

APR 19 1988

Dear Sirs:

Enclosed is the 1987 RCRA Hazardous Waste Minimization Package as required.

Should you have any questions please contact Mr. Kevin Reilly of my staff at 202-535-7145.

Sincerely,

/s/ J. Wayne Kulig

J. WAYNE KULIG
Assistant Commissioner
Office of National Defense Stockpile

Enclosure

US EPA Region 5
Waste Minimization Division
230 South Dearborn Street
Chicago, IL 60604

Official File - DNO (NDSWASTEMIN)
D, DN, DNO, DN-2, New Haven Depot (Fred Brooks)

Reilly 4/15/88
DNO:KREILLY:JA:X535-7145:4/15/88

CONCURRENCE: DNO *Robert M O'Brien* DATE *4/19/88*

[Handwritten signature]

20 DEC 1992

DNSC-OD (Kevin Reilly/535-7145/jm)

SUBJECT: Disposal of 2,4,5,T Waste Pesticide

DRMO- Mr. Wayne Long/COR
Fort Benjamin Harrison
Building 124
Indianapolis, IN 46216

Dear Mr. Long:

As discussed, enclosed is the signed form required by the Environmental Protection Agency (EPA) regarding the disposal of Silvex/2,4,5,T Products- Request for Federal Disposal.

Please keep this office and the DNSC New Haven Depot informed of your actions regarding this material so we may maintain and update our records as necessary.

Thank you for your assistance and cooperation in this disposal action. Should you have any questions or require additional information please feel free to contact me on (202) 535-7145.

(Signed) Kevin Reilly

1 Encl

F. KEVIN REILLY
Industrial Hygienist

Official File - OD Reillysilvex/drmo/jm)
O, OL, D, N, DNSZ-FMD Robt. Bretz
DNSZ-NH (Fred Brooks)

Concur: (signed) KERMIT L. FRYE
KERMIT L. FRYE, DNSC-

20 DEC 1992

DATE

20 DEC 1989

DNSC-OD (Kevin Reilly/535-7145/jm)

Mr. Scott Schwenk
USEPA
Office of Pesticide Programs
401 M Street, SW
Washington, DC 20460

Dear Mr. Schwenk:

Pursuant to our conversation of 19 December 1989, regarding the disposal of Silvex-2,4,5,T, I have enclosed as requested, a copy of the EPA Form 8500-21 that we have already forwarded to the DRMO unit at Fort Benjamin Harrison, IN. This DLA/DRMO unit will be taking the lead in this disposal action.

Thank you for your assistance in this matter. Should you have any questions or require additional information please feel free to contact me on PIS 535-7145.

Thank you again for your assistance.

(signed) Kevin Reilly

1 Encl

F. KEVIN REILLY
Industrial Hygienist

Official File - OD Reilly/silvex/jm)
O, OL, D, N
DNSZ-HMD Robt. Bretz, DNSZ-NH (Fred Brooks)
Wayne Long DRMO Indianapolis
(signed) KERMIT L. FRYE

Concur:

KERMIT L. FRYE, DNSC-O

20 DEC 1989

DATE



Silvex/2,4,5-T Products: Claim for Indemnification Request for Federal Disposal

Form Approved
OMB No. 2070-0071
Approval expires 5-31-87

Instructions: Please type or print in ink. Please read carefully the attached instructions and supply information requested on this form. Use additional sheet(s) if necessary.

Do not file an indemnification claim if you have assigned your claim for this product to another person, or you have authorized another person to file a claim for this product on your behalf.

Submit to:

Special Review Branch (TS-767-C)
Office of Pesticide Programs
U.S. Environmental Protection Agency
401 M St., SW.
Washington, DC 20460

1. Identification of product:

a. Silvex 2,4,5-T

b. Product name

WEEDONE I.B.K.
AMCHEM PRODUCTS, INC.

c. Registration no.

EPA 264-PA-1

2a. Name of contact, name of business, and business address

DNSC NEW HAVEN DEPOT
ROUTE 14
NEW HAVEN, IN 46774
ATTN: MR. FRED BROOKS, DEPOT MANAGER
(219) 749-5953

FORT BENJAMIN HARRISON
DRMO - BLDG 124
INDIANAPOLIS, IN 46216
ATT: MR. WAYNE LONG/COR
(317) 543-6621

2b. Telephone number of person submitting claim

MR. F. KEVIN REILLY, INDUSTRIAL HYGIENIST, DNSC WASHINGTON, DC (202) 535-7145

3. Person filing claim is:

Manufacturer/registrant Distributor/retailer User generator

Skip to block 10 if indemnification is not being claimed, but disposal is requested.

4a. Have you previously entered into any agreement with the Environmental Protection Agency concerning indemnification for, or disposal of, any 2,4,5-T or silvex product? If so, please state the date the agreement was executed and attach a copy of the agreement.

NO

4b. Have you previously submitted any claim for indemnification or request for disposal concerning any 2,4,5-T or silvex product? If so, please describe the nature of the claim or request and state the date and manner of submission.

NO

4c. Have you previously instituted any action in the United States Court of Claims concerning indemnification for, or disposal of, any 2,4,5-T or silvex product? If so, state the name and docket number of the case, the date it was filed, and the disposition, if any.

NO

5. The total cost of all inventories listed in blocks 8, 9, or 10.

6. Check all sites, suspended or nonsuspended, for which the product is labeled

Column 1: Nonsuspended sites

Column 2: Suspended sites

- | | |
|--|--|
| <input type="checkbox"/> apples | <input type="checkbox"/> pasture |
| <input type="checkbox"/> prunes | <input type="checkbox"/> forestlands, management areas, plantations, and stumplands |
| <input type="checkbox"/> pears | <input type="checkbox"/> firetrails and lanes |
| <input type="checkbox"/> sugarcane | <input type="checkbox"/> farm buildings |
| <input type="checkbox"/> rice | <input type="checkbox"/> home use (lawns, grass, ornamental turf, patios, sidewalks, driveways, farmyards) |
| <input type="checkbox"/> rangeland | <input type="checkbox"/> golf courses |
| <input type="checkbox"/> nonfood crop areas | <input type="checkbox"/> parks, athletic fields, recreational areas |
| <input type="checkbox"/> noncrop areas | <input type="checkbox"/> waterways, ponds, lakes |
| <input type="checkbox"/> lumber yards | <input type="checkbox"/> marshlands, canals, aquatic sites |
| <input type="checkbox"/> fencerows, hedgerows, fences | <input type="checkbox"/> ditches and ditchbanks |
| <input type="checkbox"/> wastelands | <input type="checkbox"/> rights of way (highways, pipelines, powerlines, utilities, roadsides, roadways) |
| <input type="checkbox"/> industrial buildings | |
| <input type="checkbox"/> industrial sites and areas | |
| <input type="checkbox"/> refineries | |
| <input type="checkbox"/> airports | |
| <input type="checkbox"/> vacant lots, parking areas | |
| <input type="checkbox"/> tank farms | |
| <input type="checkbox"/> electric substations | |
| <input checked="" type="checkbox"/> other (specify) DEFENSE NATIONAL STOCKPILE STORAGE DEPOT | |

7. If any of the sites on the label are sites listed in column 1, "nonsuspended sites," answer questions 7a through 7c.

7a. If you are the manufacturer or registrant of the product in question, did you submit an application for amended registration to delete suspended uses from product labeling? If so, please give the date of such application and the person or office to whom it was submitted. If not, please explain why not.

N/A

7b. If you are a distributor or retailer, was the product in question offered for sale after being relabeled to delete suspended uses? If the product was not relabeled, did you contact the manufacturer or registrant to determine whether an application had been submitted to delete suspended uses from product labeling? If not, please explain why not.

N/A

7c. If you are a user, please state why the product in question was not used on any of the nonsuspended sites on the label.

MATERIAL WAS LEFT BY PREVIOUS TENANTS AND NEVER USED BY DNSC AT THIS FACILITY

15. Claimant's Checklist

Have You:

- a. Provided evidence of cost, if you wish indemnification?
- b. Provided evidence of ownership, if you are not the original owner?
- c. Provided the name of the claimant, the street address and unit size(s) for the product?
- d. Requested Federal disposal or otherwise provided for disposal?

Certification

I certify that all statements made and information provided in this claim are true and correct to the best of my knowledge. I agree further to accept the claimed amount in full satisfaction and final settlement of this claim. I further certify that:

- I have received no other payment for the cost of the pesticides for which indemnification is claimed and that should I receive such other payment, I agree to promptly reimburse the EPA in such amount up to and including the full amount of the indemnification payment made under this program;
- ownership of and responsibility for pesticide products for which indemnification payments are made under this program remains with the claimants and/or the holders of the material unless and until the EPA accepts the material for disposal under section 19 of FIFRA;
- neither payment of indemnification under section 15 of FIFRA nor acceptance of pesticides for disposal under section 19 of FIFRA in any way constitutes a finding or warranty by the United States with respect to the proper or safe storage, packaging, handling, transport or disposal of such products by the owners or holders of the products or by agents, employees, or other persons acting in their behalf.

Further, I certify that I had no knowledge of facts which, in themselves, showed that the pesticide did not meet Federal registration requirements. By submission of this claim I hereby grant permission to authorized agents of the United States Government to enter my premises for the purpose of examining records, or pesticide products, relevant to the claim and conducting whatever other examinations are necessary to verify the claim. By submission of this claim, I also waive any claims for confidential treatment of any information included in this claim concerning the type and quantity of product, unit size or containers, and product location.

With respect to any product which I have purchased and for which I am requesting disposal, I certify that I have attempted to return the material to the person, or company, from which it was purchased.

16. Signature of person submitting claim

F. KEVIN REILLY, INDUSTRIAL HYGIENIST DNSC, WASHINGTON, DC

17. Date of claim

21 DECEMBER 1989

18. Typed or printed name of person signing item 16.

Civil Penalty for Presenting Fraudulent Claim

The Claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729)

Criminal Penalty for Presenting Fraudulent Claim or for Making False Statements

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001.)



United States Environmental Protection Agency
Washington, DC 20460

Silvex/2,4,5-T Products: Claim for Indemnification Request for Federal Disposal

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OMB No. 2070-0071
Approval expires 5-31-87

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c. Registration no.

EPA 264-PA-1

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ROUTE 14
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ATT: MR. WAYNE LONG/COR
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NO

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NO

5. The total cost of all inventories listed in blocks 8, 9, or 10.

6. Check all sites, suspended or nonsuspended, for which the product is labeled

Column 1: Nonsuspended sites

Column 2: Suspended sites

- apples
- prunes
- pears
- sugarcane
- rice
- rangeland
- nonfood crop areas
- noncrop areas
- lumber yards
- fencerows, hedgerows, fences
- wastelands
- industrial buildings
- industrial sites and areas
- refineries
- airports
- vacant lots, parking areas
- tank farms
- electric substations
- other (specify) DEFENSE NATIONAL STOCKPILE STORAGE DEPOT

- pasture
- forestlands, management areas, plantations, and stumplands
- firetrails and lanes
- farm buildings
- home use (lawns, grass, ornamental turf, patios, sidewalks, driveways, farmyards)
- golf courses
- parks, athletic fields, recreational areas
- waterways, ponds, lakes
- marshlands, canals, aquatic sites
- ditches and ditchbanks
- rights of way (highways, pipelines, powerlines, utilities, road-sides, roadways)

7. If any of the sites on the label are sites listed in column 1, "nonsuspended sites," answer questions 7a through 7c.

7a. If you are the manufacturer or registrant of the product in question, did you submit an application for amended registration to delete suspended uses from product labeling? If so, please give the date of such application and the person or office to whom it was submitted. If not, please explain why not.

N/A

7b. If you are a distributor or retailer, was the product in question offered for sale after being relabeled to delete suspended uses? If the product was not relabeled, did you contact the manufacturer or registrant to determine whether an application had been submitted to delete suspended uses from product labeling? If not, please explain why not.

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Have You:

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Certification

I certify that all statements made and information provided in this claim are true and correct to the best of my knowledge. I agree further to accept the claimed amount in full satisfaction and final settlement of this claim. I further certify that:

- I have received no other payment for the cost of the pesticides for which indemnification is claimed and that should I receive such other payment, I agree to promptly reimburse the EPA in such amount up to and including the full amount of the indemnification payment made under this program;

- ownership of and responsibility for pesticide products for which indemnification payments are made under this program remains with the claimants and/or the holders of the material unless and until the EPA accepts the material for disposal under section 19 of FIFRA;

- neither payment of indemnification under section 15 of FIFRA nor acceptance of pesticides for disposal under section 19 of FIFRA in any way constitutes a finding or warranty by the United States with respect to the proper or safe storage, packaging, handling, transport or disposal of such products by the owners or holders of the products or by agents, employees, or other persons acting in their behalf.

Further, I certify that I had no knowledge of facts which, in themselves, showed that the pesticide did not meet Federal registration requirements. By submission of this claim I hereby grant permission to authorized agents of the United States Government to enter my premises for the purpose of examining records, or pesticide products, relevant to the claim and conducting whatever other examinations are necessary to verify the claim. By submission of this claim, I also waive any claims for confidential treatment of any information included in this claim concerning the type and quantity of product, unit size or containers, and product location.

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17. Date of claim

21 DECEMBER 1989

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F. Kevin Reilly 21 Dec 1989

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Criminal Penalty for Presenting Fraudulent Claim or for Making False Statements

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001.)



Date : July 16, 1984

Reply to
Attn of :

Subject: Hazardous waste material

To : Memo to the file

The information listed below was faxed to Billy Wells, Zone Manager, Zone 2 and also to Kevin Riley in Central Office.

Item 1 Insecticide, DDT 6840-246-6431

Emulsifiable Concentrate

<u>Active Ingredients</u>	<u>Percentage by weight</u>
DDT	25%
Aromatic Petroleum Derivative Solvent	70%
Inert Ingredient	5%

Manufacturer: Trio Chemical Works, Inc.
Brooklyn, N.Y.

of gallon cans - 17

Item 2 2,4 D Amine Weed Killer

<u>Active Ingredients</u>	<u>%</u>
Dimethylamine salt of 2,4-Dichlorophenoxyacetic Acid	49.5%
Inert Ingredients	50.5%

of 5-gallon cans - one (1)

Item 3 Dow
Tordon 101
Mixture Bush Killer

<u>Ingredients</u>	<u>%</u>
4 Amine - 3,5,6 - Trichloropiolic Acid as the Triisopropanolamine Salt	10.2%
2,4 - Dichlorophenoxyacetic Acid as the Triisopropanolamine Salt	39.6%
Inert Ingredients	50.2%

<u>Acid Ingredients</u>	
4-Amine - 3,5,6-Trichloropiolic Acid	5.7%
2,4-Dichlorophenoxyacetic Acid	21.2%

USDA Registration Number 464-306

of 5-gallon cans - two (2)

Item 4 Larvicide DDT
Powder Dusting

Ingredients

10% DDT
90% Talc

of 5-gallon cans - two (2)



THOMAS L. HEPLER

General
Services
Administration

Federal
Property
Resources Service

Casad Depot
Rt. 14 East
New Haven, IN 46774



Date : April 14, 1986


Reply to
Attn of : DNO-5-NH

Subject: Data for DDT Waste Disposal

To : Kevin Reilly

Enclosed is all correspondence and data pertaining to the DDT waste disposal to Fondessy Enterprise. It took a long time to get rid of this material that was originally left on the Depot by PBS.

If you need any copies of earlier data that you and I worked on, please let me know. By the way, Kevin, thank you for your help and assistance for the disposal.


THOMAS L. HEPLER
Depot Manager

Enclosures



FONDESSY ENTERPRISES, INC.
ASSOCIATED CHEMICAL SUPPLY CO., INC.

Date
APR 10, 1986

Page No.
1 4130

P.O. BOX 7571 ORANGE, ILL.
PHONE 1 800 472 0111
PHONE 312 726 1211

Our Order No. 27330
Your P.O. No. H3837566
Customer No. 6894

Customer GENERAL SERVICES ADMIN.
Name OFFICE OF STOCKPILE MANAGEMENT
and CASAD DEPOT
Address NEW HAVEN, IN 46774

Service GENERAL SERVICES ADMINISTRATIO
Location DSM-CASAD DEPOT
and NEW HAVEN, IN 46774
Address

PCN0085AT

OB/SERVICE DESCRIPTION	210	HOURS	UNITS	PRICE /UNIT	PRICE EXTENSION
DISPOSAL OF DRUMS ON 4/8/86 PLUS SPECIAL HANDLING CHARGE FOR FILLING VOID SPACE					
1 10.00 4/08/86 LABPACK CHEMICALS PCN # 0085AT			DRUM	85.000	850.00
2 10.00 SPECIAL HANDLING CHARGES			DRUM	25.000	250.00
OHIO HAZARDOUS TAX					13.00
OREGON HAZARDOUS TAX					1.40
<p>I certify that the good and / or services have been received on <u>4/8/86</u> and Date <u>4/8/86</u> and accepted on <u>4/8/86</u> Date <u>4/15/86</u> Signature <u>[Signature]</u></p> <p>Signature _____ Date _____ Approved for payment</p> <p>Oral purchase was authorized and NO CONFIRMING ORDER has been issued.</p> <p>PLEASE MAKE CHECK PAYABLE TO : **** FONDESSY ENTERPRISES, INC. ****</p>					

RECEIVED
1986 APR 15 AM 8:46
DSM-CASAD DEPOT
NEW HAVEN, IN 46774

All accounts subject to 1 1/2% monthly FINANCE CHARGE

on unpaid balances.

