

Renal

ARPO01045

Allen

**Baxter**

June 23, 2010

Allen R. Gilliam  
ADEQ State Pretreatment Coordinator  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: AFIN 03-00002 Closure Plan Electroplating, Cleaning, Polishing, Grinding Stainless Steel Needles

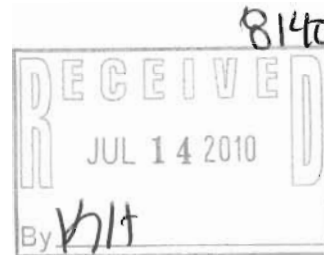
The electroplating, cleaning, polishing, grinding stainless steel needles process at Baxter Healthcare has been discontinued as of April 8, 2010. The Closure Plan for the process is attached.

Please call if you have any questions.

Sincerely,

*Carolyn Walker*

Carolyn Walker  
Environmental Representative  
Baxter Healthcare Corporation  
T 870-424-5336  
F 870-424-5220  
carolyn\_walker@baxter.com



De-categorized, complete  
w/ statement, closure plan &  
new w.w. schematic  
AF

cc: Alma Clark/Plant Supervisor/720 South Hickory Street/Mountain Home, AR 72653

## Closure Plan Checklist

Industry Name: Baxter Healthcare Corp.

Address: 1900 Hwy. 201 N.

City: Mountain Home, AR 72653

Cognizant Official: Glenn Burney, Plant Manager

Environmental Contact: Carolyn Walker, Environmental Representative

The Closure Plan should address the following questions/information, at a minimum and include a time line (Gantt chart) for removal of all chemicals and equipment as applicable:

Check below, if in plan:

- X  When (provide date) will or has all regulated process operations (subject to federal pretreatment standards) be/been discontinued? **April 8, 2010**
- X  Will the facility be "sold" to a new owner or will the building be "abandoned"? **NO**
- NA  If the facility is sold to a new owner, what will the building be used for and who will be the new owner?  NA
- X  Will existing pretreatment system be de-activated and if so, when (provide date)? **4/27/2010, piping removed that transferred waste water between the process room and the treatment tank.**
- NA  Will existing sanitary sewer lines be de-activated and if so, how and when (also provide date)?  NA
- NA  Indicate the amount and type of "unused chemicals/solvents" on-site that will be shipped off-site for reuse or treatment/disposal? (Please list each chemical on the attached sheet)
- NA  Indicate the amount and type of "liquid wastes" that will be shipped off-site and indicate how the waste will they be disposed of /treated? (Please indicate disposal method for each waste needing disposal on the attached sheet.)
- NA  Has ADEQ been contacted to determine the proper disposal of all "Solid/Hazardous wastes"? **Proper disposal handled per Baxter's Solid/Hazardous wastes process for identification and disposal.**
- X  Has the Closure Plan been reviewed and certified that it is complete by an "authorized representative" of the facility? **Yes**
- X  Has the City/State that has issued environmental permits to this facility been notified, so permits can be revoked? **Notification made via this Closure Plan.**

Comments:

Closure Plan - Continued

Unused Chemicals/Solvents, etc.      Amount (in gallons)      Type of Treatment/disposal (Landfill, City sanitary sewer, on-site treatment, etc.)

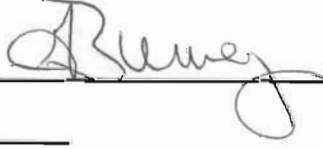
<u>Unused Chemicals/Solvents, etc.</u>	<u>Amount (in gallons)</u>	<u>Type of Treatment/disposal</u> (Landfill, City sanitary sewer, on-site treatment, etc.)
<b>NONE</b>		

**INVENTORY**

Process Waste (Plating tank, etc.)      Amount (in gallons)      Type of Treatment/disposal (Landfill, City sanitary sewer, on-site treatment, etc.)

<u>Process Waste (Plating tank, etc.)</u>	<u>Amount (in gallons)</u>	<u>Type of Treatment/disposal</u> (Landfill, City sanitary sewer, on-site treatment, etc.)
<b>None</b>		

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 for submitting false information, including the possibility of fine and imprisonment for knowing violations

