

\*606SERBSF10, 635\*

\*606SERBSF10,635\*

Site Name (Subject): UNION CARBIDE CORP/AGRIC PROD

Site ID (Document ID): NCD980600274

Document Name (DocType): Correspondence (C)

Report Segment:  
Description: General Correspondence, 1981 - 1995

Date of Document: 8/22/1995

Date Received:

Box: *Enter SF and # with no spaces* SF10,635

Access Level: PUBLIC

Division: WASTE MANAGEMENT

Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

**Print Report for  
Record**

**Go to New  
Blank Record**

**Go to New Record -  
(default to last  
record values)**

**Delete Record**

**UNION CARBIDE AGRIC. PROD. CO.**

NCD 980 600 274

*Folders*

1. General Correspondence file, 1981—1995

*Bound Reports*

1. FIT Report—Preliminary Reassessment: December 1988



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### UNION CARBIDE AGRIC PROD CO

#### Site Information

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[Actions](#) | [Contaminants](#) | [Site-Specific Documents](#)

**Site Name:** UNION CARBIDE AGRIC PROD CO

**Street:** TW ALEXANDER DR

**City / State / ZIP:** RESEARCH TRIANGLE PA, NC 27709

**NPL Status:** Not on the NPL

**Non-NPL Status:** NFRAP

**EPA ID:** NCD980600274

**EPA Region:** 04

**County:** DURHAM

**Federal Facility Flag:** Not a Federal Facility

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[Alias Name](#) / [Street](#) / [City](#) / [State](#) / [ZIP](#)

RHONE-POULENC  
DURHAM, NC

UNION CARBIDE AGRIC PROD CO  
DURHAM, NC

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### UNION CARBIDE AGRIC PROD CO

#### Contacts

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[Actions](#) | [Contaminants](#) | [Site-Specific Documents](#)

Title	Name	Phone Number
Remedial Project Manager (RPM)	GIEZELLE BENNETT	(404) 562-8824
Remedial Project Manager (RPM)	JON BORNHOLM	(404) 562-8820
Remedial Project Manager (RPM)	Luis Flores	(404) 562-8807
Remedial Project Manager (RPM)	KEN LUCAS	(404) 562-8953
Remedial Project Manager (RPM)	KEN MALLARY	(404) 562-8802
Remedial Project Manager (RPM)	MICHAEL TOWNSEND	(404) 562-8813
Remedial Project Manager (RPM)	SAMANTHA URQUHART F	(404) 562-8760
Remedial Project Manager (RPM)	Phil Vorsatz	(404) 562-8789
Site Assessment Manager (SAM)	Jennifer Wendel	(404) 562-8799

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#### Actions

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<u>OU</u>	<u>Action Name</u>	<u>Qualifier</u>	<u>Lead</u>	<u>Actual Start</u>	<u>Actual Completion</u>
00	DISCOVERY		F		09/01/1981
00	PRELIMINARY ASSESSMENT	L	S		02/01/1985
00	PRELIMINARY ASSESSMENT	N	F		01/31/1989
00	SITE INSPECTION	N	F		01/31/1989
00	ARCHIVE SITE		EP		01/31/1989

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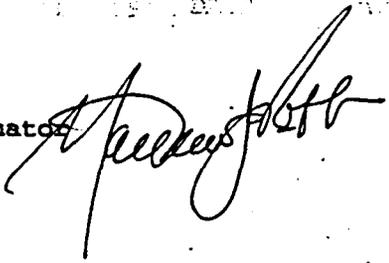
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1995 DATE: August 22, 1995  
SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY  
FROM: Matthew J. Robbins, Brownfields Coordinator  
Waste Management Division, Region IV



TO: UNION CARBIDE AGRIC PROD CO  
TW ALEXANDER DR  
RESEARCH TRIANGLE PA  
NC 27709

EPA has identified the Brownfields Initiative as one of the Agency's top priorities. The term "brownfields" refers to previously used properties that may lie vacant because potential contamination makes them unmarketable to the private sector. EPA has recently announced a comprehensive Brownfields strategy, including Pilot grants to municipalities, to stimulate economic revitalization.

One part of the strategy has been for EPA to review its complete inventory of Superfund sites. These sites have been screened and determined to require no remedial action under the Federal Superfund Program based on information available as well as on conditions and policies that currently exist. This is to notify you that EPA has removed your facility from EPA's computer inventory known as CERCLIS. THIS DOES NOT INDICATE THAT THE STATE HAS MADE A SIMILAR DETERMINATION.

If you have any questions, please call me at 404/347-5059 ext. 6214.

cc: State Agency

20 July 1990

TO: File

FROM: Jack Butler

SUBJECT: Union Carbide Agricultural Products Company  
NCD980600274

Mr. John Fitzgerald, Rhone-Poulenc, contacted our office on this date concerning a marketing letter he had received from Applied Technologies addressed to the subject site. This site was purchased by Rhone-Poulenc in about 1981. The correct mailing address is:

Rhone-Poulenc  
Post Office Box 12014  
Research Triangle Park, North Carolina 27709

Mr. John A. Fitzgerald, Environmental Manager and Mr. Bob Chase, Site Manager, are the site contacts and can be reached at (919) 549-2154.

JB/ds/1



State of North Carolina  
Department of Environment, Health, and Natural Resources  
Division of Solid Waste Management  
P.O. Box 27687 · Raleigh, North Carolina 27611-7687

James G. Martin, Governor  
William W. Cobey, Jr., Secretary

William L. Meyer  
Director

June 11, 1990

Mr. Paul Andrews  
Environmental Health Supervisor  
Pitt County Health Department  
1825 West 6th Street  
Greenville, NC 27834

RE: Off-Site Reconnaissance  
Union Carbide Corporation

NCD 003 184 249

Dear Mr. Andrews:

David Lilley of the North Carolina Superfund Section spoke with you today to notify you that the N.C. Superfund Section's Contractor will conduct an off-site reconnaissance of the subject site located in Pitt County, North Carolina. The reconnaissance will be conducted on June 27, 1990 by Helene Kasser of Greenhome and O'Mara, Inc.

The purpose of the reconnaissance is to determine if the site poses a hazard to public health or the environment because of releases of contaminants to soil, surface water, groundwater, or air. The reconnaissance team will locate all nearby water supplies (surface and groundwater, community and private) and any close sensitive environments, schools, and day care centers.

This reconnaissance is not an emergency situation but is a normal step in the evaluation of all uncontrolled and unregulated potential hazardous waste sites in North Carolina. You may want to have your representative meet the reconnaissance team at the site. If so, please contact Joe Skinner at (919) 878-0422 and he will coordinate a meeting. I am enclosing background data on the site for your information.

Mr. Paul Andrews  
June 11, 1990  
Page 2

If the reconnaissance indicates the need for future study of the site, we will contact your office to advise. If you have any question, please don't hesitate to call David Lilley or me at (919) 733-2801.

Sincerely,

Grover Nicholson, Head  
Contracts Management Branch  
Superfund Section

Enclosures

cc: Gordon Layton  
Doug Holyfield  
Steve Reid  
David Lilley  
Lois Walker  
Ann Rudd  
File

Federal  
Trip Notification & Authorization

Prepared by: HARVEY ALLEN

Today's Date: 6/11/90

\*Use Black Ink or Typewriter only-Staff to fill out first 2 blocks only.

Site Trip

Date of Trip: June 27, 1990 @ 9:00 AM

If trip date changed or cancelled note below:

Trip Date Changed To: \_\_\_\_\_ Cancelled: \_\_\_\_\_

NCD#: 003184249

Site Name: Union Carbide Corporation

City: Greenville, NC

County: Pitt

Reason for Trip: Superfund Screening Site Investigation

PHASE I

Name of Hotel (Overnight Trip): \_\_\_\_\_ Hotel Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Authorized by: David B. Kelly

Industrial Hygienist

Project Team Leader: Helene Kasser GREENHORNE & O'MARA

Assistants: Marie Fisher, HARVEY ALLEN

Attach To Notification Form: 1 copy each: Preliminary Assessment Form (First page only)  
Submit to the Site Map  
Industrial Hygienist PA Transmittal Letter

(Please list appropriate County Health Department contact person to call to advise of trip)

Environmental Supervisor or Health Director to call: Mr. Paul Andrews Title: Health Supervisor

(Note if Dr., M.P., etc.)

