Please print or type with ELITE type (12 characters/inch) in the unshaded areas only. Form No. 0246-EPA

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

INSTALLATION'S EPA I.D. NO.	TXD008114092
I. NAME OF INSTALLATION	UNION CARBIDE CORP
II. INSTALLATION MAILING ADDRESS	BROWNSVILLE TX 78520
III. LOCATION OF INSTALLATION	BROWNSVILLE PORT BROWNSVILLE TX 78520

PLAINTIFF'S EXHIBIT
UC-1730

FOR OFFICIAL USE

DETACH

C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F TXD008114092 F/A C		

I. NAME OF INSTALLATION
UNION CARBIDE CORP. BROWNSVILLE PLANT

II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX: 3 PO BOX 3370

CITY OR TOWN: 4 BROWNSVILLE — ST.: TX — ZIP CODE: 78520

III. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER: 5 HWY 48, PORT OF BROWNSVILLE

CITY OR TOWN: 6 BROWNSVILLE — ST.: TX — ZIP CODE: 78520

IV. INSTALLATION CONTACT
NAME AND TITLE (last, first, & job title): 2 WINDEL, L.T., PLANT OPERATOR — PHONE NO. (area code & no.): 512 831 4501

V. OWNERSHIP
A. NAME OF INSTALLATION'S LEGAL OWNER: 8 UNION CARBIDE CORPORATION

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

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

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

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

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

C. INSTALLATION'S EPA I.D. NO.: TXD008114092

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

BRA 1428

I.D. – FOR OFFICIAL USE ONLY

W

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

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

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

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

13	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 U013	32 U123	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

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

49	50	51	52	53	54

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

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

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
W W McManus	W. W. McManus Plant Manager	9-30-80

EPA Form 8700-12 (6-80) REVERSE

BRA 1429

UNION CARBIDE CORPORATION
COATINGS MATERIALS DIVISION
P.O. BOX 3370, BROWNSVILLE, TEXAS 78520

October 6, 1980

CERTIFIED MAIL: RETURN RECEIPT REQUESTED

U. S. Environmental Protection Agency
Region VI
1201 Elm Street
Dallas, Texas 75270

Re: Notification of Hazardous Waste
Activity EPA I. D. TXD008114092

We request that this addendum be attached to our original notification of Hazardous Waste Activity. Our prior notification was mailed to you August 12, 1980.

After careful review with our operating departments, this addendum better reflects the wastes to be considered hazardous at present and those wastes which might be generated in the future.

Please call me at (512) 831-4501, extension 2324 or K. G. Townsend at extension 2228 if you have any questions.

Very truly yours,

L. T. Windel

L. T. Windel
Department Head
Safety, Health and Environmental Affairs

LTW/gr

Attachment

BRA 1427