14930

Application X
Additional Site ___

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

FOR AGENCY USE Log # ~~14527~~

THIS APPLICATION FOR WASTE:
Treatment ___
Disposal ___
Storage ___

CARD TYPE ___ DATE ___ L P S W C AUTHORIZATION NUMBER 996245 TRANS CODE ___ DATE ENTERED (Agency Use) __ / __ / __

WASTE HAULER

16 HAULER REGISTRATION NUMBER ICC CARRIER NAME NATIONWIDE CARTAGE CO

ADDRESS ___ COMMUNITY CHICAGO

COUNTY COOK STATE ILL ZIP 60638 AREA CODE 312 TELEPHONE 582-6607

WASTE GENERATOR

GENERATOR CODE 0 3 1 2 8 8 0 0 1 2 G NAME SEARLE PHARMACEUTICAL

ADDRESS 4901 SEARLE PARKWAY COMMUNITY SKOKIE

COUNTY COOK STATE ILL ZIP 60076 AREA CODE 312 TELEPHONE ___

GENERATOR CONTACT NAME NINA KARNATOWSKI

DUNS NUMBER ___ SIC CODE ___ USEPA GEN. CODE ___

20 PROCESS NAME PHARMACEUTICAL PRODUCTION

WASTE CHARACTERISTICS

GENERIC WASTE NAME WASTE ACETONE

40 IUPAC WASTE NAME WASTE ACETONE

TOTAL ANNUAL WASTE VOLUME 50000 VOLUME UNITS 2 WASTE PHASE 3

TRANSPORT FREQUENCY 5 WASTE CLASS (Agency Use) ___

1 = CUBIC YARDS
2 = GALLONS

1 = SOLID
2 = SEMI-SOLID
3 = LIQUID
4 = GAS

1 = ONE TIME
2 = DAILY
3 = WEEKLY
4 = BI-WEEKLY
5 = MONTHLY
6 = BI-MONTHLY
7 = QUARTERLY
8 = SEMI-ANNUALLY

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

50 INHALATION TOXICITY ___ DERMAL TOXICITY ___ INGESTIVE TOXICITY ___ INFECTIOUS ___ REACTIVITY ___ EXPLOSIVE ___

FLASH POINT ___ °F ALPHA RADIATION ___ (pCi/L) COMPOSITION ___

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY ___ PERCENT ALKALINITY ___ pH ___ PERCENT TOTAL SOLIDS ___

60

KEY	COMPONENT NAME	PERCENT	KEY	COMPONENT NAME	PERCENT
1	ACETONE	45.0	2		
3	WATER	5.0	4		
5			6		

USEPA HAZARDOUS WASTE NO. (If Hazardous) F003

RECEIVED
DEC 14 1981
E.P.A. — D.L.P.C.
STATE OF ILLINOIS

DEC 23

IL 532-0474
ADM 1067 (Rev. 1/81)

US EPA RECORDS CENTER REGION 5
469057

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter III 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

DATE _____ L P S W C AUTHORIZATION NUMBER _____ TRANS CODE ___ DATE ENTERED (Agency Use) ___ / ___ / ___

WASTE CHARACTERISTICS

70/67

METAL KEY	TOTAL (PPM)	EP TOXICITY (PPM)	METAL KEY	TOTAL (PPM)	EP TOXICITY (PPM)
CN			Cu		
Ag			Hg		
As			Ni		
Ba			Pb		
Cd			Se		
Cr			Zn		
PHENOL			S		
ENDRIN			2 - 4 D		
LINDANE			2,4,5 - TP		
METHOXYCHLOR			TOXAPHENE		

80/67 LABORATORY NAME _____

CERTIFICATION NUMBER _____ REVIEWED BY: ___ / ___

90/67 1/21 SITE CODE 0 3 1 6 0 0 5 3 SITE NAME CUSTOM ORGANICS INC.

DISPOSAL METHOD 1 5 NEUTRALIZATION METHOD 0 2

SIGNATURE David W Durakovich (SITE OWNER) SIGNATURE David W Durakovich (SITE OPERATOR)

STATUS ___ START DATE ___ / ___ / ___ EXPIRATION DATE ___ / ___ / ___

2/21 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

STATUS ___ START DATE ___ / ___ / ___ EXPIRATION DATE ___ / ___ / ___

3/21 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

STATUS ___ START DATE ___ / ___ / ___ EXPIRATION DATE ___ / ___ / ___

4/21 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

STATUS ___ START DATE ___ / ___ / ___ EXPIRATION DATE ___ / ___ / ___

ILLINOIS EPA

Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

[illegible]

[illegible]

[illegible]