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TELEFAX COVER SHEET

DATE 11/20/89 TIME 11:30 AM

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Fred Mc Millan, Env. Sci.
ORGANIZATION: EPA- Cost Recovery Section
PHONE NUMBER:

FROM: Craig A. Olewiler / Noreen Chamberlain
ORGANIZATION: DER - BWM
PHONE NUMBER: 717-783-7816

TOTAL NUMBER OF PAGES NOT INCLUDING COVER PAGE: 14
(Part

PANAFAX NUMBER 717-787-1904
NETWORK NUMBER 8-447-1904

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F PAD003005014

LABEL ITEMS

I. EPA I.D. NUMBER: PAD003005014

III. FACILITY NAME: WHITMOYER LABORATORIES INC

V. FACILITY MAILING ADDRESS: 13 N RAILROAD ST MYERSTOWN, PA 17067

VI. FACILITY LOCATION: ~~13 N RAILROAD ST~~ MYERSTOWN, PA 17067

Nov 1980 000406

GENERAL INSTRUCTIONS

If a preprint label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If none of the label is correct and complete and correct, you need not enter items I, III, V, and VI (except VI B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (*either existing or proposed*) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (*other than those described in A or B above*) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP WHITMOYER LABORATORIES INC

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 CROESUS, LLOYD, ENVIRON MANAGER	717 866 2151

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P.O. BOX 288

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Myerstown	PA	17067

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 99 SOUTH FAIRLANE AVENUE

B. COUNTY NAME: LEBANON

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 Myerstown	PA	17067	

AR103365

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

A. FIRST	B. SECOND
2833 (specify) MEDICINAL CHEMICALS	2834 (specify) PHARMACEUTICAL CHEMICALS
C. THIRD	**D. FOURTH**
79 (specify) AGRICULTURAL CHEMICALS	(specify)

VIII. OPERATOR INFORMATION

A. NAME: WHITMOYER LABORATORIES INC

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 717 866 2151

E. STREET OR P.O. BOX: PO BOX 288

F. CITY OR TOWN: MYERSTOWN

G. STATE: PA

H. ZIP CODE: 17067

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N PA 0012785	**D. PSD** (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	**E. OTHER** (specify): 9 (specify) SEE ATTACHMENT
C. RCRA (Hazardous Wastes): 9	**E. OTHER** (specify): 9 (specify) SEE ATTACHMENT

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AND SALE OF CHEMICALS RELATED TO THE ANIMAL HEALTH INDUSTRY.

XIII. CERTIFICATION (see instructions)

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

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
D. F. Bledsoe President of Whitmoyer Laboratories	D F Bledsoe	Nov. 14, 1980

COMMENTS FOR OFFICIAL USE ONLY

C

ARU3366

3 RCRA

EPA HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

F P A D 0 0 3 0 0 5 0 1 4

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

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

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

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

C	YR.	MO.	DAY
8	5 9	0 1	0 1

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 OR 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	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

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

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 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 1	842,655	G		7				
2	S 0 2	22,600	G		8				
3	T 0 1	12,000	U		9				
4					10				

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III. PROCESSES *(continued)*

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

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

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

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

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

D. PROCESSES

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

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

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

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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

CONTINUE ON PAGE 3

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

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W P A D 0 0 3 0 0 5 0 1 4 — C: 1	W — DUP — C: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered above)
1	F002	12,000	P	S01	T01			
2	F003	15,827	P	S01				
3	F004	13,000	P	S01				
4	F005	172	P	S01				
5	K083	25,000	P	S01				
6	K084	360,000	P	S02	T01	S01		
7	P010	14,000	P	S01				
8	P012	≤1	P	S02	T01	S01		
9	P022	≤1	P	S01				
10	P024	≤1	P	S01				
11	~~P053~~	≤1	P	S01				DELETED FR. 11/25/80
12	P098	≤1	P	S01				
13	P105	≤1	P	S01				
14	D001	750	P	S01				
15	D002	50,000	P	S01				
16	D004	145,000	P	S01				
17	D009	440	P	S01				
18								
19								
20								
21								
22								
23								
24								
25								
26								

F. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 2.

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

P A D 0 0 3 0 0 5 0 1 4 6

VI. FACILITY DRAWING

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

VII. PHOTOGRAPHS

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

VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
40 22 58	76 19 27

VIII. FACILITY OWNER

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

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

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
BEECHAM, INC.	201-778-9000

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
65 INDUSTRIAL SOUTH	G CLIFTON	NJ	07012

IX. OWNER CERTIFICATION

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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
D. F. Bledsoe Vice-President of Beecham	D F Bledsoe	11-

X. OPERATOR CERTIFICATION

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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
D. F. Bledsoe President of Whitmoyer	D F Bledsoe	

CONTINUE ON PAGE 5

ADDITIONAL INFORMATION

ITEM X. Existing Environmental Permits

Delaware River Basin Commission Legal Entitlement Certificate No. 274

PA. Dept. of Environmental Resources Air Quality Control Permits:

Renewals	Applications
No. 38-302-038	No. 38-313-014
38-313-005	
38-313-006	
38-313-007	
38-313-008	
38-313-009	
38-313-010	

PA. Dept. of Health Certificate of Registration No. 1159

PA. Dept. of Health Emergency Medical Technician Certification No. E 18725

Myerstown Borough Industrial Wastewater Permit No. 6001

I.J.C.