Telephone Number: (919) 830-6380

Notes: Health Department Official Contacted: Mr. Paul Andrews  
Back Up Letter Required: Yes  No

Notified Mr. Andrews on 6-11-90 (DBL)

Note: Signed original to Data Manager



North Carolina Department of Human Resources  
Division of Health Services  
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor  
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.  
State Health Director

5 October 1988

Mr. John P. Upton, Jr.  
Director of Environmental Health  
Durham County Health Department  
414 East Main Street  
Durham, NC 27701 Courier 203-A

RE: Site and Target Reconnaissances of:

407 Union Carbide Agricultural Products Company, NCD 980 600 274  
457 Airco Industrial Gases, NCD 084 172 469  
27 | Burroughs-Wellcome Company, NCD 042 891 481

Dear Mr. Upton:

Grover Nicholson of the NC Superfund Branch spoke with you today to notify you that the US EPA Field Investigation Team (FIT) will conduct site investigations of the three sites noted above, all located in Research Triangle Park. The investigations are scheduled for the week of 10 October 1988 by members of the FIT who will travel to Durham County from Atlanta, Georgia.

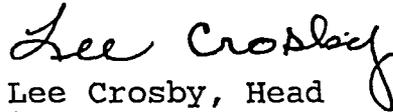
The purpose of the investigations is to determine if the sites pose any hazards to public health or the environment. The investigation team will reconnoiter the site and also locate all nearby water supplies (surface and groundwater, community and private) and any close sensitive environments, schools, and day care centers.

These investigations are not emergency situations but are normal steps in the evaluations of all uncontrolled and unregulated potential hazardous waste sites in North Carolina. You may want to have your representative meet the FIT at the sites. If so, please contact Grover Nicholson and he will coordinate with the FIT. I am enclosing background data on the sites for your information.

Mr. Upton  
10-5-88  
Page 2

If the investigations indicate the need for future study of the sites, we will contact your office to advise. If you have any questions, please don't hesitate to call Grover Nicholson or me at (919) 733-2801.

Sincerely,



Lee Crosby, Head  
Superfund Branch  
Solid Waste Management Section

Enclosures

cc: Gordon Layton  
Gary Babb  
Steve Reid  
Lois Walker  
Ann Rudd

LC/ds/ibm.15



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

Ms. Denise Bland  
NC 3012 Project Officer  
Air & Hazardous Materials Division  
U.S. Environmental Protection Agency  
345 Courtland Street, N.E.  
Atlanta, Ga 30365

Re: Preliminary Assessment Reports  
Transmittal Letter

Aberdeen Pesticides Twin Sites                      NC D980843346  
Aberdeen, Moore Co., N.C.

Aberdeen Pesticides Fairway Six Site              NC D980843403  
Aberdeen, Moore Co., N.C.

Daugherty Chemical Co.                              NC D080885551  
Durham, Durham Co., NC

David Starling Property                              NC D003185311  
Farmville, Pitt Co., NC

Union Carbide Agric. Prod. Co.                      NC D980600274  
Research Triangle Park, Durham Co., NC

Union Carbide Corp.                                  NC D003184249  
Greenville, Pitt Co., NC

Waste Industries                                      NC D065302267  
Raleigh, Wake Co., NC

Dear Denise:

Submitted herewith are final Preliminary Assessment reports for the subject sites.

Based on the N.C. RCRA 3012 Program Review of the available data, we have concluded the following:

Aberdeen Pesticides Twin Sites is situated upgradient from a public lake and recreation area and a Jaycees Lodge. Samples collected on-site indicated DDT levels as high as 11,700 ppm; other toxic compounds were also identified, but in lesser quantities. The area surrounding and including the site is expected to be developed into a recreation area in the future. Priority assigned is Medium.

Ms. Denise Bland  
December 28, 1984  
Page 2

Aberdeen Pesticides Fairway Six Site soil samples indicated DDT levels as high as 2200 ppm; other toxic compounds were also identified, but in lesser quantities. Because of rural location, the priority assigned is Low.

Daugherty Chemical Company has effectively eliminated 75 or so drums of illegally stored hazardous waste. Contaminated dirt remains on site. Priority assigned is Low.

David Starling Property is presently being monitored and evaluated by Union Carbide Corporation, which is responsible for on-site disposal of 10,000 gallons barium carbonate, barium chromate, and chromic acid in 1971. Presently, UCC indicates that the waste represents no environmental hazard to surface or ground-water resources outside the immediate disposal area. It is believed that with time the contaminants will migrate off-site to areas where there are drinking water wells. Priority assigned is Medium.

Union Carbide Agriculture Products Company commenced operation in 1980. They function primarily as a pesticide research and development facility, and not as a manufacturer. Status assigned is No Further Action.

Union Carbide Corporation, Greenville, generates waste paper impregnated with mercury at a rate of less than 1000 kg/month. UCC officials indicate no history of on-site releases of hazardous substances. Status assigned is No Further Action.

Waste Industries is a transporter with no history of on-site releases of hazardous substances. Status assigned is No Further Action.

If further information is required, contact me at 919/733-2178.

Sincerely,

*D. Mark Durway*

D. Mark Durway, Geologist  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

DMD/lw/1711A



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

I. IDENTIFICATION  
01 STATE | 02 SITE NUMBER  
NC | D980600274

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Union Carbide Agricultural Products Co.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER P.O. Box 12014 (T.W. Alexander Drive)			
03 CITY Research Triangle Park	04 STATE NC	05 ZIP CODE 27709	06 COUNTY Durham	07 COUNTY CODE 32	08 CONG DIST 2
09 COORDINATES		LONGITUDE			
LATITUDE 35° 44' 41" N		LONGITUDE 78° 51' 05" W			

10 DIRECTIONS TO SITE (Starting from nearest public road)  
From Raleigh, take I-40 North. Take Alexander Drive exit. Union Carbide is located on property adjacent to the Alexander Drive and I-40 intersection.

III. RESPONSIBLE PARTIES

01 OWNER (if known) Union Carbide Agricultural Products Co.		02 STREET (Business, mailing, residential)			
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER (919) 549-2266		
07 OPERATOR (if known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)  
 A. RCRA 3001 DATE RECEIVED: 7/2/81     B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_     C. NONE  
MONTH DAY YEAR    MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION		BY (Check all that apply)			
<input type="checkbox"/> YES    DATE ____/____/____	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> A. EPA	<input type="checkbox"/> B. EPA CONTRACTOR	<input type="checkbox"/> C. STATE	<input type="checkbox"/> D. OTHER CONTRACTOR
<small>MONTH DAY YEAR</small>		<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)			
CONTRACTOR NAME(S): _____					

02 SITE STATUS (Check one)		03 YEARS OF OPERATION			
<input checked="" type="checkbox"/> A. ACTIVE	<input type="checkbox"/> B. INACTIVE	<input type="checkbox"/> C. UNKNOWN	1980	Present	<input type="checkbox"/> UNKNOWN
		<small>BEGINNING YEAR    ENDING YEAR</small>			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED  
 Union Carbide is a generator only. They have no record of spills. RCRA inspection of facility by Larry Perry, 9-13-83, revealed Union Carbide to be in compliance regarding their hazardous waste activities.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  
 None

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)			
<input type="checkbox"/> A. HIGH <small>(inspection required promptly)</small>	<input type="checkbox"/> B. MEDIUM <small>(inspection required)</small>	<input type="checkbox"/> C. LOW <small>(inspect on time available basis)</small>	<input checked="" type="checkbox"/> D. NONE <small>(No further action needed, complete current disposition form)</small>

VI. INFORMATION AVAILABLE FROM

01 CONTACT Larry Perry		02 OF (Agency/Organization) NC DHR, S&HW Mgmt. Branch, Raleigh		03 TELEPHONE NUMBER (919) 733-2178	
04 PERSON RESPONSIBLE FOR ASSESSMENT O.W. Strickland		05 AGENCY NC DHR	06 ORGANIZATION S&HW Mgmt	07 TELEPHONE NUMBER (919) 733-2178	08 DATE 11/29/84 <small>MONTH DAY YEAR</small>



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE NC 02 SITE NUMBER D980600274

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input checked="" type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER <u>rags, gloves, etc.</u> <small>(Specify)</small>	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS _____ NO. OF DRUMS _____	03 WASTE CHARACTERISTICS (Check all that apply) <input type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
---	---	---

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			On 7-2-81, Union Carbide applied for interim status under RCRA section 3005(e). The estimated annual quantity of waste generated is listed in that application as 133,730 lbs./yr. On 1-6-82, UC withdrew this application. The gross amount figure represents that indicated by U.C. on 7-2-81; this figure might not apply at present.
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES	133,730	lbs/yr	
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

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

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
D001	Ignitability	-	Containerized in drums	Unknown	-
L 2	Corrosivity	-	and removed from site	"	-
F002	Spent halog. solvents	-	within 90 days as	"	-
F003	Spent n-h solvents	-	provided by	"	-
F005	Spent halog solvents	-	40 CFR Section	"	-
P066	Methomyl	16752775	262.34.	"	-
P070	2-Methyl...Dxime	?	"	"	-
P089	Parathion	56382	"	"	-
U011	Amitrole	61825	"	"	-
U019	Benzene	71432	"	"	-
U044	Chloroform	67663	"	"	-
U056	Cyclohexane	110827	"	"	-
U108	1,4-Dioxane	123911	"	"	-
U165	Napthalene	91203	"	"	-
U211	Tetrachloromethane	56235	"	"	-
U232	2,4,5-T Acid	93765	"	"	-

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	Unknown		FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

1) RCRA Part A applications, 7-2-81  
 RCRA notifications dated 9-2-81 and 1-5-82 (EPA Form 8700-12) (6-80)  
 Personal with Paul Barna at Union Carbide Agricultural Products Co.

