



PSC 96

PHILIPS

3/19/96
Reviewed
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Received
3/5/96

Philips Semiconductors

Philips Semiconductors
a North American Philips Company
9201 Pan American Freeway, NE
Albuquerque, New Mexico 87113
(505) 822-7000

February 28, 1996

New Mexico Environment Department
Hazardous & Radioactive Materials Bureau
2044 Galisteo
Santa Fe, NM 87505
Attn.: Anna Walker

Certified Mail: P 555 298 887

Subject: Philips Semiconductors - 1995 Biennial Hazardous Waste Report

Dear Ms. Walker:

Enclosed is the 1995 Biennial Hazardous Waste Report. This report is submitted in compliance with 40 CFR Part 270.1 Subpart A. If you have any questions regarding the information contained on the forms, please contact Melanie McKinley at (505) 822-7634.

Sincerely,

Keith Hampe
Vice President -Albuquerque Operations

Enclosure

ENV610

cc: Jim Cochran, EHS Manager

3/19/96
 J. L. ...
 Reviewed
 AW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philips Semiconductors
 EPA ID NO: 1 N 1 M 1 D 1 0 1 0 1 0 1 7 1 0 1 9 1 7 1 8 1 2 1



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Bernalillo	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → 9201 Pan American Frwy., NE			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → Albuquerque		G. State Same as label <input type="checkbox"/> or → NM	H. Zip Code Same as label <input type="checkbox"/> or → 871113

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III)
 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.	D. State	E. Zip Code
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Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. McKinley, Melanie L	B. Title Environmental Engineer	C. Telephone 151015181212-17161314 Extension
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. Hampe, Keith	B. Title Vice President, Albuquerque Operations
C. Signature <i>Keith Hampe</i>	D. Date of signature 02 28 96 MO. DAY YR.

3/19/96
AW

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- 1 LQG
- 2 SQG SKIP to SEC. VI
- 3 CESQG
- 4 Non generator (Continue to Box B)

B. Reason for not generating

(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

4

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

C. RCRA-exempt treatment, disposal, or recycling

3

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Handwritten: 3/19/96

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **Flammable spent solvents from manufacture of semiconductor devices; mixture of primarily n-methyl pyrrolidone, acetone, isopropyl alcohol and water.**

B. EPA hazardous waste code Page 19. D 0 0 1 F 0 0 3
N/A N/A N/A

C. State hazardous waste code Page 19. _____

D. SIC code Page 19. 3 6 7 4

E. Origin code 1 Page 19 System Type M

F. Source code Page 20. A 3 1

G. Point of measurement Page 20. 4

H. Form code Page 20. B 2 0 3

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1994 Instruction Page 21. 2 7 6 9 8 8

B. Quantity generated in 1995 Instruction Page 21. 3 1 6 2 9 4

C. UOM Page 21. 1 Density _____
 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1995 _____

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1995 _____

Sec. III A. Was any of this waste shipped off-site in 1995 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 22.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 6 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>3 1 6 2 9 4</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____
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Comments:

See Reviewed site 3/19/96



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **Flammable spent photoresist from manufacture of semiconductor devices; mixture of primarily propylene glycol monomethyl ether acetate, ethyl lactate, n-butyl acetate, and acetone.**

B. EPA hazardous waste code Page 19. <u>D 0 0 1</u> <u>F 0 0 3</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>		C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 2 9</u>	G. Point of measurement Page 20. <u>2</u>	H. Form code Page 20. <u>B 2 0 3</u>
		I. RCRA - radioactive mixed Page 20. <u>2</u>		

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>7 5 5 2 0</u> *	B. Quantity generated in 1995 Instruction Page 21. <u>9 6 7 1 1</u> *	C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *

Sec. III A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 6 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>5 7 5 3 1 1</u> *
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>A Z D 0 0 9 0 1 5 2 8 9</u>	C. System type shipped to Page 23. <u>M 0 6 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>1 2 3 9 3</u> *

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ *	E. Activity/production index Page 25. _____ *	F. 1995 source reduction quantity Page 26. _____ *	

Comments: **Sec. I, Box F - Wafer coating with photosensitive chemical in preparation for photo process.**
Sec. III, Box B - Continued on supplemental page.

