

3M WASTE INVENTORY FORM

④

Date 1-25-80

I FACILITY INFORMATION

|   |   |                                |                          |
|---|---|--------------------------------|--------------------------|
| A. Location<br>CHEMOLITE                                  | B. Division<br>CHEM. RESOURCES                  | C. Coordinator<br>D.J. WARDROP | D. Telephone<br>458-2348 |
| E. Facility Type  |   |                                |                          |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                |                          |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                |                          |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                |                          |
| <input type="checkbox"/> 4. Sales Branch                  |   |                                |                          |

II WASTE INFORMATION

|   |  |              |
|---|--|--------------|
| A. Name of Waste<br>CELL TARS   | B. Type of Process<br>ELECTROFLUORINATION                              | DEPT. 3060   |
| C. Waste Type   |  |              |
| 1. Dry Scrap  |  | 2. Wet Scrap |
| <input type="checkbox"/> a. Office & Paper                                | <input type="checkbox"/> g. Pumpable Liquids                           |              |
| <input type="checkbox"/> b. Process                                       | <input type="checkbox"/> h. Non-pumpable Liquids                       |              |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                    | <input checked="" type="checkbox"/> i. Non-pumpable Solids/Semi-solids |              |
| <input type="checkbox"/> d. Control Equipment Residue                     | <input type="checkbox"/> j. Sludges (WWTP)                             |              |
| <input type="checkbox"/> e. Reject Material                               | <input type="checkbox"/> k. Empty Drums                                |              |
| <input type="checkbox"/> f. Other (Specify)                               | <input type="checkbox"/> l. Other (Specify)                            |              |
| D. Approximate Composition (% of Constituents When Possible)              |  |              |
| CELL TARS (ORGANIC AND FLUORCHEMICAL RESIDUES)                            |  |              |
| CONTAINS SOME FREE ACID (HF)  |  |              |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data) |  |              |
| ACIDIC TAR, SOLID WHEN COOL (USUALLY)                                     |  |              |
| DECOMPOSES TO YIELD MORE ACID WHEN  |  |              |
| INCINERATED.  |  |              |

III FREQUENCY OF GENERATION

|  |   |
|--|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br>12 MO./YR.  | D. Containers   |
| B. Quantities (Per Container)<br>400 <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br>20 Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day  | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|  | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|  | <input type="checkbox"/> 4. Tank Truck  |

Form 1913B

Exhibit  
2496

State of Minnesota v. 3M Co.,  
Court File No. 27-CV-10-28862

3MA01986532

IV DISPOSAL PRACTICE

A. Present Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company: 3M  
Location: CHEMOLITE  
Contract No.

Permitted/Licensed

2. Disposal Contractor

Name: 3M  
Location:  
Contract No.

Permitted/Licensed

3. Transported By

Name: 3M  
Address:  
Contract No.

Permitted/Licensed

B. Past Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company: SAME  
Location:  
Contract No.

Permitted/Licensed

2. Disposal Contractor

Name:  
Address:  
Contract No.

Permitted/Licensed

3. Transported By

Name:  
Address:  
Contract No.

Permitted/Licensed

V ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3M WASTE INVENTORY FORM

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Date 1-25-80

I FACILITY INFORMATION

|   |   |  |                                 |
|---|---|--|---------------------------------|
| A. Location<br><b>CHEMOLITE</b>                           | B. Division<br><b>CHEMICAL RESOURCES</b>        | C. Coordinator<br><b>D. J. WARDROP</b> | D. Telephone<br><b>458-2348</b> |
| E. Facility Type  |   |  |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |  |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |  |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |  |                                 |
| <input type="checkbox"/> 4. Sales Branch                  |   |  |                                 |

