SDMS US EPA REGION V -1

SOME IMAGES WITHIN THIS DOCUMENT MAY BE ILLEGIBLE DUE TO BAD SOURCE DOCUMENTS.

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form IC — Identification and Certification

Instructions for this form found on pages 6 - 12.
This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

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SEC. 1 - GENERATOR STATUS

A. 1 (31) RCRA Generator Status *(Enter one code)*

1 = LQG
2 = SQG
3 = CESQG
} Skip to Box C
4 = Nongenerator (Continue to Box B)

B. Reason for not generating *(Check all that apply)*

32 ___ Never generated
33 ___ Out of business
34 ___ Only excluded or delisted waste generated
35 ___ Only non-hazardous waste generated
36 ___ Periodic generator, none in reporting year
37 ___ Waste minimization activity
38 ___ Other *(Specify in comments box)*

C. 1 (39) Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.

SECTION II. ENTER THE SIC CODE(S) FOR THIS LOCATION.

3 3 4 1 (40) 3 3 5 1 (44) 3 3 6 6 (48) ___ ___ ___ ___ (52)

SECTION III. ON-SITE WASTE MANAGEMENT STATUS *(enter one code for each question)*

A. 56 1 RCRA regulated (permitted or interim status) storage
B. 57 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 58 1 Treatment, disposal, or recycling exempt from RCRA permit requirements.

SECTION IV. WASTE MINIMIZATION ACTIVITY DURING THIS REPORTING YEAR *(Enter Y [Yes] or N [No] for questions A-E)*
(ONLY LQG'S SHOULD COMPLETE SECTION IV)

A. 59 Y Did this site begin or expand a source reduction activity this year? If "no" refer to page 45 and list factors in D first row. If "yes" complete Form GM Section IV.

B. 60 N Did this site begin or expand a recycling activity this year? If "no" refer to page 45 and list factors in D second row. If "yes" complete Form GM Section IV.

C. 61 Y Did this site systematically investigate opportunities for source reduction or recycling?

D. Did any of the factors listed on page 46 delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, refer to page 46 and enter Y on the appropriate row below.

SOURCE REDUCTION LIMITING FACTORS
a. ___ (62) b. ___ (63) c. ___ (64) d. Y (65) e. ___ (66) f. Y (67) g. Y (68) h. ___ (69) i. Y (70) j. ___ (71)

RECYCLING LIMITING FACTORS
a. ___ (72) b. ___ (73) c. ___ (74) d. ___ (75) e. ___ (76) f. Y (77) g. Y (78) h. ___ (79) i. ___ (80) j. ___ (81) k. ___ (82) l. ___ (83) m. ___ (84) n. ___ (85) o. ___ (86)

E. Y (87) Does this site have in place an organized program to implement recycling and/or source reduction activities? If "yes", refer to page 49 and mark all activities which describe your program on spaces 87 through 99.

a. ___ (88) b. ___ (89) c. Y (90) d. ___ (91) e. Y (92) f. ___ (93) g. ___ (94) h. ___ (95) i. ___ (96) j. ___ (97) k. ___ (98) l. ___ (99) m. ___ (100)

COMMENTS: ___ (101) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

SEC. V. This Agency is authorized to require this information under 415 ILCS 5/4 and 21 (b)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $50,000 for each day the failure continues, a fine up to $1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

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.

A. Please print Last Name Conreaux First Name Robert E. B. Title Vice President - Manufacturing

C. Signature Robert E. Conreaux D. Date of signature 2/15/96

Prepared By: [signature] Reviewed By: [signature]