TERMS: Net due upon receipt of invoice.

Please Pay
This Amount

\$1,114.50

DISPOSAL/SCALE TICKET

№ 20924

27330

F.E.I.

Fondessy Enterprises Inc.
876 Otter Creek Rd. P.O. Box 7571
Oregon, Ohio 43816
419-726-1521

CUSTOMER	General Services Admin		S.O. NO.
QUANTITY	DESCRIPTION		
10 Dr.	HAZARDOUS WASTE SOLID		
	10 drums special handling full wood space 35.00 ea		
	396 16/dr		
	IN 5970000600000001		
	Gen. Serv. Adm.		
	[Signature]		
	LIQ	OTHER	
FINE LIQUIDS TEST FAILED <input type="checkbox"/>			

TIME IN 09:00
 DATE 04-28-86
 TONN ID 003
 DATA ID CON 0085AT
 WEIGHT IN 011940 LB

TIME OUT 11:27
 DATE 04-28-86
 TONN ID 003
 DATA ID CON 0085AT
 GROSS WT. 011940 LB
 TARE WT. 002840 LB
 NET WT. 009100 LB

1.45T

LBS. TONS GALS. CU. YD. SOLID
 LIQUID SLUDGE DRUMS

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **I. N. 5. 4. 7. 0. 0. 0. 0. 6. 0. 0.** Manifest Document No. **0. 0. 0. 0. 1** 2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

GENERATOR
TRANSPORTER
FACILITY

3. Generator's Name and Mailing Address
**GSA/FPRS/NDS
Casad Depot
New Haven, IN 46774**

4. Generator's Phone (219) **749-9544**

5. Transporter 1 Company Name
SAME AS ABOVE

6. US EPA ID Number
I. N. 5. 4. 7. 0. 0. 0. 0. 6. 0. 0.

7. Transporter 2 Company Name
N/A

8. US EPA ID Number
N/A

9. Designated Facility Name and Site Address
**FONDESSY ENTERPRISES, INC.
876 OTTER CREEK ROAD
OREGON, OH 43616**

10. US EPA ID Number
O. H. D. 0. 4. 5. 2. 4. 3. 7. 0. 6

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone
419-726-1521

HM	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
		No.	Type			
a	X Waste, RQ, DDT Mixture, ORMA, NA2761	0.0.7	D.M		585P	U061
b	X Waste, RQ, 24Dichlorophenoxyacetic Acid Mixture ORMA, NA2765	0.0.2	D.M		153P	U240
c	X Waste, RQ, 245Trichlorophenoxyacetic Acid, ORMA NA 2765	0.0.1	D.M		1P	U232
d				1.95 f. 2900 lb		

14. Additional Descriptions for Materials Listed Above
**AC - Empty container 245 T was lab packed for disposal
PCN 008543**

15. Handling Codes for Wastes Listed Above
**D81
SCF
ceclH**

15. Special Handling Instructions and Additional Information
Approval Number 3585

16. GENERATOR'S CERTIFICATION: 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 governmental regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name **THOMAS L. HEPLER** Signature *Thomas L. Hepler* Month Day Year **0.4.0.8.8.6**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **THOMAS L. HEPLER** Signature *Thomas L. Hepler* Month Day Year **0.4.0.8.8.6**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year _____

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name **Dale M. Pentner** Signature *Dale M. Pentner* Month Day Year **10.4.0.8.8.6**

CERTIFICATE OF DISPOSAL

PART A — Generator Information

Generator Name: Gen-Serv. Adm. Generator USEPA ID# IN547000600
Manifest Document No. 00001

PART B — Waste Disposal Information

Product Code Number	Disposal Date Mo. Day Year	Disposal Method	Container No. Type	Weight
085AT	4/8/86	D811	1 TR	45T

Disposal Method — D001-Landfill; D002-Landfarm; T04-Treatment

Container Type — DR-Drum; TR-Truck; CT-Cargo Tanker; VT-Vacuum Tanker; RO-Rolloff

I hereby certify the disposal of the above identified wastes at this facility. I certify that the above described wastes were disposed according to all applicable state & federal permits and requirements imposed by the generator.

SIGNATURE: [Signature]

DATE: 4-8-86

TITLE: COO/Scale M

DISTRIBUTION OF COPIES
STATE — Office
COUNTRY — Generator
FAC — EPA

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
IN 547000060000001

Manifest Document No.
000001

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**GSA/FPRS/NDS
 Casad Depot
 New Haven, IN 46774**

4. Generator's Phone (219) 749-9544

5. Transporter 1 Company Name
SAME AS ABOVE

7. Transporter 2 Company Name
N/A

9. Designated Facility Name and Site Address
**FONDESSY ENTERPRISES, INC.
 876 OTTER CREEK ROAD
 OREGON, OH 43616**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **X Waste, RQ, DDT Mixture, ORMA, NA2761**

b. **X Waste, RQ, 24Dichlorophenoxyacetic Acid Mixture
 ORMA, NA2765**

c. *** X Waste, RQ, 245Trichlorophenoxyacetic Acid, ORMA
 NA 2765**

d. **145 f
 295. 16**

J. Additional Descriptions for Materials Listed Above

***C - Empty container 245 T was lab packed for disposal
 PCN 0085AT**

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

419-726-1521

12. Containers	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
No.	Type		
0 0 7	D M	585P	0061
0 0 2	D M	153P	0240
0 0 1	D M	1P	0232

K. Handling Codes for Wastes Listed Above

**D81
 SCLF
 UELH**

15. Special Handling Instructions and Additional Information

Approval Number 3585

16. GENERATOR'S CERTIFICATION: 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 governmental regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name **THOMAS L. HEPLER** Signature *[Signature]* Month Day Year **10/4/86**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **THOMAS L. HEPLER** Signature *[Signature]* Month Day Year **10/4/86**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name _____ Signature _____ Month Day Year _____

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name **Dale M. Pertner** Signature *[Signature]* Month Day Year **10/10/86**

GENERATOR

TRANSPORTER

FACILITY

DISPOSAL/SCALE TICKET

18 2007

F.E.I.

Fondessy Enterprises Inc.
876 Otter Creek Rd. P.O. Box 7571
Oregon, Ohio 43816
419-726-1521

CUSTOMER	<i>General Services Admin</i>		S.O. NO.
QUANTITY	DESCRIPTION		
<i>10 Dr</i>	HAZARDOUS WASTE SOLID		
	<i>10 Drum 5 special handling full vent space 3200 ea</i>		
	<i>290 lb/dr</i>		
MANIFEST NO.	<i>1N347000060000001</i>		
TRANSPORTER	<i>Gen Serv Admin</i>		
DRIVERS SIGNATURE:			
SCLF	LT	OTHER	
<i>H</i>			
FREE LIQUIDS TEST FAILED <input type="checkbox"/>			LBS. <input type="checkbox"/> TONS <input type="checkbox"/> GALS. <input type="checkbox"/> CUBIC YD <input type="checkbox"/>
			LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> OTHER <input type="checkbox"/>

HAZARDOUS WASTE
RECEIVED BY
ACCEPT IN FULL

1/13/07



FONDESSY ENTERPRISES, INC.
ASSOCIATED CHEMICAL AND ENVIRONMENTAL SERVICES

876 OTTER CREEK ROAD P.O. BOX 7571 OREGON, OHIO 43616
(419) 726-1521 (24 HOURS)

March 25, 1986

General Services Administration
Office of Stockpile Management
Casad Depot
New Haven, IN 46774

Attention: Thomas Hepler

Re: D.O. 2113/Waste Pesticides-Labpakced

Dear Mr. Hepler:

Fondessy Enterprises, Inc. is pleased to inform you that the material listed on your Application #2113 and referenced on the enclosed Disposal Order has been approved for shipment to our secure chemical landfill on Otter Creek Road in Oregon, Ohio. The material has been assigned the following Product Code Number (PCN): 0085AT.

Be sure to include the PCN on each manifest, shipping paper or, if drums, stenciled on the top and side of each drum. The Product Code Number (PCN) should be included on all correspondence pertaining to the waste.

Bulk loads of less than six (6) trucks a day need not be scheduled. Bulk loads greater than six (6) trucks a day, all drum loads, landtreatment loads, loads requiring special handling, empty tanks, odd size equipment, etc., must be scheduled and must obtain an acceptance number from our Facility Manager at 419-726-1521.

Fondessy Enterprises, Inc. thanks you for your continued support in our efforts to provide high quality, low risk waste management services at a reasonable cost. We thank you very much for the opportunity to service your disposal requirements.

Very truly yours,

Daniel J. Fern
Daniel J. Fern *S.A.*
Inside Sales Coordinator

DJF/sa

Enclosure

cc: Dean Nardi



FONDESSY ENTERPRISES, INC.
ASSOCIATED CHEMICAL AND ENVIRONMENTAL SERVICES

876 OTTER CREEK ROAD P.O. BOX 7571 OREGON, OHIO 43616
(419) 726-1521 (24 HOURS)

ADDENDUM TO DISPOSAL ORDER

Addendum Number: 1

Date: January 22, 1986

Disposal Order Number: 2113

Thomas Hepler
General Services Administration
Office of Stockpile Management
Casad Depot
New Haven, IN 46774

Re: Appl. #2849-Waste Pesticides-Labpacked

TERMINATION FOR CONVENIENCE.

Either party hereto shall have the right to terminate this Agreement for convenience without penalty at any time, upon giving sixty (60) days prior written notice of such termination to the other party.

TERM OF AGREEMENT.

Unless sooner terminated, this Agreement shall be effective for the period commencing on the date of execution hereof and ending on 6/30/86, provided however, that if the services hereunder cannot commence on the date of execution hereof, DISPOSER shall give CUSTOMER thirty (30) days advance written notice of the date the services hereunder shall commence. Expiration or termination of this Agreement, for any cause, shall not relieve CUSTOMER of liability for payment of sums due or to become due DISPOSER for services performed hereunder prior to the effective date of expiration or termination. Pricing is subject to change with thirty (30) days written notice. Whenever the name "Generator" appears on the front and reverse side of the Disposal Order and on any attachments, it shall be deemed to be replaced with the name "Broker". Moisture content of the waste must be stabilized in accordance with the RCRA amendment banning free liquids in landfills prior to shipment.

ACKNOWLEDGEMENT

Generator: GSA-FPRS Casad Depot, New Haven, IN 46774

By: Thomas Hepler

Title: Depot Manager

Date: March 17, 1986

General
Services
Administration

Federal
Property
Resources Service

Casad Depot
Rt. 14 East
New Haven, IN 46774



Kevin Riley
DMC

October 28, 1985

Fondessy Enterprises, Incorporated
Associated Chemical and Environmental Services
876 Otter Creek Road
P. O. Box 7571
Oregon, Ohio 43616

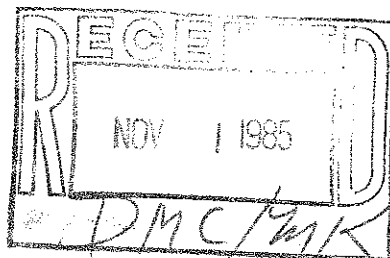
Dear Mr. Dan Zuccarelli,

Enclosed is an application for acceptance of waste products from the GSA/FPRS Casad Depot, New Haven, Indiana 46774.

I would appreciate a set-up for disposition as soon as possible. Transportation of the material will be handled by personnel from the GSA/FPRS Casad Depot. If there are any questions pertaining to any information in the enclosed application, please contact me at (219) 749-9544.


THOMAS L. HEPLER
Depot Manager

Enclosure



PART D - CHEMICAL COMPOSITION

1. PLEASE ATTACH COPIES OF LAB REPORTS.
2. LIST COMPONENTS IN ORDER OF DECREASING CONCENTRATIONS.

3. COMPONENT	% OF TOTAL (100%)
3.1	
3.2 SEE ATTACHMENT NO. 1	
3.3	
3.4	
3.5	
3.6	
3.7	
3.8	
3.9	
3.10	
3.11	
3.12	

4. ATTACH EP TOXICITY REPORT

PART E - METALS AND ORGANICS

- Arsenic mg/kg _____
- Barium mg/l _____
- Boron mg/l _____
- Cadmium mg/kg _____
- Chrome total mg/kg _____
- Chrome hexavalent mg/l _____
- Copper mg/kg _____
- Lead mg/kg _____
- Manganese mg/l _____
- Magnesium mg/l _____
- Mercury mg/l _____
- Nickel mg/lg _____
- Selenium mg/l _____
- Silver mg/l _____
- Zinc mg/kg _____
- Other _____
- Chloride mg/l _____
- Fluoride mg/l _____
- Nitrate mg/l _____
- Nitrite mg/l _____
- Phosphate mg/l _____
- Sulphate mg/l _____
- Sulphite mg/l _____

- Phenols mg/l _____
- Cyanide total mg/l _____
- Cyanide free mg/l _____

Pesticides

- Aldrin mg/l _____
- Chlordane mg/l _____
- DDT's mg/l _____ See Attachment 1
- Dieldrin mg/l _____
- Endrin mg/l _____
- Heptachlor mg/l _____
- Lindane mg/l _____
- Methoxychlor mg/l _____
- Other _____
- Other _____
- Other _____
- Toxaphene mg/l _____
- Parathion mg/l _____
- 2,4,D, mg/l _____ See Attachment 1
- 2,4,5TD (silvex), mg/l _____
- PCB's mg/l _____

ATTACHMENT NUMBER 1

1. (5) FIVE, 55 GALLON DRUMS LABELLED A,B,C,D,E, CONTAIN 10-12 GALS. (NOT TO EXCEED 12 gallons) OF DDT EMULSIFIABLE CONCENTRATE OF WHICH 25 % is DDT AND 70 % is PETROLEUM DERIVATIVE SOLVENT (XYLENE)
2. DRUM #1 CONTAINS (1) ONE EMPTY 5 GALLON CONTAINER OF BRAMBILCIDE 2,4,5, TRICHLOROPHENOXYACETIC ACID LAB PACKED IN A 20 GALLON CONTAINER
3. DRUM #2 CONTAINS THREE (3), FIVE GALLON CONTAINERS (WITH A TOTAL OF 12 GALLONS) OF TORDON 101, 2,4,DICHLOROPHENOXYACETIC ACID - 39.6 %, ALL LAB PACKED IN A 55 gallon DRUM.
4. DRUM #3 CONTAINS ONE (1), FIVE GALLON CONTAINER (WITH A TOTAL OF 2 gallons) OF DDT RESIDUAL - 25% LAB PACKED IN A 20 gallon DRUM
5. DRUM #4 CONTAINS ONE (1) FIVE GALLON CONTAINER OF 2,4,DICHLOROPHEWOXYACETIC ACID 49.5% LAB PACKED IN A 20 GALLON DRUM
6. DRUM #5 CONTAINS TWO (2) FIVE GALLON CONTAINERS OF DDT LARVICIDE POWDER - 10%, LAB PACKED IN A 30 GALLON DRUM

PART F - HAZARDOUS CLASSIFICATIONS

RESOURCE CONSERVATION AND RECOVERY ACT CLASSIFICATIONS.

1.1 RCRA LISTED WASTE DESCRIPTION Waste DDT, Waste 2,4,D, Waste (Empty container)2,4,5,T

1.2 RCRA HAZARDOUS WASTE EPA ID NO.

U	2	3	2
---	---	---	---

,

U	0	6	1
---	---	---	---

,

U	2	4	0
---	---	---	---

,

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1.3 RCRA HAZARDOUS WASTE CODE (CIRCLE APPROPRIATE CLASS)
~~(A)~~ ~~(B)~~ ~~(C)~~ ~~(D)~~ ~~(E)~~ ~~(F)~~ ~~(G)~~ ~~(H)~~ ~~(I)~~ **(T)** (REFERENCE: 40 CFR 261.30(b))

DOES THE WASTE CONTAIN ANY OF THE FOLLOWING:

1 SHOCK SENSITIVE	No	2.4 PATHOGENIC	No
2 PYROPHORIC	No	2.5 INFECTIOUS	No
3 EXPLOSIVE	No	2.6 RADIOACTIVE	No

ANY OF THE ABOVE ARE PRESENT, LIST THEIR SOURCE AND COMPLETE DESCRIPTION
None

U.S. DEPARTMENT OF TRANSPORTATION CLASS. (REFERENCE: 49 CFR 172.01 and 173.)

3.1 U.S. DOT SHIPPING NAME	DOT HAZARD CLASS.	UN/NA NO.	HAZARDOUS CLASS CODE
Waste DDT	ORMA	NA2761	ORMA
Waste 2,4, Dichlorophenoxyacetic Acid	ORMA	NA2765	ORMA
Waste 2,4,5 Trichlorophenoxyacetic Acid	ORMA	NA2765	ORMA

PART G - SHIPPING AND SCHEDULING

HAZARDOUS WASTE MATERIAL WILL BE SHIPPED IN:
 GALLON DRUM 6 (six) BULK CONTAINER None OTHER _____
1 - 30 gallon drums 3 - 20 gallon drums

LOADING FREQUENCY: VOLUME 10 drums as outlined above PER shipment

PART H - ADDITIONAL COMMENTS

All material - empty, liquid, powder have been lab packed as outlined in Attachment No. 1
No container exceeds 12 total gallons per container.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT AS AN AUTHORIZED REPRESENTATIVE OF THE GENERATOR NAMED ABOVE, ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS TRUE AND ACCURATE. TO THE BEST OF MY KNOWLEDGE, ALL KNOWN AND SUSPECTED HAZARDOUS COMPONENTS HAVE BEEN INCLUDED IN THE DOCUMENTATION.