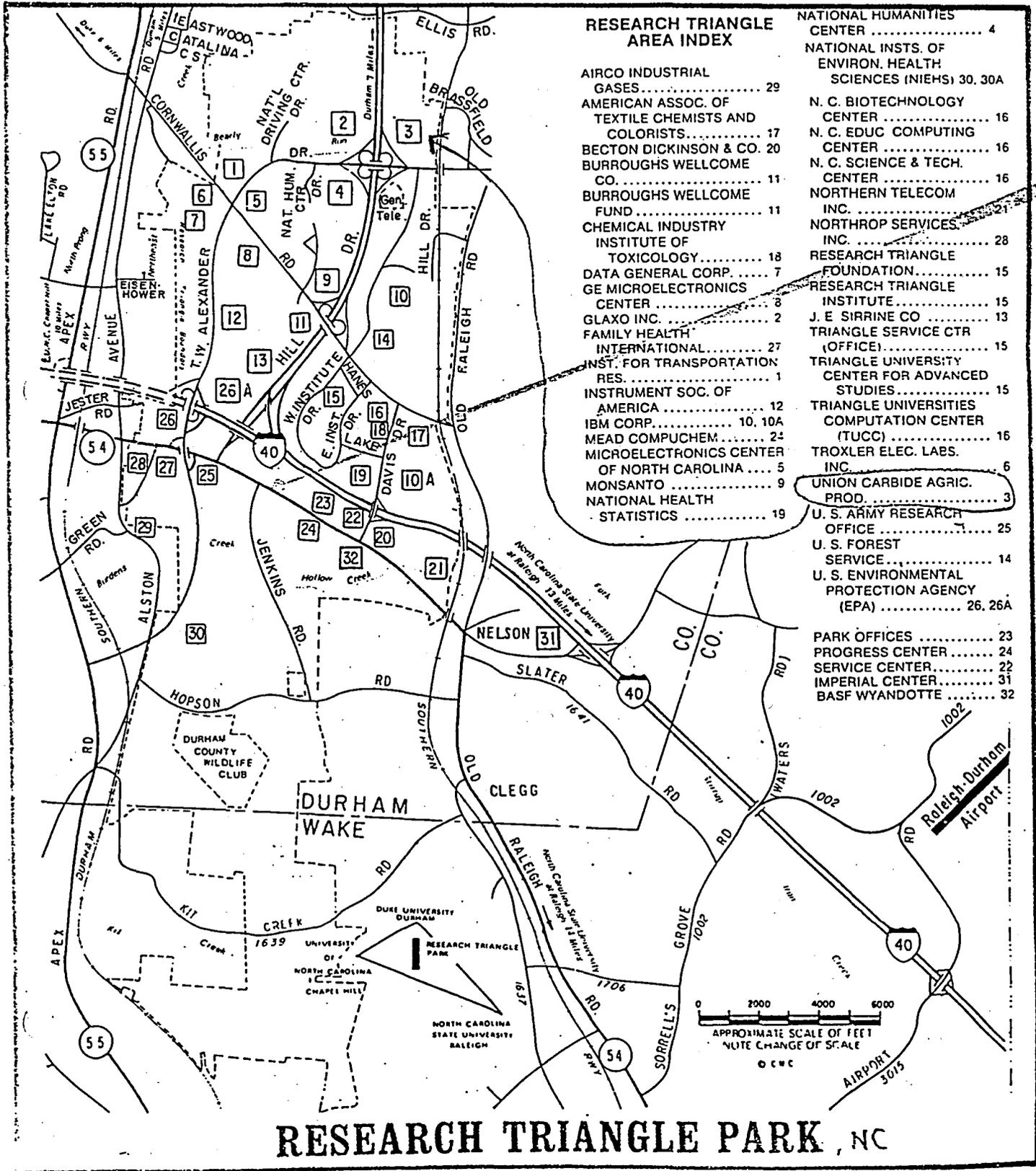
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- BROOK DR. .... B3

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- CADDY RD. .... A1
- ALIA ST. .... B1
- ST RD. .... A6
- CAMFIELD PL. .... A4, B4
- CASCADE PL. .... A4
- CLEARWATER CT. .... A2
- CLIFORD RD. .... B5
- COTTON RD. .... B1
- COUNTRY CLUB DR. .... B5
- CRAVEN DR. .... B3
- CRAVEN RIDGE RD. .... A4, B4
- CRESTVIEW RD. .... B1
- CRESTWOOD DR. .... A1
- CROWDER DR. .... B3

- DR. JOE BUFFALO RD. .... B5
- DUNHAVEN DR. .... A4
- E
- E. ALLEN ..... B1
- EASTOVER DR. .... A2
- EDGEWATER DR. .... B3
- F
- FALKIRK PL. .... A4
- FALLING WATER CT. .... A2
- FARGO TR. .... B4
- FASHION LN. .... A5
- FERNDALE DR. .... A2-6
- FERN FOREST RD. .... B3
- FIELDS DR. .... A1

- GENTLE VALLEY ..... A2
- GREEN MEADOWS CT ..... A2
- GREEN MEADOWS RD. .... A2
- GREENVALE LN. .... A2
- H
- HICKORY DR. .... A1
- HICKS RD. .... B6
- HILLSIDE DR. .... A2
- I
- INDEPENDENCE CT. .... B6
- INNWOOD RD. .... B3
- J
- JEFFERY DR. .... A1



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# RESEARCH TRIANGLE PARK, NC

RECEIVED 12 SEP 88



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

MEMORANDUM

DATE:

SUBJECT: FIT Assignment

FROM: Susan Deihl *Susan*

TO: Phil Blackwell

Per Al Hanke's instruction, please open TDDs on the following North Carolina sites for Phase I SSIs:

NCD042891481	Burroughs Welcome Co.
NCD084172469	Airco Industrial Gases
NCD980600274	Union Carbide Agric Prod. Co.

Phase I tasks should include a file review and site reconnaissance. Enclosed is a memo which provides background information for this assignment. Please contact Robert Morris to schedule reconnaissance.

Enclosure

cc: Grover Nicholson, DHR  
Robert Morris, Environmental Engineer



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

Ms. Denise Bland  
NC 3012 Project Officer  
Air & Hazardous Materials Division  
U.S. Environmental Protection Agency  
345 Courtland Street, N.E.  
Atlanta, Ga 30365

Re: Preliminary Assessment Reports  
Transmittal Letter

Aberdeen Pesticides Twin Sites                      NC D980843346  
Aberdeen, Moore Co., N.C.

Aberdeen Pesticides Fairway Six Site              NC D980843403  
Aberdeen, Moore Co., N.C.

Daugherty Chemical Co.                                      NC D080885551  
Durham, Durham Co., NC

David Starling Property                                      NC D003185311  
Farmville, Pitt Co., NC

Union Carbide Agric. Prod. Co.                      NC D980600274  
Research Triangle Park, Durham Co., NC

Union Carbide Corp.    NC D003184249  
Greenville, Pitt Co., NC

Waste Industries    NC D065302267  
Raleigh, Wake Co., NC

Dear Denise:

Submitted herewith are final Preliminary Assessment reports for the subject sites.

Based on the N.C. RCRA 3012 Program Review of the available data, we have concluded the following:

Aberdeen Pesticides Twin Sites is situated upgradient from a public lake and recreation area and a Jaycees Lodge. Samples collected on-site indicated DDT levels as high as 11,700 ppm; other toxic compounds were also identified, but in lesser quantities. The area surrounding and including the site is expected to be developed into a recreation area in the future. Priority assigned is Medium.

Ms. Denise Bland  
December 28, 1984  
Page 2

Aberdeen Pesticides Fairway Six Site soil samples indicated DDT levels as high as 2200 ppm; other toxic compounds were also identified, but in lesser quantities. Because of rural location, the priority assigned is Low.

Daugherty Chemical Company has effectively eliminated 75 or so drums of illegally stored hazardous waste. Contaminated dirt remains on site. Priority assigned is Low.