II WASTE INFORMATION

|   |   |                     |
|---|---|---------------------|
| A. Name of Waste<br><b>KETTLE RESIDUES</b>  | B. Type of Process<br><b>DISTILLATION</b>                   | <b>(DEPT. 3060)</b> |
| C. Waste Type   |   |                     |
| 1. Dry Scrap  | 2. Wet Scrap  |                     |
| <input type="checkbox"/> a. Office & Paper  | <input type="checkbox"/> g. Pumpable Liquids                |                     |
| <input type="checkbox"/> b. Process   | <input checked="" type="checkbox"/> h. Non-pumpable Liquids |                     |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                                  | <input type="checkbox"/> i. Non-pumpable Solids/Semi-solids |                     |
| <input type="checkbox"/> d. Control Equipment Residue                                   | <input type="checkbox"/> j. Sludges (WWTP)                  |                     |
| <input type="checkbox"/> e. Reject Material   | <input type="checkbox"/> k. Empty Drums                     |                     |
| <input type="checkbox"/> f. Other (Specify)   | <input type="checkbox"/> l. Other (Specify)                 |                     |
| D. Approximate Composition (% of Constituents When Possible)                            |   |                     |
| <b>VARIABLE MIXTURE OF FLUORO-CHEMICAL AND ORGANIC HIGH BOILERS WITH SULFURIC ACID.</b> |   |                     |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data)               |   |                     |
| <b>ACIDIC, MAY BE SOLID WHEN COLD.</b>  |   |                     |

III FREQUENCY OF GENERATION

|   |   |
|---|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><b>12 MO. / YR.</b>  | D. Containers   |
| B. Quantities (Per Container)<br><b>400</b> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br><b>12-15</b> Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day                                     | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|   | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|   | <input type="checkbox"/> 4. Tank Truck  |

Form 19138

IV DISPOSAL PRACTICE

A. Present Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company 3M Contract No. \_\_\_\_\_  
Location CHEMOLITE

Permitted/Licensed

2. Disposal Contractor

Name 3M Contract No. \_\_\_\_\_  
Location \_\_\_\_\_

Permitted/Licensed

3. Transported By

Name 3M Contract No. \_\_\_\_\_  
Address \_\_\_\_\_

Permitted/Licensed

B. Past Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company SAME Contract No. \_\_\_\_\_  
Location \_\_\_\_\_

Permitted/Licensed

2. Disposal Contractor

Name \_\_\_\_\_ Contract No. \_\_\_\_\_  
Address \_\_\_\_\_

Permitted/Licensed

3. Transported By

Name \_\_\_\_\_ Contract No. \_\_\_\_\_  
Address \_\_\_\_\_

Permitted/Licensed

V ADDITIONAL COMMENTS

3M WASTE INVENTORY FORM

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Date 1-25-80

I FACILITY INFORMATION

|   |   |                                |                          |
|---|---|--------------------------------|--------------------------|
| A. Location<br>CHEMOLITE                                  | B. Division<br>CHEMICAL RESOURCES               | C. Coordinator<br>D.J. WARDROP | D. Telephone<br>458-2348 |
| E. Facility Type  |   |                                |                          |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                |                          |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                |                          |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                |                          |
| <input type="checkbox"/> 4. Sales Branch                  |   |                                |                          |

II WASTE INFORMATION

|  |   |              |
|--|---|--------------|
| A. Name of Waste<br>SURFACTANT SOLUTIONS               | B. Type of Process<br>CLEANING                              | DEPT. 3060   |
| C. Waste Type<br>3035                                  |   |              |
| 1. Dry Scrap   |   | 2. Wet Scrap |
| <input type="checkbox"/> a. Office & Paper             | <input checked="" type="checkbox"/> g. Pumpable Liquids     |              |
| <input type="checkbox"/> b. Process                    | <input type="checkbox"/> h. Non-pumpable Liquids            |              |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler) | <input type="checkbox"/> i. Non-pumpable Solids/Semi-solids |              |
| <input type="checkbox"/> d. Control Equipment Residue  | <input type="checkbox"/> j. Sludges (WWTP)                  |              |
| <input type="checkbox"/> e. Reject Material            | <input type="checkbox"/> k. Empty Drums                     |              |
| <input type="checkbox"/> f. Other (Specify)            | <input type="checkbox"/> l. Other (Specify)                 |              |

D. Approximate Composition (% of Constituents When Possible)

0.1-1.0% FLUORO-CHEMICAL SURFACTANTS

99-99.9% WATER

E. Physical and Chemical Properties (If Tests Have Been Run Include Data)

AGITATION CAUSES VOLUMINOUS AND PERSISTENT FOAMING IN WATER.

