

NOTE: DO NOT USE THIS FORM WHEN DOCUMENTING INSPECTIONS AT HAZARDOUS WASTE AND SOLID WASTE FACILITIES. SEE BACK SIDE OF THIS FORM FOR MORE INFORMATION.

ATTN: <u>Sylvan Products Corporation file</u>				License Number _____	
<input type="checkbox"/> Residuals Management SW/3	<input checked="" type="checkbox"/> District <u>Roy Jacobson</u>		EPA ID Number _____		
<input checked="" type="checkbox"/> Hazardous Waste Management SW/3 Unit _____	<input type="checkbox"/> Environmental Enforcement EE/5		WI- _____		
<input type="checkbox"/> Systems Management SW/3	<input checked="" type="checkbox"/> <u>Gary Kulibert</u>		Facility ID Number _____		
Facility/Company Name <u>Sylvan Products</u>		Location (Address or 1/4)		City, State, Zip Code	
		<u>CTH 'E'</u>		<u>Phelps WI 54554</u>	
Facility Type	District	County	Contact Method	Date	Time (24-Hour Clock)
	<u>NC</u>	<u>Vilas</u>	<input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In-Person	<u>10/17/89</u> M M D D Y Y	<u>14 30</u>
Facility Representative Contacted <u>P.C. Christiansen</u>		Title or Position of Representative <u>Owner</u>		Telephone Number (include area code) <u>(715) 545 2333</u>	

Mr. Christiansen called to tell me that he needs more time to determine the lowest bidder to comply w/ my requests in the 10/11/89 letter. I asked what amount of time is necessary. He said he figures 30 days. I requested that he follow up the conversation with a letter requesting the additional 30 days. He asked why he had to test the material when I already had samples. I indicated that as the code is written it is his responsibility. I also explained the analyses were necessary to remove the waste to a TSD or landfill as the case maybe.

Check if additional sheets attached

By RPG