# Attachment C
# of
# September 2003 Final Support Document

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
# HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F O R D 0 7 1 8 0 3 9 8 5

## FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
|---|---|---|
| | 8 0 1 1 1 9 | |

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

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

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

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

| C | YR. | MO. | DAY |
|---|---|---|---|
| 8 | 7 4 | 0 9 | 0 1 |

[ ] 2. NEW FACILITY (Complete item below.)

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

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

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

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES – CODES AND DESIGN CAPACITIES

**A. PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.

2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|---|---|---|
| **Storage:** | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS |
| TANK | S02 | GALLONS OR LITERS |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS |
| **Disposal:** | | |
| INJECTION WELL | D79 | GALLONS OR LITERS |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION | D81 | ACRES OR HECTARES |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS |

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|---|---|---|
| **Treatment:** | | |
| TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |

| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
|---|---|---|---|---|---|
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | S |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | H |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

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

C DUP 1

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY 1. AMOUNT | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY |
|---|---|---|---|---|---|---|---|---|---|
| X-1 | S 0 2 | 600 | G | | 5 | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | |
| 1 | S 0 2 | 20,000 | G | | 7 | | | | |
| 2 | S 0 1 | 55 | G | | 8 | | | | |
| 3 | T 0 1 | 1,000 | G | | 9 | | | | |
| 4 | | | | | 10 | | | | |



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continued from the front.

## II. PROCESSES *(continued)*

. SPACE FOR ADDITIONAL PROCESS CODES . FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## V. DESCRIPTION OF HAZARDOUS WASTES

. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D [illegible] tics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which [illegible] and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|---|---|---|---|
| POUNDS | P | KILOGRAMS | [illegible] |
| TONS | [illegible] | METRIC TONS | [illegible] |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**PROCESSES**

1. PROCESS CODES:
   **For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   **For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   **Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION — If a code is not listed for a process that will be used, describe the process in the space provided [illegible]

**OTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous [illegible]

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**XAMPLE FOR COMPLETING ITEM IV** *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds r year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes e corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 00 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| I. O. Z. | A. EPA HAZARD. WASTE NO. *(enter code)* | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE *(enter code)* | D. PROCESSES 1. PROCESS CODES *(enter)* | D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))* |
|---|---|---|---|---|---|
| -1 | K054 | 900 | P | T03 D80 | |
| -2 | D002 | 400 | P | T03 D80 | |
| -3 | D001 | 100 | P | T03 D80 | |
| -4 | D002 | | | | *included with above* |



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ontinued from page 2.
'OTE: Photocopy this page before completing if yu e more than 26 wastes to list.

ORIGIN

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| EPA I.D. NUMBER (enter from page 1) | | FOR OFFICIAL USE ONLY | |
|---|---|---|---|
| W O R D 0 7 1 8 0 3 9 8 5 | T/A C 1 | W DUP | T/A C 2 DUP |

## IV SCRIPTION OF HAZARDOUS WASTES (continued)

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES 1. PROCESS CODES (enter) | D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
|---|---|---|---|---|---|
| 1 | F 0 0 1 | 700,000 | P | S 0 1 S 0 2 T 0 1 | Spent Halogenated Solvent from degreasing ops |
| 2 | F 0 0 2 | 700,000 | P | S 0 1 S 0 2 T 0 1 | Not from degreasing |
| 3 | F 0 0 3 | 350,000 | P | S 0 1 S 0 2 T 0 1 | Non-halogenated Solvent mixtures |
| 4 | F 0 0 5 | 200,000 | P | S 0 1 S 0 2 T 0 1 | " |
| 5 | K 0 0 1 | 100,000 | P | S 0 1 S 0 2 T 0 1 | |
| 6 | K 0 4 9 | 250,000 | P | S 0 1 S 0 2 | Hexavalent Chromium, Lead |
| 7 | K 0 5 1 | 250,000 | P | S 0 1 S 0 2 | " |
| 8 | K 0 5 2 | 250,000 | P | S 0 1 S 0 2 | Lead |
| 9 | P 0 3 0 | 20,000 | P | S 0 1 S 0 2 | Cyanides |
| 10 | P 0 9 0 | 20,000 | P | S 0 1 S 0 2 | |
| 11 | 0 1 9 | 20,000 | P | S 0 1 S 0 2 | Benzene |
| 12 | U 0 5 1 | 20,000 | P | S 0 1 S 0 2 | Creosote |
| 13 | U 0 6 1 | 20,000 | P | S 0 1 S 0 2 | Benzene |
| 14 | U 1 1 2 | 20,000 | P | S 0 1 S 0 2 | Ethylacetate |
| 15 | U 1 1 7 | 50,000 | P | S 0 1 S 0 2 | 1,1'-oxybis(2) ethane/Ethyl ether |
| 16 | U 1 5 9 | 50,000 | P | S 0 1 S 0 2 | MEK (2 Butanone) |
| 17 | U 2 2 6 | 100,000 | P | S 0 1 S 0 2 T 0 1 | 1,1,1 TCA |
| 18 | U 2 2 8 | 100,000 | P | S 0 1 S 0 2 T 0 1 | TCE |
| 19 | U 2 3 9 | 20,000 | P | S 0 1 S 0 2 T 0 1 | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |

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ORIGINAL

V. DESCRIPTION OF HAZARDOUS WAS (continued)

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

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

O R D 0 7 1 8 0 3 9 8 5

FACILITY DRAWING

existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail)

I. PHOTOGRAPHS

existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, reatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail)

II. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | LONGITUDE (degrees, minutes, & seconds) |
|---|---|
| 6 6 3 2 | 2 3 2 8 |

III. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items.

| 1. NAME OF FACILITY'S LEGAL OWNER | 2. PHONE (Area Code & No.) |
|---|---|
| Chempro of Oregon, Inc. | 5 0 3 2 8 5 4 6 4 8 |

| 3. STREET OR P.O. BOX | 4. CITY OR TOWN | 5. STATE | 6. ZIP CODE |
|---|---|---|---|
| 2416 N. Marine Dr., Room 200 | Portland, Oregon | | 9 7 2 1 7 |

X. OWNER CERTIFICATION

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

| . NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|---|---|---|
| Joseph W. Lennington<br>Executive Vice President | Joseph W Lennington | 11-18-80 |

. OPERATOR CERTIFICATION

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

| . NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
|---|---|---|
| Joseph W. Lennington | Joseph W Lennington | 11-18-80 |

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CONTINUE ON PAGE 5

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