5/2/96 Corrected Sec. III site & per phone w/ Melanie

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exit



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N1M1D10100709782

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.					
B. EPA hazardous waste code Page 19.			C. State hazardous waste code Page 19.		
D. SIC code Page 19.		E. Origin code Page 19	F. Source code Page 20.	G. Point of measurement Page 20.	I. RCRA - radioactive mixed Page 20.
<u>3674</u>		Type <u>M</u>	<u>A</u>	<u>B</u>	<u>2</u>

Sec. II	A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Instruction Page 21.	C. UOM Page 21.	Density	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
				<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1995
<u>M</u>			<u>M</u>		

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.	
	<u>C10D19801591184</u>	<u>M041</u>	<u>1</u>	<u>26787</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.	
	<u>N/A</u>	<u>M</u>			

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.				
B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.	
<u>W</u> <u>W</u>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				

Comments: **Sec. III, Box B - Continued from previous page.**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Handwritten: 3/19/96 Received sent ✓

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Spent carbon from solvent abatement system; contains primarily acetone, n-methyl pyrrolidone, ethyl lactate, and propylene glycol monomethyl ether acetate.					
B. EPA hazardous waste code Page 19. <u>F 0 0 3</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 7 8</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 4 0 4</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>2 0 6 4 0</u>	B. Quantity generated in 1995 Instruction Page 21. <u>5 0 9 1 0</u>	C. UOM Page 21. <u>1</u> <u> </u> <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1995 <u> </u>		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1995 <u> </u>	

Sec. III A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 4 3</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>5 0 9 1 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. <u> </u>

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.					
B. Activity Page 24. <u>W</u> <u> </u> <u>W</u> <u> </u> <u>W</u> <u> </u> <u>W</u> <u> </u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. <u> </u>	E. Activity/production index Page 25. <u> </u>	F. 1995 source reduction quantity Page 26. <u> </u>	

Comments:

*3/19/96
Print
Review*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: NMD 000709782



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Solvent contaminated debris from cleaning operations; contains primarily acetone and isopropyl alcohol.				
B. EPA hazardous waste code Page 19. <u>F003</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3674</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A19</u>	G. Point of measurement Page 20. <u>4</u>	H. Form code Page 20. <u>B409</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>13042</u>	B. Quantity generated in 1995 Instruction Page 21. <u>26511</u>	C. UOM Page 21. <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____		On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>ARD 069748192</u>	C. System type shipped to Page 23. <u>M043</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>26511</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. _____	

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____	

Comments: **Section I, Box H - rags and PPE contaminated with nonhalogenated solvents used for wiping down outside of equipment.**



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Handwritten: All reviewed by [signature] 5/19/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. Flammable spent solvents from manufacture of semiconductor devices; mixture of primarily acetone, isopropyl alcohol, ethanol and n-butyl alcohol.					
B. EPA hazardous waste code Page 19. <u>D 0 0 1</u> <u>F 0 0 3</u> <u>NA</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 2 9</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 2 0 3</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>9 5 5 5</u> *	B. Quantity generated in 1995 Instruction Page 21. <u>1 6 9 5 8</u> *	C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 6 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>1 0 4 9 1</u> *
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>A Z D 0 0 9 0 1 5 2 8 9</u>	C. System type shipped to Page 23. <u>M 0 6 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>2 2 9 5</u> *

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ *	E. Activity/production index Page 25. _____ *	F. 1995 source reduction quantity Page 26. _____ *	

Comments: Section I, Box F - Wafer coating with silicon.
Section III, Box B - Continued on supplemental page.

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: NJMD000709782

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.					
B. EPA hazardous waste code Page 19. 			C. State hazardous waste code Page 19. 		
D. SIC code Page 19. 3 6 7 4	E. Origin code Page 19 System Type M	F. Source code Page 20. A	G. Point of measurement Page 20. 	H. Form code Page 20. B	I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1994 Instruction Page 21. 		B. Quantity generated in 1995 Instruction Page 21. 		C. UOM Density Page 21. <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat or site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2			
On-site process sytem type Page 22. M		Quantity treated, disposed, or recycled on site in 1995 		On-site process sytem type Page 22. M		Quantity treated, disposed, or recycled on site in 1995 	

Sec. III A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. C 0 D 9 8 0 5 9 1 1 8 4	C. System type shipped to Page 23. M 0 4 1 1	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1995 Page 23. 4 1 7 2
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N/A	C. System type shipped to Page 23. M	D. Off-site availability code Page 23. 	E. Total quantity shipped in 1995 Page 23.

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. W W W W	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. 	E. Activity/production index Page 25. 	F. 1995 source reduction quantity Page 26. 	

Comments: Sec. III, Box B - Continued from previous page.