David Starling Property is presently being monitored and evaluated by Union Carbide Corporation, which is responsible for on-site disposal of 10,000 gallons barium carbonate, barium chromate, and chromic acid in 1971. Presently, UCC indicates that the waste represents no environmental hazard to surface or ground-water resources outside the immediate disposal area. It is believed that with time the contaminants will migrate off-site to areas where there are drinking water wells. Priority assigned is Medium.

Union Carbide Agriculture Products Company commenced operation in 1980. They function primarily as a pesticide research and development facility, and not as a manufacturer. Status assigned is No Further Action.

Union Carbide Corporation, Greenville, generates waste paper impregnated with mercury at a rate of less than 1000 kg/month. UCC officials indicate no history of on-site releases of hazardous substances. Status assigned is No Further Action.

Waste Industries is a transporter with no history of on-site releases of hazardous substances. Status assigned is No Further Action.

If further information is required, contact me at 919/733-2178.

Sincerely,

*D. Mark Durway*

D. Mark Durway, Geologist  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

DMD/lw/1711A



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

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
NC	D980600274

<b>II. SITE NAME AND LOCATION</b>					
01 SITE NAME (Legal, common, or descriptive name of site) Union Carbide Agricultural Products Co.			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER P.O. Box 12014 (T.W. Alexander Drive)		
03 CITY Research Triangle Park		04 STATE NC	05 ZIP CODE 27709	06 COUNTY Durham	07 COUNTY CODE 32
08 COORDINATES		08 CONG DIST 2			
LATITUDE 35° 44' 41" N		LONGITUDE 78° 51' 05" W			
10 DIRECTIONS TO SITE (Starting from nearest public road) From Raleigh, take I-40 North. Take Alexander Drive exit. Union Carbide is located on property adjacent to the Alexander Drive and I-40 intersection.					
<b>III. RESPONSIBLE PARTIES</b>					
01 OWNER (if known) Union Carbide Agricultural Products Co.			02 STREET (Business, mailing, residential)		
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER (919) 549-2266	
07 OPERATOR (if known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: <u>7</u> / <u>2</u> / <u>81</u> MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ / _____ / _____    MONTH DAY YEAR <input type="checkbox"/> C. NONE					
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES    DATE _____ / _____ / _____    MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1980</u>   <u>Present</u> <input type="checkbox"/> UNKNOWN <small>BEGINNING YEAR    ENDING YEAR</small>			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Union Carbide is a generator only. They have no record of spills. RCRA inspection of facility by Larry Perry, 9-13-83, revealed Union Carbide to be in compliance regarding their hazardous waste activities.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION None					
<b>V. PRIORITY ASSESSMENT</b>					
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) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
<b>VI. INFORMATION AVAILABLE FROM</b>					
01 CONTACT Larry Perry		02 OF (Agency/Organization) NC DHR, S&HW Mgmt. Branch, Raleigh		03 TELEPHONE NUMBER (919) 733-2178	
04 PERSON RESPONSIBLE FOR ASSESSMENT O.W. Strickland		05 AGENCY NC DHR	06 ORGANIZATION S&HW Mgmt	07 TELEPHONE NUMBER (919) 733-2178	08 DATE <u>11</u> / <u>29</u> / <u>84</u> <small>MONTH DAY YEAR</small>



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
NC D980600274

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

<p>01 PHYSICAL STATES (Check all that apply)</p> <p><input checked="" type="checkbox"/> A. SOLID  <input type="checkbox"/> B. POWDER, FINES  <input type="checkbox"/> C. SLUDGE  <input type="checkbox"/> D. OTHER <u>rags, gloves, etc.</u>  <small>(Specify)</small></p>	<p>02 WASTE QUANTITY AT SITE  <small>(Measures of waste quantities must be independent)</small></p> <p>TONS _____          CUBIC YARDS _____          NO. OF DRUMS _____</p>	<p>03 WASTE CHARACTERISTICS (Check all that apply)</p> <p><input type="checkbox"/> A. TOXIC  <input type="checkbox"/> B. CORROSIVE  <input type="checkbox"/> C. RADIOACTIVE  <input type="checkbox"/> D. PERSISTENT  <input type="checkbox"/> E. SOLUBLE  <input type="checkbox"/> F. INFECTIOUS  <input type="checkbox"/> G. FLAMMABLE  <input type="checkbox"/> H. IGNITABLE  <input type="checkbox"/> I. HIGHLY VOLATILE  <input type="checkbox"/> J. EXPLOSIVE  <input type="checkbox"/> K. REACTIVE  <input type="checkbox"/> L. INCOMPATIBLE  <input type="checkbox"/> M. NOT APPLICABLE</p>
--	--	--

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			On 7-2-81, Union Carbide applied for interim status under RCRA section 3005(e). The estimated annual quantity of waste generated is listed in that application as 133,730 lbs./yr. On 1-6-82, UC withdrew this application. The gross amount figure represents that indicated by U.C. on 7-2-81; this figure might not apply at present.
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES	133,730	lbs/yr	
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

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

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
D001	Ignitability	-	Containerized in drums	Unknown	-
D002	Corrosivity	-	and removed from site	"	-
F002	Spent halog. solvents	-	within 90 days as	"	-
F003	Spent n-h solvents	-	provided by	"	-
F005	Spent halog solvents	-	40 CFR Section	"	-
P066	Methomyl	16752775	262.34.	"	-
P070	2-Methyl...Dxime	?	"	"	-
P089	Parathion	56382	"	"	-
U011	Amitrole	61825	"	"	-
U019	Benzene	71432	"	"	-
U044	Chloroform	67663	"	"	-
U056	Cyclohexane	110827	"	"	-
U108	1,4-Dioxane	123911	"	"	-
U165	Napthalene	91203	"	"	-
U211	Tetrachloromethane	56235	"	"	-
U232	2,4,5-T Acid	93765	"	"	-

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	Unknown		FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

- 1) RCRA Part A applications, 7-2-81
- 2) RCRA notifications dated 9-2-81 and 1-5-82 (EPA Form 8700-12) (6-80)
- 3) Personal with Paul Barna at Union Carbide Agricultural Products Co.

# EXT. AREA INDEX

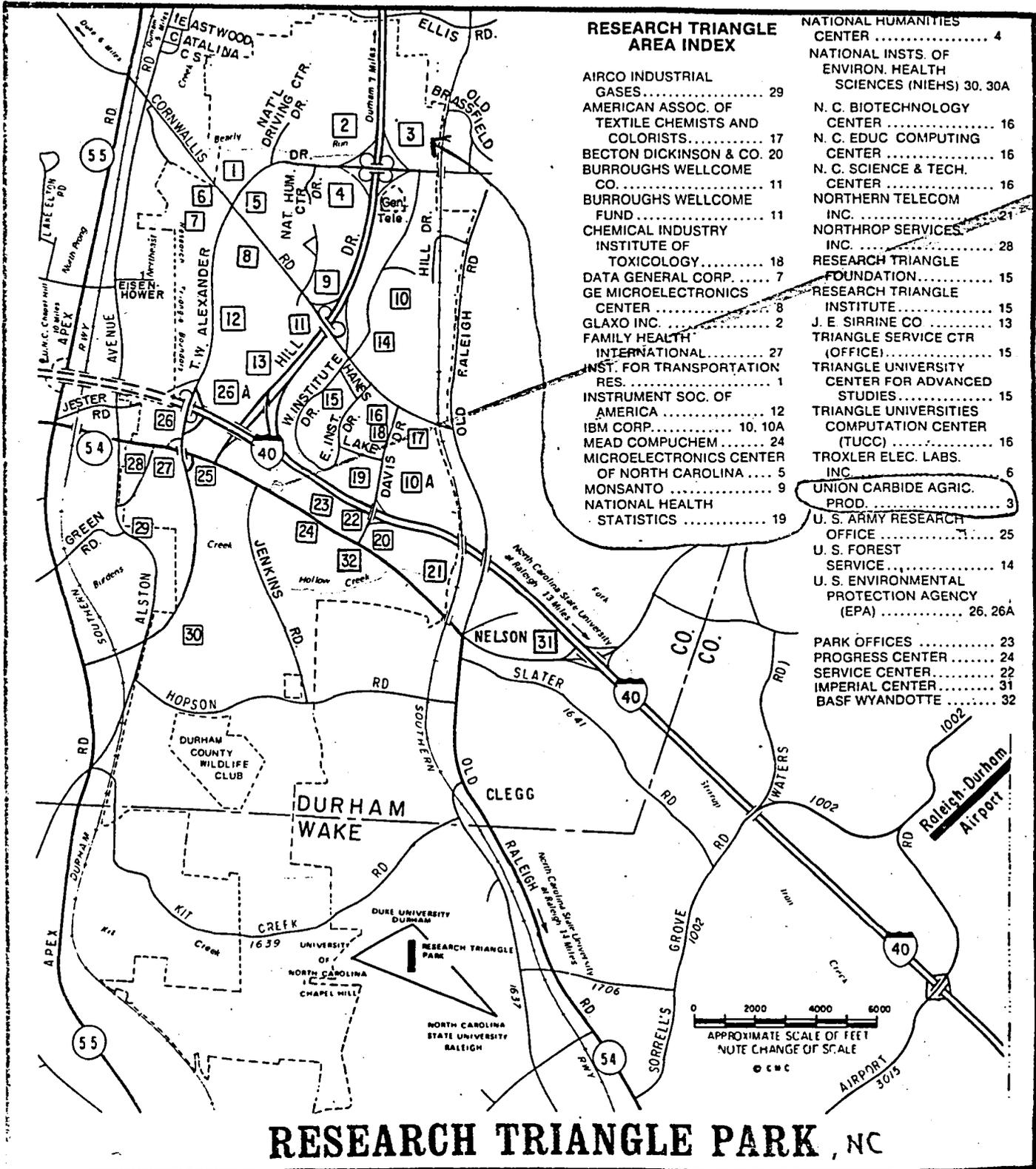
- A**
- ALLEN ST. .... B1
  - AMY ..... A5
  - APRIL DR. .... A2
  - ARNIE DR. .... B4
  - AYSHIRE PL. .... A4