THOMAS HEPLER
SIGNATURE



10/28/85
DATE

Depot Manager
TITLE

THIS SECTION FOR DISPOSAL SITE USE ONLY

- 1. DISPOSAL SITE _____
- 2. DISPOSAL METHOD _____ PCN _____
 - 2.1 PRETREATMENT _____
 - 2.2 ALTERNATIVE _____

SIGNATURE

DATE

TITLE

THIS SECTION FOR REGULATORY AGENCY USE ONLY

1. ACCEPTANCE STATUS:
- ACCEPTED CONDITIONAL ACCEPTANCE ACCEPTANCE WITHHELD DENIED

2. CONDITIONS FOR ACCEPTANCE OR REASONS FOR WITHHOLDING OR DENIAL

3. REGULATORY AGENCY _____

SIGNATURE

DATE

TITLE

To: Tommy Hepler.

From Kevin

7 - 1 GALLON GLASS CONTAINERS OF NITRIC ACID

MANIFEST PAPERS:

WASTE NITRIC ACID, OXIDIZER

No. of GALLONS IN CONTAINER

RQ 1000/154

NA 2031

DRUM LABELS:

OXIDIZER AND CORROSIVE

UN 2031

WASTE NITRIC ACID

LAB PACK - 4 GALLONS (MAX) IN 55 GAL DRUM (2) 55 - GAL DRUMS
3 GALLONS IN 55 GAL DRUM.

10 - 1 GALLON GLASS CONTAINERS OF PHOSPHORIC ACID

MANIFEST PAPERS

WASTE PHOSPHORIC ACID

No. of GALLONS IN CONTAINER (4 MAXIMUM)

RQ 5000/2270

NA 1805

Drum Labels

CORROSIVE

UN1805

RR 5000/2270

WASTE Phosphoric Acid.

CAB PACK	4 GALS	IN	55-GAL	DRUM	} (3) 55-GAL DRUMS.
	3 GALS	"	"	"	
	3 GALS	"	"	"	

CONTACT (3) HAZARDOUS WASTE CLEANUP OUTFITS FOR BID, TO PROPERLY PACKAGE, TRANSPORT, DISPOSE OF THIS MATERIAL PER D.O.T. & EPA REGULATIONS. BE SURE TO CONTACT THE STATE EPA TO INSURE THE DISPOSAL SITE CAN ACCEPT THE WASTE. I'LL WORK YOU THROUGH THIS ONE.

Kevin

7/30/84

Spoke w/ T. Hepler Cusack

Waste facility has sent application (permit) for disposal of DDT & 2,4,5 Waste. T. Hepler will complete and forward to facility for approval and then proceed with clean up. T. Hepler will keep me informed of progress

9/19

- Additional -

1-5 GAL - DDT possibly DDE

EMPTY - Bush Killer - 2,4,5, - Dioxin

40 GAL - 5 GALLON CANS - DDT
(8)

Casas, New Haven, Indiana

7/18/84

Call from Casas Depot T. Hepler 7/12/84 re: discovery of DOT, 2,4,0 pesticides and Herbicides in old warehouse. several containers are leaking and may pose health hazard. Area has been isolated and info obtained from containers (see attached).

Call EPA Washington, Ray Kruger - pesticides 557-7347
Compliance staff for info. EPA 655-4000

Basic recommendations:

make liquid non flowing, rinse containers
dispose as hazardous pesticide waste. rinse containers
and dispose as normal waste.

7/18 able to contact Indiana Land Pollution Control
Division - Richard Strong (317) 243-5083

info related to be sure we comply with
State regulations. Mr. Strong contacting Chemist to
see if any specific requirements are necessary in
state.

possibility of incineration would cost more!
looking to land fill.

Procedure to be developed for proper clean up and disposal
per EPA & State recommendations.

Rully done
7/18/84

7/19

CONTACTED OHIO STATE EPA GROUP
HAZARDOUS WASTE DISPOSAL } TOM KARLYLE (614) 462-8975
Commil ROGERS WASTE PRODUCT RECORDS
RANDY. ?

OHIO WILL TAKE LANDFILL IF MEET DOT PACKAGING - OK

Questions #1 IF LIQUID WASTE MUST IT BE LAB PACKED OR ONLY IF CONTAINERS DAMAGED. WOULD IT BE BETTER

★ 2 IF SOLID CONTAINERS IN GOOD SHAPE CAN IT BE DISPOSED
MAY REDUCE # OF AS IS.
OF DRUMS TO

2 DRUMS. 3. CAN IT BE TRANSPORTED BY GOV TRUCK, IF MANIFESTED.

4. CAN WE CALL FOR APPLICATION OR PAPER WORK.

5. MUST 2,4,D BE TESTED FOR DIOXANE

6. CAN OR SHOULD MAT'L FOR INCINERATION BE LAB PACKED.

7. What is max gallonage per drum if overpacked.
REGS SAY 110 gals we want 20 per drum for disposal

CELCOs - (513) 681-5731 489 8722

Don ^{EAST} Linnate

(Oregon, Ohio)
CONTACTING (419) 726-2521

45.00 plus tax per drum.

LARRY CRITCH - 100
125 miles

EVERGREEN - NO DOT

FOR DISPOSAL - LANDFILL - if cans are damaged.

17 (damaged) gallon containers
8 5-gallon cans }
1 5 gallon can }
2 5 gallon cans }

Item 4 2 (dry) gallon cans as is

- ALL OVERPACK -
max 20 gal/drum.

8 (1) gallon cans 1 drum
9 (1) gallon cans 1 drum
2 (5) gallon cans 1 drum
2 (5) gallon cans 1 drum
2 (5) gallon cans 1 drum
2 (5) gallon cans 1 drum
✓ 2 (5) gallon cans 1 drum
✓ 2 (5) gallon cans 1 drum
1 (5) gallon can and other waste (1) drum

9-55 gallon drums

place all PPE, Brushes, cleaners used
etc. in drums for disposal also.

ALL MATERIAL MUST BE PROPERLY MANIFESTED, LABELLED

2,4,D ORMA # NA2765 WASTE # U²⁴⁰ 50/lbs/package

DDT ORMA # NA2761 WASTE # 0061 NO LIMIT

UNLINED 17H DRUMS WITH SPEEDY DRY ABSORBENT RING LOCK AND SEAL

CLEAN UP OF SPILLED MATERIAL - KENOSENE FOR DDT
IPA FOR 2,4,D

NOTE MAY HAVE TO TEST 2,4,D FOR DIOXANE CONTAMINATION.

Pesticide Disposal - Casad Depot, New Haven, /ND.
DDT, 2, 4, D

Due to the nature of these pesticides/herbicides and the age and condition of the containers special care must be taken to avoid contact and inhalation of dust and vapors. The following procedures will protect those performing the clean up and disposal work and comply with all federal and state regulations.

EQUIPMENT NECESSARY

- Tyvek disposable coveralls and booties
- Rubber gloves
- Respirator - dual cartridge/pesticide filter w/ TC-23C approval
- Broom & shovel
- Speedy dry
- 9 Type C or H 55 gallon drums, lid, ring and lock nut
- Kerosene
- Rags
- Hazardous waste label or stencil equipment.

PROCEDURES

1. ONLY THOSE PERFORMING THE WORK SHOULD BE IN THE AREA, THE AREA SHOULD BE ISOLATED IN CASE OF A MISHAP OR ACCIDENT.
2. DURING THE PACKAGING OF THE 17-1 GAL CANS OF DDT SPECIAL CARE SHOULD BE TAKEN TO AVOID CONTACT AND MINIMIZE LEAKING AND SPILLS.
3. ALL DRUMS SHOULD BE FILLED 6-7 INCHES WITH SPEEDY DRY BEFORE PACKAGING. NO MORE THAN 12 GALLONS SHOULD BE PLACED IN ANY ONE 55 GAL. DRUM. ALTERNATE 1 GALLON CANS WITH THE SPEEDY DRY. RATIO SHOULD BE TOTALLY; (1) PART LIQUID TO (2) PARTS SPEEDY DRY AS DISCUSSED.

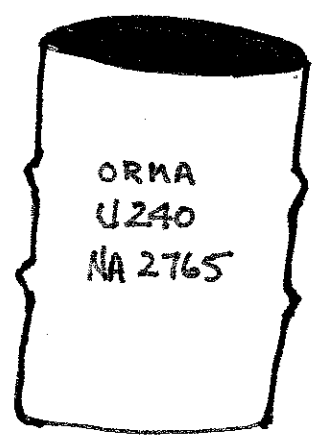
4. All The Containers we are going to dispose of must be overpacked for disposal to meet Ohio State Regulations and be accepted at the landfill
5. All Contaminated Areas where the material has leaked or was spilled must be washed down 3X with kerosene, then washed with water & detergent. All liquid should be soaked up and the rags and waste liquid placed in the drums for disposal.
6. Except for the 1 gallon containers, all others are structurally sound and not leaking, therefore PPE can be minimized to respirators and gloves if desired, but the coveralls will keep the uniforms clean.
7. All clothing, cartridges, cleaning material used should be disposed of in the last drum for disposal.
8. Showers must be taken upon completion of this work.

LABELLING

ALL DDT MATERIAL. i.e.
AND 2,4-D MATERIAL

DDT - ORMA
NA 2761
U 061
No. GAL. 12 net.
OVERPACK

2,4,D - ORMA
NA 2765
U240
No. GAL. 12
OVERPACK



CONTACT: OHIO STATE ENVIRONMENTAL PROTECTION GROUP
AT 614 462-8975

TOM KARLYLE OR CONNIE ROGERS
FOR WPR WASTE PRODUCT RECORD
AND APPLICATION FOR DISPOSAL

CONTACT:

FONDESSY ENTERPRIZES INC.
876 OTTER CREEK ROAD P.O. Box 7571
OREGON, OHIO 43616

* LARRY CRITCH (419) 726-1521 - he is sending you
APPLICATION FORMS

SPECIAL NOTE:

① Prior to packaging, ITEM 2 - 2,4, D AMINE, WEED KILLER
AND
ITEM 3 - 2,4, D MIXTURE, BUSH KILLER

TAKE A SMALL 302 SAMPLE OF EACH.

* BE SURE TO USE CLEAN VIALS FOR SAMPLE. *

BRING THESE SAMPLES WITH YOU TO LANDFILL FOR
ANALYSIS

② DON'T PACKAGE 2,4, D ITEMS IN SAME DRUMS
AS THE DDT

Kevin

Item 1

Insecticide, DDT
Emulsifiable Concentrate

6840-246-6431

Active Ingredients

Percentage by Weight

DDT

25%

Aromatic Petroleum Derivative Solvent

70%

Inert Ingredient

5%

Manufacturer

Tris Chemical Works, Inc.
Brooklyn N.Y.

of 1 gallon cans - 17
8-5 gallon cans

51 gallons not Hazardous
F.P. incinerated

Item 2

2,4D Amine

Weed Killer

Active Ingredients

0%

Item 3

Toss
no cover
pesticides

Dow
Toson 101
Pure

Bush Killer

Ingredients

- silver

4-Amine-3,5,6-Trichloropicolinic Acid as *montafic*

Trisopropylamine Salt

2,4-D → 2,4-dichlorophenoxyacetic Acid as the

Trisopropylamine Salt

Inert Ingredients

- inorganic -

Acid Ingredients

4-Amine-3,5,6-Trichloropicolinic Acid 67%

2,4-dichlorophenoxyacetic Acid 21.2%

USDA Registration Number 464-306



FONDESSY ENTERPRISES, INC.
ASSOCIATED CHEMICAL AND ENVIRONMENTAL SERVICES

876 OTTER CREEK ROAD, P.O. BOX 7571 OREGON, OHIO 430616
(419) 726-1521 (24 HOURS)

Tom Hepler
GSA/FPRS
Casad Depot
New Haven, IN 46774

July 23, 1984

Mr. Hepler:

Enclosed find the waste application form necessary for approval of the disposal of materials at Fondessy Enterprises, Inc.. I recently spoke with Kevin Riley in your Washington office, who said he would be speaking with you regarding this. Upon completion, please return to my attention so that I can expedite through the system.

We appreciate the opportunity to service your disposal needs and will cooperate with you in any way we can.

Sincerely,

A handwritten signature in cursive script that reads "Larry Critch".

Larry M. Critch,
Industrial Sales Representative.

LMC/vm

Enclosure

**ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

COMMENTS

DATE	NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)

TYPE OF INSTALLATION

GSA FPRS SAD DEPOT

INSTALLATION ADDRESS

STREET OR P.O. BOX
CITY OR TOWN: NEW HAVEN ST: IN ZIP CODE: 46774

ALTERNATE LOCATION

STREET OR ROUTE NUMBER: STATE ROUTE 1A CITY OR TOWN: NEW HAVEN ST: IN ZIP CODE: 46774

NAME TITLE (last, first, & job title): HEPLER THOMAS L DEPOT MANAGER PHONE NO. (area code & no.): 219 749 9544

A. NAME OF INSTALLATION'S LEGAL OWNER: US GOVERNMENT GENERAL SERVICES ADMIN.

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
 A. GENERATION B. TRANSPORTATION (complete item VII)
 C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
 A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VII. FURTHER SUBMITTAL NOTIFICATION

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

A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.
IN 5470000600

VIII. DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

given to Hepler from Sharon Kidman of EPA Chicago 1/8/85.

8																				
W																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15						

DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
	9		10		12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from your installation handles. Use additional sheets if necessary.

		18		16		17		18
		21		22		23		24
		27		28		29		30

C. CHEMICAL SUBSTITUTES FOR HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substitute that may be a hazardous waste. Use additional sheets if necessary.

U 0 6 1	U 0 8 1	U 0 9 2	U 2 3 2		
			40		
			46		

D. HAZARDOUS WASTES FROM HOSPITALS, VETERINARY CLINICS, AND LABORATORIES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from your installation handles. Use additional sheets if necessary.

		51		52		53		54

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

<input type="checkbox"/> 1. CORROSIVE (D001)	<input type="checkbox"/> 2. EXTREMELY FLAMMABLE (D002)	<input type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D004)
--	--	---	--

I hereby declare under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached reports, and that based on my inquiry of those individuals immediately responsible for obtaining the information, 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.

SIGNATURE <i>T. Hepler</i>	NAME & OFFICIAL TITLE (type or print) THOMAS L. HEPLER, Depot Manager	DATE SIGNED 12/19/84
--------------------------------------	---	--------------------------------

DETACH

DETACH

ATTACHMENT 1

The National Defense Stockpile (NDS) is a unique and specialized service of the Federal government assigned the task of procuring, storing, and maintaining approximately 92 strategic and critical materials for national defense. Generally speaking, NDS is a large nationwide warehousing/depot operation consisting of both inside and outside material storage. Materials in containers and other types of transportable packages are stored inside, while bulk ores, minerals and metals are stored outside in large open areas. Periodic material maintenance sometimes requires repackaging to preserve the integrity and quality of the strategic and critical materials we control and insure their continued long-term storage.

Normally, the waste we generated at our facilities is typical warehouse operation and facility maintenance type waste i.e. paper, cardboard, pallets, office waste, etc. However, since several of the mandated strategic and critical materials under our purview are considered hazardous, toxic, carcinogenic and/or radioactive, repackaging projects are necessary to insure the integrity of the containers and their continued acceptability for shipment in case of national emergency. It is during these repackaging projects when we change from a normal generator of non hazardous waste to a hazardous waste generator. The amount of hazardous waste obviously, varies with the size and quantity of the hazardous material being repackaged. By performing these repackaging projects and placing our hazardous materials in state-of-the-art containers of various types we hope to minimize our future generation of hazardous waste. In addition, these repackaging project provide additional protection to human health and the environment from the hazardous materials we store while also reducing personal exposure to NDS employees.

Our waste disposal action at this location in 1987, however, was the removal and replacement of all electrical equipment containing polychlorinated biphenols (PCB's). All PCB liquid and contaminated equipment was removed and properly disposed of at EPA approved disposal facilities and this location is now PCB-free, thus minimizing future disposal actions. This year we are proceeding with the removal, replacement and consolidation of all underground storage tanks at this location and replacing them with state-of-the-art double walled fiberglass tanks with leak detection systems. This action will minimize, if not eliminate the potential environmental contamination of soil and groundwater.

As you can see , although NDS has no formal written program for the reduction or minimization of hazardous waste, we are making a concerted effort to minimize and reduce the potential for environmental contamination and protect human health.

TWE+70000000
 US GSA PRS CASAD DEPOT
 DEPOT MGR FRED BROOKS
 ST RT= 14
 NEW HAVEN IN 46774



U.S. ENVIRONMENTAL PROTECTION AGENCY

1987 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

WHO MUST COMPLETE THIS FORM? Form IC must be completed by every site that received this package.

INSTRUCTIONS: Please read the detailed instructions beginning on page 4 of the 1987 Hazardous Waste Report instruction booklet before completing this form.

Complete Sections I through IV and Sections VI through IX immediately. Complete Section V, certification, after you have finished the full report package.

SEC. I. Site name and physical location which may differ from the mailing address. Complete items A through G.
 Mark for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

A. Site/company name Same as label <input checked="" type="checkbox"/>		B. EPA ID No. Same as label <input checked="" type="checkbox"/>	
C. Address number and street name of physical location - if not known, enter industrial park, building name or other physical location description Same as label <input type="checkbox"/> 3 MILES EAST OF NEW HAVEN PROPER.			
D. City, town, village, etc. Same as label <input checked="" type="checkbox"/>	E. County ALLEN	F. State Same as label <input checked="" type="checkbox"/>	G. Zip Code Same as label <input checked="" type="checkbox"/>

SEC. II. Mailing address of site.
 Mark for A, B, C, and D if same as label; if different, enter corrections.

A. Number and street name of mailing address Same as label <input checked="" type="checkbox"/>			
B. City, town, village, etc. Same as label <input checked="" type="checkbox"/>	C. State Same as label <input checked="" type="checkbox"/>	D. Zip Code Same as label <input checked="" type="checkbox"/>	

SEC. III. Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name REILLY	First name F.	M.I. KEVIN	B. Title INDUSTRIAL HYGIENIST	C. Telephone 202 535-7145 Extension
--------------------------------------	------------------	---------------	----------------------------------	---

SEC. IV. Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Report Codebook.

A. 9199	B. 4226	C. 9711	D.	E.	F.
---------	---------	---------	----	----	----

SEC. V. 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. Please print: Last name REILLY	First name F.	M.I. KEVIN	Title INDUSTRIAL HYGIENIST
B. Signature <i>[Signature]</i>			Date of signature 04 22 88 Mo. Day Yr.

SEC. VI.

Does this site's EPA ID authorize hazardous waste generation?

- NO — SKIP TO SECTION VII.
- YES — Did this site generate any hazardous waste during 1987?
- YES — READ DETAILED INSTRUCTION ON PAGE 5 OF THE 1987 HAZARDOUS WASTE REPORT INSTRUCTIONS BOOKLET FOR ACUTE AND ACCUMULATION LIMITS. MARK NEXT TO THE HAZARDOUS WASTE GENERATION QUANTITY CATEGORY THAT APPLIED TO THIS SITE DURING 1987.
- Category 1: More than 1000 kg (2,200 lb) in one or more months
- Category 2: More than 100 kg (220 lb) but no more than 1000 kg (2,200 lb) in any single month
- Category 3: No more than 100 kg (220 lb) in any single month
- Mark if this site changed from Category 1 to Category 2 or 3 due to waste minimization activity conducted during 1986 or 1987.
- NO — CONTINUE BELOW, MARK NEXT TO ALL THAT APPLY.
- Generated, excluded or delisted wastes
- Generated hazardous waste prior to 1987 but do not expect to generate in the future - MARK FOR REASON IN ONE BOX BELOW
- Waste was from one-time event(s) (e.g. spills, remedial actions, etc.)
- Waste minimization activity undertaken during 1986 or 1987
- Out of business
- Generated hazardous waste prior to 1987 and expect to generate in the future
- Never generated before but expect to generate in the future
- Never generated and do not expect to generate in the future - MARK FOR REASON IN ONE BOX BELOW
- Protective notifier only
- Misunderstood the requirements
- Notified to secure transportation services
- Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS

SEC. VII.

Does this site have RCRA Interim Status or a RCRA permit to treat, store, or dispose hazardous waste?

- NO — SKIP TO SECTION VIII
- YES — Did the site treat, store, or dispose (T/S/D) hazardous waste in RCRA-regulated units during 1987?
- YES — SKIP TO SECTION VIII
- NO — CONTINUE BELOW, MARK NEXT TO ALL THAT APPLY
- T/S/D excluded waste during 1987
- T/S/D hazardous waste in exempt units during 1987
- T/S/D hazardous waste prior to 1987 but did not T/S/D waste during 1987. MARK IN ONE BOX BELOW
- T/S/D will resume in the future
- Have notified of planned closure
- Site is in closure or post closure
- Never T/S/D hazardous waste prior to 1987 but: MARK IN ONE BOX BELOW
- Expect to T/S/D hazardous waste in the future
- Do not expect to T/S/D hazardous waste in the future - EXPLAIN REASON FOR INTERIM STATUS OR PERMIT IN COMMENTS

SEC. VIII.

Do you wish to withdraw this site's generator notification or EPA Part A permit application?

- Withdraw generator notification Yes No
- Withdraw Part A permit application Yes No

SEC. IX.

Does this site have an area not requiring a RCRA Part A or Part B permit that is used exclusively for the short term accumulation of hazardous waste?

- NO
- YES — DOES THE AREA HAVE:
- Containers No Yes ENTER THE NUMBER OF TANKS AND THEIR TOTAL CAPACITY IN GALLONS.
- Tanks No Yes — Number Gallon capacity

Comments:

SEE ATTACHMENT 1

TV5470000600

US GSA PRS CASAD DEPOT

DEPOT MGR, FRED BROOKS

ST RTE 14

NEW HAVEN

IN 46774



U.S. ENVIRONMENTAL PROTECTION AGENCY

1987 Hazardous Waste Report



WASTE MINIMIZATION

PART I

WHO MUST COMPLETE THIS FORM?

Form WM Part I, describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annual/Biennial Report. This requirement was established in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).

NOTE: Generators shipping hazardous waste off site are required to certify, on item 16 of the Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must also be made by generators who have obtained a RCRA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.

INSTRUCTIONS:

Please read the detailed instructions on page 8 of the 1987 Hazardous Waste Report Instruction booklet before completing this form.

Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

1. Did this site create or expand a source reduction and recycling program?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Create	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Expand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?

	1987	1986	Prior Years
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.

	1987	1986	Prior Years
Capital expenditures	\$ -0-	\$ -0-	\$ -0-
Operating costs	\$ -0-	\$ -0-	\$ -0-

4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incentives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Did this site conduct a source reduction and/or recycling opportunity assessment or audit? Note: an opportunity assessment or audit is a procedure that identifies practices that can be implemented to reduce the generation of hazardous waste or the quantity which must subsequently be treated, stored or disposed.

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Site-Wide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Process-Specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did this site identify or implement new SOURCE REDUCTION opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What factors have delayed or prevented implementation of SOURCE REDUCTION opportunities. MARK NEXT TO ALL THAT APPLY.

- a. Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- b. Lack of technical information on source reduction techniques, applicable to my specific production processes.
- c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- d. Concern that product quality may decline as a result of source reduction.
- e. Technical limitations of the production processes.
- f. Permitting burdens.
- g. Other (SPECIFY) SEE ATTACHMENT 1

8. Did this site identify or implement new RECYCLING opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site or subsequently treated, stored, or disposed of on site or off site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Implement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. What factors have delayed or prevented implementation of on-site or off-site RECYCLING opportunities. MARK NEXT TO ALL THAT APPLY.

- a. Insufficient capital to install new recycling equipment or implement new recycling practices.
- b. Lack of technical information on recycling techniques applicable to this site's specific production processes.
- c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- d. Concern that product quality may decline as a result of recycling.
- e. Requirements to manifest wastes inhibit shipments off site for recycling.
- f. Financial liability provisions inhibit shipments off site for recycling.
- g. Technical limitations of product processes inhibit shipments off site for recycling.
- h. Technical limitations of production processes inhibit on-site recycling.
- i. Permitting burdens inhibit recycling.
- j. Lack of permitted off-site recycling facilities.
- k. Unable to identify a market for recyclable materials.
- l. Other (SPECIFY) SEE ATTACHMENT 1

10. Has this site requested or received technical information or financial assistance on source reduction and/or recycling practices from any of the following sources? MARK NEXT TO ALL THAT APPLY.

	1987		1986		Prior Years	
	Technical	Financial	Technical	Financial	Technical	Financial
a. Local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. State government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Federal government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trade associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Educational institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other parts of your firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other firms/consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No request made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (conferences, literature, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

SEE ATTACHMENT 1

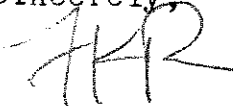
APR - 8 1988

Dear Mr. Molini:

As per your request enclosed are the Corps of Engineers' Findings and Fact, and a Soil Conservation Map outlining the location of the National Defense Stockpile's New Haven (Casad) Depot, New Haven, Indiana. The specific coordinates of this Depot are 41 degrees 5 minutes North and 84 degrees 55 minutes East.

Should you have any further questions please feel free to contact me at (202)535-7145.

Sincerely,

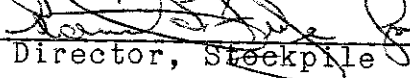


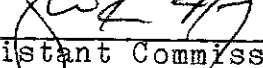
F. KEVIN REILLY
Industrial Hygienist
National Defense Stockpile

Mr. Rick Molini
Indiana Department of Environmental
Management
105 South Meridan Street
Indianapolis, IN 46225

Enclosure

cc: Off. file (Reilly/Molini) *Reilly file*
D, DN, DNO, DN-5, DN-5 (New Haven Depot-Attn: F. Brooks)

DNO  4/7/88
Director, Stockpile

DN 
Assistant Commissioner

DNO:KREILLY:maj:X535-7145:4/7/88
RET:KREILLY:maj:X535-7145:4/7/88

DEFENSE ENVIRONMENTAL RESTORATION PROGRAM
FOR FORMERLY USED SITES
FINDINGS AND DETERMINATION OF ELIGIBILITY
CASAD ENGINEER DEPOT, FORT WAYNE, INDIANA
PROJECT NO. G05IN011800

NATIONAL DEFENSE STOCK
DEPOT, NEW HAVEN, IN

FINDINGS OF FACT

1. The CASAD Engineer Depot was utilized as an Army Engineer Training Area. The site included housing, administration, and training facilities. The site is currently developed, with various owners.
2. In 1945, the Government acquired approximately 630.18 acres of property from various owners. Real estate records indicate that the property was utilized by the Army as an engineering and ordnance depot until 1955, when the entire property and the buildings were reported as excess to the General Services Administration. The property is currently owned by the Federal Property Resource Service and several private entities:
 - a. Moffitt Realty Corp.
 - b. Township of Jefferson
 - c. CASAD
 - d. Patton Electric Company
 - e. Virgil Kliebe
 - f. Superior Companies Investment Corp.
3. All facilities that remain on this site are currently being utilized by the current owners. No hazardous conditions are evident or have been reported to exist here.

DETERMINATION

Based on the foregoing findings of fact, the site has been determined to have been formerly used by the Department of Defense. However, it is determined that an environmental restoration project is not an appropriate undertaking within the purview of the Defense Environmental Restoration Program, established under Public Law 98-473, Continuing Appropriation, 1985 [Conference Report (HR 98-1159)], for the reasons stated above.

9 Dec 85

Date



LLOYD A. DUSCHA, P.E.
Deputy Director
Directorate of Engineering
and Construction



DEFENSE LOGISTICS AGENCY
DEFENSE NATIONAL STOCKPILE CENTER
NEW HAVEN DEPOT
15411 DAWKINS ROAD
NEW HAVEN, IN 46774-9644

FACSIMILE TRANSMISSION

NUMBER OF PAGES (including this one) 6

Message Priority Urgent
 Routine

FROM: Fred Brooks

FAX: 219-749-8467

VOICE: 219-749-9544

TO: Kevin Reilly

LOCATION: _____

FAX: _____

VOICE: _____

DATE: 14 Aug 97

TIME: _____

.....
Special Waste Certification Application
for paint contract to follow.

IF YOU DO NOT RECEIVE ALL PAGES OR TRANSMISSION IS INCOMPLETE, PLEASE CALL IMMEDIATELY!

08/14/97 THU 10:08 FAX

001



NATIONAL

Professional Painting Contractor Serving • Industrial • Commercial • Government



FAX COVER SHEET

FAX #: 219-749-8467

TO COMPANY: NEW HAVEN DEPOT

DATE: 8-14-97 TIME: 11:15 am

ATTENTION: FRED BROOKS

FROM: Rod Eueans / BECKY ALEXANDER

SUBJECT:

I am sending you an additional application that the state of IN is requiring us to acquire in order to dispose of our paint chips. Please review and sign SECTION 9 OF THIS FORM and fax back as soon as possible. THANK YOU, Becky

NUMBER OF PAGES (INCLUDING FAX SHEET) 5

IF YOU DO NOT RECEIVE ALL OF THE PAGES SENT PLEASE CALL MAIN NUMBER (618) 254-9111

SPECIAL WASTE CERTIFICATION APPLICATION

Cashier, Room N1324
 Indiana Department of Environment Management
 100 N. Senate Avenue
 P.O. Box 7060
 Indianapolis, Indiana 46206-7060
 Telephone: 317/232-3111

FOR OFFICE USE ONLY	
Reviewer	_____
Application No.	_____

1. Generator Fee	
Generator Fee: \$250. per application	PAID BY: _____ (Check # or Money Order #)

2. Generator Information	
Generator Facility Location	Generator Mailing Address
Name NEW HAVEN DEPOY	Name
Address DLA-DNSC-MOFNH	Address
15411 DAWKINS ROAD	
NEW HAVEN IN 46774-9644	
(City) (State) (Zip)	(City) (State) (Zip)
County Allen	County
Technical Contact and Telephone # 219-749-5953	Technical Contact and Telephone #
EPA Identification Number: IN5470000600	

3. Contractor Information	
Applicant (if other than generator)	Proposed Disposal Site
Name EVCO National, Inc.	Name Prairie View RDC Opp No. 71-2
Address 339 Old St. Louis Road	Address WASTE MANAGEMENT 15505 SHIVELY RD
Wood River IL 62095	Wyatt IN 46595
(City) (State) (Zip)	(City) (State) (Zip)
Technical Contact and Telephone # 618-254-9111	Technical Contact and Telephone # 219-546-4475 KELLY SMITH
<input type="checkbox"/> Check box if you want a copy of certification	

4. Regulatory Issues	
Are the waste(s) related to any of the following occurring at your facility: (please check)	
CERCLIS Clean-up <input type="checkbox"/>	Hazardous/Solid Waste Enforcement <input type="checkbox"/>
Air/Water Issues <input type="checkbox"/>	Corrective Action <input type="checkbox"/>
No Issues <input checked="" type="checkbox"/>	Other _____

8/06

08/14/97 THU 10:10 FAX

003

Special Waste Certification Application (page 2 of 4)

List below in section 5 the waste stream for which certification is being requested under this application. If a number of similar waste streams are being combined for certification purposes (see instructions), list all the waste streams included within this combination. Separate applications must be submitted for each waste stream or each combination of waste streams requiring certification.

5. Waste(s) Information	
Waste(s) Name(s)	Previous Certification No. (if applicable)
1.) PAINT CHIPS - SOLID	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	

Anticipated annual disposal quantity: 5 cubic YARDS

Check box if this is a one-time only disposal

Type of disposal containers(s) to be used: SUPER SACKS

6. Sampling and Laboratory Information	
Laboratory	Sample Collector
Name PDC	Name EVCO NATIONAL
Address PO BOX 9071	Address 339 OLD ST LOUIS RD
PEORIA IL 61612	WOOD RIVER IL 62095
(City) (State) (Zip)	(City) (State) (Zip)
Technical Contact and Telephone # JOHN LA PRAYNE 309-692-9688	Telephone # 618-254-9111

08/14/97 THU 10:11 FAX

004

Special Waste Certification Application (page 3 of 4)

If certification is being requested for a combination of similar waste streams under this application, complete this page for each waste stream included in that combination.

7. Waste Characterization	
Is the waste a listed hazardous waste as defined in 329 IAC 3.1? Yes ____	No <input checked="" type="checkbox"/>
Does this waste contain PCB's or PCB items as defined in 329 IAC 4? Yes ____	No <input checked="" type="checkbox"/>
Physical Characteristics: (attach MSD Sheets if Available)	
Physical state:	P A I N T C H I P S
Percent solids	100 %
Fire, explosion, or spontaneous ignition hazard? Yes ____	No <input checked="" type="checkbox"/>
Does this waste contain:	Free liquids? ____ Asbestos? ____ Solvents? ____
Odor?	None <input checked="" type="checkbox"/> Mild ____ Strong ____ Describe: _____
Analytical Information	
Sampling:	Date sample was collected: <u>7-18-97</u> Sample type: grab ____ composite <input checked="" type="checkbox"/>
Was a sampling plan used?	Yes ____ No <input checked="" type="checkbox"/> If so, provide a copy if requested (see instructions).
Is the sample representative of the waste?	Yes
Results:	attach original laboratory documentation i.e. TCLP metal, pesticide, organic, corrosivity/ignitability, reactivity, or other. (Provide QA/QC upon request).

8. Process Description (attach additional pages if necessary)
WATER BLASTING OF WAREHOUSE

08/14/97 THU 10:11 FAX

005

Special Waste Certification Application (page 4 of 4)

9. Generator Signature

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation. I further certify that I am authorized to submit this information". (329 IAC 10-8-6 (c))

X

Signature

(type or print name)

Date

X

Title

REILLY
9 JUL 1990

DNSC-OD (Kevin Reilly/746-7342/jm)

SUBJECT: Hazardous Waste Biennial Reports

Indiana Department of Environmental Management
105 South Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015
ATTN: Ms Jenny Ranck Dooley
Office of Solid and Hazardous Waste Management

Dear Ms. Dooley:

Enclosed is the revised and corrected 1989 Hazardous Waste Biennial Report. I hope this information satisfies your request.

Please note that not all the materials being disposed of clearly fall into source code or waste code categories.

Should you have any questions or require additional information please contact Mr. Kevin Reilly of my staff on (703) 746-7342.