III FREQUENCY OF GENERATION

|  |   |
|--|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br>1 WK/MO.  | D. Containers   |
| B. Quantities (Per Container)<br>350 <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br>2 Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day   | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|  | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|  | <input type="checkbox"/> 4. Tank Truck  |

Form 19138

3MA01986536

2496.0005

**IV DISPOSAL PRACTICE**

**A. Present Disposal**

Landfill   
  Incineration   
  Recycled   
  Other (Specify)

**1. Disposal Facility**

|                              |              |
|------------------------------|--------------|
| Company<br><b>3M</b>         | Contract No. |
| Location<br><b>CHEMDLITE</b> |              |

Permitted/Licensed

**2. Disposal Contractor**

|                   |              |
|-------------------|--------------|
| Name<br><b>3M</b> | Contract No. |
| Location          |              |

Permitted/Licensed

**3. Transported By**

|                   |              |
|-------------------|--------------|
| Name<br><b>3M</b> | Contract No. |
| Address           |              |

Permitted/Licensed

**B. Past Disposal**

Landfill   
  Incineration   
  Recycled   
  Other (Specify)

**1. Disposal Facility**

|                        |              |
|------------------------|--------------|
| Company<br><b>SAME</b> | Contract No. |
| Location               |              |

Permitted/Licensed

**2. Disposal Contractor**

|         |              |
|---------|--------------|
| Name    | Contract No. |
| Address |              |

Permitted/Licensed

**3. Transported By**

|         |              |
|---------|--------------|
| Name    | Contract No. |
| Address |              |

Permitted/Licensed

**V ADDITIONAL COMMENTS**

INCINERATION BREAKS DOWN THE SURFACTANT MOLECULES  
SO THE PERSISTENT FOAM IS AVOIDED.

3M WASTE INVENTORY FORM

23

Date 2-1-80

I FACILITY INFORMATION

|   |   |                                       |                                 |
|---|---|---------------------------------------|---------------------------------|
| A. Location<br><b>CHEMOLITE</b>                           | B. Division<br><b>CHEM. RESOURCES</b>           | C. Coordinator<br><b>D.J. WARDROP</b> | D. Telephone<br><b>458-2348</b> |
| E. Facility Type  |   |                                       |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                       |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                       |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                       |                                 |
| <input type="checkbox"/> 4. Sales Branch                  |   |                                       |                                 |

II WASTE INFORMATION

|   |   |                   |
|---|---|-------------------|
| A. Name of Waste<br><b>"LIGHT WATER" AFFF</b>                             | B. Type of Process<br><b>SOLUTION</b>                       | <b>DEPT. 3035</b> |
| C. Waste Type   |   |                   |
| 1. Dry Scrap  | 2. Wet Scrap  |                   |
| <input type="checkbox"/> a. Office & Paper                                | <input checked="" type="checkbox"/> g. Pumpable Liquids     |                   |
| <input type="checkbox"/> b. Process                                       | <input type="checkbox"/> h. Non-pumpable Liquids            |                   |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                    | <input type="checkbox"/> i. Non-pumpable Solids/Semi-solids |                   |
| <input type="checkbox"/> d. Control Equipment Residue                     | <input type="checkbox"/> j. Sludges (WWTP)                  |                   |
| <input type="checkbox"/> e. Reject Material                               | <input type="checkbox"/> k. Empty Drums                     |                   |
| <input type="checkbox"/> f. Other (Specify)                               | <input type="checkbox"/> l. Other (Specify)                 |                   |
| D. Approximate Composition (% of Constituents When Possible)              |   |                   |
| ~ 1% FLUORO-CHEMICAL SURFACTANTS  |   |                   |
| ~ 12.5% BUTYL CARBITOL  |   |                   |
| ~ 84.5% WATER   |   |                   |
| ~ 2% NON-FLUORO-CHEMICAL RESINS + SURFACTANTS                             |   |                   |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data) |   |                   |
| EXTREME FOAMER  |   |                   |
| HIGH TEMP. REQUIRED TO DESTROY SURFACTANTS                                |   |                   |