- B**
- BENSON RD. .... A4, B3
  - BLUEFIELD DR. .... B4
  - BOXWOOD DR. .... A2
  - BROOK DR. .... B3

- C**
- CADDY RD. .... A1
  - CANTALINA ST. .... B1
  - CANTON RD. .... A6
  - CANNFIELD PL. .... A4, B4
  - CASCADE PL. .... A4
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  - CLIFORD RD. .... B5
  - COTTON RD. .... B1
  - COUNTRY CLUB DR. .... B5
  - CRAVEN DR. .... B3
  - CRAVEN RIDGE RD. .... A4, B4
  - CRESTVIEW RD. .... B1
  - CRESTWOOD DR. .... A1
  - CROWDER DR. .... B3

- D**
- DR. JOE BUFFALO RD. .... B5
  - DUNHAVEN DR. .... A4
- E**
- E. ALLEN ST. .... B1
  - EASTOVER DR. .... A2
  - EDGEWATER DR. .... B3
- F**
- FALKIRK PL. .... A4
  - FALLING WATER CT. .... A2
  - FARGO TR. .... B4
  - FASHION LN. .... A5
  - FERDALE DR. .... A2-6
  - FERN FOREST RD. .... B3
  - FIELDS DR. .... A1

- G**
- GENTLE VALLEY ..... A2
  - GREEN MEADOWS CT. .... A2
  - GREEN MEADOWS RD. .... A2
  - GREENVALE LN. .... A2
- H**
- HICKORY DR. .... A1
  - HICKS RD. .... B6
  - HILLSIDE DR. .... A2
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Wa

RESEAR  
Park Pla  
Hwy.54  
Teller II

C

A



Greenville City ZDFL

NC D980557698

Asheboro Muni ZDFZ

NC D980557557

VCC Ag Prod Co.

980600274

/ R&D insecticides, herbic., & plant growth regulator.

Part A:

- either T.S. or D
- 1) 800 gal Storage Tank
  - 2) 20 gph Incinerator
  - 3) 13,860 containers (Dbl or drgs)

4) Landfill for incinerated wastes, which are as follows:

- |                            |            |  |
|----------------------------|------------|--|
| incinerated and landfilled | 1) 900 lbs | - Chrom (blue) shavings from leather tanning & finishing |
|                            | 2) 400 lbs | - Corrosivity characteristic                             |
|                            | 3) 100 lbs | - Ignitability   |
|                            |            | - halogenated and non-hal. solvents                      |

FOLLOWING INFO FROM PART A, 7-2-81:

storage facility → A) 13,860 gal

containers for wastes  
in containers (drums, etc.)

waste streams → B) WASTES

- 1) 44 k lbs ignit. & corros.
- 2) 84 k lbs spent halog & non-halog solvents
- 3) acute hazardous

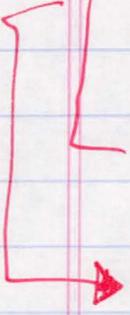
- i) 1000 lbs Methomyl
- ii) 2000 lbs 2-methyl . . . . oxime
- iii) 100 lbs Parathion
- 4) 2,630 lbs { amitrol, benzene, chloroform, cyclohexane,  
1,4, Dioxane, Naphthalene, Tetrachloromethane,  
2,4,5-Trichlorophenoxyacetic acid, U240?

133,730 lbs = TOTAL

2/

VCC Ag. Prod. Co. (cont'd) NCD 980600274

from EPA Form 8700-12 (6-80) [RCRA 3010 NOTIFICATION]  
(here, U.C. re-notifies <sup>(1-5-82)</sup> in order to ~~get rid of~~  
maintain interim status, and therefore, their PART A, which  
they submitted 7-2-81)



3/

29 NOV 84

TO: FILE / Union Carbide Agric Products Co. (NC D980600277)  
PAUL BARNA

RE: ~~conversation~~ telecommunications / ~~ERNEST B. SHANLINS~~

@ RTP 549-2266

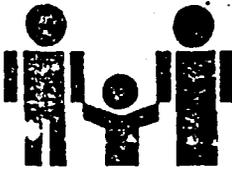
QUESTIONS TO ASK / POINTS TO CONFIRM:

- ① NO PART A
- ② no storage / disposal or spills — NO
- ③ solvent recovery? (prospect for future according to L. Perry's report, 9/17/82)
- ④ what form are wastes in before having them transported  
where do wastes go? — Emile, AL
- ⑤ waste types and quantities —

PAUL BARNA is Shanlins' supervisor

Barma didn't know very much. However,  
I got enough info. V.C. @ RTP is NO FURTHER ACTION.

D. M. D.  
11-29-84



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

September 23, 1983



Mr. Ernest B. Shamlin  
Union Carbide Agricultural  
Products Company, Inc.  
P.O. Box 12014  
Research Triangle Park, NC 27709

RE: NCD980600274

Dear Mr. Shamlin:

On September 13, 1983 Mr. Larry Perry of the Solid and Hazardous Waste Management Branch conducted a RCRA inspection of your facility. The following violation was noted:

1. 265.16 - Need documentation of personnel training of Greg Christmas.

A compliance date of September 30, 1983 was established.

If you have any questions concerning this matter, please contact Mr. William Paige, Environmental Chemist at (919) 733-2178.

Sincerely,

O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

OWS:nlc

cc: Mr. Larry Perry





*W. H. Levine*  
Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

September 16, 1983

MEMORANDUM

TO: O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch

FROM: *LDP* Larry D. Perry, Waste Management Specialist  
Solid & Hazardous Waste Management Branch

SUBJECT: Annual RCRA Inspection - Generator  
Union Carbide Agricultural Products Co., Inc.  
P.O. Box 12014  
Research Triangle Park, N. C. 27709  
NCD980600274  
Contact - Ernest B. Shamlin, Supervisor Stores & Services

On September 13, 1983, an annual RCRA inspection was made at the Union Carbide facility. On this date, the facility was found to be in overall satisfactory compliance. Only one deficiency was found, that being:

265.16 - Need documentation of personnel training of Greg Christmas.

A compliance date of September 30, 1983, was agreed upon.

LDP:ct  
Attachments

RCRA INSPECTION FORM

1. Union Carbide Agricultural Products Co., Inc.  
P.O. Box 12014  
T. W. Alexander Drive  
Research Triangle Park, NC 27709  
NCD980600274
2. Ernest B. Shamlin, Supervisor Stores & Services
3. Tony Hall, Waste Chemical Technician  
Steve Phibbs, Solid & Hazardous Waste Management Branch  
Larry D. Perry, Solid & Hazardous Waste Management Branch
4. September 13, 1983
5. No Change
6. No Change
7. No Change
8. 265.16 - Need documentation of personnel training on Greg Christmas.
9. Compliance date of September 30, 1983, agreed upon.

