of plan

} IN
FIRE
PLAN

yes
~~NO~~ NO the closure
plan is just the same
the fire plan, i.e., fire
escape procedures

265.113 (35) Time for closure:

- a. 90 day closure requirements
b. six month closure requirements

N/A

36. Disposal or decontamination of equipment

N/A (N/A)

37. Certification of closure

NO (N/A)

38. Post closure care and use of property:

- a. post closure plan
b. period of post closure plan
c. plan and amendments approved

N/A

39. Notice to local land authority:

- a. survey plat including records of all waste types and quantities of waste
b. submitted to proper authorities

N/A

40. Notice in deed to property:

- a. proper notification to potential purchasers

Doesn't know

FIGURE 12
TANKS CHECKLIST

Neutralization Tank - 30,000
The pH is Adjusted to
8, then shipped by
Company truck to
Hooker's Point Sewage
Treatment Plant

Rainy Season - tank is pumped
every 2 wks. Dry season - twice
mont

1. General operating requirements:

a. compatibility of waste type and
tank (ruptures, leaks, corrosion,
etc.)

YES

b. uncovered tanks: at least 60 cm
(2 feet) freeboard or

N/A

containment structure (e.g. dike
or trench) or

Concrete tank

drainage control system or

NO

diversion structure (standby tank)

NO

c. Volume of tanks: volume of containment

30,000

2. Waste analysis and trial test
procedures for and records of
waste analysis and trial tests

• Thornton
yes Labs
PH 8-8.2

3. Inspections: maintenance and
inspection of:

a. discharge control equipment

NO

b. monitoring equipment (pressure and
temperature gauges)

Visual

c. level of waste in tank

2' above pipe

d. tank construction materials

Concrete

e. area immediately surrounding
confinement structures

NO

Yes

No

(4)

(1)

4. Closure plan present at site

5. Ignitable or reactive waste properly
stored

yes

6. Incompatible wastes properly stored

yes

7. Evidence of corrosion, leakage at seams,
wet spots, dead vegetation

None

Note: This form is undergoing Agency review. A final form will be distributed at a later date, accompanied by a separate transmittal notice.

June 10, 1981

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

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

INTEROFFICE MEMORANDUM

| Routing To District Offices And/or To Other Than The Addressee | | |
|---|--------------------|----------------|
| To: _____ | Locn.: _____ | |
| To: _____ | Locn.: _____ | |
| To: _____ | Locn.: _____ | |
| From: _____ | Date: _____ | |
| Reply Optional [] | Reply Required [] | Info. Only [] |
| Date Due: _____ | Date Due: _____ | |

Southwest District, Tampa

TO: Mike Redig
THRU: Pat Lewis
FROM: Phyllis Jones
DATE: June 8, 1981
SUBJECT: Hillsborough County-HW
Moreland McKesson Co.
Inspection

General Information: Moreland McKesson Co.
6051 Highway 41 A South
Tampa, FL 33619
Phone: 813/677-8414
Treator

Contact Person: Emory Thomas, Branch Manager

Inspected by: P. Jones, J. Meekin

Date of Inspection: June 4, 1981

Applicable Regulations: 40 CFR 265 and generator, TSD.

Purpose of Inspection: RCRA Compliance

Description of Operation: Moreland McKesson receives chemicals by rail, packages the chemicals in drums, and sells the product.

Hazardous Waste: Moreland McKesson is a wholesaler of chemicals. The chemicals are shipped in by rail. Some of the chemicals are reduced in volume for sale by putting the chemical in 55 gallon drums. The waste at this facility comes from the washing out of the drums. This washwater is put into a tank then it goes to a neutralization tank where the washwater is neutralized with Muratic acid. Next, the facilities own truck pumps the neutralized water out and the wastewater goes to Hookers Point city sewer.

This facility also makes bleach. Chlorine that is left in a cylinder is vacuumed out then this is mixed with water and caustic soda which makes a 10% bleach product.

Memorandum
Mike Redig

June 8, 1981
Page Two

In review of this facility, the following discrepancies were found:

Section 265.15 General Inspection Requirements

- (1) No inspection schedule
- (2) No inspection log

Section 265.111 Closure Performance Standard

Section 265.113 Time allowed for closure

The closure plan for this facility is incorporated with the fire plan. Basically, the closure plan explains how to escape the building and shut down the tanks. The closure plan is not for a permanent shut-down of the facility, it is only what would happen in the event of a fire.