III FREQUENCY OF GENERATION

|  |   |
|--|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><b>12 Mo / YR.</b>  | D. Containers   |
| B. Quantities (Per Container)<br><b>4500</b> <input type="checkbox"/> Tons <input type="checkbox"/> Lbs. <input checked="" type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor            |
| C. Volumes Generated<br><b>2 / YR.</b> Containers/ <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day   | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|  | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|  | <input checked="" type="checkbox"/> 4. Tank Truck                                 |

Form 1913B

3MA01986538

2496.0007

IV DISPOSAL PRACTICE

A. Present Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company: 3M  
Location: CHEMOLITE  
Contract No.:

Permitted/Licensed

2. Disposal Contractor

Name: 3M  
Location:  
Contract No.:

Permitted/Licensed

3. Transported By

Name: 3M  
Address:  
Contract No.:

Permitted/Licensed

B. Past Disposal

Landfill  Incineration  Recycled  Other (Specify)

1. Disposal Facility

Company: SAME  
Location:  
Contract No.:

Permitted/Licensed

2. Disposal Contractor

Name:  
Address:  
Contract No.:

Permitted/Licensed

3. Transported By

Name:  
Address:  
Contract No.:

Permitted/Licensed

V ADDITIONAL COMMENTS

REPRESENTS ESTIMATED SCRAP / YR.



3M WASTE INVENTORY FORM

Date 11-13-84

I FACILITY INFORMATION

|   |   |                                      |                                 |
|---|---|--------------------------------------|---------------------------------|
| A. Location<br><u>Chemolite</u>                           | B. Division<br><u>Specialty Chemical</u>        | C. Coordinator<br><u>D.D. Dworak</u> | D. Telephone<br><u>458-2169</u> |
| E. Facility Type  |   |                                      |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                      |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                      |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                      |                                 |
| <input type="checkbox"/> 4. Sales Branch                  |   |                                      |                                 |

II WASTE INFORMATION

|   |  |
|---|--|
| A. Name of Waste<br><u>HF Electrolyte Tar Bottoms</u>                                     | B. Type of Process<br><u>Electrofluorination (Dept 3060)</u>           |
| C. Waste Type   |  |
| 1. Dry Scrap  | 2. Wet Scrap   |
| <input type="checkbox"/> a. Office & Paper  | <input type="checkbox"/> g. Pumpable Liquids                           |
| <input type="checkbox"/> b. Process   | <input type="checkbox"/> h. Non-pumpable Liquids                       |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                                    | <input checked="" type="checkbox"/> i. Non-pumpable Solids/Semi-solids |
| <input type="checkbox"/> d. Control Equipment Residue                                     | <input type="checkbox"/> j. Sludges (WWTP)                             |
| <input type="checkbox"/> e. Reject Material   | <input type="checkbox"/> k. Empty Drums                                |
| <input type="checkbox"/> f. Other (Specify) _____   | <input type="checkbox"/> l. Other (Specify) _____                      |
| D. Approximate Composition (% of Constituents When Possible)                              |  |
| <u>~25% HF</u>  |  |
| <u>~75% organic and Fluorochemical residue (tar)</u>                                      |  |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data)                 |  |
| <u>Fluorochemical portion of tar breaks down upon incineration to yield additional HF</u> |  |

III FREQUENCY OF GENERATION

|   |   |
|---|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><u>12 MO/YR</u>  | D. Containers   |
| B. Quantities (Per Container)<br><u>400</u> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br><u>10</u> Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day  | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|   | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|   | <input type="checkbox"/> 4. Tank Truck  |