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Arsenic contaminated debris, toxic, generated from cleaning devices in ion implant.						
B. EPA hazardous waste code Page 19. <u>D 0 0 4</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 0 9</u>	G. Point of measurement Page 20. <u>3</u>	H. Form code Page 20. <u>B 3 1 9</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>5 0 4 8</u> *	B. Quantity generated in 1995 Instruction Page 21. <u>9 5 7 8</u> *	C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2				
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *			

Sec. III A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 4 3</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>9 5 7 8</u> *
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____ *

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ *	E. Activity/production index Page 25. _____ *	F. 1995 source reduction quantity Page 26. _____ *	

Comments: **Sec. I, Box H - Potentially arsenic contaminated solids.**



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

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FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. Used oil filters from pump systems which may contain acetone.					
B. EPA hazardous waste code Page 19. <u>F 0 0 3</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 5 5</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 3 1 0</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>4 3 6 1</u> *	B. Quantity generated in 1995 Instruction Page 21. <u>4 9 5 7</u> *	C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1994 _____ *	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 4 3</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>4 9 5 7</u> *
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. _____ *

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ *	E. Activity/production index Page 25. _____ *	F. 1995 source reduction quantity Page 26. _____ *	

Comments:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

All reviewed entered 3/19/96

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Mercury contaminated debris, toxic, generated from mercury lamps used in photo process and broken thermometers.					
B. EPA hazardous waste code Page 19. <u>D 0 0 9</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 9 9</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 3 1 9</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>4 1 4</u>	B. Quantity generated in 1995 Instruction Page 21. <u>1 7 3</u>	C. UOM Page 21. <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____	

Sec. III A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 1 2</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>1 7 3</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. _____

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____	

Comments: **Sec. I, Box F - Lamp replacement from photo process.**
Sec. I, Box H - Mercury contained in manufactured articles.



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

*Reviewed
3/19/96*

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Petroleum waste generated from cleaning pump parts.		
B. EPA hazardous waste code Page 19. <u>D 0 3 1 9</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>		C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 0 6</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 2 1 1</u>
		I. RCRA - radioactive mixed Page 20. <u>2</u>		

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>3 3</u> *	B. Quantity generated in 1995 Instruction Page 21. <u>1 5 4</u> *	C. UOM Page 21. <u>1</u> * <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995 _____ *	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>N M D 0 0 0 8 0 4 2 9 4</u>	C. System type shipped to Page 23. <u>M 0 2 1 9</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>1 5 4</u> *
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____ *

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.				
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ *	E. Activity/production index Page 25. _____ *	F. 1995 source reduction quantity Page 26. _____ *	

Comments:

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **Lab pack of expired and off-spec chemicals.**

B. EPA hazardous waste code Page 19. D 0 0 1, D 0 0 2, D 0 0 4, F 0 0 2, F 0 0 3

C. State hazardous waste code Page 19. _____

D. SIC code Page 19. 3 6 7 4

E. Origin code 1 Page 19 System Type M _____

F. Source code Page 20. A 5 8

G. Point of measurement Page 20. 1

H. Form code Page 20. B 0 0 1

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1994 Instruction Page 21. _____

B. Quantity generated in 1995 Instruction Page 21. 1 6 9 9 • _____

C. UOM Page 21. 1 _____ Density _____
 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M _____

Quantity treated, disposed, or recycled on site in 1995 _____

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M _____

Quantity treated, disposed, or recycled on site in 1995 _____

Sec. III A. Was any of this waste shipped off-site in 1995 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 22.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A R D 0 6 9 7 4 8 1 9 2</u>	C. System type shipped to Page 23. <u>M 0 4 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>1 6 9 9</u> • _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N/A</u>	C. System type shipped to Page 23. <u>M</u> _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____

Sec. IV A. Did any new activities in 1995 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. W _____ W _____

C. Other effects Page 25. 1 Yes 2 No

D. Quantity recycled in 1995 due to new activities Page 25. _____

E. Activity/production index Page 25. _____

F. 1995 source reduction quantity Page 26. _____

Comments: **F005**



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

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initials*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. Spent acids and bases from manufacture of semiconductor devices; mixture of primarily sulfuric acid, hydrochloric acid, hydrofluoric acid, and sodium hydroxide.					
B. EPA hazardous waste code Page 19. <u>D 0 0 2</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 7 4</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 2 7</u>	G. Point of measurement Page 20. <u>4</u>	H. Form code Page 20. <u>B 1 0 5</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>8 4 2 2</u> • <u>1</u>	B. Quantity generated in 1995 Instruction Page 21. <u>9 1 8 5 6 4</u> • <u>2</u>	C. UOM Page 21. <u>2</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type Page 22. <u>M 1 2 1</u>	Quantity treated, disposed, or recycled on site in 1995 <u>9 1 8 5 6 4</u> • <u>2</u>	On-site process system type Page 22. <u>M N/A</u>	Quantity treated, disposed, or recycled on site in 1995 _____ • _____	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u> _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____ • _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u> _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____ • _____

Sec. IV	A. Did any new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.				
B. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____ • _____	E. Activity/production index Page 25. _____ • _____	F. 1995 source reduction quantity Page 26. _____ • _____	

Comments:

Handwritten signature/initials

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste treatment, disposal, or recycling system description Instruction page 38. Wastewater elementary neutralization treatment system of D002 waste prior to discharge to POTW.		
B. System type Page 38.	C. Regulatory status Page 39.	D. Operational status Page 39.	E. Unit types Page 39.
<u>M 1 2 1</u>	<u>0 3</u>	<u>0 1</u>	<u>1 0 N/A</u>

Sec. II	A. 1995 influent quantity Instruction page 40.		B. Maximum operational capacity Page 41.	
	Total <u>1 5 3 5 1 4 6 . 2</u> RCRA <u>9 1 8 5 6 4 . 2</u>	UOM <u>2</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	Total <u>2 4 1 2 3 7 2 . 2</u> RCRA <u>2 4 1 2 3 7 2 . 2</u>	
	C. 1995 liquid effluent quantity Instruction page 42.		D. 1995 solid/sludge residual quantity Page 43.	
	Total <u>1 5 3 5 1 4 6 . 2</u> RCRA <u> 0 . 0</u>	UOM <u>2</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	Total <u> 0 . 0</u> RCRA <u> 0 . 0</u>	UOM <u> </u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
E. Limitation on maximum operational capacity Page 43.	F. Commercial capacity availability code Page 43.		G. Percent capacity commercially available Page 43.	
1. <u>0 9</u> 2. <u>N/A</u> 3. <u>N/A</u>	<u>1</u>		<u> 0</u> %	

Comments:

Section I, Box E - Wastewater treatment system using four neutralization vaults.

Section II, Boxes A and C - These quantities are estimated based on an average flow through the system of 700 gpm.



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

3/19/96
✓
Asst

FORM OI

OFF - SITE IDENTIFICATION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>A R D 0 6 9 7 4 8 1 1 9 2</u>	B. Name of off-site installation or transporter ENSCO
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>American Oil Road</u> City <u>El Dorado</u> State <u>AR</u> Zip <u>7 1 7 3 0</u>

Site 2	A. EPA ID No. of off-site installation or transporter <u>C O D 9 8 0 5 9 1 1 8 4</u>	B. Name of off-site installation or transporter Chemical Waste Management, Inc.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>9131 East 96th Avenue</u> City <u>Henderson</u> State <u>CO</u> Zip <u>8 0 6 4 0</u>

Site 3	A. EPA ID No. of off-site installation or transporter <u>N M D 0 0 0 8 0 4 2 9 4</u>	B. Name of off-site installation or transporter Safety-Kleen Corp.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>2720 Girard N.E.</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>8 7 1 0 7</u>

Site 4	A. EPA ID No. of off-site installation or transporter <u>A Z D 0 0 9 0 1 5 2 8 9</u>	B. Name of off-site installation or transporter Romic Environmental Technologies Corp.
	C. Handler type (CHECK ALL THAT APPLY) 3 <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>6760 W. Allison Rd.</u> City <u>Chandler</u> State <u>AZ</u> Zip <u>8 5 2 2 6</u>

Site 5	A. EPA ID No. of off-site installation or transporter <u>A R D 9 8 1 9 0 8 5 5 1</u>	B. Name of off-site installation or transporter J.B. Hunt/Special Commodities
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

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FORM OI

OFF - SITE IDENTIFICATION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>C A D 9 8 0 5 8 4 5 1 0</u>	B. Name of off-site installation or transporter ALLWASTE
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 2	A. EPA ID No. of off-site installation or transporter <u>I L D 9 8 4 9 0 8 2 0 2</u>	B. Name of off-site installation or transporter Safety-Kleen Corp.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 3	A. EPA ID No. of off-site installation or transporter <u>N E D 9 8 6 3 8 2 1 3 3</u>	B. Name of off-site installation or transporter Smith Systems
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter <u>N M D 0 0 2 2 0 8 6 2 7</u>	B. Name of off-site installation or transporter Rinchem Company, Inc.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 5	A. EPA ID No. of off-site installation or transporter <u>O K D 9 8 1 5 8 8 7 9 1</u>	B. Name of off-site installation or transporter Triad Transport
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Comments:

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OFF - SITE IDENTIFICATION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PHILIPS SEMICONDUCTORS

EPA ID NO: N M D 0 0 0 7 0 9 7 8 2

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>1 1 1 D 0 9 9 2 0 3 6 8 1</u>	B. Name of off-site installation or transporter Chemical Waste Management, Inc.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 2	A. EPA ID No. of off-site installation or transporter <u>N/A</u>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 3	A. EPA ID No. of off-site installation or transporter <u>N/A</u>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter <u>N/A</u>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 5	A. EPA ID No. of off-site installation or transporter <u>N/A</u>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Comments: