authorized to require this information under Illinois utes, 1979, Chapter 111 1/2, Section 1039. Disclosure rmation is required under that Section. Failure to do so may his form from being processed and could result in your ion being denied. This form has been approved by the Forms gement Center.

REFERENCE # S-5203

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

CARD TYPE

(FOR AGENCY USE L P S W C (1–5) WASTE STREAM NUMBER (AUTHORIZATION) 922754 (8–13) TRANS CODE (14) DATE ENTERED __/__/__ (15–20))

This application is a: (check one) XX New Application ___ Renewal _____ Waste Stream Number

This application is for waste: (check one) ___ storage ___ disposal XX treatment

APPLICANT (SITE)

SITE ADDRESS	APPLICANT ADDRESS
Name: Southern California Chemical Co., Inc.	Name: Southern California Chemical Co., Inc.
Address: 17415 E. Jefferson	Address: P. O. Box 432
McHenry / Union / Il / 60180 (county / community / state / zip)	McHenry / Union / Il / 60180 (county / community / state / zip)

90 67 — 1 (21) IEPA SITE CODE 1 1 1 0 9 0 0 2 (22–29)

USEPA SITE CODE I L D 0 5 9 4 8 3 0 8 1

DISPOSAL METHOD 2 0 (30–31) TREATMENT METHOD 0 3 (32–33) STORAGE METHOD __

Site Contact Name Cody Bailey Telephone (815) 923 - 2136

The undersigned hereby makes application for a supplemental permit for the storage, treatment or disposal of this waste stream and certifies that the information referenced herein is true, correct and current.

Signature C Bailey Jr. (Owner/Authorized Agent) Signature Mark W. Holt Capital (Operator/Authorized Agent)

DATE 09/16/82

FOR AGENCY USE STATUS (34) START DATE __/__/__ (35–40) EXPIRATION DATE __/__/__ (41–46)

WASTE GENERATOR INFORMATION

16 67

PLANT ADDRESS	MAILING ADDRESS
Name: NORTHROP	Name: NORTHROP
Address: 600 Hicks Rd.	Address: 600 Hicks Rd.
Cook / Rolling Meadows ILL / 60008 (county / community / state / zip)	Cook / Rolling Meadows ILL / 60008 (county / community / state / zip)

Generator IEPA Code: (25–35) Generator USEPA Code:

Generator Contact Name: Jim Stanley (36–65)

Telephone (312) 259 - 9600

20 67 Process/Operation Name: ALKALINE ETCHANT (21–50)

Process Description: METAL ETCHING

US EPA RECORDS CENTER REGION 5 469060

RECEIVED SEP 20 1982 I.E.P.A. — D.L.P.C. STATE OF ILLINOIS

Generic Waste Name: SPENT ALKALINE ETCHANT SOLUTION (51–80)

IL 532-0474
ADM 1067 (Rev. 3/82)

(FOR AGENCY USE L P S W C WASTE STREAM NUMBER (AUTHORIZATION) ____ TRANS CODE ____ DATE ENTERED ____/____/____)

CARD TYPE

WASTE CHARACTERISTICS

This waste is: (check one) XX Hazardous, ___ Non-Hazardous as defined by U.S.E.P.A. in the Resource Conservation and Recovery Act, and regulations adopted thereunder, and the Illinois Pollution Control Board in Title 35 - Subtitle G, Part 721.

40/67 USEPA Hazardous Waste Number(s) D002, ____, ____, ____, ____, ____.

Total Annual Waste Volume 1440 Volume Units 2 Waste Phase 3

Transport Frequency 7 Waste Class (Agency Use) ____

1 = CUBIC YARDS
2 = GALLONS

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

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

60/67

COMPONENT NAME	PERCENT	COMPONENT NAME	PERCENT
1 Water	75.0	2	
3 Ammonia	15.0	4	
5 Copper	10.0	6	

50/67 Flash Point 200 °F Percent Acidity ____ Percent Alkalinity ____ pH ____ Total Solids ____

Solid Waste: Fire Hazard ___ Corrosive ___ Reactive ___

70/67

	TOTAL (ppm)		REACTIVE (ppm)
Sulfide	13	Sulfide	
Cyanide	01	Cyanide	
Phenol	14		

METAL	KEY	EP TOXICITY (ppm)	METAL	KEY	EP TOXICITY (ppm)
Ag	03		Hg	04	
As	05				
Ba	07		Pb	08	
Cd	09		Se	10	
Cr	11				
ENDRIN	15		LINDANE	16	
METHOXYCHLOR	17		TOXAPHENE	18	
2, 4 - D	19		2, 4, 5 - TP	20	

80/67 Laboratory Name: ____

Certification Number: ____ Reviewed by: (Agency Use) ____/____

ADM-1067 (Rev. 3/82)

ILLINOIS EPA

Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706