RCRA

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

F I L D 0 0 0 8 0 2 7 0 2

FOR OFFICIAL USE ONLY

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

US EPA RECORDS CENTER REGION 5

491596

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 facilit 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 faci 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.)*

[ ] 2. NEW FACILITY *(Complete item belou*

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	17	12	31

FOR NEW FACIL PROVIDE THE D *(yr., mo., & day)* O TION BEGAN OR EXPECTED TO B

YR.	MO.	DAY

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

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

ROCESSES – CODES AND DESIGN CAPACITIES

OCESS 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 provide 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 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 o 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 PROCE 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 HOU GALLONS PER HOUR O 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	UN ME. C
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

PLE 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 a an hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	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)	Of
X-1	S02	600	G		5	T03	2.45	D	
X-2	T03	20	E		6	T04	9000	E	
1	S01	200,000	G		7				
2	S02	950,000	G		8				
3	S03	40	Y		9				
4	T01	400	E		10				

I. PROCESSES *(continued)*

SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES *(code)*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 Sulfide/AKZO mercury removal process for the reduction of mercury in waste water. Process consists of filters, resin columns, and process reaction vessels.

V. DESCRIPTION OF HAZARDOUS WASTES

. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If y 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 characte tics and/or the toxic contaminants of those hazardous wastes.

. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an ann 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 hand which possess that characteristic or contaminant.

. 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 appropri 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 i account the appropriate density or specific gravity of the waste.

. 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 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 co 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 pos 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 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.

IOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be descr 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 an 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 e "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 po 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 w re 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 estim 00 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

W	I	L	D	0	0	0	8	0	2	7	0	2	F/A	C 1

W	DUP	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)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K071	2,650,000	P	S02	S03	T04		
2	K085	125,000	P	S01	T03			
3	U017	1,650,000	P	S02	T03			
4	U037	5,000	P	S01	T03			
5	U188	100	P	S01	T03			
	U013	1,000	P	S01				
7	D001	4,795,000	P	S01	S02	T03	T04	
8	D002	10,000	P	S01	T03			
9	D003	55,000	P	S01				
10	D009	20,000	P	S01				
11	U019	100	P	S01	T03			
12	U220	100	P	S01	T03			
13	U239	100	P	S01	T03			
14	U071	100	P	S01	T03			
15	P077	500	P	S01				
16	U072	100	P	S01	T03			
17	P024	100	P	S01	T03			
	U001	100	P	S01	T03			
19	U002	100	P	S01	T03			
20	U003	100	P	S01	T03			
21	U007	100	P	S01	T03			
22	U008	100	P	S01	T03			
23	U012	500	P	S01	T03			
24	U013	100	P	S01				
25	U017	1,000	P	S01	T03			
26	U031	100	P	S01	T03			

E. USE THIS SPACE TO LIST ADDITIO L PROCESS CODES FROM ITEM D(1) O AGE 3.

EPA I.D. NO. *(enter from page 1)*

F I L D 0 0 0 8 0 2 7 0 2 T/A C 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)*
3 8 3 5 4 5 W	9 0 1 0 0 W

VIII. FACILITY OWNER

X 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 le 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 co*

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP C
	G		

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 attac documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe tha submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false informat including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
C. Preston Cunningham, Managing Director, Group Vice President	C. Cunningham	13 Nov. '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 attac documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe tha submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false informat including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

W I L D 0 0 0 8 0 2 7 0 2 1

W DUP 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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U151	100	P	S01 T03	
2	U151	1,000	P	S01	
3	U154	100	P	S01 T03	
4	U159	500	P	S01 T03	
5	U161	100	P	S01 T03	
	U187	2,000	P	S01 T03	
7	U190	10,000	P	S01 T03	
8	U037	500	P	S01 T03	
9	U044	50	P	S01 T03	
10	U226	500	P	S01 T03	
11	F001	10,000	P	S01 T03	
12	F002	10,000	P	S01 T03	
13	F003	10,000	P	S01 T03	
14	F004	10,000	P	S01 T03	
15	F005	10,000	P	S01 T03	
16	U147	32,000	P	S01 T03	
17	D000	See Attachment A			
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON

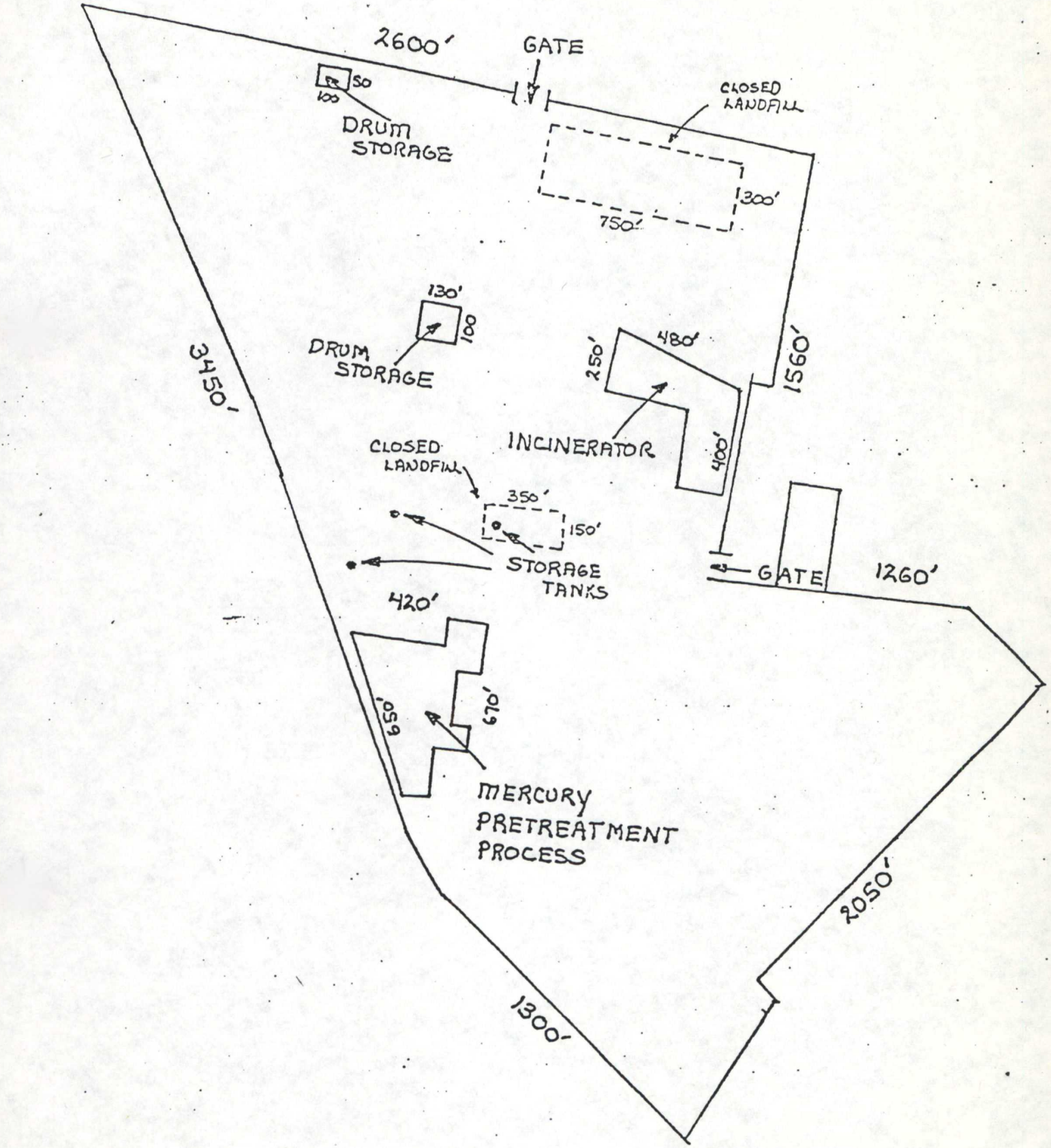
Attachment A

ADDENDUM TO FORM 3

Listed below are solid wastes that do not meet any RCRA category but are considered hazardous under Illinois Law or by Monsanto Guidelines.