(signed) KERMIT L. FRYE

Encls

KERMIT L. FRYE, JR.
Director,
Directorate of Stockpile
Operations

Official File - OD/Reilly/hwbr/jm)
O, OL, D,
DNSZ-HMD Bob Bretz
DNSZ-Depot-Fred Brooks



STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.
(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER I N 5 4 7 0 0 0 0 6 0 0

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID
SPECIAL WASTE, INC. TND034547141

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).
Street Or P.O. Box 1713 LEGION ROAD
City Or Town ATHENS State TN Zip Code 37303

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.
GSX GOVERNMENT SERVICES, INC. MDD980554653

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one)
	(C) WASTE FORM CODE			(G) DENSITY
1 Hazardous Substancce solid N.O.S. ORM-E NA9188	A58	none		(P) T K M G L
2 Waste Combustible Liquid N.O.S. Combustible liquid	B3111	none	2903	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
3 Hazardous Substance Solid N.O.S. ORM-E NA9188	A119	none		P T K M (G) L
4 Waste DDT, ORM-A NA 2761	B5110		10	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
	A58	none		(P) T K M G L
	B3111		200	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
	A57	F002		(P) T K M G L
	B402		172	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE	(C) EPA HAZARDOUS WASTE CODE(S)	E. AMOUNT OF WASTE	(D) UNIT OF MEASURE
	(C) WASTE FORM CODE			(B) DENSITY
Waste Flammable Liquid	A29	D001		P T K M <input checked="" type="radio"/> L
N.O.S. UN 1993	B210		10	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED SOLID		none		<input checked="" type="radio"/> P T K M G L
FURNACE CEMENT			8	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED SOLID		none		<input checked="" type="radio"/> P T K M G L
CEMENT TINT POWDER			3,2,5	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
Waste Combustible Liquid	A29	none		P T K M <input checked="" type="radio"/> L
N.O.S. NA 1993	B211		5	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID		none		P T K M <input checked="" type="radio"/> L
FUEL ADDITIVE			1210	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

XV. COMMENTS

F. Kevin Reilly
 F. KEVIN REILLY
 INDUSTRIAL HYGIENIST

9 July 90



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317/232-8603

TO: Hazardous Waste Generators

FROM: Patrick Kotter, Acting Section Chief *PK 4/18/90*
Resource Recovery and Planning Section

SUBJECT: Hazardous Waste Biennial Reports

Dear Generator:

We have reviewed your 1989 Hazardous Waste Biennial Report and have found several areas that need correction. The items checked below need some clarification.

- Item XI. The name and/or ID number of the facility where you sent your hazardous waste needs filled in.
- Item XIII. The transporters you've used need to be listed here.
- Item XIV(A). A description of your waste needs filled in.
- Item XIV(B). The source code is blank or incorrect. (Please see table IV)
- Item XIV(C). The waste form code is blank or incorrect. (Please see table III).
- Item XIV(D). The EPA Hazardous Waste Code is either blank or incorrect. (See enclosure for a list of RCRA hazardous waste).
- Item XIV(E). The amount of waste needs filled in.
- Item XIV(F). A unit of measure needs to be circled.
- Item XIV(G). The density needs filled in.
- A Form WM needs to be filled out and returned

A copy of the Form G that needs corrected is enclosed. Please make the necessary corrections, sign your name and date in section XV - Comments, and return to the Indiana Department of Environmental Management to the attention of Ms. Jenny Ranck Dooley, Office of Solid and Hazardous Waste Management, 105 S. Meridian St., Indianapolis, IN 46225. Thank you.

JRD/kam

Enclosure

An Equal Opportunity Employer

TABLE III

FORM CODES

Code	Waste description	Code	Waste description
LAB PACKS		B117	Waste liquid mercury
LAB PACKS - Lab packs of mixed wastes, chemicals, lab wastes		B119	Other inorganic liquids (Specify in Comments)
B001	Lab packs of old chemicals only	ORGANIC LIQUIDS - Waste that is primarily organic and is highly fluid, with low inorganic solids content and low-to-moderate water content	
B002	Lab packs of debris only	B201	Concentrated solvent-water solution
B003	Mixed lab packs	B202	Halogenated (e.g., chlorinated) solvent
B009	Other lab packs (Specify in Comments)	B203	Nonhalogenated solvent
LIQUIDS		B204	Halogenated/nonhalogenated solvent mixture
INORGANIC LIQUIDS - Waste that is primarily inorganic and highly fluid (e.g., aqueous), with low suspended inorganic solids and low organic content		B205	Oil-water emulsion or mixture
B101	Aqueous waste with low solvents	B206	Waste oil
B102	Aqueous waste with low other toxic organics	B207	Concentrated aqueous solution of other organics
B103	Spent acid with metals	B208	Concentrated phenolics
B104	Spent acid without metals	B209	Organic paint, ink, lacquer, or varnish
B105	Acidic aqueous waste	B210	Adhesives or epoxies
B106	Caustic solution with metals but no cyanides	B211	Paint thinner or petroleum distillates
B107	Caustic solution with metals and cyanides	B212	Reactive or polymerizable organic liquid
B108	Caustic solution with cyanides but no metals	B219	Other organic liquids (Specify in Comments)
B109	Spent caustic	SOLIDS	
B110	Caustic aqueous waste	INORGANIC SOLIDS - Waste that is primarily inorganic and solid, with low organic content and low-to-moderate water content; not pumpable	
B111	Aqueous waste with reactive sulfides	B301	Soil contaminated with organics
B112	Aqueous waste with other reactives (e.g., explosives)	B302	Soil contaminated with inorganics only
B113	Other aqueous waste with high dissolved solids	B303	Ash, slag, or other residue from incineration of wastes
B114	Other aqueous waste with low dissolved solids	B304	Other "dry" ash, slag, or thermal residue
B115	Scrubber water	B305	"Dry" lime or metal hydroxide solids chemically "fixed"
B116	Leachate		

FORM CODES (Continued)

Code	Waste description
B608	Sewage or other untreated biological sludge
B609	Other organic sludges (Specify in Comments)

GASES

INORGANIC GASES - Waste that is primarily inorganic with a low organic content and is a gas at atmospheric pressure

B701 Inorganic gases

ORGANIC GASES - Waste that is primarily organic with low-to-moderate inorganic content and is a gas at atmospheric pressure

B801 Organic gases

TABLE IV

SOURCE CODES

Code	Waste source	Code	Waste source
Cleaning and Degreasing		A40	Metal forming
A01	Stripping	A41	Plastics forming
A02	Acid cleaning	A49	Other processes other than surface preparation (Specify in Comments)
A03	Caustic (Alkali) cleaning		
A04	Flush rinsing		
A05	Dip rinsing		
A06	Spray rinsing		
A07	Vapor degreasing		
A08	Physical scraping and removal		
A09	Clean out process equipment		
A19	Other cleaning and degreasing		
Surface Preparation and Finishing		One-Time and Intermittent Processes	
A21	Painting	A51	Leak collection
A22	Electroplating	A52	Leachate collection
A23	Electroless plating	A53	Cleanup of spill residues
A24	Phosphating	A54	Oil changes
A25	Heat treating	A55	Filter/Battery replacement
A26	Pickling	A56	Discontinue use of process equipment
A27	Etching	A57	Discarding off-spec material
A29	Other surface coating/preparation (Specify in Comments)	A58	Discarding out-of-date products or chemicals
		A59	Laboratory wastes
		A60	Sludge removal
		A61	Closure of waste management units or equipment
		A69	Other one-time or intermittent processes (Specify in Comments)
Processes Other than Surface Preparation		Pollution Control or Waste Treatment Processes	
A31	Product rinsing	A71	Filtering/screening
A32	Product filtering	A72	Metals recovery
A33	Product distillation	A73	Solvents recovery
A34	Product solvent extraction	A74	Incineration/Thermal treatment
A35	By-product processing	A75	Wastewater treatment
A36	Spent catalyst removal	A76	Sludge dewatering
A37	Spent process liquids removal	A77	Stabilization
A38	Tank sludge removal	A78	Air pollution control devices
A39	Slag removal	A79	Other pollution control or waste treatment (Specify in Comments)

Rully

8786-01 (Kevin Seilly/535-1145/jm)

Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
105 South Meridian Street
Indianapolis, IN 46225
Attn: Ms. Jenny Hance Dooley

Dear Ms. Dooley:

Enclosed as required is the 1989 biennial report for the
ITA/Defense National Stockpile Center New Haven Depot, New Haven,
Indiana.

Please note that in late 1988 the General Services Administration
(GSA) Casad Depot operation was transferred to the Defense
Logistics Agency (DLA). We are now called DLA/Defense National
Stockpile Center. Our operation and mission has remained the
same.

Generally, as noted in our 1987 submission, we do not generate
hazardous waste during our normal operation. It is during
repackaging project of the hazardous materials we store and
maintain that we may generate significant amounts of hazardous
waste.

This submission for 1989 however, encompasses waste materials
found in vacant buildings and structures that were left behind by
previous government tenants. They were not generated as part of
our operation but the result of cleaning out these vacant
perimeter buildings. In 1988, we did not generate any hazardous
waste.

We have for the enclosed submission, classified ourselves for
1989 as large quantity generators, due to the amount of hazardous
waste being disposed of. This as explained is unusual and we
expect that in future submissions we will return to the status of
Small Quantity Generators (SQG) or Conditionally Exempt
Generators (CEG).

DNSC-OD

PAGE 2

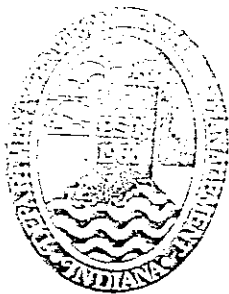
SUBJECT: Ms. Jenny Ranck Dooley

Should you have any questions or require additional information or clarification please contact Mr. Kevin Reilly of my staff on 202-535-7145.

1 Encl

KERMIT L. FRYE, JR.
Director,
Directorate of Stockpile
Operations

Official File - (OD Reillywaste/jm)
O, CI, D, N, DNSZ-HMD- Robt. Bretz



FORM I: INSTALLATION IDENTIFICATION FORM

WHO MUST COMPLETE FORM I? Every site that receives this package.

INSTRUCTIONS: Please refer to the specific instructions before completing all forms. The information requested here is required by IC 13-7-8.5-2.

I. INSTALLATION'S EPA I.D. NUMBER 1 | N | 5 | 4 | 7 | 0 | 0 | 0 | 0 | 6 | 0 | 0

II. NAME OF INSTALLATION D | L | A | / | D | N | S | C | N | E | W | H | A | V | E | N | D | E | P | O | T

III. INSTALLATION MAILING ADDRESS

Street Or P.O. Box S | T | A | T | E | R | O | U | T | E | 1 | 4

City Or Town N | E | W | H | A | V | E | N

State I | N Zip Code 4 | 6 | 7 | 7 | 4

IV. LOCATION OF INSTALLATION

Street Or P.O. Box S | T | A | T | E | R | O | U | T | E | 1 | 4

City Or Town N | E | W | H | A | V | E | N

State I | N Zip Code 4 | 6 | 7 | 7 | 4 County A | L | L | E | N

V. HAZARDOUS WASTE ACTIVITY

Mark the boxes that reflect the activities at your facility in 1989.

- *** Large Quantity Generator (G) generated 1,000 or more kg/month of RCRA hazardous waste
- Small Quantity Generator (SQG) generated between 100-1,000 kg/month of RCRA hazardous waste
- Conditionally Exempt Generator (CEG) generated less than 100 kg/month of RCRA hazardous waste
- Transporter (T) transported RCRA hazardous waste
- Treatment, Storage or Disposal Facility (TSD) operated under interim status or a final RCRA permit
- Non handler
Did not handle RCRA hazardous waste because:
 - We never generated
 - We are out of business
 - Only excluded or delisted waste

RCRA Exempt treatment, recycling or disposal was conducted in RCRA exempt units

*** This is a one time disposal of the materials listed, we are not normal generators of hazardous waste. please note letter attached with this report.

- Occasional generator (but none in 1989)
- Other (Specify in Comments)

Check to see if items II, IV, & V are identical to the information in the label on Form I. If not, please indicate why in the boxes below.

VI. STATUS CHANGES

- a. We have moved.
- b. We have changed ownership.
- c. We have changed hazardous waste activity.

** If any of the above three boxes are marked, you will need to fill out the EPA Notification of Hazardous Waste Activity Form, and return it with this packet.

- d. We have gone out-of-business.
- e. We no longer handle hazardous waste.

** If you check either of these boxes, we will deactivate your EPA ID number and you may no longer use it without renotifying U.S. EPA, Region V.

- f. We have changed our name (but not ownership).

VII. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (See Table I)

(1) Federal Gov't (2) _____ (3) _____ (4) _____

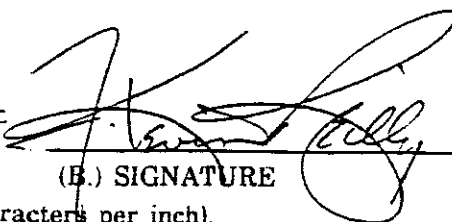
VIII. INSTALLATION CONTACT

Last Name B R O O K S	First Name F R E D	Phone (area code & no.) 2 1 9 7 4 9 - 5 9 5 3
--------------------------	-----------------------	--

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

F. Kevin Reilly, Industrial Hygienist



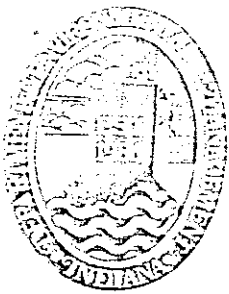
15 Dec 1989

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).



STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste or more than 2.2 lbs of acute hazardous waste.
(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER I N 5 4 7 0 0 0 0 6 0 0

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID
S P E C I A L W A S T E , I N C . T N D 0 3 4 5 4 7 1 4 1

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).
Street Or P.O. Box 1 7 1 3 L E G I O N R O A D
City Or Town A T H E N S
State T N Zip Code 3 7 3 0 3

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

GSX GOVERNMENT SERVICES, INC. MDD980554653

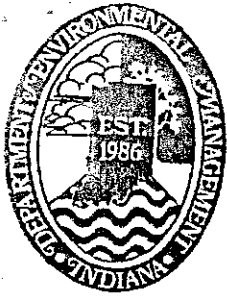
XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one)
	(C) WASTE FORM CODE			(G) DENSITY
1 Hazardous Subsatance solid ----- N.O.S. ORM-E NA9188		none	2 9 0 3	<input checked="" type="checkbox"/> T K M G L <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
2 Waste Combustible Liquid ----- N.O.S. Combustible liquid		none	1 0	P T K M <input checked="" type="checkbox"/> L <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
3 Hazardous Substance Solid ----- N.O.S. ORM-E NA9188		none	2 0 0	<input checked="" type="checkbox"/> T K M G L <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
4 Waste DDT, ORM-A NA 2761 -----		F002	4 7 2	<input checked="" type="checkbox"/> T K M G L <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (49 characters or less)	(B) SOURCE CODE		(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE	
	(1)	(2)			(1)	(2)
Waste Zinc Phosphide			P122		<input checked="" type="checkbox"/> P	T K M G L
Poison B UN1714				6 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste combustible liquid			none		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
N.O.S. NA1993				2 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Combustible liquid			none		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
N.O.S. NA1993				5 5	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
NON REGULATED SOLID			none		<input checked="" type="checkbox"/> P	T K M G L
				1 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
NON REGULATED SOLID			none		<input checked="" type="checkbox"/> P	T K M G L
				5 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Combustible Liquid			D001		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
N.O.S. NA1993				5 5 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Flammable Solid			D001		<input checked="" type="checkbox"/> P	T K M G L
N.O.S. UN1325				3 7 2 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Flammable Liquid			D001		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
N.O.S. UN 1993				5	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
NON REGULATED SOLID			NONE		<input checked="" type="checkbox"/> P	T K M G L
				4 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Paint Related Material			D001		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
Flammable Liquid NA 1263				2 5	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
Waste Paint Related Material			none		<input type="checkbox"/> P	T K M <input checked="" type="checkbox"/> G L
Combustible Liquid NA 1263				1 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
NON REGULATED SOLID			none		<input checked="" type="checkbox"/> P	T K M G L
				8 5	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
NON REGULATED SOLID			none		<input checked="" type="checkbox"/> P	T K M G L
				5 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq
WASTE Flammable Solid			D001		<input checked="" type="checkbox"/> P	T K M G L
N.O.S. UN 1325				4 0	<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sq

Waste Description				Quantity	Unit	Hazard Codes	Regulation
Waste Flammable Liquid						D001	<input checked="" type="checkbox"/> L
N.O.S. UN 1993				10	lbs/gal		
NON REGULATED SOLID						none	<input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED SOLID				8	lbs/gal		
NON REGULATED SOLID						none	<input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED SOLID				325	lbs/gal		
Waste Combustible Liquid						none	<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input checked="" type="checkbox"/> G <input type="checkbox"/> L
N.O.S. NA 1993				5	lbs/gal		
NON REGULATED LIQUID						none	<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input checked="" type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID				120	lbs/gal		
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
NON REGULATED LIQUID							<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> L
NON REGULATED LIQUID							<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg



STATE OF INDIANA
BIENNIAL REPORT 1989

FORM WM: WASTE MINIMIZATION FORM

EPA I.D. #: IN5470000600
NAME: DLA/DNSC NEW HAVEN DEPOS

WHO MUST COMPLETE FORM WM? SECTION A: All large quantity generators.
SECTION B: Generators that engaged in an activity that resulted in waste minimization.

