

PLAINTIFF'S EXHIBIT

DOW-2487

THIS INCLUDES ANY REPROCESSING -
PLEASE SEND ME A COPY IF
YOUR UNIT IS DOING THIS -

JACK LIDBOM

July 29, 1985

Jim Swindell, B-6607
Harold Johnstone, B-3827
O. N. Hollis, A-1230
S. M. Brunson, OCD
S. E. Etzel, A-2708
W. A. Toler, Angleton Pipeline
J. W. Ogle, APB
A. C. Shoults, B-101
J. L. Boyett, APB
C. L. Lee, B-819
W. E. Noack, B-3611
B. L. Crim, B-7701

B. J. Heard, B-4414
D. E. Visser, B-6806
G. E. Pitzer, B-5213
W. P. Frazier, B-1214
G. Tyler, B-10602
R. D. Green, OCD Unit I
J. H. Born, OCD Unit II
M. Gambrell, OCD Unit III
M. H. Baker, OCD Services
G. E. Matula, B-1226
D. W. Steffler, B-8401

cc: Chuck Van Metre/Sandy Henderson
Bernie Allen

OFFSITE WASTE DISPOSITION

Any offsite waste disposition, whether treatment, recycling or disposal at a non-Dow site, must be cleared through Environmental Services. All non-Dow waste disposers must be audited by Environmental Services to insure compliance with government regulations. Any offsite facility used for disposition of RCRA hazardous materials must first be approved by Larry Wright.

Environmental Services needs to know if you are currently using an offsite facility (other than Rollins) for either treatment, recycling or disposal to assure approval before future use. You may not use the offsite facility unless it has been approved. Please fill out the attached form requesting information on any offsite facilities you are currently using (other than Rollins).

If you have any questions, please call me at 238-9015 or Sandy Henderson at 238-9857.

Marlies

~~RE PROCESSING - SEE FOR 12~~

Marlies Goode

dp

Attachment

ST0408509

ST0408509

OFFSITE DISPOSITION

Plant name: _____

Superintendent name: _____

Tel. no.: _____ Bldg.: _____

Are any wastes sent offsite for treatment, recycling or disposal:

Yes _____ No _____

If yes: Return to Env. Svs. OCD

Name of offsite disposer: _____

Address: _____

Contact name (of disposer): _____

Tel. no.: _____

Type of waste - recycling, treatment, disposal: _____

Description of waste: _____

Amount sent annually: _____

How often sent: _____

Was a contract signed? Yes _____ No _____

If yes, attach copy of contract.

RETURN TO ENV. SVS. OCD

FORM

MG6.2
7-29-85

ST0408510

ST0408510