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil Halogen Contaminated

B. EPA Hazardous Waste Code (31) F001 (35) D005 (39) D008 (43) D001 (47) ____

C. SIC code (51) 3351

D. Origin Code (55) 1 System type M (56) ____ E. Source Code A (60) 54 A (63) 51 A (66) 19

F. Point of measurement (69) 1 G. Waste form code B (70) 206

H. Radioactive mixed (74) 2 I. TRI Constituent (75) 3

J. CAS numbers: 1. (76) 79-01-6 2. (84) ____-__-__ 3. (92) ____-__-__
4. (100) ____-__-__ 5 (108) ____-__-__

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM (116) 1 Density (117) 7-25 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 20651-0 C. Current reporting year (131) 12591-0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (141) N Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ____ Status (146) ____ Quantity managed on-site this year (147) ____.__

On-Site System 1: System Type M (157) ____ Status (161) ____ Quantity managed on-site this year (162) ____.__

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (172) Y Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Holnam Inc./Safety-Kleen
P.O. Box 456, Clarksville, MO 63336

B. U.S. EPA ID No. of facility waste was shipped to: (173) MOD029729688

C. System type shipped to M (185) 051 D. Off-site availability code (189) 1

E. Total quantity shippped in this reporting year: (190) 4317.0

SITE 2: Name and address of facility: Safety-Kleen Corp.
633 East 138th St., Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: (200) ILD980613913

C. System type shipped to M (212) 061 D. Off-site availability code (216) 1

E. Total quantity shipped in this reporting year: (217) 6244.0

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? (227) N Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) ____ W (231) ____ W (234) ____ W (237) ____ C. Other effects (Y=Yes, N=No) (240) ____

D. Quantity recycled in reporting year due to new activities (241) ____.__

E. Activity/production index (251) ____.__ F. Reporting year Source reduction quantity (254) ____.__

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) (264) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) (265) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: (266) 0.__

Quantity stored at year end that was generated prior to this reporting year: (276) 0.__

COMMENTS: (299) ____ Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil Halogen Contaminated

B. EPA Hazardous Waste Code (31) F001 (35) D005 (39) D008 (43) D001 (47) ____

C. SIC code (51) 3351

D. Origin Code (55) 1 System type M (56) ____ E. Source Code A (60) 54 A (63) 51 A (66) 19

F. Point of measurement (69) 1 G. Waste form code B (70) 206

H. Radioactive mixed (74) 2 I. TRI Constituent (75) 3

J. CAS numbers: 1. (76) 79-01-6 2. (84) ____-__-__ 3. (92) ____-__-__
4. (100) ____-__-__ 5 (108) ____-__-__

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM (116) 1 Density (117) 7-25 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 20651-0 C. Current reporting year (131) 12591-0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (141) N Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ____ Status (146) ____ Quantity managed on-site this year (147) ____

On-Site System 1: System Type M (157) ____ Status (161) ____ Quantity managed on-site this year (162) ____

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (172) Y Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Holnam Inc./Safety-Kleen
P.O. Box 456, Clarksville, MO 63336

B. U.S. EPA ID No. of facility waste was shipped to: (173) MOD029729688

C. System type shipped to M (185) 051 D. Off-site availability code (189) 1

Total quantity shippped in this reporting year: (190) 4317.0

SITE 2: Name and address of facility: Safety-Kleen Corp.
633 East 138th St., Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: (200) ILD98~~0~~613913

C. System type shipped to M (212) ~~0~~1 D. Off-site availability code (216) 1

E. Total quantity shippped in this reporting year: (217) ~~0~~4 4.0

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? (227) N Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) ____ W (231) ____ W (234) ____ W (237) ____ C. Other effects (Y=Yes, N=No) (240) ____

D. Quantity recycled in reporting year due to new activities (241) ____

E. Activity/production index (251) ____ F. Reporting year Source reduction quantity (254) ____

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end. (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more that was generated this reporting year: (275) 0.

Quantity stored at year end that was generated prior to this reporting year: (276) 0.