V. FACILITY DRAWING (see page 4)

EPA Form 3510-3 (6-80)

AR103372

Please print or type with ELITE TYPE (12 CHARACTERS/INCH) in the unshaded areas only.

GSA No. 0248-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

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).*

ATTACH A

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F PAD003005014

I. NAME OF INSTALLATION

MHMdyHP LAGOONS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN | ST. | ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN | ST. | ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

7

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

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

F = FEDERAL
M = NON-FEDERAL

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

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

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete Item C)*

C. INSTALLATION'S EPA I.D. NO. P A D 0 0 3 0 0 5 0 1

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (5-80)

CONTINUE ON REVERSE

AR103373

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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

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

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

13 K101	14 K102	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

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

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

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

49	50	51	52	53	54

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

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
Harold M. Huffman	Harold M. Huffman PLANT MANAGER	3-10-81

EPA Form 8700-12 (6-80) REVERSE

AR103374

EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Waste data on back added 11/19/85

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a p... label, affix it in the space at left. If ... information on the label is incorrect, ... through it and supply the ... 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" ... single site where hazardous waste is ge... 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*).

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN	ST.	ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN	ST.	ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

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

F = FEDERAL
M = NON-FEDERAL

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

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

- ☐ A. FIRST NOTIFICATION
- ☒ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.: P A D 0 0 3 0 0 5

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

AR103375

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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

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

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

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

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

31 P012	32 P022	33 P098	34 P105	35	36
37	38	39	40	41	42
43	44	45	46	47	48

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

49	50	51	52	53	54

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

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Harold M. Huffman	Harold M. Huffman Plant Manager	11/13/80

EPA Form 8700-12 (6-80) REVERSE

AR103376

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PAD003005014
I. NAME OF INSTALLATION	WHITMOYER LABORATORIES INC
II. INSTALLATION MAILING ADDRESS	~~19 N RAILROAD ST~~ MYERSTOWN, PA 17067
III. LOCATION OF INSTALLATION	~~19 N RAILROAD ST~~ MYERSTOWN, PA 17067

INSTRUCTIONS: If you [illegible] 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 [illegible] label, complete all items. "Installation" [illegible] 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).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F PAD003005014 T/A 1		80 12 18

AUG 18 80 0 0 0 1 1 0

I. NAME OF INSTALLATION

WHITMOYER LABORATORIES INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 288

CITY OR TOWN	ST.	ZIP CODE
4		

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 99 SOUTH FAIRLANE AVENUE

CITY OR TOWN	ST.	ZIP CODE
6		

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 CROESUS LLOYD ENVIRON. MANAGER	717-866-2151

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 BEECHAM INC.

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL; M = NON-FEDERAL — M

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

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

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D.

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

AR103377

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W P A D A 0 3 2 0

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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

1 F002	2 F003	3 F004	4 F005	5	6
7	8	9	10	11	12

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

13 K083	14 K084	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

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

31 P010	32 P024	33 P053	34 P068	35	36
37	38	39	40	41	42
43	44	45	46	47	48

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

49	50	51	52	53	54

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

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

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Harold M. Huffman	Harold M. Huffman Plant Manager	8–12–80

EPA Form 8700-12 (6-80) REVERSE

AR103378

TOTAL P.15

Beecham laboratories

INTER-OFFICE MEMO

REC'D AUG 13 '81

TO: Mr. Don King

DATE: August 10, 1981

FROM: D. F. Bledsoe

RE: EPA

Attached letter was sent to me by EPA with reference to the Whitmoyer facilities at Myerstown. As you know this is written in response to our filing for clearance and they have been approved as noted. Please take the necessary steps to notify the people who should be informed at Myerstown, and I am circulating a copy to the Scientific Affairs Department here. If anything else needs to be done, let me know.

D. F. Bledsoe

D
F
B
/
f

Attach.

→ TF

Copy to HMN & LJC

AR103379

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 29 1981

Mr. D. F. Bledsoe
Beecham Inc.
65 Industrial South
Clifton, N. J. 07012

Dear Mr. Bledsoe:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, Administrative Support Section
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: July 29, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: Whitmoyer Labs, Inc.

Location: 99 South Fairlane Avenue
Myerstown, PA 17067

EPA I.D. No.: PAD 00 300 5014

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: D. F. Bledsoe - Vice President

Beecham Inc.
65 Industrial South
Clifton, N. J. 07012

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

PROCESS	DESIGN CAPACITY
S01	842,655 Gals.
S02	22,600 Gals.
T01	12,000 Gals.

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

____ ____ ____ ____ ____

____ ____ ____ ____ ____

*See Attachment

Continued from page 2.
NOTE. Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W P A D 0 0 3 0 0 5 0 1 4 T/A C 1	W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F002	12,000	P	S01 T01	
2	F003	15,827	P	S01	
3	F004	13,000	P	S01	
4	F005	172	P	S01	
5	K083	25,000	P	S01	
6	K084	360,000	P	S02 T01 S01	
7	P010	14,000	P	S01	
8	P012	≦1	P	S02 T01 S01	
9	P022	≦1	P	S01	
10	P024	≦1	P	S01	
11	~~P053~~	≦1	P	S01	DELETED FR. 11/25/8[illegible]
12	P098	≦1	P	S01	
13	P105	≦1	P	S01	
14	D001	750	P	S01	
15	D002	50,000	P	S01	
16	D004	145,000	P	S01	
17	D009	440	P	S01	
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

AR103383

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)