RCRA INSPECTION FORM

Union Carbide Agric. Products Co. NED 980 600 274  
 Name of Site EPA I.D. Duchan  
Res. Tri. Park 9-13-83  
 Location Inspection Date Signature of Inspector(s)  
9-30-83 Ernest B. Shanlin  
 Compliance Date Document by Signature of Facility Contact  
 letter

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

GENERATOR STANDARDS (262.00)				
	C	NC	NA	Violation(s)
1. GENERAL (.10-.12)	—	—	—	—
2. THE MANIFEST (.20-.23)	✓	—	—	—
3. PRE-TRANSPORT REQUIREMENTS (.30-.34)	✓	—	—	—
4. RECORDKEEPING/REPORTING (.40-.43)	✓	—	—	—
5. SPECIAL CONDITIONS (.50-.51)	—	—	—	—
TRANSPORTER STANDARDS (263.00)				
1. GENERAL (.11-.12)	—	—	—	—
2. MANIFEST/RECORDKEEPING (.20-.22)	—	—	—	—
3. HAZARDOUS WASTE DISCHARGES (.30-.31)	—	—	—	—
TSDF STANDARDS (265.00)				
1. GENERAL (.1-.4)	—	—	✓	—
2. GENERAL FACILITY STANDARDS (.10-.17)	—	✓	—	(265.16)
3. PREPAREDNESS AND PREVENTION (.30-.37)	✓	—	—	—
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES (.50-.56)	✓	—	—	—
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (.70-.77)	✓	—	—	—
6. GROUND-WATER MONITORING (.90-.94)	—	—	✓	—
7. CLOSURE AND POST-CLOSURE (.110-.120)	—	—	✓	—
8. FINANCIAL REQUIREMENTS (.140-.145)	—	—	✓	—
9. USE AND MANAGEMENT OF CONTAINERS (.170-.177)	✓	—	—	—
10. TANKS (.190-.199)	—	—	✓	—
11. SURFACE IMPOUNDMENTS (.220-.230)	—	—	✓	—
12. WASTE PILES (.250-.257)	—	—	✓	—
13. LAND TREATMENT (.270-.282)	—	—	✓	—
14. LANDFILLS (.300-.315)	—	—	✓	—
15. INCINERATORS (.340-.351)	—	—	✓	—
16. THERMAL TREATMENT (.370-.382)	—	—	✓	—
17. CHEM., PHYS./BIO. TREATMENT (.400-.406)	—	—	✓	—
18. UNDERGROUND INJECTION (.430)	—	—	✓	—

RCRA STATUS  
 GENERATOR  TRANSPORTER  TREATER  STORER  DISPOSER   
 IMMINENT HAZARD: YES  NO

*Facility in very satisfactory level of compliance*

The below instructions are applicable to Interim Status Inspection  
Forms Numbers 3014(7-81)

Purpose: To provide information on the compliance status of facilities handling hazardous waste. A written summary will be developed from this data and forwarded to the facility.

Preparation: A field inspector will prepare one copy of the appropriate inspection form(s) on each facility to be inspected. Information regarding county, name, address, and E.P.A. I.D. number may be completed prior to the site visit.

Distribution: The field inspector should write a written summary and forward it to the below address within one week after the site visit.

Mailing: Mr. O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602

Retention: It is recommended that the inspection report be retained as a part of a facilities permanent record.

Additional forms may be ordered from: Solid and Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

September 27, 1982



Mr. Ed Levy  
Union Carbide Agri.  
Products Company  
P.O. Box 12014  
Research Triangle Park, NC 27709

*NC0980600274*

Dear Mr. Levy:

On August 25, 1982 Mr. Larry Perry of the Solid and Hazardous Waste Management Branch conducted a RCRA inspection of your facility. You were found to be in compliance with the standards.

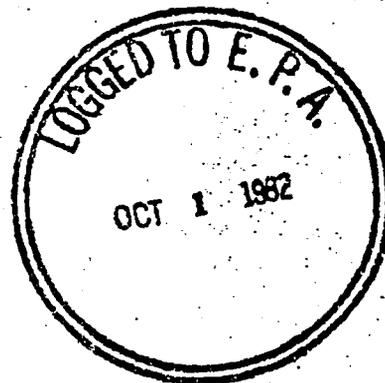
This office wishes to thank you for your cooperation and please do not hesitate to contact us if we may be of future assistance.

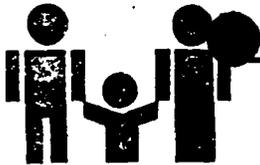
Sincerely,

O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

OWS:nlc

cc: Mr. Larry Perry





Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

September 17, 1982

MEMORANDUM:

TO: O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch

FROM: Larry D. Perry, District Representative *LDP*  
Solid & Hazardous Waste Management Branch

SUBJECT: Interim Status Inspection - Generator  
Union Carbide Agri. Products Co.  
Alexander Drive *PO Box 12014*  
Research Triangle Park, NC *27709*  
EPA I.D. #NCD980600274  
Contact: Ed Levy, Building Service Mgr.

An interim status inspection was made at Union Carbide Agri. Products Co. on August 25, 1982 to determine compliance with RCRA. There were no discrepancies observed at this site.

LDP:ns

INTERIM STATUS INSPECTION

1. Facility Information

Union Carbide Agri Products Co. - Generator  
Alexander Drive  
Research Triangle Park, NC (Wake Co)  
EPA ID# NCD980600274

2. Responsible Official

E. B. Shamlin, Waste Chemical Coordinator

3. Survey Participant

Ed Levy, Building Service Manager  
Jack Fitzgerald, Environmental Manager for the Company  
Tony Hall, Waste Chemical Tech.  
Larry D. Perry, NC Hazardous Waste Management Branch

4. Date of Inspection

August 25, 1982

5. Applicable Regulations

40 CFR Parts 262 & 265, FR May 19, 1980 and amendments

6. Purpose of Survey

An RCRA Interim Status compliance inspection was conducted at the Union Carbide facility by the NC Hazardous Waste Management Branch. The scope of the inspection was comprehensive including a site survey and record review. Regulatory requirements covered those contained in 40 CFR Parts 262 and 265 Generator Standards including containers.

7. Facility Description

The Union Carbide facility is located off Alexander Drive in the Research Triangle Park. The facility is involved primarily in pesticide development and research. The waste generated is primarily solvents and related lab waste. This includes acids, bases, non-halogenated solvents, solid-contaminated lab waste (glassware, towels, etc.) and some pesticide material. In checking the manifest and records, the waste generated to date could be categorized as the following: D002, F002, F003, and F005.

To date three manifested shipments of waste had been shipped for disposal. All of this waste had been shipped to the Chemical Waste Management site in Emile, AL. All of the manifest were in proper order. The accumulation log also was in proper order. All material including solvents is disposed of at present. The prospect of solvent recovery is being considered for future purposes. All material is manifested within 90 days of accumulation start date. (The storage area is of excellent design and could easily comply with storage regulations, but the facility has chosen to keep material moving every 90 days.)

TREATER ?

The overall observation of the facility is considered excellent by this inspector.

8. Site Deficiencies

No discrepancies observed. All applicable RCRA regulation requirements are in full compliance.



INSTRUCTIONS FOR FORM USAGE

The below instructions are applicable to Interim Status Inspection  
Forms Numbers \_\_\_\_\_

Purpose: To provide information on the compliance status of facilities handling hazardous waste. A written summary will be developed from this data and forwarded to the facility.

Preparation: A field inspector will prepare one copy of the appropriate inspection form(s) on each facility to be inspected. Information regarding county, name, address, and E.P.A. I.D. number may be completed prior to the site visit.

Distribution: The field inspector should write a written summary and forward it to the below address within one week after the site visit.

Mailing: Mr. O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602

Retention: It is recommended that the inspection report be retained as a part of a facilities permanent record.

Additional forms may be ordered from: Solid and Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

FEB 4 1982

REF: 4AW-RM

Mr. Joseph M. Fallon  
Union Carbide Agricultural Products Co., Inc.  
Old Ridgebury Road  
Danbury, CT 06817

Re: Your January 6, 1982, letter requesting your facility status be changed to generator of hazardous waste only. Union Carbide Agric. Products Co., ID Number NCD980600274.

Gentlemen:

This letter is to acknowledge receipt of your request for withdrawal of your application for a permit under the Resource Conservation and Recovery Act (RCRA), as amended. Your letter indicated that you no longer treat, store, or dispose of hazardous waste.

It has been our general experience that the RCRA regulations and the amendments which have been published since May 19, 1980, have caused confusion, and have been subjected to misinterpretation. This confusion on the part of the regulated community has been compounded, due to EPA's and the State's overlapping responsibilities for implementation of the hazardous waste regulatory program during the period of interim authorization.

Withdrawal of your permit application constitutes revocation of interim status, as defined by Section 3005(e) of the Act. Consequently, under the Federal program, you would no longer be allowed to treat, store, or dispose of hazardous waste. However, as you are probably aware, the State has been authorized to implement certain requirements of the program in lieu of the Federal regulatory requirements. Therefore, withdrawal of your applications also directly affects the State program.

In light of the foregoing, EPA plans to proceed as follows. EPA will place your file in our "suspense" file. This action, in essence, revokes your interim status under the Federal program. However, we will forward the request to the State for formal action. The State will contact you if further information relating to your waste is required. If the State agrees that your waste is not hazardous and that you do not need a RCRA permit, the State will notify you of this determination, and by carbon copy of this notification sent to you, your application will be formally withdrawn, and your file will be closed.