Form 1913B

3MA01986528

2496.0009

I FACILITY INFORMATION

|   |   |                                      |                                 |
|---|---|--------------------------------------|---------------------------------|
| A. Location<br><b>Chemolite</b>                           | B. Division<br><b>Specialty Chemical</b>        | C. Coordinator<br><b>D.D. Dworak</b> | D. Telephone<br><b>458-2169</b> |
| E. Facility Type  |   |                                      |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                      |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                      |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                      |                                 |
| <input type="checkbox"/> 4. Sales Branch                  |   |                                      |                                 |

II WASTE INFORMATION

|   |  |
|---|--|
| A. Name of Waste<br><b>Fluorochemical Bottoms</b>                         | B. Type of Process<br><b>Distillation (Dept. 3060)</b>                 |
| C. Waste Type   |  |
| 1. Dry Scrap  | 2. Wet Scrap   |
| <input type="checkbox"/> a. Office & Paper                                | <input type="checkbox"/> g. Pumpable Liquids                           |
| <input type="checkbox"/> b. Process                                       | <input type="checkbox"/> h. Non-pumpable Liquids                       |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                    | <input checked="" type="checkbox"/> i. Non-pumpable Solids/Semi-solids |
| <input type="checkbox"/> d. Control Equipment Residue                     | <input type="checkbox"/> j. Sludges (WWTP)                             |
| <input type="checkbox"/> e. Reject Material                               | <input type="checkbox"/> k. Empty Drums                                |
| <input type="checkbox"/> f. Other (Specify)                               | <input type="checkbox"/> l. Other (Specify)                            |
| D. Approximate Composition (% of Constituents When Possible)              |  |
| <b>100%</b>   |  |
| <b>High boiling organic and Fluorochemical residue (tar)</b>              |  |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data) |  |
| <b>&gt; 400°F. Boiling point at 10 mm Hg absolute pressure</b>            |  |
| <b>Fluorochemical portion breaks down to HF upon incineration</b>         |  |

III FREQUENCY OF GENERATION

|   |   |
|---|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><b>12 MO / YR</b>  | D. Containers   |
| B. Quantities (Per Container)<br><b>600</b> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br><b>10</b> Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day  | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|   | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|   | <input type="checkbox"/> 4. Tank Truck  |

I FACILITY INFORMATION

|   |   |                                      |                                 |
|---|---|--------------------------------------|---------------------------------|
| A. Location<br><b>Chemolite</b>                           | B. Division<br><b>Specialty Chemical</b>        | C. Coordinator<br><b>D.D. Dworak</b> | D. Telephone<br><b>458-2169</b> |
| E. Facility Type  |   |                                      |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                      |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                      |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                      |                                 |
| <input type="checkbox"/> 4. Sales Branch                  | _____   |                                      |                                 |

II WASTE INFORMATION

|   |  |
|---|--|
| A. Name of Waste<br><b>Electrochemical Fluorination Tars</b>              | B. Type of Process<br><b>Electrofluorination (Dept 3560)</b>           |
| C. Waste Type   |  |
| 1. Dry Scrap  | 2. Wet Scrap   |
| <input type="checkbox"/> a. Office & Paper                                | <input type="checkbox"/> g. Pumpable Liquids                           |
| <input type="checkbox"/> b. Process                                       | <input type="checkbox"/> h. Non-pumpable Liquids                       |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                    | <input checked="" type="checkbox"/> i. Non-pumpable Solids/Semi-solids |
| <input type="checkbox"/> d. Control Equipment Residue                     | <input type="checkbox"/> j. Sludges (WWTP)                             |
| <input type="checkbox"/> e. Reject Material                               | <input type="checkbox"/> k. Empty Drums                                |
| <input type="checkbox"/> f. Other (Specify) _____                         | <input type="checkbox"/> l. Other (Specify) _____                      |
| D. Approximate Composition (% of Constituents When Possible)              |  |
| ~90% organic + Fluorochemical residue (tar)                               |  |
| ~10% water  |  |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data) |  |
| Fluorochemical portion of tar decomposes upon incineration to yield HF    |  |