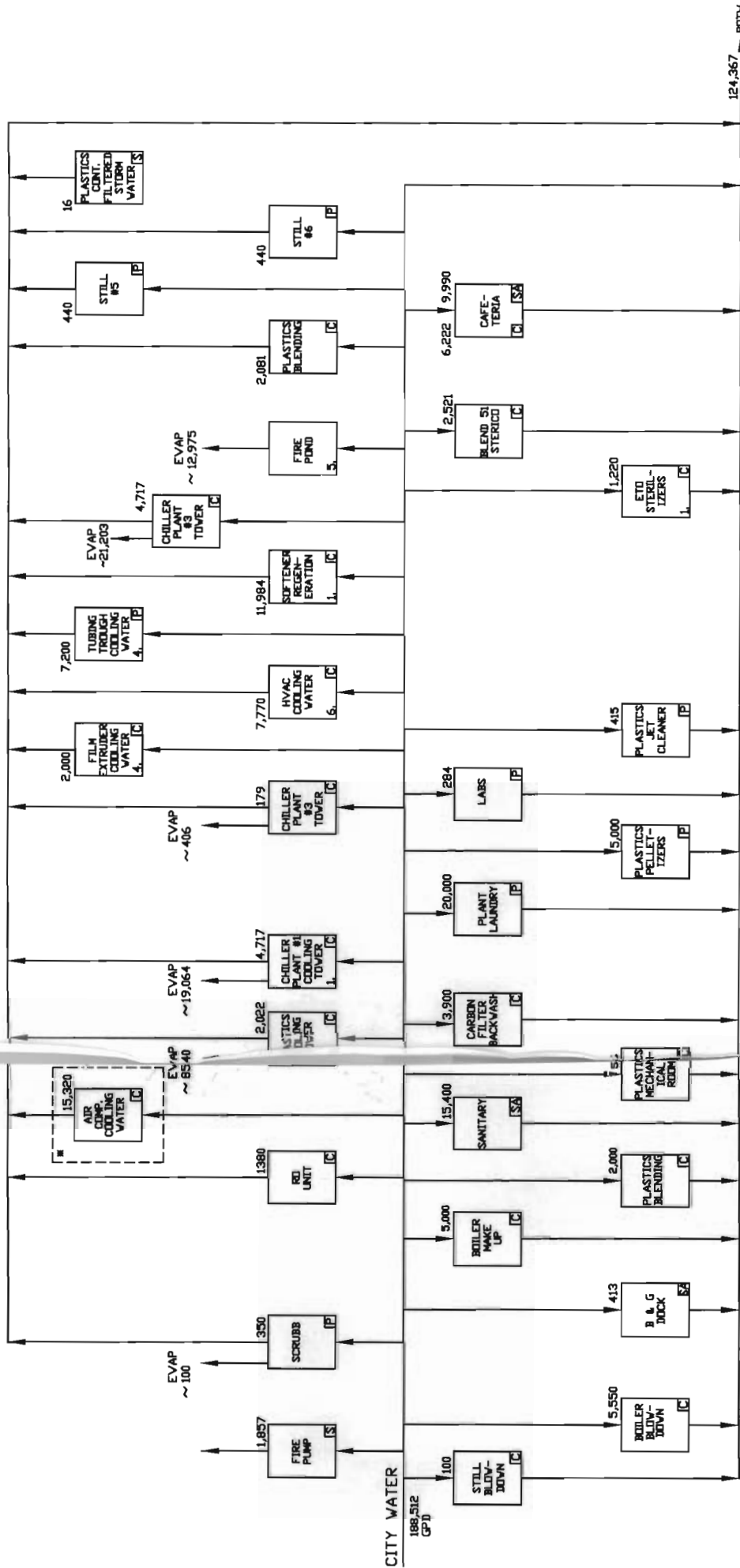
Name (print): Glenn Burney      Signature:   
Title: Plant Manager      Date: 5/4/10

DATE PLAN REVIEWED BY CITY: \_\_\_\_\_      Plan was approved by: \_\_\_\_\_

PROPRIETARY INFORMATION OF BAXTER HEALTHCARE CORPORATION NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL OF BAXTER HEALTHCARE CORPORATION

# WATER BALANCE MOUNTAIN HOME, ARKANSAS

- S - STORM
- SA - SANITARY
- P - PROCESS
- C - NON-CONTACT COOLING
- - APPROXIMATE



BACK UP SYSTEM FOR THE AIR COMP. COOLING TOWER

REV.	DESCRIPTION	MAT'L			
13	UPDATED PER REDUND PRINT				
REV'D BY	Larry Leone	DATE REV'D	7/6/2010	APPV./DATE	
SCALE		CAD	AUTOCAD	NO.	830K0022
DATE	9/3/1998	PROJECTION			
APPV.		WATER BALANCE COMP. MOUNTAIN HOME, ARKANSAS			
WATER BALANCE MTN. HOME, ARKANSAS					
TOLERANCES UNLESS OTHERWISE SPECIFIED					
1 PLACE DEC. ± .000					
2 PLACE DEC. ± .000					
3 PLACE DEC. ± .000					
4 PLACE DEC. ± .000					
ANGULAR DIMS. ± 1/2					
VENDOR INFORMATION					
DO NOT SCALE DRAWING					
VENDOR NAME					
VENDOR P.O. NO.					
DWG. NO.					
2C-830-024-06-02					