In conclusion, this letter should not be taken as EPA's concurrence with your determination that RCRA regulatory requirements are not applicable to your facility. Furthermore, this letter does not relieve you of your responsibility to comply with applicable State and Local hazardous waste regulatory requirements.

Finally, your request to withdraw interim status means that you may not treat, store, or dispose of hazardous waste without a permit issued under the authority of §3005 of the Act and 40 CFR 264.

If for any reason you wish to reconsider this withdrawal request, please advise this office and the State within the next ten days. You should be receiving a formal response to your request from the State in the near future. If you require further clarification, please contact John Herrmann of my staff (404) 881-3433 or a representative of the State hazardous waste program.

Sincerely yours,

James H. Scarbrough, Chief  
Residuals Management Branch

CC: NC Department of Human Resources

UNION CARBIDE AGRICULTURAL PRODUCTS COMPANY, INC.

OLD RIDGEBURY ROAD, DANBURY, CT. 06817

JOSEPH M. FALLON  
VICE PRESIDENT-OPERATIONS

January 6, 1982

Ms. Heather Ford  
EPA Region IV  
RCRA Activities  
345 Courtland, N.E.  
Atlanta, Georgia 30308

Dear Ms. Ford:

On July 2, 1981, I sent you an application for a hazardous waste storage facility for Union Carbide Agricultural Products Company's new office and laboratories at the Research Triangle Park, North Carolina. At this time, I would like to withdraw this application.

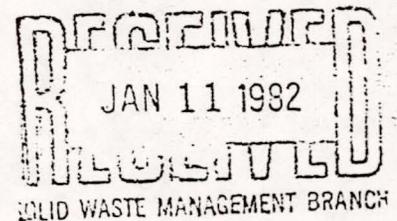
Arrangements have been made to remove all hazardous waste from the site within 90 days or less. EPA Form 8700-12 is attached to notify you of this change to generator status only. We will, of course, meet all the requirements for a generator under 40 CFR part 262.

Very truly yours,

*Joseph M. Fallon*

JMF:jr  
Encl.

cc: Mr. Bill Mayer  
North Carolina Department  
of Human Resources  
Bath Building  
Raleigh, North Carolina 27611





**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 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	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 P 0 6 6 23 - 26	32 P 0 7 0 23 - 26	33 P 0 8 9 23 - 26	34 U 0 1 1 23 - 26	35 U 0 1 9 23 - 26	36 U 0 4 4 23 - 26
37 U 0 5 6 23 - 26	38 U 1 0 8 23 - 26	39 U 1 6 5 23 - 26	40 U 2 1 1 23 - 26	41 U 2 3 2 23 - 26	42 U 2 4 0 23 - 26
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.*

<b>SIGNATURE</b> J. M. Fallon	<b>NAME &amp; OFFICIAL TITLE (type or print)</b> J. M. Fallon Vice President, Operations	<b>DATE SIGNED</b> 1/5/82
----------------------------------	--	------------------------------



Health

STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

JAMES B. HUNT, JR.  
GOVERNOR

XXXXXXXXXXXXX  
XXXXXX

SARAH T. MORROW, M.D., M.P.H.  
SECRETARY

P. O. Box 2091

Raleigh 27602

Ronald H. Levine, M.D.  
Acting Director

October 12, 1981

Mr. Edgar Levy  
Union Carbide Agricultural  
Products Company  
P.O. Box 12014  
Research Triangle Park, NC 27709

Dear Mr. Levy:

Enclosed is the material you wished to receive on the 100-year floodplain in the neighborhood of your research facility. If we can be of further help, please call on us.

Very truly yours,

*Keith Lawson*

Keith Lawson, Environmental Chemist  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

KL:lc



DEPARTMENT OF THE ARMY  
WILMINGTON DISTRICT, CORPS OF ENGINEERS  
P. O. BOX 1890  
WILMINGTON, NORTH CAROLINA 28402

IN REPLY REFER TO

SAWEN-F



30 September 1981

Mr. J. Gordon Layton  
Solid & Hazardous Waste Management Branch  
North Carolina Department of Human Resources  
P.O. Box 27687  
Raleigh, NC 27611

Dear Mr. Layton:

This is in response to your request of 24 September 1981 for the 100-year-frequency flood elevation at a site bounded on the east by the Southern Railway, near the community of Brassfield, in Durham County, N.C.

According to the map furnished with your request, this site is bordered on the east and west by small streams having drainage areas of less than 1 square mile. Detailed flood-frequency information is not available for these streams. Using an approximate method of estimating flood heights, we have determined that the 100-year flood elevation will reach about 5 feet above the elevation of normal flow.

If we can be of further assistance, please call on us again.

Sincerely,

K. B. OLD, JR.  
Chief, Flood Plain Management  
Services Branch

FORM 1  
 GENERAL



LABEL ITEMS  
 I. EPA I.D. NUMBER  
 III. FACILITY NAME  
 V. FACILITY MAILING ADDRESS  
 VI. FACILITY LOCATION

000084  
 RECEIVED  
 JUL 5 2 12 PM '81  
 EPHS  
 DR

**PLEASE PLACE LABEL IN THIS SPACE**

GENERAL INSTRUCTIONS  
 If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

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

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACH
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 UNION CARBIDE AGRICULTURAL PRODUCTS COMP

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)  
 2 LEVY EDGAR BLDG SERV MGR

B. PHONE (area code & no.)  
 919 549 2266

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX  
 3 P O BOX 12014

B. CITY OR TOWN  
 4 RESEARCH TRIANGLE PARK

C. STATE  
 NC

D. ZIP CODE  
 27709

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
 5 T W ALEXANDER DR

B. COUNTY NAME  
 DURHAM

C. CITY OR TOWN  
 6 RESEARCH TRIANGLE PARK

D. STATE  
 NC

E. ZIP CODE  
 27709

F. COUNTY CODE (if known)

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

<b>A. FIRST</b>				<b>B. SECOND</b>			
7	2	8	7	(specify)	7		(specify)
Pesticides and Agricultural Chemicals				NA			
<b>C. THIRD</b>				<b>D. FOURTH</b>			
7				(specify)	7		(specify)
NA				NA			

**VIII. OPERATOR INFORMATION**

**A. NAME**

8 UNION CARBIDE AGRICULTURAL PRODUCTS COMP

**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 M = PUBLIC (other than federal or state)  
 S = STATE O = OTHER (specify)  
 P = PRIVATE

P (specify) NA

**D. PHONE (area code & no.)**

9 1 9 5 4 9 2 0 0 0

**E. STREET OR P.O. BOX**

P O BOX 1 2 0 1 4

**F. CITY OR TOWN**

B RESEARCH TRIANGLE PARK

**G. STATE**

NC

**H. ZIP CODE**

2 7 7 0 9

**IX. INDIAN LAND**

Is the facility located on Indian lands?  
 YES  NO

**X. EXISTING ENVIRONMENTAL PERMITS**

<b>A. NPDES (Discharges to Surface Water)</b>				<b>D. PSD (Air Emissions from Proposed Sources)</b>			
9	N			9	P		
NA				NA			
<b>B. UIC (Underground Injection of Fluids)</b>				<b>E. OTHER (specify)</b>			
9	U			9			
NA				NA (specify) NA			
<b>C. RCRA (Hazardous Wastes)</b>				<b>E. OTHER (specify)</b>			
9	R			9			
NA				NA (specify) NA			

**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)**

This location is the research, design and engineering center for Union Carbide Agricultural Products Company. New insecticide, herbicide and plant growth regulator products are developed in laboratory and greenhouse facilities.

**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.

<b>A. NAME &amp; OFFICIAL TITLE (type or print)</b>	<b>B. SIGNATURE</b>	<b>C. DATE SIGNED</b>
J. M. Fallon Vice President, Operations	<i>J. M. Fallon</i>	7/2/01

**COMMENTS FOR OFFICIAL USE ONLY**

C

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

**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 revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

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

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

2. NEW FACILITY (Complete item below)

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

YR.	MO.	DAY
81	10	01

**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 describe the process (including its design capacity) in the space provided on the form (Item III-C).

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

1. AMOUNT - Enter the amount.

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

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	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
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
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 another can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	13,860	G		7				
2					8				
3					9				
4					10				

**III. PROCESSES (continued)**

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

NA

**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, 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:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

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

**D. PROCESSES**

**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

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

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

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

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

LINE NO. JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 13 14 15 1													W 1 2 DUP 2 DUP												

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES										
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
1	D 0 0 1	42,000	P	S	0	1								
2	D 0 0 2	2,000	P	S	0	1								
3														
4	F 0 0 2	6,000	P	S	0	1								
5	F 0 0 3	72,000	P	S	0	1								
6	F 0 0 5	6,000	P	S	0	1								
7														
8	P 0 6 6	1,000	P	S	0	1								
9	P 0 7 0	2,000	P	S	0	1								
10	P 0 8 9	100	P	S	0	1								
11														
12	U 0 1 1	100	P	S	0	1								
13	U 0 1 9	200	P	S	0	1								
14	U 0 4 4	10	P	S	0	1								
15	U 0 5 6	2,000	P	S	0	1								
16	U 1 0 8	10	P	S	0	1								
17	U 1 6 5	100	P	S	0	1								
18	U 2 1 1	10	P	S	0	1								
19	U 2 3 2	100	P	S	0	1								
20	U 2 4 0	100	P	S	0	1								
21														
22														
23														
24														
25														
26														

**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**

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

NA

EPA I.D. NO. (enter from page 1)											
9											T/A/C
F											6
1	2	3	4	5	6	7	8	9	10	11	12

**V. FACILITY DRAWING**

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

**VI. PHOTOGRAPHS**

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

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)								
3	5	5	5	4	1	N	0	7	8	5	1	0	5	W
65	66	67	68	69	70		72	74	75	76	77	78	79	

**VIII. FACILITY OWNER**

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

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

1. NAME OF FACILITY'S LEGAL OWNER								2. PHONE NO. (area code)			
E											
3. STREET OR P.O. BOX								4. CITY OR TOWN			
F								G			
5. ST.								6. ZIP CODE			

**IX. OWNER CERTIFICATION**

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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
J. M. Fallon	J. M. Fallon	7/2/81

**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
NA		

Y, FACILITY DRAWING (see page 4)

NA



**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 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	4	5	6
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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

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

**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 P 0 6 6 23 - 26	32 P 0 7 0 23 - 26	33 P 0 8 9 23 - 26	34 U 0 1 1 23 - 26	35 U 0 1 9 23 - 26	36 U 0 4 4 23 - 26
37 U 0 5 6 23 - 26	38 U 1 0 8 23 - 26	39 U 1 6 5 23 - 26	40 U 2 1 1 23 - 26	41 U 2 3 2 23 - 26	42 U 2 4 0 23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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

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 <i>J. M. Fallon</i>	NAME & OFFICIAL TITLE (type or print) Vice President, Operations	DATE SIGNED 9/2/81
----------------------------------	---	-----------------------

**FORM 1**  
**GENERAL**

**EPA**

**ENVIRONMENTAL PROTECTION AGENCY**  
**GENERAL INFORMATION**  
 Consolidated Permits Program  
 (Read the "General Instructions" before starting.)

**LABEL ITEMS**

**I. EPA I.D. NUMBER**  
 J00084

**III. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**

RECEIVED  
 EPA REGION 1  
 PLEASE PLACE LABEL IN THIS SPACE  
 JUL 6 2 12 PM '68  
 ENF 300-217  
 DNR

**I. EPA I.D. NUMBER**

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

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

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		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 UNION CARBIDE AGRICULTURAL PRODUCTS COMP

**IV. FACILITY CONTACT**

**A. NAME & TITLE (last, first, & title)**  
 2 LEVY EDGAR BLDG SERV MGR

**B. PHONE (area code & no.)**  
 9 1 9 | 5 4 9 | 2 2 6 6

**V. FACILITY MAILING ADDRESS**

**A. STREET OR P.O. BOX**  
 3 P O BOX 12014

**B. CITY OR TOWN**  
 4 RESEARCH TRIANGLE PARK

**C. STATE**  
 NC

**D. ZIP CODE**  
 2 7 7 0 9

**VI. FACILITY LOCATION**

**A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER**  
 5 T W ALEXANDER DR

**B. COUNTY NAME**  
 DURHAM

**C. CITY OR TOWN**  
 6 RESEARCH TRIANGLE PARK

**D. STATE**  
 NC

**E. ZIP CODE**  
 2 7 7 0 9

**F. COUNTY CODE (if known)**

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

A. FIRST				B. SECOND			
7	2	8	7	9			
(specify) Pesticides and Agricultural Chemicals				(specify) NA			
C. THIRD				D. FOURTH			
7				7			
(specify) NA				(specify) NA			

**VIII. OPERATOR INFORMATION**

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
UNION CARBIDE AGRICULTURAL PRODUCTS COMP												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		NA		919		549		2000	
S = STATE		O = OTHER (specify)											
P = PRIVATE													
E. STREET OR P.O. BOX													
P O BOX 12014													

F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
RESEARCH TRIANGLE PARK				NC		27709		Is the facility located on Indian lands?	
								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
NA				NA			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
NA				NA			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
NA				NA			

**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)**

This location is the research, design and engineering center for Union Carbide Agricultural Products Company. New insecticide, herbicide and plant growth regulator products are developed in laboratory and greenhouse facilities.

**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	
J. M. Fallon Vice President, Operations		<i>J. M. Fallon</i>		7/2/81	

**COMMENTS FOR OFFICIAL USE ONLY**

--	--	--	--	--	--	--	--	--	--	--	--

FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:5%;">6</td> <td style="width:5%;">7</td> <td style="width:5%;">8</td> <td style="width:5%;">9</td> <td style="width:5%;">10</td> <td style="width:5%;">11</td> <td style="width:5%;">12</td> <td style="width:5%;">13</td> <td style="width:5%;">14</td> <td style="width:5%;">15</td> </tr> <tr> <td style="text-align: center;">F</td> <td></td> </tr> </table>	5	6	7	8	9	10	11	12	13	14	15	F										
5	6	7	8	9	10	11	12	13	14	15															
F																									

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24	

**II. FIRST OR REVISED APPLICATION**

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

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

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

2. NEW FACILITY (Complete item below.)

FOR 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	1	10	01
13	73 74	75 76	77 78

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

**B. REVISED APPLICATION** (place an "X" below and complete item 1 above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

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

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

1. AMOUNT - Enter the amount.

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

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	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
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE 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
13	14	15	16	17

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G	5	5	S 0 2	600	G	5
X-2	T 0 3	20	E	6	6	T 0 3	20	E	6
1	S 0 1	13,860	G	7	7	S 0 1	13,860	G	7
2				8	8				8
3				9	9				9
4				10	10				10

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

NA

**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:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

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

**D. PROCESSES**

**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

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

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

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

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

LINE NO. JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W												T/A	C	W												T/A	C
													1	DUP												2	DUP
1 2 13 14 15													13 14 15 22 23 24														

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTENO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
	22	23	24	25		26	27	28	29	30	31	32	33	34	35	36
1	D	0	0	1	42,000	P	S	0	1							
2	D	0	0	2	2,000	P	S	0	1							
3																
4	F	0	0	2	6,000	P	S	0	1							
5	F	0	0	3	72,000	P	S	0	1							
6	F	0	0	5	6,000	P	S	0	1							
7																
8	P	0	6	6	1,000	P	S	0	1							
9	P	0	7	0	2,000	P	S	0	1							
10	P	0	8	9	100	P	S	0	1							
11																
12	U	0	1	1	100	P	S	0	1							
13	U	0	1	9	200	P	S	0	1							
14	U	0	4	4	10	P	S	0	1							
15	U	0	5	6	2,000	P	S	0	1							
16	U	1	0	8	10	P	S	0	1							
17	U	1	6	5	100	P	S	0	1							
18	U	2	1	1	10	P	S	0	1							
19	U	2	3	2	100	P	S	0	1							
20	U	2	4	0	100	P	S	0	1							
21																
22																
23																
24																
25																
26																

**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**

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

NA

EPA I.D. NO. (enter from page 1)												
3												T/A C
F												6
1	2			13	14	15						

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

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

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)								
	3	5	5	5	4 1 N		0	7	8	5	1	0	5	W
	45	46	47	48	49 - 51		72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**

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

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

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)				
3. STREET OR P.O. BOX					4. CITY OR TOWN					5. ST.		6. ZIP CODE		

**IX. OWNER CERTIFICATION**

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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
J. M. Fallon	J. M. Fallon	7/2/81

**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
NA		



WVC 0980600274 21

**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 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	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 P 0 6 6 23 - 26	32 P 0 7 0 23 - 26	33 P 0 8 9 23 - 26	34 U 0 1 1 23 - 26	35 U 0 1 9 23 - 26	36 U 0 4 4 23 - 26
37 U 0 5 6 23 - 26	38 U 1 0 8 23 - 26	39 U 1 6 5 23 - 26	40 U 2 1 1 23 - 26	41 U 2 3 2 23 - 26	42 U 2 4 0 23 - 26
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
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**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 <i>J. M. Fallon</i>	NAME & OFFICIAL TITLE (type or print) Vice President, Operations	DATE SIGNED 9/2/81
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