Section 265.197 Closure

The closure plan only includes a temporary shut down, not a permanent closure plan for the tank.

PJ/bc

This checklist
covers injection
checklist.

EPA I.D.#
FLD 020985727

FIGURE 11
GENERAL SITE INSPECTION CHECKLIST

1. Site Identification:

a. site name

Moreland McKesson Company

b. street (or other
identifier)

6051 Highway 41A South

c. city, state, zip

Tampa FL 33619

d. county name

Hillsborough

e. owner/operator

Emory Thomas

f. telephone ⁸¹³ 677-8414
(if known)

☐ Federal
☐ Municipal

☒ State
☒ Private

☐ County
☐ Unknown

g. site description

2. Characterization of site activity:

a. check off the appropriate activities below:

STORER

Pile _____
Surface Impoundment _____
Drums _____
Tank, Above Ground _____
Tank, Below Ground _____
Other _____

TREATER →

Adjust
pH

Filtration _____
Incineration _____
Thermal Treatment _____
Volume Reduction _____
Recycling/Recovery _____
Chem/Phys/Bio Treatment _____
Waste Oil _____
Reprocessing _____
Solvent Recovery _____
Other _____

DISPOSER

Landfill _____
Land Treatment _____
Surface Impoundment _____
Incineration _____
Other sewer _____

b. specify details of site activities as needed:

Note: This form is undergoing Agency review. A final form will be distributed at a later date, accompanied by a separate transmittal notice.

General Site Inspection - Continued

Actions Taken or Planned

3. Permit information:

a. List all applicable permits held by the site:

NPDES Permit SPCC Plan State Permit (Specify) _____

Air Permits Local Permit RCRA Disposer

RCRA Storer RCRA Treater

Other (Specify) DER permit ^{Not a source} No. I 029-5818 ^{expired} Nov 1, 1982

In Compliance Yes No Unknown with respect to: _____
Regulation Name/#

4. Past regulatory actions:

None

Yes If yes, summarize: _____

5. Inspection activity (past or on-going):

| Date of Past Action | Performed by EPA/State | Describe: |
|---------------------------|------------------------------|-----------|
|---------------------------|------------------------------|-----------|

None

Yes -- Specify: _____

6. Remedial activity (past or on-going):

None

Yes -- Specify: _____

General Site Inspection - Continued

General Facility Standards

7. Regional notices to RA present:

- a. foreign shipments
- b. new owner/operator

Yes

()

()

No

(X)

(X)

8. General Waste Analysis Plan must include:

- a. test methods
- b. sampling method
- c. review or repeat of analysis

Yes

(X)

(X)

(X)

No

(X)

(X)

(X)

9. Adequate security:

- a. 24 hour surveillance system
- b. artificial or natural barrier around facility
- c. means to control entry
- d. danger sign(s) at entrance(s)

guard system at right

fence

yes

no yes

265-15 10. Inspection requirements must include:

- a. malfunction
- b. operator error
- c. discharges
- (d.) inspection schedule
- e. safety, emergency equipment
- f. security devices
- g. operating and structural equipment
- (h.) inspection log

yes - daily

N/A

yes

No

yes

yes

No

11. Personnel training records:

- a. job titles

yes

General Site Inspection - Continued

- b. description of training
- c. records of training
- 12. Requirements for ignitable, reactive or incompatible wastes:
 - a. handling
 - b. no smoking signs
 - c. separation and confinement
 - d. check waste containers

ok

yes

N/A

yes

N/A

ok

Preparedness and Prevention

- 13. Maintenance and operation of facility:
 - a. evidence of fire, explosion or contamination of the environment
- 14. Required equipment:
 - a. alarm system
 - b. telephone or 2-way radio
 - c. portable fire extinguishers, fire control, spill control equipment and decontamination equipment
 - d. water of adequate volume for hoses, sprinklers or water spray system

No

yes

telephone

yes

yes

- 15. Testing and maintenance of equipment:
 - a. testing and maintenance procedures
 - b. condition of equipment

yes

ok

ok

- 16. Required aisle space

- 17. Arrangements with local authorities (operating record)

G. Kinton Vol.
File Dept.

General Site Inspection - Continued

Contingency Plan and Emergency Procedures

18. Content of contingency plan

yes

19. Copies of contingency plan

yes

20. Emergency coordinator:

- a. identify emergency coordinator
- b. ensure qualifications of coordinator

mainly because of chlorine { Emerg. Response
Prog. All
managers are trained
ok
ok

21. Emergency procedures

Manifest System, Recordkeeping, and Reporting

N/A

The companies truck takes to the city sewer.

22. Use of manifest system:

- a. procedures for processing each manifest
- b. records of past shipments

23. Manifest discrepancies (methods of detection)

24. Operating record:

- a. presence
- b. maintenance

25. Availability, retention and disposition of records

26. Annual report

27. Unmanifested waste report:

- a. procedures for filling out report
- b. compliance file for reports

N/A

*Shipping Paper
City of Hooker
Tampa Plant
No drivers
signature
no sign.
saying got
waste got
to city.*

General Site Inspection - Continued

28. Additional reports:

- a. releases, fires and explosions
- b. groundwater contamination
- c. facility closure

No
N/A
OK / IN FIRE PLAN

Groundwater Monitoring

N/A

29. Applicability:

- a. check applicability
- b. operation and maintenance of a system
- c. waiver of requirement

30. Groundwater monitoring system:

- a. presence
- b. number and placement of wells
- c. maintenance of wells
- d. well integrity

31. Sampling and analysis:

- a. sampling and analysis plan
- b. records of sampling and analysis

32. Preparation, evaluation and response:

- a. outline of water quality assessment program
- b. adequacy of outline

33. Recordkeeping and reporting:

- a. groundwater analysis records
- b. reports of groundwater monitoring information to Regional Administrator
- c. annual groundwater quality reports

General Site Inspection - Continued

34. Closure and post closure:

a. closure plan

265.111

(b.) adequacy of plan

} IN
FIRE
PLAN

yes
~~NO~~ the closure
plan is just the same
the fire plan, i.e., fire
escape procedures

265.113

(35) Time for closure:

a. 90 day closure requirements

b. six month closure requirements

NO

36. Disposal or decontamination of equipment

NO (N/A)

37. Certification of closure

NO (N/A)

38. Post closure care and use of property:

a. post closure plan

b. period of post closure plan

c. plan and amendments approved

N/A

39. Notice to local land authority:

a. survey plat including
records of all waste types
and quantities of waste

b. submitted to proper authorities

N/A

40. Notice in deed to property:

a. proper notification to potential
purchasers

Doesn't know

Methanol

Methanol

Caustic

CAUSTIC
50% corrosive

Caustic
25%

Rayon Grade
Caustic
50%
Corrosive

Commercial
Caustic
50%
Corrosive

Rayon Grade
Caustic
50%
Corrosive

EPA I.D. #
FLD 020985727

GENERATORS CHECKLIST

1. Check manifest

- a. identification (I.D. code, name, address, date)
- b. waste information (shipping description, hazard class, quantity and unit)
- c. emergency information (immediate response information, special handling instructions, phone no.)
- d. certification: This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA."

Moreland McKesson Co.
6051 Hwy 41A South
TAMPA, FL 33619
after neutralization,
goes to city owner

yes

N/A

2. Check containers

- a. improper construction
- b. leaks or corrosion
- c. heat generation from incompatible wastes

no

no

no

3. Labeling practices

- a. DOT shipping description
- b. Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

N/A

Generator's Name and Address _____

Manifest Document Number _____

N/A

N/A

4. Placards for transport

5. Check accumulation time of wastes:

a. check records and dates

b. check containers

6. Check contingency plan

7. Recordkeeping practices:

a. manifests

b. annual reports

c. exception reports

d. test results

8. International shipments

9. Permit information: ~~None~~

a. List all applicable permits held by the generator:

NPDES Permit SPCC Plan State Permit (Specify) _____

Air Permits Local Permit RCRA Disposer

RCRA Storer RCRA Treater

Other (Specify) _____

b. In Compliance Yes No Unknown with respect to: _____
Regulation Name/#

10. Past regulatory actions:

None

Yes If yes, summarize: _____

FIGURE 12
TANKS CHECKLIST

Neutralization TANK - 30,000 gal

The pH is Adjusted to
8, then shipped by
Company truck to
Hooker's Point Sewage
TREATMENT PLANT

RAINY SEASON - tank is pumped
every 2 wks. DRY SEASON - twice a
month

1. General operating requirements:

a. compatibility of waste type and
tank (ruptures, leaks, corrosion,
etc.)