	WASTE NAME	ANNUAL QUANTITY	UNITS	PROCESS C	
A.	Waste Therminol	30,000	P	SO1	TO3
B.	Used Compressor Oil	10,000	P	SO1	TO3
C.	Scrap Sulfur	20,000	P	SO1	TO3
D.	Used Laboratory Glassware	5,000	P	SO1	TO3
E.	Non-Hazardous Lab Samples	2,000	P	SO1	TO3
F.	Silicon Dioxide Filter Aid	50,000	P	SO1	TO3
G.	Quaternary Exchange Resin	300	P	SO1	TO3
H.	Salt Saturator Solids	1,000	P	SO1	TO3
I.	Spent Vanadium Catalyst	0	P	SO1	TO3
J.	Paraphenetidine Still Residue	60,000	P	SO1	TO3
K.	Triphenyl Phosphate Residue	40,000	P	SO1	TO3
L.	Nitrodiphenyl Amine Residue	200,000	P	SO1	TO3
M.	Scrap Orthonitrophenol	30,000	P	SO1	TO3
N.	Liquid Lab Samples	54,000	P	SO1	TO3
O.	Solid Lab Samples	104,000	P	SO1	TO3
P.	Chlorotoluene Contaminated Carbon	20,000	P	SO1	TO3
Q.	Orthonitroaniline Residue	360,000	P	SO1	TO
R.	Toluene Contaminated Filters	10,000	P	SO1	TO
S.	Benzene Contaminated Filters	2,000	P	SO1	TO
T.	Santicizer-160 Contaminated Filter Aid	15,000	P	SO1	TO
U.	Benzene Contaminated Carbon	180,000	P	SO1	TO
V.	Phthalic Anhydride Waste	75,000	P	SO1	TO
W.	Orthodichlorobenzene Still Bottoms	50,000	P	SO1	TO

	WASTE NAME	ANNUAL QUANTITY	UNITS	PROCESS CO
X.	Paranitrochlorobenzene Contaminated Equip.	1,000	P	SO1
Y.	Paranitroaniline Contaminated Equipment	1,000	P	SO1
Z.	Nitrodiphenylamine Contaminated Equip.	1,000	P	SO1
aa)	Chlorophenol Still Bottoms	50,000	P	SO1, TO1,
bb)	Scrap Nitrated Dodecylbenzene	1,000	P	SO1 TO3
cc)	Scrap Nitrated Orthodichlorobenzene	10,000	P	SO1 TO3
dd)	Scrap Santophen I Product	5,000	P	SO1 TO3
ee)	Nitrochlorobenzene Residue	4,250,000	P	SO1 TO3
ff)	Off Spec P-Tert-Butylphenol	20,000	P	SO1 TO3
gg)	Paranitrochlorobenzene Sludge	150,000	P	SO1 TO3
hh)	Scrap Paranitrochlorobenzene	10,000	P	SO1 TO3
ii)	Benzene Contaminated Equipment	1,000	P	SO1 TO3
jj)	Orthonitrochlorobenzene Product	20,000	P	SO1 TO3
kk)	TSCL STO Still Residue	740,000	P	SO1 TO3
ll)	DCA Still Residue	53,000	P	SO1 TO3
mm)	AZO Residue	1,500,000	P	SO1, SO2,
nn)	Phenolic Residue	1,500,000	P	SO1 TO3
oo)	PNPT Filter Cartridges	41,000	P	SO1 TO3
pp)	p-Phenetidine Residue	31,000	P	SO1 TO3
qq)	PCE Still Residue	414,000	P	SO1 TO3
rr)	Reject Para-TSCL	105,000	P	SO1 TO3
ss)	Waste Oils	150,000	P	SO1 TO3
tt)	Dimethyl Formamide	48,000	P	SO1 TO3