A.

- (1) Did this site create or expand a source reduction program during 1988 or 1989? Yes No
- (2) Did this site create or expand a recycling program during 1988 or 1989? Yes No
- (3) Did this site conduct a source reduction and/or recycling opportunity assessment during 1988 or 1989? Yes No
- (4) Do you plan to develop on-site RCRA-exempt treatment, recycling, or disposal? Yes No
- (5) What factors have delayed or prevented this site from implementing new source reduction activities during 1988 or 1989?
(CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> 01 Insufficient capital to install new source reduction equipment or implement new source reduction practices. | <input type="checkbox"/> 04 Concern that product quality may decline as a result of source reduction. |
| <input type="checkbox"/> 02 Lack of technical information on source reduction techniques applicable to my specific production processes. | <input type="checkbox"/> 05 Technical limitations of the production processes. |
| <input type="checkbox"/> 03 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment. | <input type="checkbox"/> 06 Permitting burdens. |
| | <input checked="" type="checkbox"/> 07 Other (Specify) <u>DO NOT NORMALLY GENERATE</u> |

- (6) What factors have delayed or prevented this site from implementing on-site or off-site recycling activities during 1988 or 1989?
(CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> 01 Insufficient capital to install new recycling equipment or implement new recycling practices. | <input type="checkbox"/> 07 Technical limitations of product processes inhibit shipments off site for recycling. |
| <input type="checkbox"/> 02 Lack of technical information on recycling techniques applicable to this site's specific production processes. | <input type="checkbox"/> 08 Technical limitations of production processes inhibit on-site recycling. |
| <input type="checkbox"/> 03 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment. | <input type="checkbox"/> 09 Permitting burdens inhibit recycling. |
| <input type="checkbox"/> 04 Concern that product quality may decline as a result of recycling. | <input type="checkbox"/> 10 Lack of permitted off-site recycling facilities. |
| <input type="checkbox"/> 05 Requirements to manifest wastes inhibit shipments off site for recycling. | <input type="checkbox"/> 11 Unable to identify a market for recyclable materials. |
| <input type="checkbox"/> 06 Financial liability provisions inhibit shipments off site for recycling. | <input checked="" type="checkbox"/> 12 Other (Specify) <u>DO NOT NORMAL GENERATE HAZARDOUS WASTE</u> |

Inter-Office Memorandum

IN REPLY
REFER TO DNSZ-HMD (Robert H. Bretz/(FTS)370-5383/sc)

7 Dec 89

SUBJECT: Indiana Department of Environmental Management
(IDEM), Hazardous Waste Biennial Reports

TO: DNSC-0

1. Confirming our phone conversation of 7 December 1989, I am forwarding the IDEM forms to you for processing.
2. Our disposals of hazardous waste continue to be sporadic and will soon be non-existent when a few more major projects have been completed. At that time, we should be classified as a "Conditionally Exempt Generator" (CEG) or a "Non Handler".

Encl


ROBERT H. BRETZ
Zone Administrator



GSX Government Services, Inc.
P.O. Box 909
1713 Legion Road
Athens, TN 37303
(615) 745-9222

December 6, 1989

ONSC New Haven Depot
Route 14
New Haven, Indiana 46774

ATTN: Wayne Long

Re: Waste disposal at Special Waste, Inc.
EPA Identification Number TND 034 547 141

Dear Mr. Long:

This letter acknowledges that SWI, a division of GSX Government Services, Inc., is permitted for and will accept the waste described below for storage at our Athens, Tennessee facility. Final acceptance of any material is subject to confirmation with the waste as described on the profile sheet.

GENERATOR EPA ID NUMBER IN5470000600

GENERAL DESCRIPTION	APPROVAL NO.	EPA WASTE CODE
1. Cleaner/Degreaser	600001	None
2. Asbestos	600002	None

PLEASE NOTE: This approval is based on the information supplied to us. A copy of the base information we reviewed, signed by your representative is attached. If you become aware of any changes to this information, please notify our representative.

If you have any questions, please do not hesitate to call us at (615) 745-9222.

Sincerely,

Debra D. West
Waste Analysis Director

DDW/wsw
Enclosures



SPECIAL WASTE, INC.
P.O. BOX 909
ATHENS, TN 37303

SWI USE ONLY

Date Received

12-4-89

AP#

600002

R

RP

GENERATOR WASTE CHARACTERIZATION REPORT (Separate report required for each waste stream)

INSTRUCTIONS: Please complete all applicable sections of this report. Print legibly or use a typewriter. If shipping by U.S. Postal Service send to the address above, if shipping by UPS or an express service send to: Special Waste, Inc., Old Niota Road, Athens, TN 37303, Attn: Lab. Supply a representative one-pint sample of the waste. Do not ship waste for disposal until the generator has received an approval letter from Special Waste, Inc.

Facility Information

US EPA ID# IN5470000600
Company Name DNSC NEW HAVEN DEPOT
Plant etc. _____
Address ROUTE 14
City, State, Zip NEW HAVEN TN 37674
Contact Person WAYNE LONG
Telephone (AC) 317-543-6618 (Ext) _____

Business/Mailing Information

Business/Plant Name GSX GOVT SERVICES INC.
Address P.O. BOX 140
City, State, Zip SAUKVILLE WI 53080
Contact Lee BOSH Phone (414) 284-3427

Waste Characterization

Waste Common Name ASBESTOS

Description of process generating this waste: OLD BRAKES, BLAPPE WRAP, AND ASBESTOS DEBRIS

Constituent Composition Information (include all hazardous constituents)

Major Constituents (Specify %)

ASBESTOS 85 to 95%
METAL 1 to 5%
PIAT TAPE 5 to 10%

Metals TOTAL (PPM) EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As) <5 SELENIUM (Se) <1 MERCURY (Hg) <2
BARIUM (Ba) <100 SILVER (Ag) <5 LEAD (Pb) <5
CADMIUM (Cd) <1 COPPER (Cu) <5 ZINC (Zn) <5
CHROMIUM (Cr) <5 NICKEL (Ni) <5 THALLIUM (Tl) <5
OTHER _____

Is this waste a Land Ban material? Yes No

Have you supplied SWI with a representative sample of this waste?

Yes No MSDS Analysis Attached Yes No

RCRA INFORMATION

Is this a USEPA hazardous waste? Yes No

Please give USEPA hazardous waste codes:

U001

Describe nature of reactivity if D003 waste: _____

SHIPPING INFORMATION

PROPER SHIPPING NAME HAZARDOUS SUBSTANCE SOLID, U.O.S.
HAZARD CLASS ORM-E ID# NA 9188 R/Q 1
ANTICIPATED VOLUME 26 DRUMS _____ GAL. _____ YDS. 3.532 LBS.

Specify type and size of container: 55 GALLON DRUMS + WOODEN CRATE
PER: ONE TIME WK. MO. QTR. YR. OTHER _____

GENERAL CHARACTERISTICS (at 70°F unless otherwise specified)

COLOR GREY TO DARK LIQUID _____ % FREE PHASES SOLID
ODOR _____ SOLID NONE
 NONE STRONG SLUDGE TWO
 MILD POWDER MULTI-LAYER

Reactive NO Pyrophoric NO
 Explosive Strong Oxidizer NO
 Shock sensitive Auto Ignitable
 FREE CYANIDE _____ ppm FREE SULFIDE _____ ppm
REACTIVE WITH _____ PCB's _____ ppm conc.

SPECIFIC GRAVITY <input type="checkbox"/> < 0.8 <input type="checkbox"/> 1.4-1.7 <input checked="" type="checkbox"/> 0.8-1.0 <input type="checkbox"/> > 1.7 <input type="checkbox"/> 1.0-1.2 <input type="checkbox"/> _____ <input type="checkbox"/> 1.2-1.4 Actual	VISCOSITY <u>SOLID</u> <input type="checkbox"/> THIN <input type="checkbox"/> MEDIUM <input type="checkbox"/> THICK <input type="checkbox"/> STICKY	ASH (% WT.) <input type="checkbox"/> < 0.1 <input type="checkbox"/> 0.1-1.0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-20 <input type="checkbox"/> _____ <input checked="" type="checkbox"/> > 20 Actual	TOTAL SOLIDS (% WT.) <input type="checkbox"/> < 0.5 <input checked="" type="checkbox"/> > 20 <input type="checkbox"/> 0.5-2.0 <input type="checkbox"/> _____ <input type="checkbox"/> 2-5 Actual <input type="checkbox"/> 5-20	pH <input type="checkbox"/> < 2 <input type="checkbox"/> > 12.5 <input type="checkbox"/> 2-6 <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 6-8 Actual <input type="checkbox"/> 8-10 <input type="checkbox"/> _____ <input type="checkbox"/> 10-12.5 Constituent	BTU's 1000/lbs. <input checked="" type="checkbox"/> < 1 <input type="checkbox"/> 8-12 <input type="checkbox"/> 1-4 <input type="checkbox"/> 12-16 <input type="checkbox"/> 4-8 <input type="checkbox"/> > 16 Actual
---	--	--	--	---	---

FLASH POINT (closed cup)
 < 60°F
 61°-100°F > 200°F
 101°-140°F _____
 141°-199°F Actual

SULFUR (% W.T.)
 < 0.5 > 5
 0.5-2.0 _____
 2-5 Actual

NSN# _____ CODE# _____
CAS# _____
CLIN# 6007 GSXRU, GSXPW

Certification I certify that all information on this form is complete and factual (including attached information) and is an accurate representation of the known and suspected hazards of the waste to be disposed.

Name AIARON PETRI
Print or Type
Aaron Petri

Title FIELD CHEMIST
Date 12-1-89



SPECIAL WASTE, INC.
P.O. BOX 909
ATHENS, TN 37303

SWI USE ONLY		A	R
Date Received	12-4-89	AP#	600001
K.R.			

GENERATOR WASTE CHARACTERIZATION REPORT (Separate report required for each waste stream)

INSTRUCTIONS: Please complete all applicable sections of this report. Print legibly or use a typewriter. If shipping by U.S. Postal Service send to the address above, if shipping by UPS or an express service send to: Special Waste, Inc., Old Niota Road, Athens, TN 37303, Attn: Lab. Supply a representative one-pint sample of the waste. Do not ship waste for disposal until the generator has received an approval letter from Special Waste, Inc.

Facility Information

US EPA ID# IN5470000600
Company Name ONSC NEW HAVEN DEPOT
Plant etc. _____
Address ROUT 14
City, State, Zip NEW HAVEN, IN 46774
Contact Person WAYNE LONG
Telephone (AC) 317-543-6618 (Ext) _____
Waste Characterization 2621
Waste Common Name CLEAVER / DEG REASER

Business/Mailing Information

Business/Plant Name GSX GOVT. SERVICES, IN
Address PO. BOX 140
City, State, Zip SAUKVILLE, WI 53080
Contact LEE BOSCH Phone (414) 284-340

Constituent Composition Information (include all hazardous constituents)

Major Constituents (Specify %)
SOLVENTS 60 - 95 %
FUEL ADDITIVES 10 - 30 %
GREASE 25 - 40 %

Description of process generating this waste: USED IN
DEGREASING OPERATION'S

Is this waste a Land Ban material? Yes No

Have you supplied SWI with a representative sample of this waste?
 Yes No MSDS Analysis Attached Yes No

Metals	TOTAL (PPM)	EPA EXTRACTION PROCEDURE (mg/L)			
ARSENIC (As)	<5	SELENIUM (Se)	<1	MERCURY (Hg)	<.2
BARIUM (Ba)	<100	SILVER (Ag)	<5	LEAD (Pb)	<5
CADMIUM (Cd)	<5	COPPER (Cu)	<5	ZINC (Zn)	<5
CHROMIUM (Cr)	<5	NICKEL (Ni)	<5	THALLIUM (Tl)	<1
		OTHER			

RCRA INFORMATION

Is this a USEPA hazardous waste? Yes No

Please give USEPA hazardous waste codes:
NONE

Describe nature of reactivity if D003 waste: _____

SHIPPING INFORMATION "RQ" 100

PROPER SHIPPING NAME WASTE COMBUSTIBLE LIQUID NO.3.
HAZARD CLASS COMBUSTIBLE LIQ. N/A 1993 R/Q NOVE
ANTICIPATED VOLUME 1 DRUMS 5 GAL. _____ YDS. _____ LBS.
Specify type and size of container: 1.5 GALLON BUCKET METAL
PER: ONE TIME WK. MO. QTR. YR. OTHER

GENERAL CHARACTERISTICS (at 70°F unless otherwise specified)

COLOR VANZES TO DARK LIQUID 95 % FREE PHASES ONE
ODOR STRONG SOLID NONE TWO MULTI-LAYER
 NONE STRONG SLUDGE
 MILD POWDER

Reactive Explosive Shock sensitive FREE CYANIDE _____ ppm
 Pyrophoric Strong Oxidizer N/A Auto Ignitable FREE SULFIDE _____ ppm
 REACTIVE WITH _____ PCB's _____ ppm conc.

SPECIFIC GRAVITY <input type="checkbox"/> <0.8 <input type="checkbox"/> 0.8-1.0 <input type="checkbox"/> 1.0-1.2 <input type="checkbox"/> 1.2-1.4 <input type="checkbox"/> 1.4-1.7 <input type="checkbox"/> >1.7	VISCOSITY <input checked="" type="checkbox"/> THIN <input type="checkbox"/> MEDIUM <input type="checkbox"/> THICK <input type="checkbox"/> STICKY	ASH (% WT.) <input type="checkbox"/> <0.1 <input checked="" type="checkbox"/> 0.1-1.0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-20 <input type="checkbox"/> >20	TOTAL SOLIDS (% WT.) <input checked="" type="checkbox"/> <0.5 <input type="checkbox"/> >20 <input type="checkbox"/> 0.5-2.0 <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-20	pH <input type="checkbox"/> <2 <input type="checkbox"/> 2-6 <input checked="" type="checkbox"/> 6-8 <input type="checkbox"/> 8-10 <input type="checkbox"/> 10-12.5 <input type="checkbox"/> >12.5	BTU's 1000/lbs. <input type="checkbox"/> <1 <input type="checkbox"/> 1-4 <input type="checkbox"/> 4-8 <input checked="" type="checkbox"/> 8-12 <input type="checkbox"/> 12-16 <input type="checkbox"/> >16
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FLASH POINT (closed cup) <input type="checkbox"/> <60°F <input type="checkbox"/> 61°-100°F <input type="checkbox"/> 101°-140°F <input checked="" type="checkbox"/> 141°-199°F	SULFUR (% WT.) <input checked="" type="checkbox"/> <0.5 <input type="checkbox"/> 0.5-2.0 <input type="checkbox"/> >5	NSN# _____ CODE# _____ CAS# _____ CLIN# <u>2310</u> <u>Syst</u>
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Certification I certify that all information on this form is complete and factual (including attached information) and is an accurate representation of the known and suspected hazards of the waste to be disposed.

Name AARON PETRY Title FIELD CHEMIST
Aaron Petry Date 12-1-89



PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **IN-5-47-0-00-06-00** Manifest Document No. **9-730-1**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
**DNSC NEW HAVEN DEPOT ROUT 14
NEW HAVEN, IN 46774**

A. State Manifest Document Number
INA 0383692

4. Generator's Phone **(317) 543-6618**

B. State Generator's ID

5. Transporter 1 Company Name
GSX SERVICES INC.

C. State Transporter's ID

6. Use EPA ID Number
M.D.D. 9-8-0-5-5-4-6-5-3

D. Transporter's Phone
(803) 798-2993

7. Transporter 2 Company Name

E. State Transporter's ID

8. Use EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address
**SPECIAL WASTE, INC.
PO 1713 LEGION ROAD
ATHENS, TN 37303**

G. State Facility's ID

10. Use EPA ID Number
T.N.D. 0-3-4-5-4-7-1-4-1

H. Facility's Phone
(615) 745-9222

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt./Vol. 15. Waste No.

a. **RQ1 HAZARDOUS SUBSTANCE SOLID, N.O.S., ORM-E NA 9188**

0-2-1 D.M. 0-2-9-0-3 P NONE

b. **HAZARDOUS WASTE COMBUSTIBLE LIQUID, N.O.S. COMBUSTIBLE LIQUID**

0-0-2 D.M. 0-0-0-1-0 G NONE

c. **RQ1 HAZARDOUS SUBSTANCE SOLID, N.O.S., ORM-E NA 9188**

0-0-2 C.W. 0-0-2-0-0 P NONE

d.

J. Additional Descriptions for Materials Listed Above
**A) 600000
B) 600000
C) 600000
TRUCK # C03 PO # CM**

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
**SEND ALL CORRESPONDENCE AND BILLING TO:
GSX, INC., PO BOX 140, SAUKVILLE, WI 53080**

DLA 200-89-D-0032 PO # 73

16. GENERATOR'S CERTIFICATION: 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 large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, 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.

Printed/Typed Name
WAYNE LONG/COR

Signature
Wayne Long Date
Month Day Year
12 07 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Charlie Martin

Signature
Charlie Martin Date
Month Day Year
12 07 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature
Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.
Printed/Typed Name
Signature
Date
Month Day Year

National Response Center at 800/424-8802 or 202/426-2675.

INA 0383692



GSX Government Services, Inc.
P.O. Box 140
902 South Main Street
Saukville, WI 53080
(414) 284-3427

MANIFEST #: INAD383692

OMB STATEMENT 1320.21 - AGENCY DISPLAY OF ESTIMATED BURDEN

Public reporting burden for the collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.



Generator Name/Location: DNSC New Haven Depot, New Haven, I.N.D.

EPA ID Number: IN5470000600 Manifest Number: INA0383692

Drum Number, Waste Profile or ARF Number	Category No.	State EPA Waste Number(s)	Corresponding Treatment Standard/ Applicable Variance/Other Information
600001	1	None	Combustible liquid.
600002	1	None	Asbestos

SIGNATURE: Wayne Long DATE: 12-07-89
 PRINT NAME: WAYNE LONG TITLE: COR

ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED! September 23, 1988

* For Treatment Standards Expressed as Concentration, Please Enter the Legend Number from the Legend Below for the Constituents contained in the Waste.

LEGEND FOR TREATMENT STANDARDS EXPRESSED AS CONCENTRATION
TABLE CCWE-CONSTITUENTS IN WASTE EXTRACT

Legend #	Constituent Name	Concentration (in mg/l)		Legend #	Constituent Name	Concentration
		Waste Water Containing Spent Solvents	All other Spent Solvent Wastes			
1	Acetone.....	0.05	0.59	27	HxCDD-All Hexachlorodibenzo-p-dioxins.....	1 ppb
2	n-Butyl alcohol.....	5.0	5.0	28	HxCDF-All Hexachlorodibenzofurans.....	1 ppb
3	Carbon disulfide.....	1.05	4.81	29	PeCdd-All Pentachlorodibenzo-p-dioxins.....	1 ppb
4	Carbon tetrachloride.....	.05	.96	30	PeCDF-All Pentachlorodibenzofurans.....	1 ppb
5	Chlorobenzene.....	.15	.05	31	TCDD-All Tetrachlorodibenzo-p-dioxins.....	1 ppb
6	Cresols (and cresylic acid).....	2.82	.75	32	TCDF-All Tetrachlorodibenzofurans.....	1 ppb
7	Cyclohexanone.....	.125	.75	33	2,4,5-Trichlorophenol.....	0.05 ppm
8	1,2-dichlorobenzene.....	.65	1.25	34	2,4,6-Trichlorophenol.....	0.05 ppm
9	Ethyl acetate.....	.05	.75	35	2,3,4,6-Tetrachlorophenol.....	0.10 ppm
10	Ethyl benzene.....	.05	.053	36	Pentachlorophenol.....	0.01 ppm
11	Ethyl ether.....	.05	.75			
12	Isobutanol.....	5.0	5.0			
13	Methanol.....	.25	.75			
14	Methylene chloride.....	.20	.96			
15	Methylene chloride (from the pharmaceutical industry).....	12.7	.96			
16	Methyl ethyl ketone.....	0.05	0.75			
17	Methyl isobutyl ketone.....	0.05	0.33			
18	Nitrobenzene.....	0.66	0.125			
19	Pyndine.....	1.12	0.33			
20	Tetrachloroethylene.....	0.079	0.05			
21	Toluene.....	1.12	0.33			
22	1,1,1-Trichloroethane.....	1.05	0.41			
23	1,2,2-trichloro-1,2,2- trifluoroethane.....	1.05	0.96			
24	Trichloroethylene.....	0.062	0.091			
25	Trichlorofluoromethane.....	0.05	0.96			
26	Xylene.....	0.05	0.15			

(Continued on following pages)

CUSTOMER NOTIFICATION AND CERTIFICATION



ONLY STATEMENTS WITH ORIGINAL SIGNATURES WILL BE ACCEPTED!

Generator Name/Location: DNSC New Haven Depot, New Haven, INEPA ID Number: IN 5470000600Waste Profile or ARF Number: 600002Manifest Number: INA 0383692EPA Hazardous Waste Number(s): (None) ()Waste Analysis Available? Yes No If yes, please attach copy. Unrestricted Waste Notification (Category 1)

I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

 Restricted Waste Notification (Category 2)

I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D.

—(2A) Waste must be treated by the appropriate regulatory treatment standard or in such a manner which renders it non-liquid by chemical fixation or solidification prior to land disposal. Corresponding treatment standard _____

—(2B) Waste is subject to 40 CFR 268.7(a)(4) and landfilling or placing in a surface impoundment is not allowed unless conditions of category 5 below are met.

 Restricted Waste Variance Certification/Notification (Category 3)

I notify pursuant to 40 CFR 268.7(a)(3) and certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Applicable Variance: _____

 Treated Waste Certification (Category 4)

I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

 Soft Hammer Waste Certification (Category 5)

—(5A) I certify under penalty of law that the requirements of 40 CFR 268.8(a)(1) have been met and that disposal in a landfill or surface impoundment is the only practical alternative to treatment currently available. I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

—(5B) I certify under penalty of law that the requirements of 40 CFR 268.8(a)(1) have been met and that I have contracted to treat my waste (or will otherwise provide treatment) by the practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

—(5C) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with treatment as specified in the generator's demonstration. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

 Restricted Waste Notification (Category 6)

I notify that I have personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does comply with the treatment standards specified in 40 CFR 268, Subpart D.

SIGNATURE: Wayne Long DATE: 12-07-89PRINT NAME: WAYNE LONG TITLE: CoR

SUPPLEMENTAL DOCUMENT TO BLOCK J

MANIFEST I I N A O 3 8 3 6 9 2

F. E. M.	CLIN NUMBER	HIN NUMBER	ITEM DESCRIPTION	I OF CONT.	VOL./
A	0060	6007	ASBESTOS BRAKE LININGS		403 LB
	0061	6011	CONTAINER 55 GALLON DRUM	1	
	0064	6007	ASBESTOS DEBRIS		2000 LB
	0065	6011	CONTAINER 55 GALLON DRUM	12	
			ASBESTOS		500 LB
			CONTAINER 55 GALLON DRUM	8	
B	⁰⁰⁰³ 0001	-2310	CLEANER / DEGREASER		10 GL
	⁰⁰⁰⁴ 0002	1201	CONTAINER 5 GALLON CAN	2	
C	0062	6007	ASBESTOS PIPE WRAP		200 LB
	0063	6011	4X4 CRATES	2	

CONTRACT/D.O. IDLA 200-89-D-0032 NO. 73

CSX GOVERNMENT SERVICES, INC.

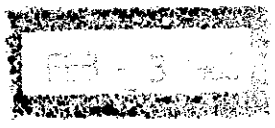
C.O.R.

SIGNATURE *Alan DeFuria*

SIGNATURE *or give long*

DATE 12/7/89

DATE 12-07-89



Dear Ms. Magee:

In response to your memorandum of January 1988 regarding the Hazardous Waste Biennial Report, the General Services Administration (GSA), Office of National Defense Stockpile (NDS) is submitting a brief explanation of our organization to assist you in your evaluation of our operation and the generators biennial report as required.

The National Defense Stockpile (NDS) is a unique and specialized organization of the Federal Government assigned the task of procuring, storing and maintaining strategic and critical materials for National Defense. Several of the materials being stored and maintained by the National Defense Stockpile are considered toxic, some are hazardous or carcinogenic and some are naturally radioactive. Since part of our mission is maintaining these materials indefinitely, the proper packaging and storage configuration of these materials are essential to maintain the purity and stability of the materials under our purview. To accomplish this mission numerous repackaging projects are necessary and this is where our normal warehousing and maintenance operation is transformed from routine into a hazardous waste generator. Generally speaking however, if NDS does not schedule a repackaging project at a specific facility, that facility will not generate a hazardous waste.

A good example of this is the Casad Depot, New Haven, IN. In 1985 during a spring clean up of the various structures at this depot, we discovered approximately 100 containers of waste and unused pesticides left behind from the previous tenants. Once we properly repackaged these materials for disposal, we obtained our Environmental Protection Agency (EPA) identification number and properly disposed of this material per EPA requirements, therefore during the year of 1985 we did generate a hazardous waste. During 1986 and 1987 however, we did not generate any hazardous waste covered under the Resource Conservation and Recovery Act (RCRA). As you can understand, due to our unique operation, this facility is not a constant hazardous waste generator thus for reporting purposes in any given year this facility may not have anything to report.

The National Defense Stockpile is undertaking numerous other environmental activities to comply with the requirements of the States and Federal environmental statutes. In FY 1987, the NDS removed and replaced 11 PCB transformers covered under the Toxic Substance Control Act (TOSCA) and in FY 88, we have initiated the contract preparation for the removal, replacement and consolidation of thirteen (13) underground storage tanks located at this facility. Upon the completion of this project only double walled fiberglass tanks with monitoring systems will be housed at this facility.

As you can see, the National Defense Stockpile is making a concerted effort to reduce and minimize the generation of hazardous waste at our facilities and is striving for total compliance with Environmental Protection Agency's present and future requirements.

Enclosed, as required, is our Biennial Generators Report for 1987. Should you have any questions or require additional information please contact Mr. Kevin Reilly of my staff on 202/535-7145.


Sincerely,
/s/ J. Wayne Kulig

~~J. Wayne Kulig~~
J. WAYNE KULIG
Assistant Commissioner
Office of National Defense Stockpile

Ms. Jane Magee
Assistant Commissioner
Office of Solid and Hazardous Waste Management
Indiana Department of Environmental Management
105 South Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015

Enclosure

cc: Official File - DNO
D, DN, DNO, DN-5

Concurrence  -----SPY-----
Robert O'Brien

DNO:KREILLY:srm:535-7145:1-25-88

WASTE MINIMIZATION STATEMENT
1987 HAZARDOUS WASTE BIENNIAL REPORT

This report is for the calendar year ending December 31, 1987.

The Hazardous and Solid Waste Amendments of 1984 and Indiana Rule 320 IAC 4.1-10-2(b) require all generators of hazardous waste to provide information with respect to waste minimization as part of their biennial report. The following information is being required to satisfy that requirement:

Generator's EPA I.D. No. IN5470000600

Waste Minimization

Describe in the space below your efforts, undertaken during calendar year 1987, to reduce the volume and toxicity of the hazardous waste which your business generates. Also, describe changes in waste volume and toxicity actually achieved during 1987 in comparison to previous years, to the extent possible.

** SEE DESCRIPTION IN COVER LETTER **

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, 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.

F. KEVIN REILLY
Print/Type Name

INDUSTRIAL HYGIENIST
Title

F. Kevin Reilly
Signature

1/22/88
Date Signed

STATE OF INDIANA

FORM E:

RECEIVED BY MAIL
 ENVIRONMENTAL MANAGEMENT
 DEPARTMENT
 105 SOUTH MERIDIAN STREET
 STATE OFFICE 14
 INDIANAPOLIS, IN 46206

S.

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2.

I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 19 87

FORM G:

GENERATOR BIENNIAL REPORT

FORM F:

FACILITY BIENNIAL REPORT

DID NOT GENERATE/TSD HAZARDOUS

SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE

GENERATE LESS THAN 100 Kg PER MONTH

GENERATE BETWEEN 100 & 1000 Kg PER MONTH

II. INSTALLATION'S EPA I.D. NUMBER IN5470000600

III. NAME OF INSTALLATION GISA-FPRL CASIAD DEPOT

IV. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX SITATE ROUTE 114

CITY OR TOWN NEW HAVEN

STATE IN

ZIP CODE 46714

V. LOCATION OF INSTALLATION

STREET OR P.O. BOX SITATE ROUTE 114

CITY OR TOWN NEW HAVEN

STATE IN

ZIP CODE 46714

COUNTY ALLEN COUNTY

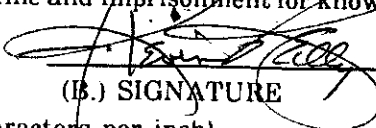
VI. INSTALLATION CONTACT

Last Name	First Name	Phone (area code & no.)
<u>BROOKS</u>	<u>FRID</u>	<u>2191749-9544</u>

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

F. KEVIN REILLY, INDUSTRIAL HYGIENIST



1/22/88

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

PAGE 1 OF 1

DEFENSE LOGISTICS AGENCY
Inter-Office Memorandum

IN REPLY
REFER TO DNSZ-HMD (Robert H. Bretz/(219) 937-5383/sc)

09 Apr 90

SUBJECT: Evaluation of CERCLA Preliminary
Assessment of the New Haven Depot

TO: DNSC-OD
ATTN: Kevin Reilly

1. A letter dated 27 March 1990 from the United States Environmental Protection Agency (EPA) was received at the New Haven Depot (see enclosure).
2. The letter advises that the EPA, Region 5 in Chicago, Illinois, has reviewed the Preliminary Assessment for New Haven. Their evaluation is that, "No Further Remedial Action Planned (NFRAP)", at this time.
3. The fact that the Hazard Ranking System (HRS) scores are not releasable, doesn't give us any kind of baseline information, doesn't tell us much. What is your recommendation?

Encl


ROBERT H. BRETZ

Zone Administrator
Defense National Stockpile Zone (HMD)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

Mr. Frederick Brooks
Depot Manager
Defense Logistics Agency
New Haven Depot
State Route 14
New Haven, IN 46774

MAR 27 1990

Re: Evaluation of CERCLA Preliminary Assessment

Dear Mr. Brooks:

This letter is to inform you that the United States Environmental Protection Agency's (EPA) Region V Office has reviewed the Preliminary Assessment (PA) for your federal facility listed on the Federal Agency Hazardous Waste Compliance Docket.

The PA is generally a low-cost evaluation intended to give as full and complete a picture of the site with existing information. It attempts to evaluate the magnitude of the potential hazard and identify the source and nature of the release. The basis of the PA helps the region determine whether a site merits further action or not. Part of the analysis is to score the site using a mathematical model called the Hazard Ranking System (HRS). The Revised HRS assigns risk values for four possible routes of exposure. These routes are ground water, surface water, air, and on-site human exposure. The indicator score, which is the total sum of these routes, usually must equal 25 or greater to proceed further at any point of our investigation. At the PA stage we calculate a prescore using data on hand and a projected score assuming that more data can be obtained through sampling and file searches. PAs are prioritized into three categories:

1. High - An HRS Score of 25 for both the pre-and projected scores
2. Medium - An HRS Score of less than 25 but a projected score of greater than 25
3. No Further Remedial Action Planned (NFRAP) - no reasonable potential score could be attained due to restrictions in the HRS or lack of hard data.

At the completion of the PA, the decision to proceed with a Screening Site Inspection (SSI) is made. The SSI builds on the information obtained during the PA and includes on-site observations and sampling. The SSI will better

Defense Logistics Agency

characterize the problem to see if there is an immediate danger to the public and will provide sufficient data to aid in deciding if the site should be recommended for a more extensive investigation. The same process of preparing a pre- and projected HRS score is done at the completion of the SSI.

EPA has determined that No Further Remedial Action Is Planned (NFRAP) for your facility. Please be aware, however, that when we designate a site as NFRAP, we are not completely closing our files on the site. If new information develops, we will review it and recalculate the HRS scores and, if appropriate, proceed to the next phase of the investigation. This classification does not preclude the state from taking action to remediate the site. Please be advised that these HRS scores are not releaseable due to their draft nature.

If you have any questions, feel free to call Don Josif, Site Assessment Manager, at 312-886-0393.

Sincerely yours,



William Messenger, Chief
Pre-Remedial Unit

cc: Harry Atkinson, Chief
Site Investigation Section
Office of Solid and Hazardous Waste
Indiana Department of Environmental Management
Indianapolis, IN 46206-6015

bcc: Don Josif, Site Assessment Manager

MAR 23 1988

Dear Mr. Atkinson:

Pursuant to the requirements of Section 120, of the Superfund Amendments and Reauthorization Act (SARA), the National Defense Stockpile (NDS) is submitting a Preliminary Assessment and associated reports for the NDS Casad Depot, New Haven, Indiana.

In order for you to better evaluate this Preliminary Assessment and the addendums enclosed, the following information is provided.

The National Defense Stockpile is a unique and specialized service of the Federal Government assigned the mission of procuring, storing and maintaining strategic and critical materials needed for National Defense. Several of the commodities under our purview are hazardous, toxic, carcinogenic and radioactive. In light of the inherent hazardous nature of these materials and the long-term storage requirements, repackaging projects are essential to insure the integrity of the containers and their continued acceptability for transportation. It is during these repackaging projects that the NDS generate hazardous waste.

In response to section 120 of SARA, and the listing of this facility in the EPA docket (RCRA 3010 - February 12, 1988) the following is a brief summary of our actions.

The appearance of this facility on the EPA Docket was a result of our obtaining an EPA identification number for the proper removal, packaging and disposal of pesticides and herbicides that were left behind from the previous tenants at this facility (See attachment 1). Upon discovery of these unwanted defoliant, we properly "lab packaged" them for disposal and transported the material via Government bill of lading to an EPA approved disposal facility in the State of Ohio with State concurrence (See attachments 1 and 2).

I hope this brief summary of our operation, the information provided in the Preliminary Assessment and the explanation of our pesticide/herbicide disposal action satisfy the requirements of section 120 of SARA, and you reach the conclusion that no further remedial or corrective action is necessary at this site.

Please provide your concurrence that the information provided and the corrective action taken at this site meets your regulatory requirements.

Should you have any further questions please feel free to contact Mr. Kevin Reilly of my staff at (202) 535-7145.

