(Fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F ILD005212097

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

I. EPA I.D. NUMBER	ILD005212097
III. FACILITY NAME	ROCKFORD PRODUCTS CORPORATION
V. FACILITY MAILING ADDRESS	A REXNORD COMPANY - PLANT #2 707 Harrison Avenue Rockford, Illinois 61101
VI. FACILITY LOCATION	612 Harrison Avenue Rockford, Illinois 61101

RECEIVED NOV 08 1985 FCN-LPC

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, **store, or dispose of hazardous wastes**? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP ROCKFORD PRODUCTS CORP. A REXNORD CO.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 HAMMOND, LARRY, MGR. PLT. FACILITIES	815 397 6000

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 707 HARRISON AVENUE

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ROCKFORD	IL	61101

EPA Region 5 Records Ctr.

393583

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 612 HARRISON AVE. PLANT #2

B. COUNTY NAME

WINNEBAGO

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 ROCKFORD	IL	61101	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 3452 (specify) BOLTS, NUTS, SCREWS, RIVETS & WASHERS	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 ROCKFORD PRODUCTS CORP. A REXNORD CO.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 815 397 6000

E. STREET OR P.O. BOX: 612 HARRISON AVENUE

F. CITY OR TOWN: B ROCKFORD

G. STATE: IL

H. ZIP CODE: 61101

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N ILO059714	**D. PSD** (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	**E. OTHER** (specify): 9 (specify)
C. RCRA (Hazardous Wastes): 9 R	**E. OTHER** (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF STANDARD AND SPECIAL FASTENERS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

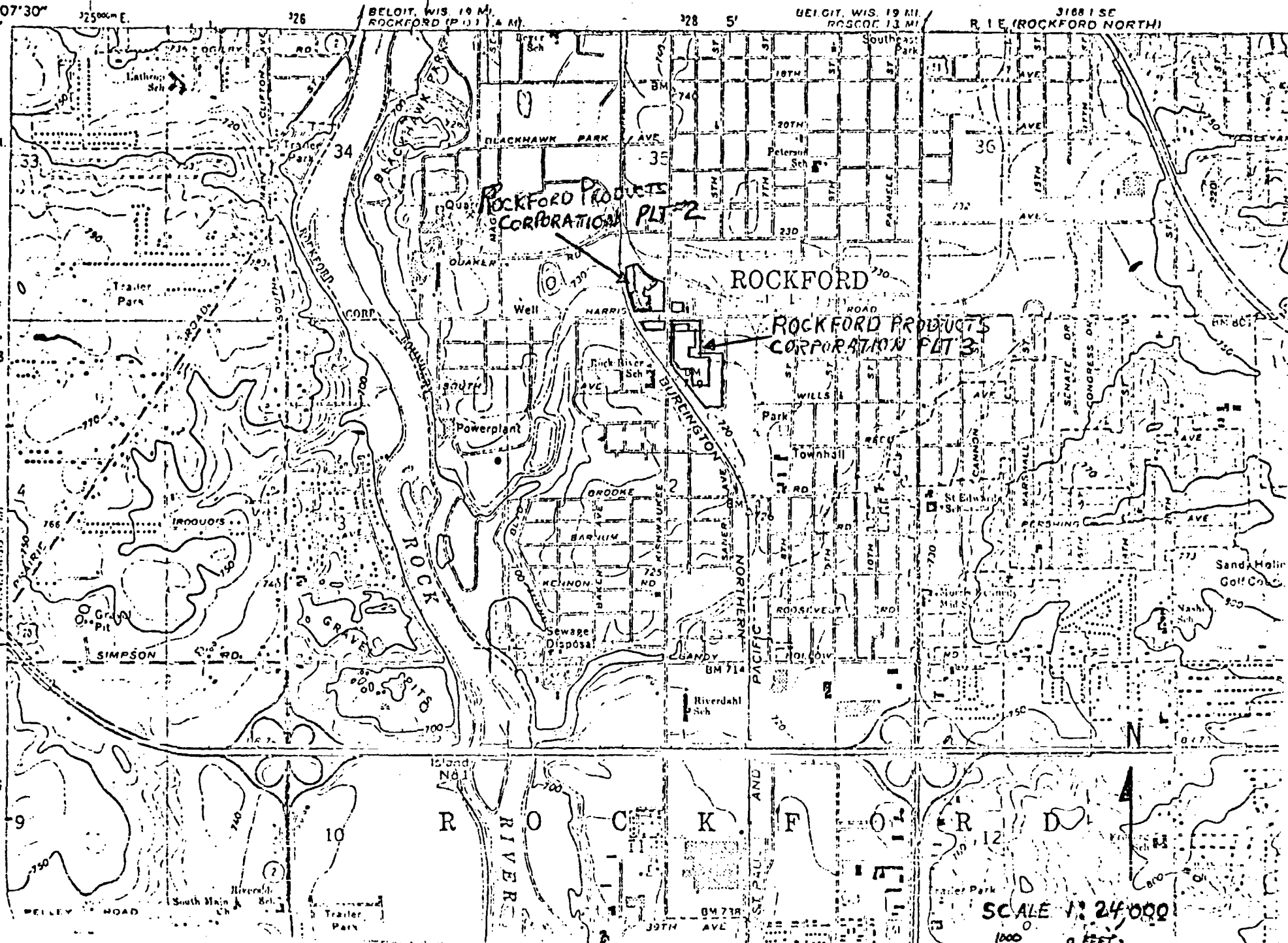
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
JOHN SHUGART VICE PRESIDENT OF MANUFACTURING	John Shugart	11/13/86

COMMENTS FOR OFFICIAL USE ONLY

C

PLT #2, PLT #3

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S60004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												
F	I	L	D	0	0	5	2	1	2	0	9	7

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	7 4	0 6	0 5

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5	T 0 4	24,000	U	
X-2	T 0 3	20	E		6				
1	S 0 1	1000	G		7				
2	S 0 2	6000	G		8				
3	T 0 1	11380	U		9				
4	T 0 4	22400	U		10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY. 5

T04 TYPE 820/5100 CHROME SINGLE STAGE FINALIZER TO REDUCE THE TOXIC HEXAVALENT CHROME TO THE LESS TOXIC TRIVALENT STATE. 5100 GPH

T04 PFAUDLER UNIT WHICH IS A CLOSED LOOP, HIGH VACUUM, LOW TEMPERATURE EVAPORATORS, WHICH EVAPORATES THE WATER FROM THE CONTAMINATED RINSE WATER AND SENDS THE CONCENTRATE BACK TO THE PLATING BATH, AND THE CONDENSATE BACK TO THE RINSE TANK. 1000 GPH

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

 CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W I L D 0 0 5 2 1 2 0 9 7 T/A C 1	W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 1	5,000	P	T 0 3				Incincerator - PLANT # 3
2	F 0 0 2	10,000	P	T 0 3				INCINERATOR - PLANT #3
3	F 0 0 6	750,000	P					LAND FILL OFF SITE BY LICNESED HAULER
4	F 0 0 7	82,300	P	T 0 4	T 0 1			
5	F 0 0 8	13,350	P	T 0 4	T 0 1			
6	F 0 0 9	1,431,685	P	T 0 4				
7	F 0 1 0	18,000	P	T 0 3				INCINERATOR - PLANT #3
8	F 0 1 7	10	P	T 0 3				
9	F 0 1 8	30	P	T 0 4	T 0 1			UNDER 100 Kgm PER MONTH
10	P 0 2 9	75,025	P	T 0 4	T 0 1			
11	P 0 3 0	5,735	P	T 0 4	T 0 1			
12	P 0 5 5	1,590	P	T 0 4	T 0 1			
13	P 0 7 4	320	P	T 0 4	T 0 1			
14	P 1 0 6	34,000	P	T 0 4	T 0 1			
15	P 1 2 1			T 0 4	T 0 1			UNDER 100 Kgm PER MONTH
16	U 1 2 2	4,400	P	T 0 1				
17	U 1 5 4			T 0 3				INCINERATOR PLANT #3 UNDER 100 Kgm PER MONTH
18	U 2 2 0	800	P	T 0 3				INCINERATOR PLANT #3 UNDER 100 Kgm PER MONTH
19	U 2 2 8	200	P	T 0 3				INCINERATOR PLANT #3 UNDER 100 Kgm PER MONTH
20	D 0 0 1	49,000	P	T 0 3				INCINERATOR PLANT #3 UNDER 100 Kgm PER MONTH
21	D 0 0 2	1,159,185	P	T 0 1				
22	D 0 0 3	114,570	P	T 0 4	T 0 1			
23	D 0 0 6	3,600	P	T 0 4	T 0 1			
24	D 0 0 7	150	P	T 0 4	T 0 1			
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*	
F I L D 0 0 5 2 1 2 0 9 7	T/A 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
4 2 0 4	8 9 0 5

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E ROCKFORD PRODUCTS CORP. A REXNORD COMPANY	8 1 5 - 3 9 7 - 6 0 0 0

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 707 Harrison Avenue	G Rockford	Ill	6 1 1 0 1

IX. OWNER 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. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
John Snugart	John W Snugart	11-14-80

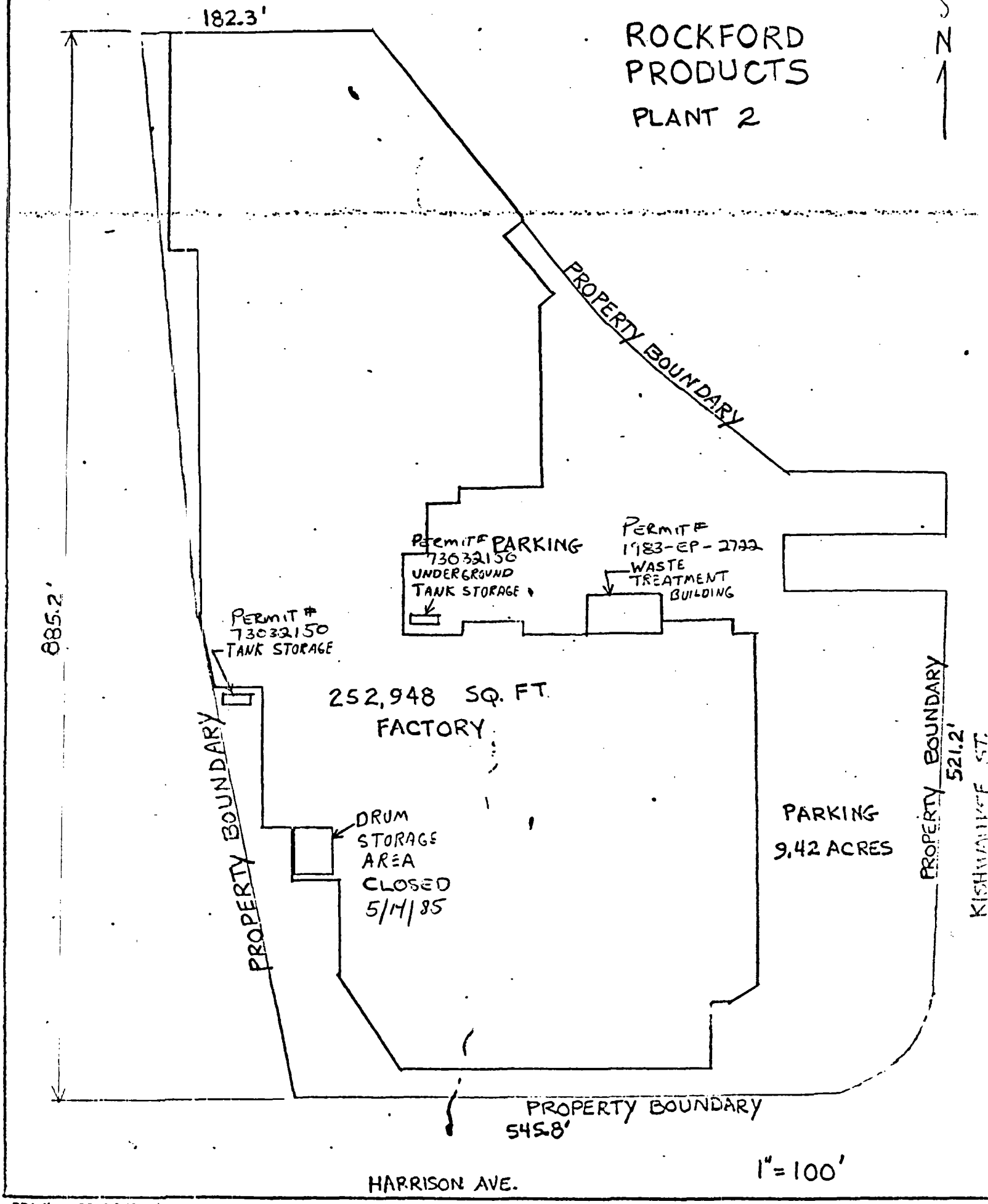
X. OPERATOR CERTIFICATION

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. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Larry Hammond	Larry Hammond	11-14-80

 CONTINUE ON PAGE 5

V. FACILITY DRAWING (see page 4)



August 12, 1980

HAZARDOUS WASTE LIST:

F001 - TRICHLORETHYLENE, METHYLENE CHLORIDE

F002 - METHYLENE CHLORIDE, TRICHLOROETHYLENE

F006 - WASTEWATER TREATMENT SLUDGES FROM ELECTROPLATING OPERATIONS

F007 - SPENT PLATING BATH SOLUTIONS FROM ELECTROPLATING OPERATIONS

F008 - PLATING BATH SLUDGES FROM THE BOTTOM OF PLATING BATHS FROM ELECTROPLATING OPERATIONS

F009 - SPENT STRIPPING AND CLEANING BATH SOLUTIONS FROM ELECTROPLATING OPERATIONS

F010 - QUENCHING BATH SLUDGE FROM OIL BATHS FROM METAL HEAT TREATING OPERATIONS

F011 - SPENT SOLUTIONS FROM SALT BATH POT CLEANING FROM METAL HEAT TREATING OPERATIONS

F012 - QUENCHING WASTEWATER TREATMENT SLUDGES FROM METAL HEAT TREATING OPERATIONS

P029 - COPPER CYANIDE

P030 - CYANIDES

P055 - FERRIC CYANIDE

P074 - NICKEL CYANIDE

P106 - SODIUM CYANIDE

P121 - ZINC CYANIDE

U122 - FORMALDEHYDE

U154 - METHANOL

U220 - TOLUENE

U228 - TRICHLOREOETHENE

F017 - PAINT RESIDUES OR SLUDGES FROM INDUSTRIAL PAINTING IN THE MECHANICAL AND ELECTRICAL PRODUCTS INDUSTRY

F018 - WASTEWATER TREATMENT SLUDGE FROM INDUSTRIAL PAINTING IN THE MECHANICAL AND ELECTRICAL PRODUCTS INDUSTRY

HAZARDOUS WASTE LIST:

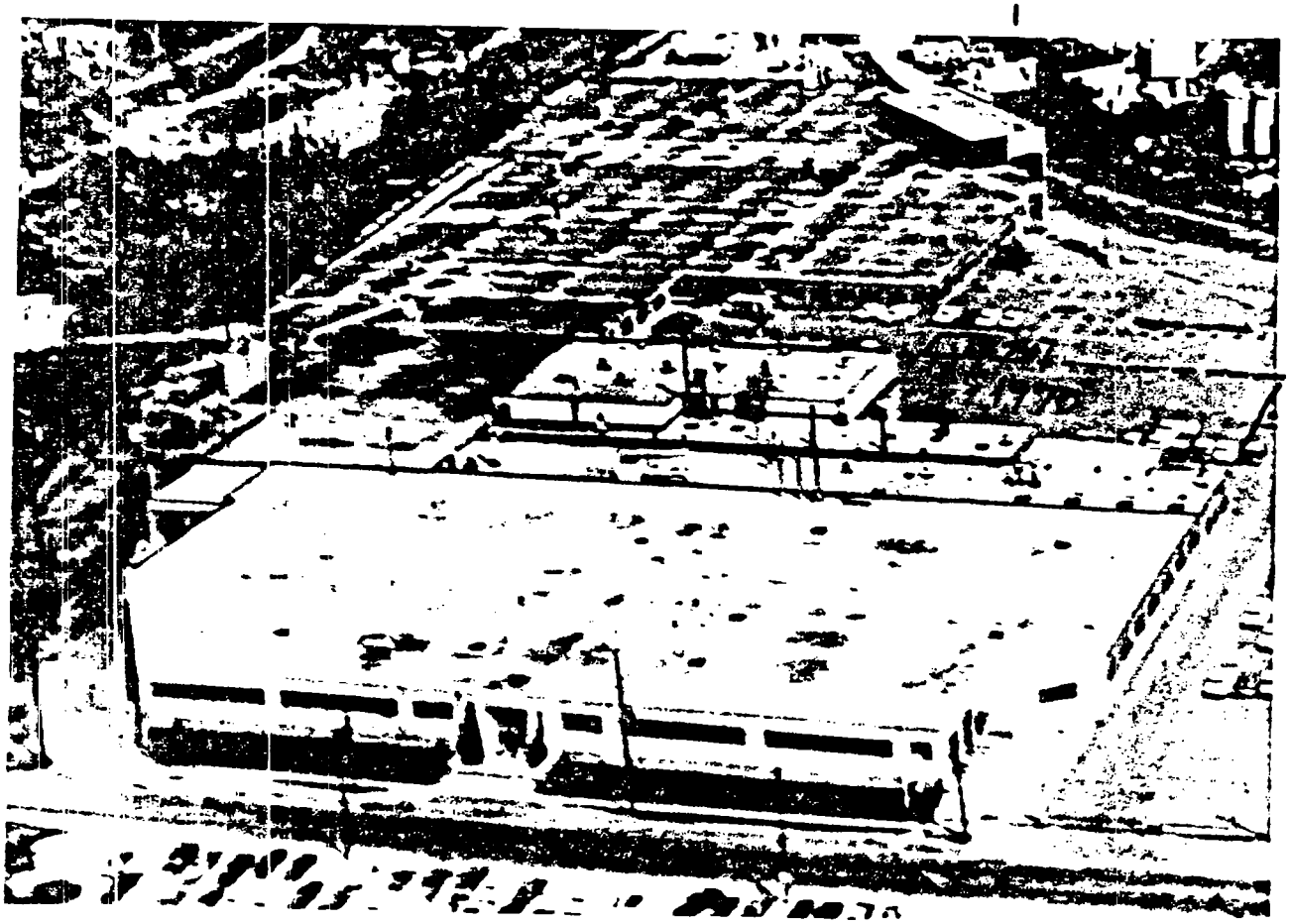
D001 -- IGNITABLE

D002 -- CORROSIVE

D003 -- REACTIVE

D006 -- CADIMUM

D007 -- CHROMIUM



Please print or type in the unshaded areas only.
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. [illegible]

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F ILD005212097 3

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (*to the left of the label space lists the items that should appear*), please provide the proper fill-in area(s) below. If preprinted data is complete and correct, you need not complete Items I, III, V, and VI (*except they must be completed regardless*). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER: ILD005212097

III. FACILITY NAME: ROCKFORD PRODUCTS CORPORATION
A REXNORD COMPANY - PLANT #2

V. FACILITY MAILING ADDRESS: 707 Harrison Avenue
Rockford, Illinois 61101

VI. FACILITY LOCATION: 612 Harrison Avenue
Rockford, Illinois 61101

ILD005212095

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned **treatment works** which results in a discharge to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a discharge to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP ROCKFORD PRODUCTS CORPORATION REXNORD CO. PLANT #2

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 HAMMOND, LARRY, MGR. PLT. FACILITIES	815 397 6000

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 707 HARRISON AVENUE

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ROCKFORD	IL	61101

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 612 HARRISON AVE. PLANT #2

B. COUNTY NAME

WINNEBAGO

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 ROCKFORD	IL	61101	201

NOV 14 1980

CONTINUE ON REVERSE

C. THIRD	D. FOURTH
(specify)	C 7 (specify)

II. OPERATOR INFORMATION

A. NAME: ROCKFORD PRODUCTS CORP. A REXNORD CO.

B. Is the name listed in Item VIII-A also owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

Answer: P (specify)

D. PHONE (area code & no.): C A 815 397 6000

E. STREET OR P.O. BOX: 12 HARRISON AVENUE

F. CITY OR TOWN: ROCKFORD

G. STATE: IL

H. ZIP CODE: 61101

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N IL 0059714	D. PSD (Air Emissions from Proposed Sources): C 9 P
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): C 9 (specify)
C. RCRA (Hazardous Wastes): R	E. OTHER (specify): C 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF STANDARD AND SPECIAL FASTENERS.

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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. NAME & OFFICIAL TITLE (Type or print)	B. SIGNATURE	C. DATE SIGNED
JOHN STUGART VICE PRESIDENT OF MANUFACTURING	John Stugart	11/13/80

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

(This information is required under Section 3005 of RCRA.)

USE ONLY

DATE RECEIVED (yr., mo., & day)	COMMENTS

FOR REVISED APPLICATION

"X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's number in Item I above.

APPLICATION *(place an "X" below and provide the appropriate date)*

EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

MO. 06 DAY 05

2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR. MO. DAY

SED APPLICATION *(place an "X" below and complete Item I above)*

FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

ESSES – CODES AND DESIGN CAPACITIES

SS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for g codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then e the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

SS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.
OUNT – Enter the amount.
T OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of sure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
NER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
	S02	GALLONS OR LITERS
PILE	S03	CUBIC YARDS OR CUBIC METERS
E IMPOUNDMENT	S04	GALLONS OR LITERS
ON WELL	D79	GALLONS OR LITERS
LL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
PPLICATION	D81	ACRES OR HECTARES
DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
E IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
S	G
	L
ARDS	Y
ETERS	C
S PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the old 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D P 3

O- S E ST	B. PROCESS DESIGN CAPACITY 1. AMOUNT *(specify)*	2. UNIT OF MEASURE *(enter code)*	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE *(from list above)*	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE *(enter code)*	FOR OFFICIAL USE ONLY
	200	G		5	T04	~~24,000 GPD~~	U	
				6				
1	1000	G		7				
1	600	G		8				
1	11380	U		9				
		U		10				

4 TYPE 820/5100 CHROME SINGLE STAGE FINALIZER TO REDUCE THE TOXIC HEXAVALENT CHR
ESS TOXIC TRIVALENT STATE. 5100 GPH

04 PFAUDLER UNIT WHICH IS A CLOSED LOOP, HIGH VACUUM, LOW TEMPERATURE EVAPORATORS, WHI
VAPORATES THE WATER FROM THE CONTAMINATED RINSE WATER AND SENDS THE CONCENTRATE BACK TO
LATING BATH, AND THE CONDENSATE BACK TO THE RINSE TANK. 1000 GPH

	A. EPA HAZARD. WASTE NO. (enter code)
2	F 0 0 1
3	F 0 0 2
	P 0 0 6

DESCRIPTION OF HAZARDOUS WASTES

PA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you andle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteris-s and/or the toxic contaminants of those hazardous wastes.

STIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual asis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled hich possess that characteristic or contaminant.

NIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate odes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into count the appropriate density or specific gravity of the waste.

ROCESSES

PROCESS CODES:

For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

E: **HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** – Hazardous wastes that can be described by than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A on the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

IPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds ear of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes orrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated ounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X 0 0 1	900	P	T 0 3 D 8 0	
D 0 0 2	400	P	T 0 3 D 8 0	
D 0 0 1	400	P	T 0 3 D 8 0	
D 0 0 2				included with above