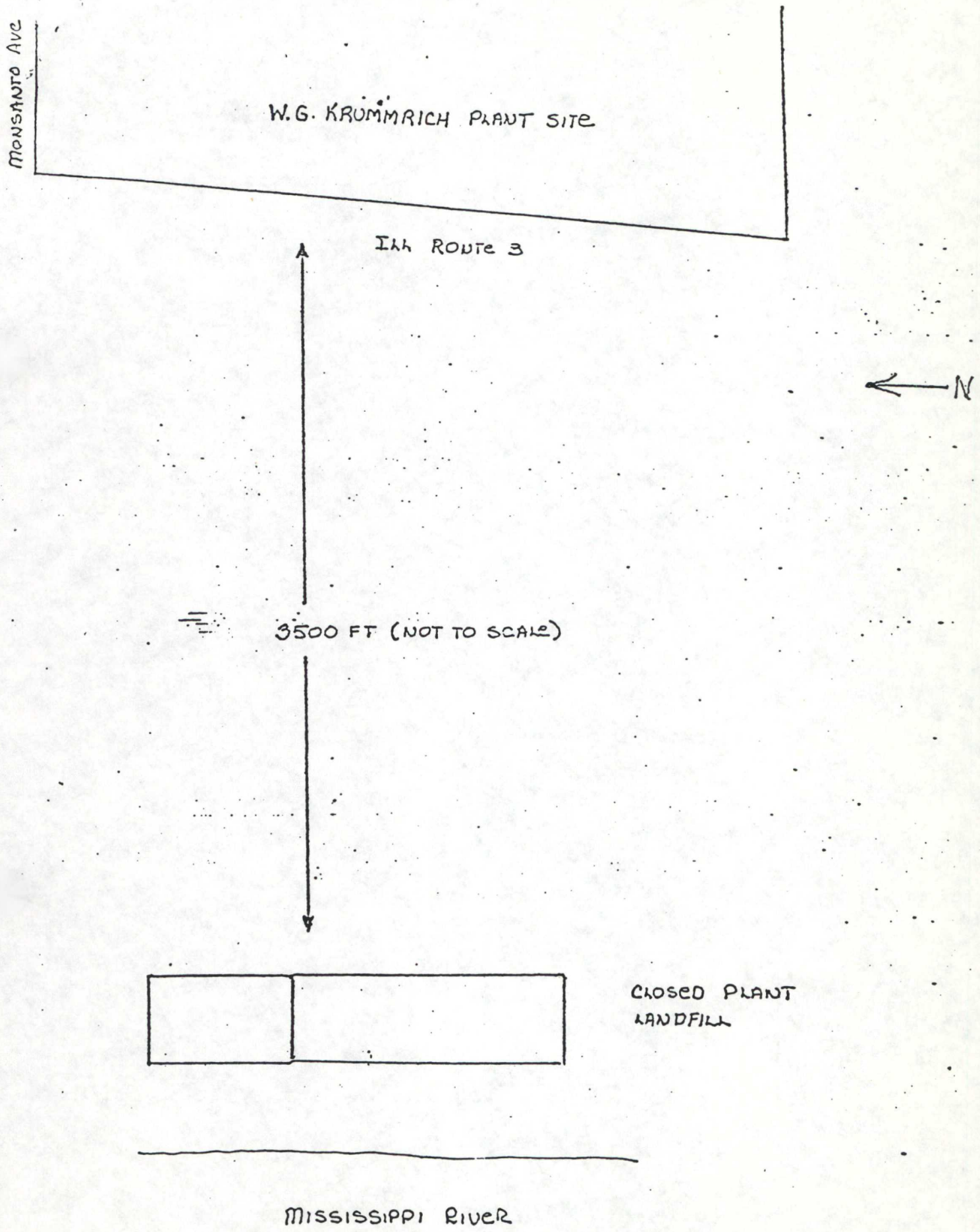


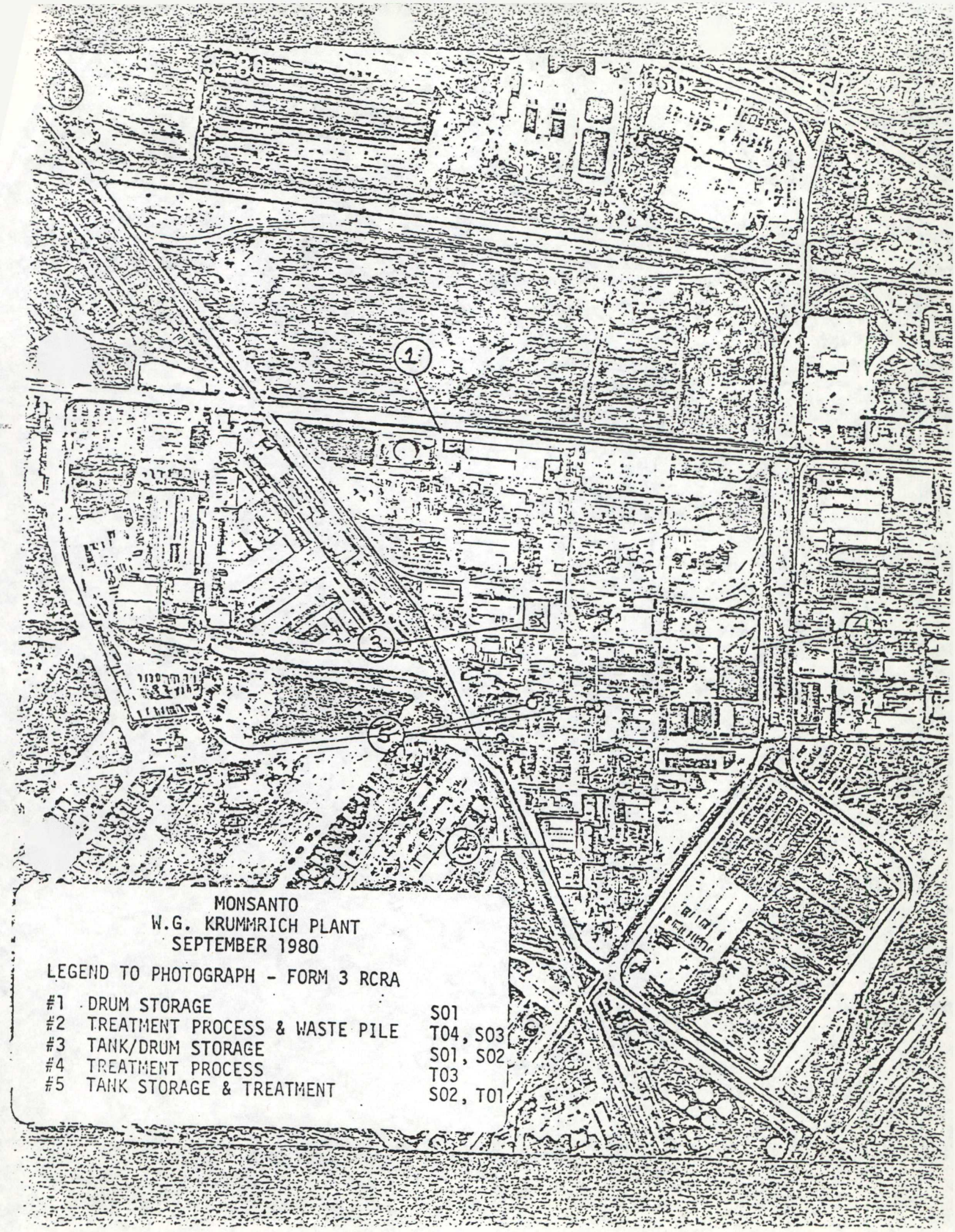
N →

W. G. KRUMMRICH SITE

1" = 500'

A. ATTACHMENT





MONSANTO
W.G. KRUMMRICH PLANT
SEPTEMBER 1980

LEGEND TO PHOTOGRAPH - FORM 3 RCRA

#1	DRUM STORAGE	S01
#2	TREATMENT PROCESS & WASTE PILE	T04, S03
#3	TANK/DRUM STORAGE	S01, S02
#4	TREATMENT PROCESS	T03
#5	TANK STORAGE & TREATMENT	S02, T01

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 ILD000802702

LABEL ITEMS

I. EPA I.D. NUMBER: ILD000802702

III. FACILITY NAME: MONSANTO COMPANY

V. FACILITY MAILING ADDRESS: ROUTE 3, SAUGET, ILLINOIS 62201

VI. FACILITY LOCATION: ROUTE 3, SAUGET, ILLINOIS 62201

GENERAL INSTRUCTIONS

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

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 ions, 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 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 cluded 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	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FO ATTA
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	N/A	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	N/
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	N/A	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	N/
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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	N/
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	N/A	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	N
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		Form not Avail Yet	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		Fo no Avai Ye

III. NAME OF FACILITY

1 SKIP W. G. KRUMMRICH PLANT

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
INISE RICHARD ENV. ENGINEER	618 271 5835

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 ROUTE 3

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 SAUGET	IL	62201

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 ROUTE 3

B. COUNTY NAME: ST CLAIR

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
	IL	62201	

SIC CODES (Enter in order of priority)

A. FIRST	B. SECOND
8 6 - (specify) ORGANIC CHEMICAL MANUFACTURE	C 7 2 8 1 - (specify) INORGANIC CHEMICAL MANUFACTURE
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

OPERATOR INFORMATION

A. NAME: ONSANTO COMPANY

B. Is the name listed in Item VIII-A also owner? ☒ YES ☐ NO

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

P (specify) --

D. PHONE (area code & no.): C A 618 271 5835

E. STREET OR P.O. BOX: OUTE 3

F. CITY OR TOWN: AUGET

G. STATE: IL

H. ZIP CODE: 62201

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)	
J	C T I 9 P 1 8 0 0 1 0 0 4	
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**	
J	C T I 9 1 9 7 9 2 1 D E	(specify) ILLINOIS WASTE MANAGEMENT S
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**	
R	C T I 9 1 9 7 8 E E 2 3 4 7	(specify) MERCURY PRETREATMENT PROCESS