YES

b. uncovered tanks: at least 60 cm
(2 feet) freeboard or

N/A

containment structure (e.g. dike
or trench) or

concrete tank

drainage control system or

NO

diversion structure (standby tank)

NO

c. Volume of tanks: volume of containment

30,000

2. Waste analysis and trial test
procedures for and records of
waste analysis and trial tests

Thornton
yes LABS
PH 8-8.2

3. Inspections: maintenance and
inspection of:

a. discharge control equipment

NO

b. monitoring equipment (pressure and
temperature gauges)

Visual

c. level of waste in tank

2' above pipe

d. tank construction materials

concrete

e. area immediately surrounding
confinement structures

NO

Yes

No

(4)

()

4. Closure plan present at site

5. Ignitable or reactive waste properly
stored

yes

6. Incompatible wastes properly stored

yes

7. Evidence of corrosion, leakage at seams,
wet spots, dead vegetation

NONE

Note: This form is undergoing Agency review. A final form will be distri-
buted at a later date, accompanied by a separate transmittal notice.

8 TANKS - MORELAND McKesson Co.

Methanol

Methanol

CAUSTIC

CAUSTIC
50%
Corrosive

CAUSTIC
25%

RAYON
Grade
CAUSTIC
50%
Corrosive

Commercial
CAUSTIC
50%
Corrosive

RAYON
Grade
CAUSTIC
50%
Corrosive

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610



BOB GRAHAM
GOVERNOR

JACOB D. VARN
SECRETARY

WILLIAM K. HENNESSEY
DISTRICT MANAGER

June 8, 1981

Mr. Emory N. Thomas
Tampa Branch Manager
Moreland McKesson Co.
6051 Highway 41 A South
Tampa, FL 33619

Dear Mr. Thomas:

Thank you for your helpfulness in touring the Moreland McKesson plant. Attached for your information is a copy of the appropriate checklist that will be forwarded to Tallahassee for their consideration.

If you have any further questions, please do not hesitate to call me at 813/985-7402.

Sincerely,

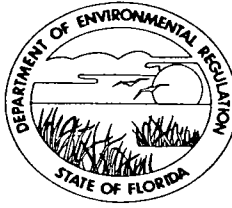
Phyllis Jones

PJ/bc

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610



BOB GRAHAM
GOVERNOR

JACOB D. VARN
SECRETARY

WILLIAM K. HENNESSEY
DISTRICT MANAGER

April 29, 1981

Mr. Emory Thomas
Moreland McKesson Company
Route 3, Box 498A
Tampa, Florida 33619

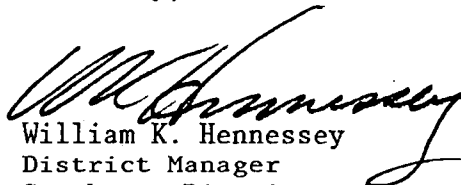
Dear Mr. Thomas:

The Florida Department of Environmental Regulation is working under contract with the U.S. Environmental Protection Agency to implement the hazardous waste management program under the Resource Conservation and Recovery Act (PL94-580), and the State requirements of Part IV, Chapter 403, Florida Statutes. Our records indicate your operation engages in hazardous waste activity as a (generator, transporter, or facility).

During the next 15 days, you will be contacted by a representative of this Department to arrange for a mutually agreeable time for our inspection of your facility to determine compliance with the federal hazardous waste regulations. This inspection will be made within 30 days of this date. You are requested to have a person knowledgeable about your facility operations available at the time of inspection.

The inspector will be looking at the appropriate items identified on the enclosed inspection checklist. Your cooperation in this matter will be appreciated. Please call Phyllis Jones, or James Meekin, at (813)985-7402, ext 241, should you have any questions.