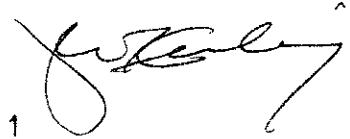
Sincerely,

/s/ J. Wayne Kulig

J. WAYNE KULIG
Assistant Commissioner
Office of National Defense Stockpile

Indiana Department of Environmental Management
105 South Meridan Street
Indianapolis, Indiana 46225
ATTN: Mr. Harry Atkinson

USEPA Region 5
Emergency and Remedial Response Branch 5HR-11
ATTN: Jennie Griffin
230 S Dearborne Street
Chicago, IL 60604



Bill Franz
Federal Facilities Coordinator
USEPA Region 5
230 South Dearborne Street
Chicago, IL 60604

Enclosures

cc: Official File - DNO
D, DN, DNO, PMS -SAFETY AND ENVIRONMENTAL BRANCH
DN-5
DN-5 NEW HAVEN DEPOT ATTN: FRED BROOKS

Dear Ms. Griffin:

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Please provide your concurrence that the information provided and the corrective action taken at this site meets your regulatory requirements.

Should you have any further questions please feel free to contact Mr. Kevin Reilly of my staff at (202) 535-7145.

Sincerely,

/s/ J. Wayne Kulig

J. WAYNE KULIG
Assistant Commissioner
Office of National Defense Stockpile

USEPA Region 5
Emergency and Remedial Response Branch 5HR-11
ATTN: Jennie Griffin
230 S Dearborne Street
Chicago, IL 60604

Bill Franz
Federal Facilities Coordinator
USEPA Region 5
230 South Dearborne Street
Chicago, IL 60604

Enclosures

cc: Official File - DNO
D, DN, DNO, PMS -SAFETY AND ENVIRONMENTAL BRANCH
DN-5
DN-5 NEW HAVEN DEPOT ATTN: FRED BROOKS

Reilly 3/15/88

DNO Robert M O'Brien

[Handwritten signature]



Preliminary Assessment



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
IN	5970006600

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <i>NATIONAL DEFENSE STOCKPILE CASAD DEPOT</i>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <i>ROUTE 14</i>			
03 CITY <i>NEW HAVEN, INDIANA</i>	04 STATE <i>IN</i>	05 ZIP CODE <i>46774</i>	06 COUNTY <i>ALLEN COUNTY</i>	07 COUNTY CODE	08 CONG DIST
09 COORDINATES LATITUDE		LONGITUDE			

10 DIRECTIONS TO SITE (Starting from nearest public road)
ROUTE 14, 12 MILES EAST OF FORT WAYNE, INDIANA

III. RESPONSIBLE PARTIES

01 OWNER (if known) <i>GENERAL SERVICES ADMINISTRATION (GSA)</i>		02 STREET (Business, mailing, residential) <i>18TH F ST WASHINGTON, DC</i>			
03 CITY <i>WASHINGTON</i>	04 STATE <i>DC</i>	05 ZIP CODE <i>20405</i>	06 TELEPHONE NUMBER <i>(-)-</i>		
07 OPERATOR (if known and different from owner) <i>NATIONAL DEFENSE STOCKPILE</i>		08 STREET (Business, mailing, residential) <i>18TH S E STREET NW</i>			
09 CITY <i>WASHINGTON</i>	10 STATE <i>DC.</i>	11 ZIP CODE <i>20405</i>	12 TELEPHONE NUMBER <i>(202) 535-7145</i>		

13 TYPE OF OWNERSHIP (Check one)

A. PRIVATE B. FEDERAL: GSA C. STATE D. COUNTY E. MUNICIPAL

F. OTHER: _____ G. UNKNOWN

(Specify)

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

A. RCRA 3001 DATE RECEIVED: 3/25/85 B. UNCONTROLLED WASTE SITE (CERCLA 103(d)) DATE RECEIVED: _____ C. NONE

MONTH DAY YEAR MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

YES DATE 10/1/1985 BY (Check all that apply)

NO MONTH DAY YEAR

A. EPA B. EPA CONTRACTOR C. STATE D. OTHER CONTRACTOR

E. LOCAL HEALTH OFFICIAL F. OTHER: NDS INDUSTRIAL HYGIENIST

(Specify)

CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)

A. ACTIVE B. INACTIVE C. UNKNOWN

03 YEARS OF OPERATION

1955 | PRESENT UNKNOWN

BEGINNING YEAR ENDING YEAR

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

WASTE PESTICIDES FOUND ON SITE AND DISPOSED OF (SEE DESCRIPTION IN MEMO)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

ALL MATERIAL WAS CONTAINERIZED AND POSED LITTLE HAZARD TO THE LOCAL ENVIRONMENT.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

A. HIGH B. MEDIUM C. LOW D. NONE

(Inspection required promptly) (Inspection required) (Inspect on time available basis) (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT <i>F. KEVIN REILLY</i>		02 OF (Agency/Organization) <i>NATIONAL DEFENSE STOCKPILE (NDS)</i>		03 TELEPHONE NUMBER <i>(202) 535-7145</i>
04 PERSON RESPONSIBLE FOR ASSESSMENT <i>F. KEVIN REILLY</i>		05 AGENCY <i>GSA</i>	06 ORGANIZATION <i>STORAGE OPER.</i>	07 TELEPHONE NUMBER <i>(202) 535-7145</i>
		08 DATE _____/_____/_____ <small>MONTH DAY YEAR</small>		



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

L IDENTIFICATION

01 STATE *IN* 02 SITE NUMBER *5470000600*

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES *(Check all that apply)*

- A. SOLID
- B. POWDER, FINES
- C. SLUDGE
- D. OTHER _____ *(Specify)*
- E. SLURRY
- F. LIQUID
- G. GAS

02 WASTE QUANTITY AT SITE
(Measure of waste quantities must be independent)

TONS _____

CUBIC YARDS *73.5*

NO. OF DRUMS *10*

03 WASTE CHARACTERISTICS *(Check all that apply)*

- A. TOXIC
- B. CORROSIVE
- C. RADIOACTIVE
- D. PERSISTENT
- E. SOLUBLE
- F. INFECTIOUS
- G. FLAMMABLE
- H. IGNITABLE
- I. HIGHLY VOLATILE
- J. EXPLOSIVE
- K. REACTIVE
- L. INCOMPATIBLE
- M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OLY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			<i>(SEE ATTACHMENT 1)</i>
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES *(See Appendix for most frequently used CAS Numbers)*

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS	<i>N/A</i>		FDS	<i>N/A</i>	
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, journal articles, reports)*

EPA, Resource Conservation Recovery Act Regulations 40CFR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDENTIFICATION
01 STATE | 02 SITE NUMBER
N | SA70000600

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: _____ (Acres)
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No

01 I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____
02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

No



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
IN	5470000600

II. HAZARDOUS CONDITIONS AND INCIDENTS (continued)

01 J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No

01 K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include names of species)

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No

01 L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No

01 M. UNSTABLE CONTAINMENT OF WASTES
(Spills/leakage/overflowing equipment/dumps)

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No

01 N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No, DISPOSAL SITE WAS APPROVED BY STATE AGENCY

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No

01 P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

No

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

No

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

SEE ATTACHED REPORT.

V. SOURCES OF INFORMATION (Cite specific references, e. g., MSDS files, lab test reports)

ATTACHMENT NUMBER 1

1. (5) FIVE 55 GALLON DRUMS LABELLED A,B,C,D,E, CONTAIN 10-12 GALS. (NOT TO EXCEED 12 gallons) OF DDT EMULSIFIABLE CONCENTRATE OF WHICH 25 % is DDT AND 70 % is PETROLEUM DERIVATIVE SOLVENT (XYLENE)
2. DRUM #1 CONTAINS (1) ONE EMPTY 5 GALLON CONTAINER OF BRAMBILCIDE 2,4,5- TRICHLOROPHENOXYACETIC ACID LAB PACKED IN A 20 GALLON CONTAINER
3. DRUM #2 CONTAINS THREE (3), FIVE GALLON CONTAINERS (WITH A TOTAL OF 12 GALLONS) OF TORDON 101, 2,4, DICHLOROPHENOXYACETIC ACID - 39.6 %, ALL LAB PACKED IN A 55 GALLON DRUM.
4. DRUM #3 CONTAINS ONE (1), FIVE GALLON CONTAINER (WITH A TOTAL OF 2 gallons) OF DDT RESIDUAL - 25% LAB PACKED IN A 20 GALLON DRUM
5. DRUM #4 CONTAINS ONE (1) FIVE GALLON CONTAINER OF 2,4, DICHLOROPHEWOXYACETIC ACID 49.5% LAB PACKED IN A 20 GALLON DRUM
6. DRUM #5 CONTAINS TWO (2) FIVE GALLON CONTAINERS OF DDT LARVICIDE POWDER - 10% LAB PACKED IN A 30 GALLON DRUM



FONDESSY ENTERPRISES, INC.
 ASSOCIATED CHEMICAL AND ENVIRONMENTAL SERVICES
 876 OTTER CREEK ROAD P.O. BOX 7571 OREGON, OHIO 43616
 (419) 726-1521 (24 HOURS)

NOV 7 1985

APPLICATION FOR ACCEPTANCE OF WASTE PRODUCT

PART A - GENERATOR IDENTIFICATION

WASTE SPEC SHEET

1. GENERATOR NAME General Services Administration - Office of Stockpile Management
2. WASTE FACILITY ADDRESS ~~Fondessy Enterprises, Inc. Associated~~
~~Chemical and Environmental Services~~
~~876 Otter Creek Rd., Oregon, OH 43616~~
3. GENERATOR BILLING ADDRESS GSA/FPRS/OSM
Casad Depot
New Haven, Indiana 46774
4. GENERATOR CONTACT Thomas L. Hepler TITLE Depot Manager PHONE 219 749-9544
5. GENERATOR EPA ID NO. IN 5470000600 GENERATOR SIC CODE Federal Gov't

APPLICATION NO.

2819

PART B - WASTE CHARACTERIZATION

1. COMMON NAME FOR THIS WASTE: Waste Pesticides - LABPACKED
2. PROCESS GENERATING WASTE: Not a processed waste - old unused Pesticide material
3. ANNUAL VOLUME 10 DRUMS UNIT ONE TIME

PART C - PHYSICAL PROPERTIES

1. PHYSICAL STATE @ 70°F (CIRCLE ONE)
 SOLID SEMI-SOLID SLUDGE LIQUID GAS Lab Packed
 (See Attachment)
 Number 1 (one)
2. SPECIFIC GRAVITY N/A
3. VISCOSITY N/A OR 3.1 (CIRCLE ONE) LOW MEDIUM HIGH
4. pH N/A
5. FLASH POINT N/A °F 5.1 METHOD - CLOSED CUP _____ OPEN CUP _____
6. % SOLIDS N/A 8. PRODUCT IS: (CIRCLE ONE)
7. % VOLATILE N/A SINGLE PHASE DUAL PHASED MULTIPHASED

PRODUCT CODE NO.

00857

2849

PART D - CHEMICAL COMPOSITION

- PLEASE ATTACH COPIES OF LAB REPORTS.
- LIST COMPONENTS IN ORDER OF DECREASING CONCENTRATIONS.

3. COMPONENT	% OF TOTAL (100°)
3.1	
3.2 SEE ATTACHMENT NO. 1	
3.3	
3.4 DILUENTS # A, B, C, D, E = 25% DDT IN XYLENE	12 gal / 55 gal D
3.5 DILUENT # 1 = 2,4,5-T (EMULSIFER)	5 gal / 20 gal L
3.6 " # 2 = TORDON 101 + 2,4-D	15 gal / 55 gal L
3.7 " # 3 = DDT	5 gal / 20 gal L
3.8 " # 4 = 2,4-D	5 gal / 20 gal L
3.9 " # 5 = DDT	10 gal / 30 gal D
3.10	
3.11	
3.12	

4. ATTACH EP TOXICITY REPORT

PART E - METALS AND ORGANICS

- Arsenic mg/kg _____
- Barium mg/l _____
- Boron mg/l _____
- Cadmium mg/kg _____
- Chrome total mg/kg _____
- Chrome hexavalent mg/l _____
- Copper mg/kg _____
- Lead mg/kg _____
- Manganese mg/l _____
- Magnesium mg/l _____
- Mercury mg/l _____
- Nickel mg/lg _____
- Selenium mg/l _____
- Silver mg/l _____
- Zinc mg/kg _____
- Other _____
- Chloride mg/l _____
- Fluoride mg/l _____
- Nitrate mg/l _____
- Nitrite mg/l _____
- Phosphate mg/l _____
- Sulphate mg/l _____
- Sulphite mg/l _____

- Phenols mg/l _____
- Cyanide total mg/l _____
- Cyanide free mg/l _____
- Pesticides
- Aldrin mg/l _____
- Chlordane mg/l _____
- DDT's mg/l _____ See Attachment 1
- Dieldrin mg/l _____
- Endrin mg/l _____
- Heptachlor mg/l _____
- Lindane mg/l _____
- Methoxychlor mg/l _____
- Other _____
- Other _____
- Toxaphene mg/l _____
- Parathion mg/l _____
- 2,4,D, mg/l _____ See Attachment 1
- 2,4,5TD (silvex), mg/l _____
- PCB's mg/l _____

PART F - HAZARDOUS CLASSIFICATIONS

2849

1. RESOURCE CONSERVATION AND RECOVERY ACT CLASSIFICATIONS.

1.1 RCRA LISTED WASTE DESCRIPTION Waste DDT, Waste 2,4,D, Waste (Empty container) 2,4,5,T
(NOT REGULATED AS HAZARDOUS WASTE PER 261.5 (40CFR))

1.2 RCRA HAZARDOUS WASTE EPA ID NO.

0	2	3	2
---	---	---	---

,

0	0	6	1
---	---	---	---

,

(SEE PART H)

0	2	4	0
---	---	---	---

,

--	--	--	--

1.3 RCRA HAZARDOUS WASTE CODE (CIRCLE APPROPRIATE CLASS)

(N) (O) (R) (E) (H) **(T)** (REFERENCE: 40 CFR 261.30(b))

2. DOES THE WASTE CONTAIN ANY OF THE FOLLOWING:

2.1 SHOCK SENSITIVE No 2.4 PATHOGENIC No
 2.2 PYROPHORIC No 2.5 INFECTIOUS No
 2.3 EXPLOSIVE No 2.6 RADIOACTIVE No

IF ANY OF THE ABOVE ARE PRESENT, LIST THEIR SOURCE AND COMPLETE DESCRIPTION

None

3. U.S. DEPARTMENT OF TRANSPORTATION CLASS. (REFERENCE: 49 CFR 172.01 and 173.)

U.S. DOT SHIPPING NAME	DOT HAZARD CLASS.	UN/NA NO.	HAZARDOUS CLASS CODE
Waste DDT	ORMA	NA2761	ORMA (17)
Waste 2,4, Dichlorophenoxyacetic Acid	ORMA	NA2765	ORMA (17)
Waste 2,4,5 Trichlorophenoxyacetic Acid	ORMA	NA2765	ORMA (17)

PART G - SHIPPING AND SCHEDULING

1. WASTE MATERIAL WILL BE SHIPPED IN:

55 GALLON DRUM 6 (six) BULK CONTAINER None OTHER
1 - 30 gallon drums 3 - 20 gallon drums

2. SHIPPING FREQUENCY: VOLUME 10 drums as outlined above PER shipment ONCE

PART H - ADDITIONAL COMMENTS

All material - empty, liquid, powder have been lab packed as outlined in Attachment No. 1 No container exceeds 12 total gallons per container.

MATERIAL ACCEPTED AT FEE PER SHIPPER BECAUSE OF EXCLUSION 40 CFR 261.5

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT AS AN AUTHORIZED REPRESENTATIVE OF THE GENERATOR NAMED ABOVE. ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS TRUE AND ACCURATE. TO THE BEST OF MY KNOWLEDGE, ALL KNOWN AND SUSPECTED HAZARDOUS COMPONENTS HAVE BEEN INCLUDED IN THE DOCUMENTATION.

THOMAS HEPLER

SIGNATURE

T. Hepler

10/28/85

DATE

Depot Manager

TITLE

THIS SECTION FOR DISPOSAL SITE USE ONLY

2849

1. DISPOSAL SITE FONDREN ENTERPRISES, INC.
2. DISPOSAL METHOD LANDFILL, DBI PCN 0085AT
 - 2.1 PRETREATMENT DISPERSE IN SERVICE MAINLINE CELL, DRAIN DISPERSE AREA. DRAINS MUST MEET REQUIREMENTS FOR
 - 2.2 ALTERNATIVE DRUMS IN 40 CFR 265.316. DRAINS MUST BE PACKED PER THE ATTACHED PRCAN LIST. FEI ACCEPTANCE IS UNDER THE SMALL GENERATOR EXCLUSION; 40 CFR 261.5.

K.R. Humphrey

SIGNATURE

12/20/85

DATE

TECHNICAL REP

TITLE

THIS SECTION FOR REGULATORY AGENCY USE ONLY

1. ACCEPTANCE STATUS:

ACCEPTED

CONDITIONAL ACCEPTANCE

ACCEPTANCE WITHHELD

DENIED

2. CONDITIONS FOR ACCEPTANCE OR REASONS FOR WITHHOLDING OR DENIAL

3. REGULATORY AGENCY OHIO EPA.

James P. Haren

SIGNATURE

1-16-86

DATE

Chemist DSHWM

TITLE