MAP

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

NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF INTERMEDIATE ORGANIC AND INORGANIC CHEMICALS

CERTIFICATION (see instructions)

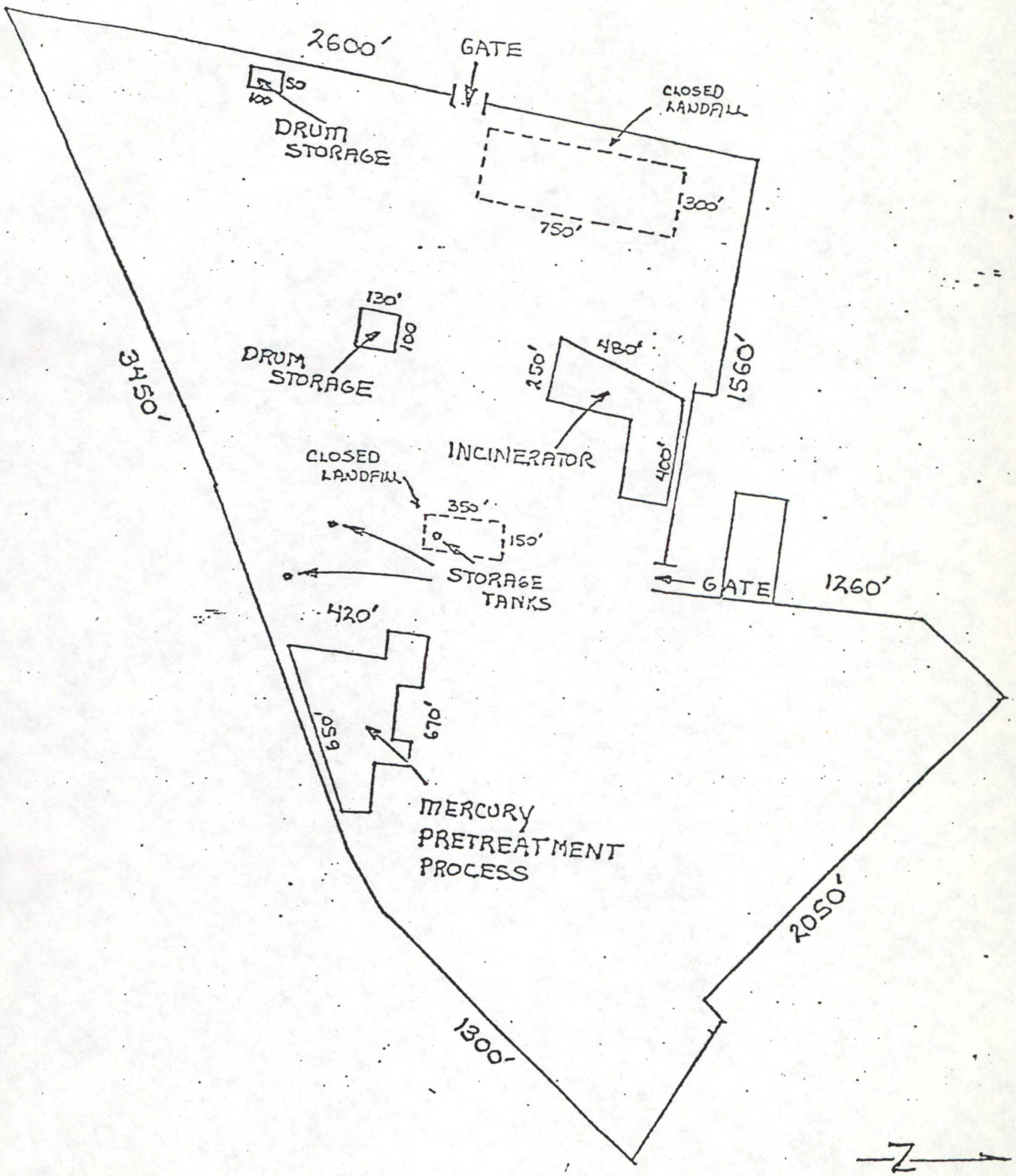
ertify under penalty of law that I have personally examined and am familiar with the information submitted in this application and achments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in plication, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitt se information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
. Preston Cunningham anaging Director oup Vice President		13 Nov '80

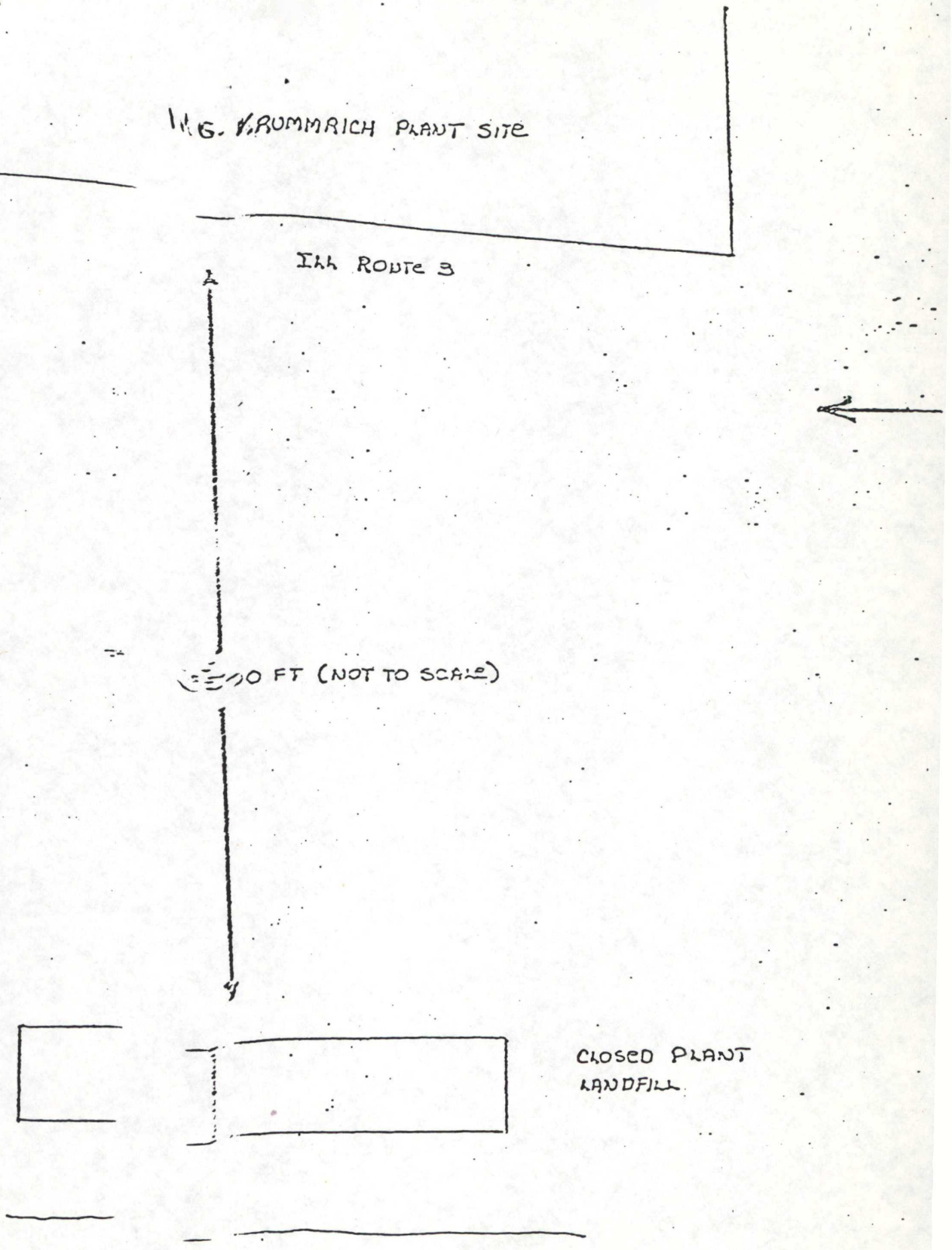
COMMENTS FOR OFFICIAL USE ONLY

FORM I

PART XI



W. G. KRUMMRICH SITE


MONSANTO-NAVE
MG. KRUMMRICH PLANT SITE
ILL ROUTE 3
FT (NOT TO SCALE)
CLOSED PLANT
LANDFILL
MISSISSIPPI RIVER