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.

REFERENCE # 5-5686

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

(FOR AGENCY USE L P S W C (1–5) WASTE STREAM NUMBER (AUTHORIZATION) 923120 (8–13) TRANS CODE ___ (14) DATE ENTERED __/__/__ (15–20))

CARD TYPE

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

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

APPLICANT (SITE)

SITE ADDRESS	APPLICANT ADDRESS
Name: CUSTOM ORGANICS, INC.	Name: SAME
Address: 1445 W. 47nd ST	Address:
COOK / CHICAGO / ___ / ___ (county / community / state / zip)	___ / ___ / ___ / ___ (county / community / state / zip)

90 67 1 2T IEPA SITE CODE 0 3 1 6 0 0 5 3 (22–29) USEPA SITE CODE I L D 0 0 5 4 5 0 6 9 7

DISPOSAL METHOD 2 0 (30, 31) TREATMENT METHOD 0 2 (32, 33) STORAGE METHOD 0 2

Site Contact Name DAVID A. DURAKOVICH Telephone (312) 247-2828

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 David A Durakovich (Owner/Authorized Agent) Signature David A Durakovich (Operator/Authorized Agent)

DATE 11/08/82

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

WASTE GENERATOR INFORMATION

16 67

PLANT ADDRESS	MAILING ADDRESS
Name: General ELECTRIC CO	Name: SAME
Address: 709 W. WALL ST	Address:
WHITESIDE / MORRISON / ILL / 61270 (county / community / state / zip)	___ / ___ / ___ / ___ (county / community / state / zip)

Generator IEPA Code: 1 9 5 0 5 5 0 0 0 3 G (25–35) Generator USEPA Code: I L D 0 0 5 2 7 2 9 9 2

Generator Contact Name: J O S E P H S K A F F (36–65)

Telephone (815) 772-2131

20 67 Process/Operation Name: D E G R E A S I N G (21–50)

Process Description:

Generic Waste Name: F R E O N T F (51–80)

RECEIVED NOV 12 1982 I.E.P.A. — D.L.P.C. STATE OF ILLINOIS

US EPA RECORDS CENTER REGION 5 459062

IL 532-0474
ADM 1067 (Rev. 1/82)

(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) X 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) F001, ____, ____, ____, ____, ____.

Total Annual Waste Volume 4000 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	FREON TF	95.0	2	OIL	5.0
3			4		
5			6		

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

Solid Waste: Fire Hazard ___ Corrosive ___ Reactive ___

	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. 1/82)

Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

[illegible]

[illegible]

[illegible]