Sincerely,


William K. Hennessey
District Manager
Southwest District

PL/ftb
Enclosure

cc: Solid Waste Section (Tallahassee)

Part A, Permit Process --- Internal Checklist

ID Number FLD-20755-727 Inst Name MARSHALL MCKESSON COPHASE ONE

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

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

12/19/80PHASE 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

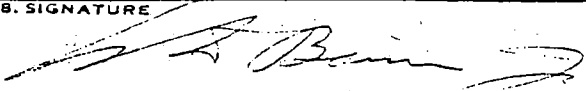
| | |
|-------|--|
| 1 & 3 | Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments: |
|-------|--|

Received Date Stamp.

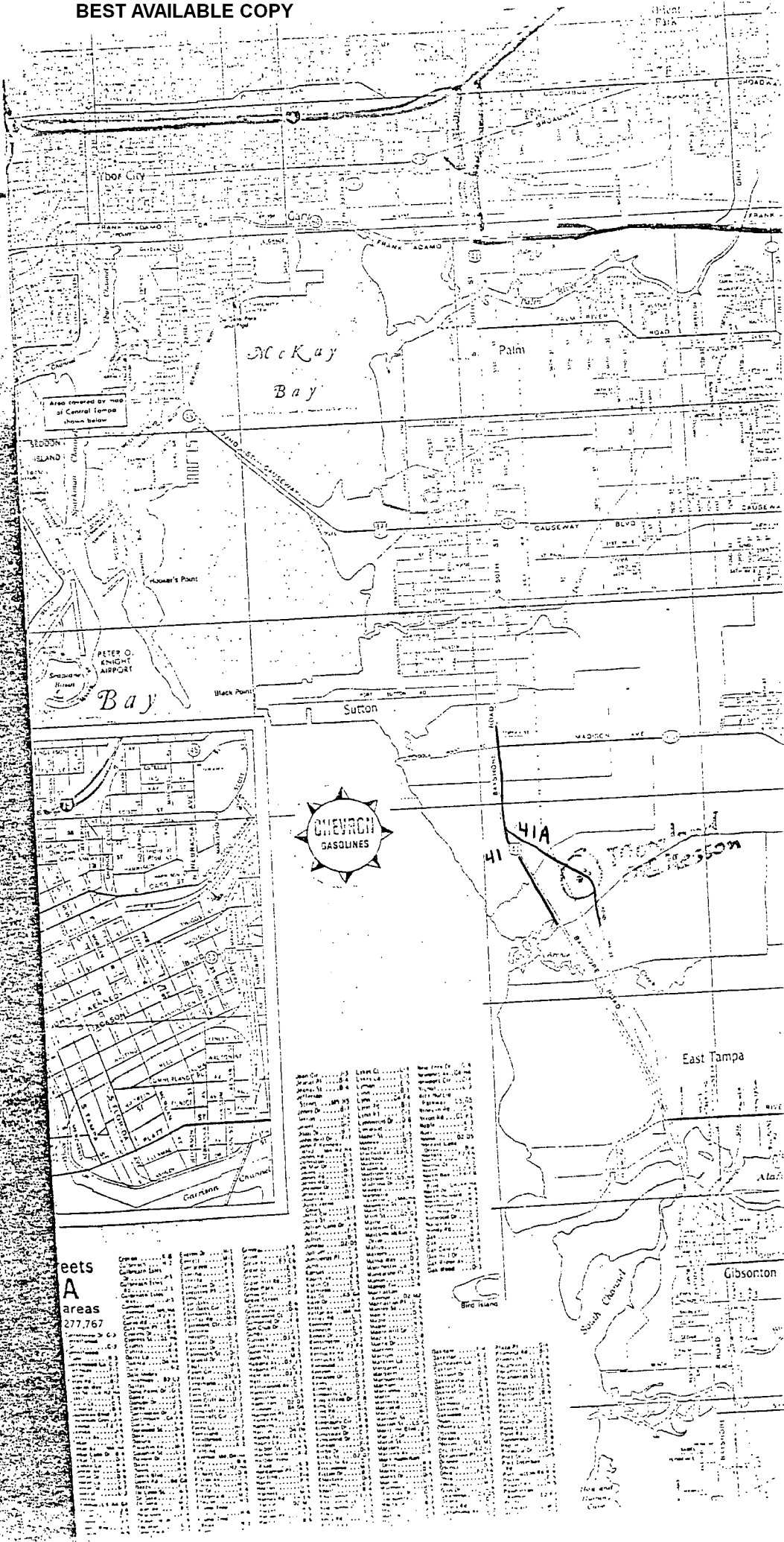
(Stamp forms also)

Log out/Log in
on reverse side.