COMMENTS: (288) ____ Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil Halogen Contaminated

B. EPA Hazardous Waste Code F001 (31) D005 (35) D008 (39) D001 (43) ___ (47)

C. SIC code 3351 (51)

D. Origin Code 1 (55) System type M ___ (56) E. Source Code A 54 (60) A 51 (63) A 19 (66)

F. Point of measurement 1 (69) G. Waste form code B 206 (70)

H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)

J. CAS numbers: 1. 79-01-6 (76) 2. ___ (84) 3. ___ (92)
4. ___ (100) 5 ___ (108)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 (116) Density 7.25 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year ___ (121) C. Current reporting year ___ (131)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? ___ (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M ___ (142) Status ___ (146) Quantity managed on-site this year ___ (147)

On-Site System 1: System Type M ___ (157) Status ___ (161) Quantity managed on-site this year ___ (162)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? ___ (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Safety-Kleen Corp.
3700 Lagrange Rd., Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: KYD053348108 (173)

C. System type shipped to M 051 (185) D. Off-site availability code 1 (189)

Total quantity shippped in this reporting year: 2030.0 (190)

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ___ (200)

C. System type shipped to M ___ (212) D. Off-site availability code ___ (216)

E. Total quantity shippped in this reporting year: ___ (217)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? ___ (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W ___ (228) W ___ (231) W ___ (234) W ___ (237) C. Other effects (Y=Yes, N=No) ___ (240)

D. Quantity recycled in reporting year due to new activities ___ (241)

E. Activity/production index ___ (251) F. Reporting year Source reduction quantity ___ (254)

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) ___ (267)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) ___ (268)

C. Quantity stored at year end and for 90 days or more that was generated this reporting year: ___ (269)

D. Quantity stored at year end that was generated prior to this reporting year: ___ (275)

COMMENTS: ___ (289) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Oil Halogen Contaminated

B. EPA Hazardous Waste Code F001 (31) D005 (35) D008 (39) D001 (43) ____ (47)

C. SIC code 3351 (51)

D. Origin Code 1 (55) System type M ___ (56)

E. Source Code A 54 (60) A 51 (63) A 19 (66)

F. Point of measurement 1 (69)

G. Waste form code B 206 (70)

H. Radioactive mixed 2 (74)

I. TRI Constituent 3 (75)

J. CAS numbers: 1. (76) 79.01.6 2. (84) ____-__-_ 3. (92) ____-__-_
4. (100) ____-__-_ 5 (108) ____-__-_

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 7.25 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) ____.__ C. Current reporting year (131) ____.__

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ___ Status (146) Quantity managed on-site this year (147) ____.__

On-Site System 1: System Type M (157) ___ Status (161) Quantity managed on-site this year (162) ____.__

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Safety-Kleen Corp.
3700 Lagrange Rd., Smithfield, KY 40068

B. U.S. EPA ID No. of facility waste was shipped to: (173) KYD053348108

C. System type shipped to M (185) 051 061 D. Off-site availability code 1 (188)

E. Total quantity shippped in this reporting year: (190) 2030.0

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (200) ____

C. System type shipped to M (212) ___ D. Off-site availability code (216)

E. Total quantity shipped in this reporting year: (217) ____.__

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) __ W (231) __ W (234) __ W (237) __ C. Other effects (Y=Yes, N=No) (240)

D. Quantity recycled in reporting year due to new activities (241) ____.__

E. Activity/production index (251) __.__ F. Reporting year Source reduction quantity (254) ____.__

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) (268)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) (272)

Quantity stored at year end and for 90 days or more that was generated this reporting year (275) ____.__

Quantity stored at year end that was generated prior to this reporting year (278) ____.__

COMMENTS: (298) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Solvent Still Bottoms - Trichloroethylene

B. EPA Hazardous Waste Code F001 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___

C. SIC code 3351 (51)

D. Origin Code 1 (55) System type M (56) ___ E. Source Code A (60) 19 A (63) ___ A (66) ___

F. Point of measurement 1 (69) G. Waste form code B (70) 201

H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)

J. CAS numbers: 1. (76) 79-01-6 2. (84) ___ 3. (92) ___
4. (100) ___ 5 (108) ___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 9.78 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 1190.0 C. Current reporting year (131) 1100.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ___ Status (146) ___ Quantity managed on-site this year (147) ___

On-Site System 1: System Type M (157) ___ Status (161) ___ Quantity managed on-site this year (162) ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: (173) ILD066918327

C. System type shipped to M (185) 022 D. Off-site availability code 1 (189)

E. Total quantity shippped in this reporting year: (190) 1100.0

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (200) ___

C. System type shipped to M (212) ___ D. Off-site availability code (216) ___

E. Total quantity shippped in this reporting year: (217) ___

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) ___ W (231) ___ W (234) ___ W (237) ___ C. Other effects (Y=Yes, N=No) (240) ___

D. Quantity recycled in reporting year due to new activities (241) ___

E. Activity/production index (251) ___ F. Reporting year Source reduction quantity (254) ___

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (267)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end. (Y=Yes, N=No) N (268)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (269) 0

Quantity stored at year end that was generated prior to this reporting year: (276) 0

COMMENTS: (289) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form GM — Generat on and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Solvent 1,1,1 - Trichloroethane

B. EPA Hazardous Waste Code F 0 0 1 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___

C. SIC code 3 3 5 1 (51)

D. Origin Code 1 (55) System type M ___ (56) E. Source Code A 1 9 (60) A ___ (63) A ___ (66)

F. Point of measurement 1 (69) G. Waste form code B 2 0 2 (70)

H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)

J. CAS numbers: 1. ___ 7 1 - 5 5 - 6 (76) 2. ___ (84) 3. ___ (92)
4. ___ (100) 5 ___ (108)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 1 0 . 4 5 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year ___ 1 1 0 . 0 (121) C. Current reporting year ___ 5 5 . 0 (131)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M ___ (142) Status ___ (146) Quantity managed on-site this year ___ (147)

On-Site System 1: System Type M ___ (157) Status ___ (161) Quantity managed on-site this year ___ (162)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: I L D 0 6 6 9 1 8 3 2 7 (173)

C. System type shipped to M 0 2 2 (185) D. Off-site availability code 1 (189)

E. Total quantity shippped in this reporting year: ___ 5 5 . 0 (190)

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ___ (200)

C. System type shipped to M ___ (212) D. Off-site availability code ___ (216)

E. Total quantity shippped in this reporting year: ___ (217)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W ___ (228) W ___ (231) W ___ (234) W ___ (237) C. Other effects (Y=Yes, N=No) ___ (240)

D. Quantity recycled in reporting year due to new activities ___ (241)

E. Activity/production index ___ (251) F. Reporting year Source reduction quantity ___ (254)

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (268)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) N (269)

Quantity stored at year end and for 90 days or more that was generated this reporting year: 0 (270)

Quantity stored at year end that was generated prior to this reporting year: 0 (275)

COMMENTS: ___ (280) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution- Stripper Dip Mix

B. EPA Hazardous Waste Code D007 (31) D001 (35) ___ (39) ___ (43) ___ (47)

C. SIC code 3341 (51)

D. Origin Code 1 (55) System type M (56) ___

E. Source Code A 2 2 (60) A (63) ___ A (66) ___

F. Point of measurement 1 (69)

G. Waste form code B 1 0 2 (70)

H. Radioactive mixed 2 (74)

I. TRI Constituent 2 (75)

J. CAS numbers: 1. (76) ___-___-___ 2. (84) ___-___-___ 3. (92) ___-___-___
4. (100) ___-___-___ 5 (108) ___-___-___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 8.50 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 8224.0 C. Current reporting year (131) 8959.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ___ Status (146) ___ Quantity managed on-site this year (147) ___

On-Site System 1: System Type M (157) ___ Status (161) ___ Quantity managed on-site this year (162) ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Safety-Kleen Corp.
1445 West 42nd St., Chicago, IL 60609

B. U.S. EPA ID No. of facility waste was shipped to: ILD005450697 (173)

C. System type shipped to M (185) 089 D. Off-site availability code 1 (189)

E. Total quantity shippped in this reporting year: (190) 5532.0

SITE 2: Name and address of facility: Safety-Kleen Corp
633 East 138th St., Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: ILD980613913 (200)

C. System type shipped to M (212) 089 D. Off-site availability code 1 (216)

E. Total quantity shippped in this reporting year: (217) 2427.0

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (229) ___ W (231) ___ W (234) ___ W (237) ___ C. Other effects (Y=Yes, N=No) (240) ___

D. Quantity recycled in reporting year due to new activities (241) ___

E. Activity/production index (251) ___ F. Reporting year Source reduction quantity (254) ___

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (287)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) N (288)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (289) 0

Quantity stored at year end that was generated prior to this reporting year: (296) 0

COMMENTS: (306) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution- Stripper Dip Mix

B. EPA Hazardous Waste Code D007 (31) D001 (35) ___ (39) ___ (43) ___ (47)

C. SIC code 3341 (51)

D. Origin Code 1 (55) System type M ___ (56) E. Source Code A 22 (60) A ___ (63) A ___ (66)

F. Point of measurement 1 (69) G. Waste form code B102 (70)

H. Radioactive mixed 2 (74) I. TRI Constituent 2 (75)

J. CAS numbers: 1. ___ (76) 2. ___ (84) 3. ___ (92)
4. ___ (100) 5 ___ (108)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 (116) Density 8.50 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year 8224.0 (121) C. Current reporting year 8959.0 (131)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M ___ (142) Status ___ (146) Quantity managed on-site this year ___ (147)

On-Site System 1: System Type M ___ (157) Status ___ (161) Quantity managed on-site this year ___ (162)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Safety-Kleen Corp.
1445 West 42nd St., Chicago, IL 60609

B. U.S. EPA ID No. of facility waste was shipped to: ILD005450697 (173)

C. System type shipped to M 089 061 (185) D Off-site availability code 1 (189)

E. Total quantity shipped in this reporting year: 5532.0 (190)

SITE 2: Name and address of facility: Safety-Kleen Corp
633 East 138th St., Dolton, IL 60419

B. U.S. EPA ID No. of facility waste was shipped to: ILD980613913 (200)

C. System type shipped to M 089 061 (212) D. Off-site availability code 1 (216)

E. Total quantity shipped in this reporting year: 2427.0 (217)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W ___ (228) W ___ (231) W ___ (234) W ___ (237) C. Other effects (Y=Yes, N=No) ___ (240)

D. Quantity recycled in reporting year due to new activities ___ (241)

E. Activity/production index ___ (251) F. Reporting year Source reduction quantity ___ (254)

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) X (302)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) N (305)

C. Quantity stored at year end and for 90 days or more that was generated this reporting year 0 (306)

D. Quantity stored at year end that was generated prior to this reporting year: 0 (316)

COMMENTS. ___ (325) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Cleaning Solution, Phosphoric Acid

B. EPA Hazardous Waste Code D002 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___

C. SIC code 3341 (51)

D. Origin Code 1 (55) System type M (56) ___ E. Source Code A (60) 27 A (63) ___ A (66) ___

F. Point of measurement 1 (69) G. Waste form code B (70) 103

H. Radioactive mixed 2 (74) I. TRI Constituent 2 (75)

J. CAS numbers: 1. (76) 7664-38-2 2. (84) ___ 3. (92) ___ 4. (100) ___ 5 (108) ___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 10.5 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 0.0 C. Current reporting year (131) 385.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ___ Status Y (146) Quantity managed on-site this year (147) ___

On-Site System 1: System Type M (157) ___ Status (161) Quantity managed on-site this year (162) ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Heritage Environmental Services
7901 W. Morris St., Indianapolis, IN 46231

B. U.S. EPA ID No. of facility waste was shipped to: (173) INDO93219012

C. System type shipped to M (185) 077 D. Off-site availability code 1 (189)

E. Total quantity shippped in this reporting year: (190) 385.

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (200) ___

C. System type shipped to M (212) ___ D. Off-site availability code (216) ___

E. Total quantity shippped in this reporting year: (217) ___

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) ___ W (231) ___ W (234) ___ W (237) ___ C. Other effects (Y=Yes, N=No) (240) ___

D. Quantity recycled in reporting year due to new activities (241) ___

E. Activity/production index (251) ___ F. Reporting year Source reduction quantity (254) ___

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (268)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N (269)

Quantity stored at year end and for 90 days or more that was generated this reporting year: (270) 0.

Quantity stored at year end that was generated prior to this reporting year: (276) 0.

COMMENTS: (288) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Solvent Trichloroethylene

B. EPA Hazardous Waste Code F001 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___

C. SIC code 3341 (51)

D. Origin Code 1 (55) System type M (56) ___ E. Source Code A (60) 09 A (63) ___ A (66) ___

F. Point of measurement 1 (69) G. Waste form code B (70) 202

H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)

J. CAS numbers: 1. (76) 79016 2. (84) ___ 3. (92) ___
4. (100) ___ 5 (108) ___

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 (116) Density 11.43 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year (121) 5973.0 C. Current reporting year (131) 11124.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M (142) ___ Status (146) ___ Quantity managed on-site this year (147) ___

On-Site System 1: System Type M (157) ___ Status (161) ___ Quantity managed on-site this year (162) ___

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Clayton Chemical Co.
No. 1 Mobile Ave., Sauget, IL 62201

B. U.S. EPA ID No. of facility waste was shipped to: (173) ILD066918327

C. System type shipped to M (185) 022 D. Off-site availability code 1 (189)

E. Total quantity shippped in this reporting year: (190) 11124.0

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: (200) ___

C. System type shipped to M (212) ___ D. Off-site availability code (216) ___

E. Total quantity shippped in this reporting year: (217) ___

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W (228) ___ W (231) ___ W (234) ___ W (237) ___ C. Other effects (Y=Yes, N=No) (240) ___

D. Quantity recycled in reporting year due to new activities (241) ___

E. Activity/production index (251) ___ F. Reporting year Source reduction quantity (254) ___

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (268)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) N (269)

Quantity stored at year end and for 90 days or more that was generated the reporting year (270) 0

Quantity stored at year end that was generated prior to this reporting year (275) 0

COMMENTS: (288) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Out of Date Water Treatment Chemical, Sodium Dichromate Sol.
B. EPA Hazardous Waste Code D007 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___
C. SIC code 3341 (51)
D. Origin Code 1 (55) System type M (56) ___ E. Source Code A 58 (60) A (63) ___ A (66) ___
F. Point of measurement 1 (69) G. Waste form code B 119 (70)
H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)
J. CAS numbers: 1. 10558-01-9 (76) 2. ___ (84) 3. ___ (92)
4. ___ (100) 5 ___ (108)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 (116) Density 10 - 34 (117) lbs/gal *(Same unit and density must be used for all quantities on this page)*
Quantity generated in: B. Previous reporting year 0.0 (121) C. Current reporting year 126.0 (131)
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M ___ (142) Status ___ (146) Quantity managed on-site this year ___ (147)

On-Site System 1: System Type M ___ (157) Status ___ (161) Quantity managed on-site this year ___ (162)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Environmental Services of America - Mo. Inc.
3100 Industrial Fuels Dr., Scott City, MO 63780

B. U.S. EPA ID No. of facility waste was shipped to: MOD980632954 (173)
C. System type shipped to M 077 (185) D. Off-site availability code 1 (189)
E. Total quantity shippped in this reporting year: 126.0 (190)

SITE 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: ___ (200)
C. System type shipped to M ___ (212) D. Off-site availability code ___ (216)
E. Total quantity shippped in this reporting year: ___ (217)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)
B. Activity W ___ (228) W ___ (231) W ___ (234) W ___ (237) C. Other effects (Y=Yes, N=No) ___ (240)
D. Quantity recycled in reporting year due to new activities ___ (241)
E. Activity/production index ___ (251) F. Reporting year Source reduction quantity ___ (254)

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N (267)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) N (268)
Quantity stored at year end and for 90 days or more that was generated this reporting year ___ (269) 0
Quantity stored at year end that was generated prior to this reporting year ___ (276) 0.0

COMMENTS: Y (288) Enter Y(Yes) if you have comments regarding this page and attach extra sheet.

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1995 Hazardous Waste Report
Form GM — Generation and Management

Instructions for this form found on pages 13 - 28.

Sec. I WASTE DESCRIPTION

A. Waste Description: Out of Date Water Treatment Chemical, Sodium Dichromate Sol.

B. EPA Hazardous Waste Code D007 (31) ___ (35) ___ (39) ___ (43) ___ (47) ___

C. SIC code 3341 (51)

D. Origin Code 1 (55) System type M (56) ___ E. Source Code A 58 (60) A ___ (63) A ___ (66)

F. Point of measurement 1 (69) G. Waste form code B119 (70)

H. Radioactive mixed 2 (74) I. TRI Constituent 3 (75)

J. CAS numbers: 1. 10553-01-9 (76) 2. ___ (84) 3. ___ (92)
4. ___ (100) 5 ___ (108)

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

UOM 1 (116) Density 10 - 34 lbs/gal *(Same unit and density must be used for all quantities on this page)*

Quantity generated in: B. Previous reporting year 0.0 (121) C. Current reporting year 126.0 (131)

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N (141) Y = Yes (Continue to System 1) N = No (Skip to Sec. III)

On-Site System 1: System Type M ___ (142) Status ___ (146) Quantity managed on-site this year ___ (147)

On-Site System 1: System Type M ___ (157) Status ___ (161) Quantity managed on-site this year ___ (162)

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y (172) Y = Yes (Continue to Site 1) N = No (Skip to Sec. IV)

SITE 1: Name and address of facility: Environmental Services of America - Mo. Inc.
3100 Industrial Fuels Dr., Scott City, MO 63780

OAE

B. U.S. EPA ID No. of facility waste was shipped to: MOD980632954 (173)

C. System type shipped to M 077 (185) D. Off-site availability code 1 (186)

Total quantity shippped in this reporting year: 126.0 (190)

SITE 2: Name and address of facility

B. U.S. EPA ID No. of facility waste was shipped to ___ (200)

C. System type shipped to M ___ (212) D. Off-site availability code ___ (214)

E. Total quantity shippped in this reporting year ___ (217)

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year resulting minimization of this waste? N (227) Y = Yes (Cont. to Box B) N = No (Cont. to Sec. V)

B. Activity W ___ (229) W ___ (231) W ___ (234) W ___ (237) C. Other effects (Y=Yes, N=No) ___ (240)

D. Quantity recycled in reporting year due to new activities ___ (241)

E. Activity/production index ___ (251) F. Reporting year Source reduction quantity ___ (254)

Sec. V. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (no site shown in Section III)? (Y=Yes, N=No) ___ (267)

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end (Y=Yes, N=No) ___ (267)

C. Quantity stored at year end and for 90 days or more that was generated this reporting year ___ (268) 0

D. Quantity stored at year end that was generated prior to this reporting year ___ (278) 0

COMMENTS Y (288) Enter Y(Yes) if you have comments regarding this page and attach extra sheet

Page 9 (13)

1995 HAZARDOUS WASTE REPORT

FORM GM - WASTE GENERATION AND MANAGEMENT

COMMENTS

SECTION I, ITEM G - Waste Form Code B119: Other organic liquids - out of date water treatment chemical, Sodium Dichromate Solution

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ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form TI — Transporter Identification

Instructions for this form found on page 29.