III FREQUENCY OF GENERATION

|   |   |
|---|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><b>12 MO/YR</b>  | D. Containers   |
| B. Quantities (Per Container)<br><b>400</b> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum <input type="checkbox"/> 5. Compactor |
| C. Volumes Generated<br><b>10</b> Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day  | <input type="checkbox"/> 2. Portable Tank <input type="checkbox"/> 6. Dumpster    |
|   | <input type="checkbox"/> 3. Open Tank <input type="checkbox"/> 7. Other (Specify) |
|   | <input type="checkbox"/> 4. Tank Truck _____                                      |

Form 19138

I FACILITY INFORMATION

|   |   |                                      |                                 |
|---|---|--------------------------------------|---------------------------------|
| A. Location<br><b>Chemolite</b>                           | B. Division<br><b>Specialty Chemical</b>        | C. Coordinator<br><b>D.D. Dworak</b> | D. Telephone<br><b>458-2169</b> |
| E. Facility Type  |   |                                      |                                 |
| <input checked="" type="checkbox"/> 1. Manufacturing      | <input type="checkbox"/> 5. Maintenance/Utility |                                      |                                 |
| <input type="checkbox"/> 2. Pilot Plant                   | <input type="checkbox"/> 6. Laboratory          |                                      |                                 |
| <input type="checkbox"/> 3. Distribution Center/Warehouse | <input type="checkbox"/> 7. Other (Specify)     |                                      |                                 |
| <input type="checkbox"/> 4. Sales Branch                  | _____   |                                      |                                 |

II WASTE INFORMATION

|   |   |
|---|---|
| A. Name of Waste<br><b>SURFACTANT SOLUTIONS</b>                                     | B. Type of Process<br><b>Cleaning (Depts. 3035 + 3060)</b>  |
| C. Waste Type   |   |
| 1. Dry Scrap  | 2. Wet Scrap  |
| <input type="checkbox"/> a. Office & Paper  | <input checked="" type="checkbox"/> g. Pumpable Liquids     |
| <input type="checkbox"/> b. Process   | <input type="checkbox"/> h. Non-pumpable Liquids            |
| <input type="checkbox"/> c. Ash (Incinerator & Boiler)                              | <input type="checkbox"/> i. Non-pumpable Solids/Semi-solids |
| <input type="checkbox"/> d. Control Equipment Residue                               | <input type="checkbox"/> j. Sludges (WWTP)                  |
| <input type="checkbox"/> e. Reject Material   | <input type="checkbox"/> k. Empty Drums                     |
| <input type="checkbox"/> f. Other (Specify) _____                                   | <input type="checkbox"/> l. Other (Specify) _____           |
| D. Approximate Composition (% of Constituents When Possible)                        |   |
| ~1% Fluorochemical surfactant   |   |
| ~99% water  |   |
| E. Physical and Chemical Properties (If Tests Have Been Run Include Data)           |   |
| Surfactant produces stable foam thereby eliminating disposal via waste water system |   |

III FREQUENCY OF GENERATION

|   |   |   |
|---|---|---|
| A. Process Frequency (Months/Year, Days/Week, etc.)<br><b>12 MO / YR</b>  | D. Containers                               |   |
| B. Quantities (Per Container)<br><b>400</b> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Lbs. <input type="checkbox"/> Gal. <input type="checkbox"/> Yd <sup>3</sup> | <input checked="" type="checkbox"/> 1. Drum | <input type="checkbox"/> 5. Compactor       |
| C. Volumes Generated<br><b>2</b> Containers/ <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Day   | <input type="checkbox"/> 2. Portable Tank   | <input type="checkbox"/> 6. Dumpster        |
|   | <input type="checkbox"/> 3. Open Tank       | <input type="checkbox"/> 7. Other (Specify) |
|   | <input type="checkbox"/> 4. Tank Truck      | _____                                       |