CONTINUED FROM THE FRONT

| VII. SIC CODES (4-digit, in order of priority) | | | | | | | | | | |
|---|---|--|---|-----------|--|-----|-------------|---|---|--|
| A. FIRST | | | | | B. SECOND | | | | | |
| 5 | 1 | 6 | 1 | (specify) | 7 | | | (specify) | | |
| C. THIRD | | | | | D. FOURTH | | | | | |
| 7 | | | | (specify) | 7 | | | (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) | | (specify) | | C | | A | | |
| S - STATE | | O - OTHER (specify) | | | | 803 | | 583 | | |
| P - PRIVATE | | | | | | 15 | | 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 | | | | | 1029-5818 (specify) | | | | | |
| | | | | | 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. | | | | |  | | | 11/13/80 | | |
| Regional Vice President | | | | | | | | | | |
| COMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | |
| | | | | | | | | | | |

| FORM 1 GENERAL | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <small>(Read the "General Instructions" before starting.)</small> | I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">F F L D 0 2 0 9 8 5 7 2 7</div> GENERAL INSTRUCTIONS <small>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.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|----------------------------|---------------------------|--------------------|-----------------------|---------------------------|---------------|------------------------|--------------|---------------|-------|----------|---------------|--|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--|---|--|--|--|--|---|--|--|--|---|--|---|--|---|--|--|--|---|--|--|--|---|--|
| PLEASE PLACE LABEL IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">SPECIFIC QUESTIONS</th><th colspan="3">MARK "X"</th><th rowspan="2">SPECIFIC QUESTIONS</th><th colspan="3">MARK "X"</th></tr><tr><th>YES</th><th>NO</th><th>FORM ATTACHED</th><th>YES</th><th>NO</th><th>FORM ATTACHED</th></tr></thead><tbody><tr><td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td><td></td><td>X</td><td></td><td>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)</td><td></td><td>X</td><td></td></tr><tr><td>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)</td><td></td><td>X</td><td></td><td>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)</td><td></td><td>X</td><td></td></tr><tr><td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td><td>X</td><td></td><td></td><td>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)</td><td></td><td>X</td><td></td></tr><tr><td>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)</td><td></td><td>X</td><td></td><td>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)</td><td></td><td>X</td><td></td></tr><tr><td>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)</td><td></td><td>X</td><td></td><td>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)</td><td></td><td>X</td><td></td></tr></tbody></table> | | | 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 | |
| SPECIFIC QUESTIONS | MARK "X" | | | SPECIFIC QUESTIONS | MARK "X" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">A. NAME & TITLE (last, first, & title)</th><th colspan="2">B. PHONE (area code & no.)</th></tr></thead><tbody><tr><td>2</td><td>Thomas, Emory Manager</td><td>8 1 3</td><td>6 7 7 8 4 1 4</td></tr></tbody></table> | | | A. NAME & TITLE (last, first, & title) | | B. PHONE (area code & no.) | | 2 | Thomas, Emory Manager | 8 1 3 | 6 7 7 8 4 1 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. NAME & TITLE (last, first, & title) | | B. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Thomas, Emory Manager | 8 1 3 | 6 7 7 8 4 1 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">A. STREET OR P.O. BOX</th><th>B. CITY OR TOWN</th><th>C. STATE</th><th>D. ZIP CODE</th></tr></thead><tbody><tr><td>3</td><td>Route 3 Box 498A</td><td>4</td><td>Tampa</td><td>F1 33619</td></tr></tbody></table> | | | A. STREET OR P.O. BOX | | B. CITY OR TOWN | C. STATE | D. ZIP CODE | 3 | Route 3 Box 498A | 4 | Tampa | F1 33619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. STREET OR P.O. BOX | | B. CITY OR TOWN | C. STATE | D. ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Route 3 Box 498A | 4 | Tampa | F1 33619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</th><th>B. COUNTY NAME</th><th>C. CITY OR TOWN</th><th>D. STATE</th><th>E. ZIP CODE</th><th>F. COUNTY CODE (if known)</th></tr></thead><tbody><tr><td>5</td><td>6051 Highway 41A South</td><td>Hillsborough</td><td>6</td><td>Tampa</td><td>F1 33619</td><td></td></tr></tbody></table> | | | 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 | 6 | Tampa | F1 33619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 6 | Tampa | F1 33619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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 |
|-------------------------|------|
| POUNDS..... | P |
| TONS..... | T |

| METRIC UNIT OF MEASURE | CODE |
|------------------------|------|
| KILOGRAMS..... | K |
| 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) | 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
D 020935727

Please print or type in the appropriate boxes only
(fill-in areas are marked for elite type, i.e., 12 characters)

HAZARDOUS WASTE PERMIT APPLICATION

U.S. ENVIRONMENTAL PROTECTION AGENCY
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

FORM 3
EPA
RCRA

FOR OFFICIAL USE ONLY

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

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

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

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 | PRO- CESS 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 |
| | S04 | GALLONS OR LITERS |
| Disposal: | | |
| SURFACE IMPOUNDMENT | D79 | GALLONS OR LITERS |
| | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| INJECTION WELL | D81 | ACRES OR HECTARES |
| LANDFILL | D82 | GALLONS PER DAY OR LITERS PER DAY |
| | D83 | GALLONS OR LITERS |
| LAND APPLICATION | | |
| OCEAN DISPOSAL | | |
| SURFACE IMPOUNDMENT | | |

PROCESS
Treatment:
TANK
SURFACE IMPOUNDMENT
INCINERATOR

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.)

PRO-
CESS
CODE

APPROPRIATE UNITS OF
MEASURE FOR PROCESS
DESIGN CAPACITY

UNIT OF MEASURE

GALLONS L
LITERS L
CUBIC YARDS Y
CUBIC METERS C
GALLONS PER DAY D
LITERS PER DAY D

UNIT OF MEASURE CODE

UNIT OF MEASURE

LITERS PER DAY V
TONS PER HOUR D
METRIC TONS PER HOUR W
GALLONS PER HOUR E
LITERS PER HOUR H

UNIT OF MEASURE

ACRE-FEET
HECTARE-METER
ACRES
HECTARES

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 other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | B. PROCESS DESIGN CAPACITY | |
|-------------|---|----------------------------|---|--------------------------------|----------------|----------------------------|---|
| | | 1. AMOUNT (specify) | 2. UNIT OF MEAS- URE (enter code) | | | 1. AMOUNT | 2. UNIT OF MEAS- URE (enter code) |
| 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 | | |

Continued from the front

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

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

| | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | | |
| F | F | L | D | 0 | 2 | 0 | 9 | 8 | 5 | 7 | 2 | 7 |

V. FACILITY DRAWING

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

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

27 52 03 4

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information," skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete:

1. NAME OF FACILITY'S LEGAL OWNER

4. CITY OR TOWN

3. STREET OR P.O. BOX

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the documents, and that based on my inquiry of those individuals immediately responsible for the operation of the facility, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for providing false or misleading information, including the possibility of fine and imprisonment.

A. NAME (print or type):

W. D. Bain, Jr.,
Regional Vice-President

B. SIGNATURE

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the documents, and that based on my inquiry of those individuals immediately responsible for the operation of the facility, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for providing false or misleading information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

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

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

F F L D 0 2 0 9 8 5 7 2 7

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)

27 52 03 4

LONGITUDE (degrees, minutes, & seconds)

08 22 30 05

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

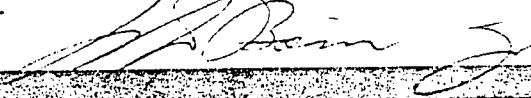
IX. OWNER CERTIFICATION

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

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

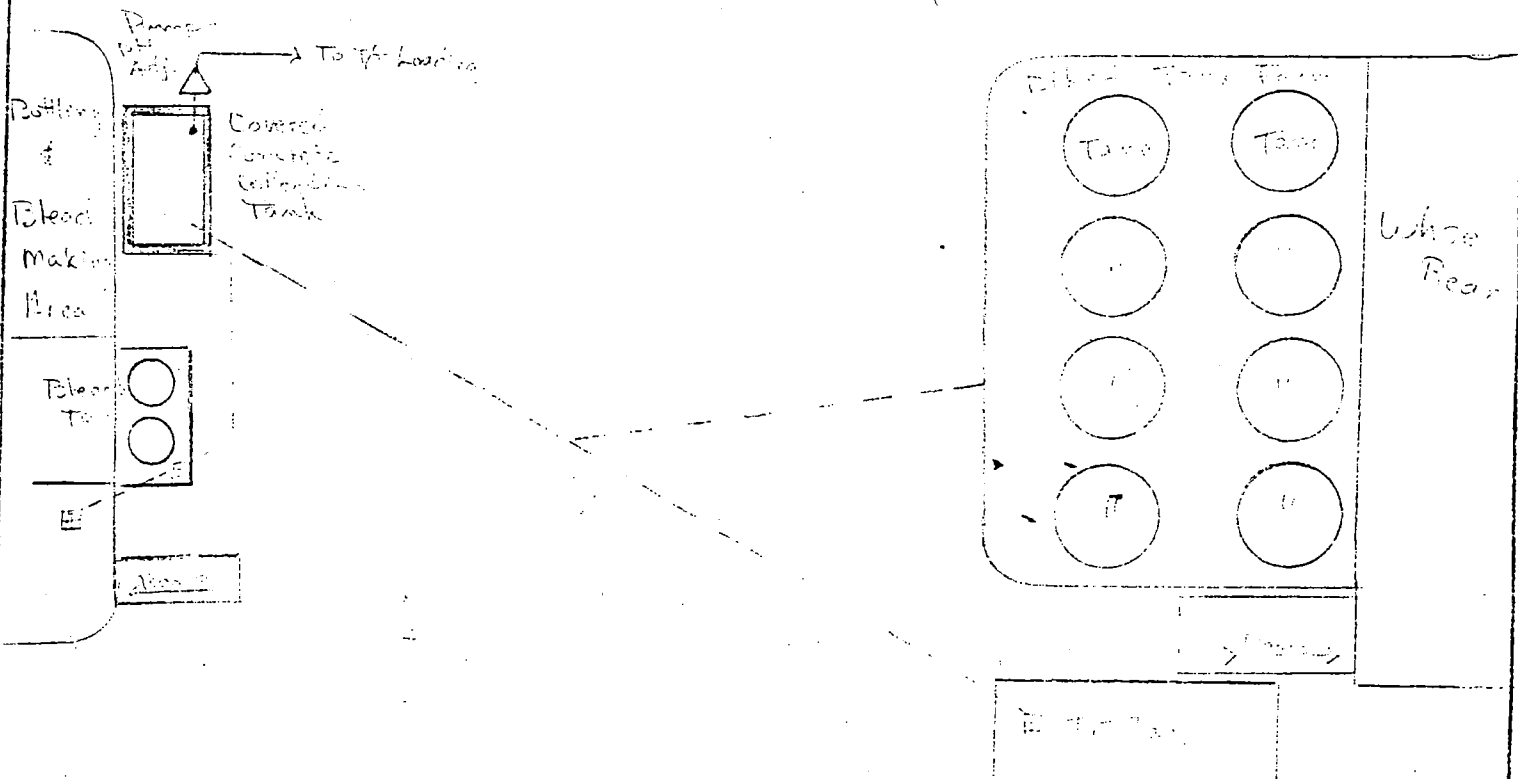
Continued from page 2.

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

Form Approved OMB No. 158-S30004

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | |
|---|---------------------------------------|----|----|----|---------------------------------------|----|----|----|---------------------------------|----|--------------------------|-----------------------|----|----|----|----|----|----|---|----|--|--|--|--|
| W F L D 0 0 2 0 9 8 5 7 2 7 | | | | | | | | | | | | W DUP 2 DUP | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | C. UNIT OF MEASURE (enter code) | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | |
| 1 | D | 0 | 0 | 2 | 230 | | | | T | | | | | | | | | | | | Non-listed Corrosive Waste Total wash water & surface water | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | |

V. FACILITY DRAWING (see page 4)



Surface Water
Collection System
Adjustment System

VI: . PHOTOGRAPHS

Tampa, Fla.

[not received in time to include in (st mailing deadline)]

Van Waters & Rogers Inc.
subsidiary of **Univar**

GARY TONRY
OPERATIONS MANAGER

ROUTE 3, BOX 498-A
TAMPA, FL 33619

(813) 677-8414