1. U.S. EPA ID No. I L D 0 0 6 4 9 1 2 8 6 (31) — Illinois Special Waste Hauling Permit No. 0 0 2 5 (127)

Transporter Name and Address:

Schiber Truck CO.
P.O. Box 51
Hartford, IL 62048

2. U.S. EPA ID No. M O D 0 3 1 1 0 2 0 2 3 (43) — Illinois Special Waste Hauling Permit No. 0 8 6 5 (131)

Transporter Name and Address:

Superior Equipment Co.
3283 Ivanhoe
St. Louis, MO 63139

3. U.S. EPA ID No. I L D 9 8 4 9 0 8 2 0 2 (55) — Illinois Special Waste Hauling Permit No. 1 1 2 3 (135)

Transporter Name and Address:

Safety-Kleen Corp.
601 Riley Road
E. Chicago, IN 46312-1638

4. U.S. EPA ID No. M O T 3 0 0 0 1 1 1 6 0 (67) — Illinois Special Waste Hauling Permit No. 0 9 7 9 (139)

Transporter Name and Address:

Kiesel Company
4801 Flyer Ave.
St. Louis, MO 63116

5. U.S. EPA ID No. C T D 0 1 6 4 2 4 2 1 0 (79) — Illinois Special Waste Hauling Permit No. 2 2 8 4 (143)

Transporter Name and Address:

Tri-S, Inc.
25 Pinney St.
Ellington, CT 06029

6. U.S. EPA ID No. I N D 0 5 8 4 8 4 1 1 4 (91) — Illinois Special Waste Hauling Permit No. 1 5 5 4 (147)

Transporter Name and Address:

Heritage Transport, Inc.
7901 W. Morris St.
Indianapolis, IN 46231

7. U.S. EPA ID No. _ _ _ _ _ _ _ _ _ _ _ _ (103) — Illinois Special Waste Hauling Permit No. _ _ _ _ (151)

Transporter Name and Address:

8. U.S. EPA ID No. _ _ _ _ _ _ _ _ _ _ _ _ (115) — Illinois Special Waste Hauling Permit No. _ _ _ _ (155)

Transporter Name and Address:

COMMENTS: ___ (159) Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

CERRO COPPER PRODUCTS CO.
P.O. Box 66800
St. Louis, MO 63166-6800
618/337-6000

FEB 20 1996

February 15, 1995

Illinois Environmental Protection Agency
Bureau of Land #24
P.O. Box 19276
Springfield, Illinois 62794-9276

RE: 1995 GENERATOR ANNUAL HAZARDOUS WASTE REPORT,
U.S.E.P.A. I.D. NO. ILD080018914,
I.E.P.A. I.D. NO. 1631210008

Gentlemen:

Enclosed is the completed 1995 GENERATOR ANNUAL HAZARDOUS WASTE REPORT for Cerro Copper Products Co. at Sauget. Should additional information or clarification be required, please contact my office or that of Joseph M. Grana, Manager of Environmental and Energy Affairs, at 618/337-6000.

Very truly yours,

CERRO COPPER PRODUCTS CO.

Joe D. Burroughs
Environmental Engineer

Enclosure

cc. Joseph M. Grana

009677

A member of The Marmon Group of companies

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

DISCREPANCY REPORT 1994
ANNUAL HAZARDOUS WASTE REPORT
AUGUST 12, 1995

Spent [illegible] Tex Burnight one load for 16,241 gals was shown shipped to Malvern on [illegible]. Material actually shipped to a different UK facility.

Correct Qty. on off-site #2.
on p. 00002 on Gen. Rep.

GENERATOR:
ILD[illegible]14
1931[illegible]
[illegible] PRODUCTS CO
JOSEPH [illegible]
[illegible]
[illegible]
(618) [illegible]

FACILITY:
IL[illegible]98 612[illegible]
[illegible]
SAFETY-KLEEN CORP
JOHN VALERIUS
633 E 13[illegible]TH STREET
DELTON IL
6[illegible]
(708) 949-[illegible]

[illegible] COST: [illegible]

FACILITY[illegible] COST: [illegible]

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