CONTINUE ON PAGE 3

| | | |

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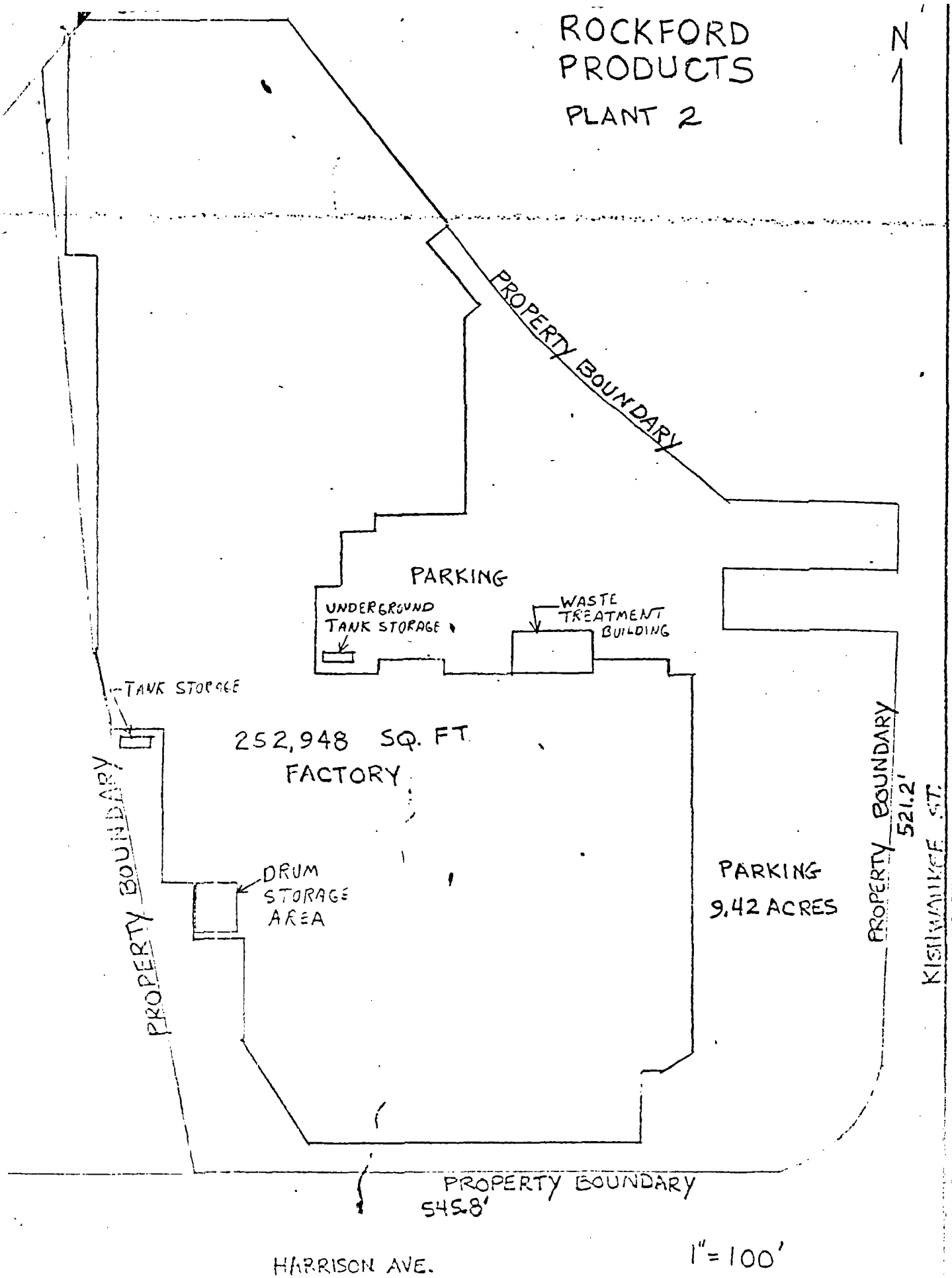
A I.D. NO. (enter from page 1)

| | | |


ROCKFORD PRODUCTS
PLANT 2
N
PROPERTY BOUNDARY
PARKING
UNDERGROUND TANK STORAGE
WASTE TREATMENT BUILDING
TANK STORAGE
252,948 SQ. FT.
FACTORY
PROPERTY BOUNDARY
DRUM STORAGE AREA
PARKING
9.42 ACRES
PROPERTY BOUNDARY
521.2'
KISHWAUKEE ST.
PROPERTY BOUNDARY
545.8'
HARRISON AVE.
1" = 100'