IL-0148-12
610

Illinois Refining Division

Marathon Oil Company

Robinson, Illinois 62454
Telephone 618/544-2121

November 24, 1980

EPA Region 5 Records Ctr.
375284

Mr. Y. J. Kim, Chief of RCRA Activities
Environmental Protection Agency, Region V
RCRA Activities
Post Office Box 7861
Chicago, IL 60680

Dear Mr. Kim:

This is an addendum to the Part A RCRA application for interim status for Marathon Oil Company's Robinson, Illinois Refinery (EPA I.D. No. IL 0054-76882) filed with your office on November 14, 1980. The application filed on that date containes several minor omissions as follows:

Form I

Item II (Pollutant Characteristics) Part E
An "X" should be shown under "Form Attached" column.

Item VII (SIC Codes)
SIC Code 2911 should be shown in space provided.

Item XIII (Certification) Part A - Title of signer is "Vice President, Refining"

Form 3

Item II (First or Revised Application) Part A - An "X" should be shown in space for existing facility.

Item VIII (Facility Owner) - An "X" should be shown in Box "A".

Copies of the corrected pages of the application are attached.

If you have any question regarding these corrections, please call me at (618) 544-2121.

Very truly yours,

L. H. McGrievy

L. H. McGrievy
Environmental Coordinator

LHMc:mjb

NOV 25 1980

Attachment

1 GENERAL

EPA

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

F ILD005476882 D

LABELS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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.

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	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 MARATHON OIL COMPANY ROBINSON REFINERY

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 McGRIEVY LARRY ENVIRON. COORD.	618 544 2121

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 MARATHON AVENUE

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ROBINSON	IL	62454

RECEIVED

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 MARATHON AVENUE

B. COUNTY NAME

CRAWFORD

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 ROBINSON	IL	62454	

DEC 09 1981

ILL. E.P.A. – D.L.P.C.
STATE OF ILLINOIS

NOV 25 1980

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

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

A. FIRST	B. SECOND
2911 (specify) PETROLEUM REFINERY	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

III. OPERATOR INFORMATION

A. NAME: MARATHON OIL COMPANY

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.): C A 618 544 2121

E. STREET OR P.O. BOX: MARATHON AVENUE

F. CITY OR TOWN: ROBINSON

G. STATE: IL

H. ZIP CODE: 62454

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 0004073	D. PSD (Air Emissions from Proposed Sources): 9 P C800503 4
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): 9 SEE LIST ENCL. (specify)
C. RCRA (Hazardous Wastes): 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 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.

XII. NATURE OF BUSINESS (provide a brief description)

THE FUNCTION OF MARATHON'S REFINERY IN ROBINSON, ILLINOIS IS TO REFINE RAW CRUDE OIL INTO HIGH QUALITY PETROLEUM PRODUCTS.

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
C. H. BARRE', Vice President Refy.	C H Barre'	Nov. 13, 1980

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

NOV 25 1980

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

EPA

RCRA

F I L D 0 0 5 4 7 6 8 8 2

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)*

YR.	MO.	DAY
8 2 4	1	1

[ ] 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)*

[ ] 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.

C DUP

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	S 0 4	290,000	G	
X-2	T 0 3	20	E		6	S 0 4	467,000	G	
1	S 0 2	47,600	G		7	D 8 1	17	B	
2	S 0 2	27,000	G		8	T 0 3	262	E	
3	S 0 2	71,000	G		9	T 0 1	84	U	
4	T 0	2,500	U		10	S 0 1	75,000	G	

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II. PROCESSES (continued)

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

Process	Amount	Unit of Measure
TØ1	48Ø	U
SØ2	15,ØØØ	G
SØ3	1ØØ	Y

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W I L D Ø Ø 5 4 7 6 8 8 2 T/A 3 C 1	W DUP T/A 2 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	K Ø 4 8	25ØØØØØ	T	T Ø 1	D 8 1	S Ø 2	Ø Ø Ø	
2	K Ø 4 9	5ØØØ ØØØ	T	S Ø 2	T Ø 3	S Ø 4	D 8 1	
3	K Ø 5 Ø	15 Ø Ø Ø	T	S Ø 1	D 8 1			
4	K Ø 5 1	5ØØ ØØØ	T	S Ø 2	T Ø 3	S Ø 4	D 8 1	
5	K Ø 5 2	1ØØ ØØØ	T	S Ø 1	S Ø 3			
6	F Ø Ø 2	2 ØØØ	T	S Ø 1	D 8 1			
Ø7	D Ø Ø 1	25Ø ØØØ	T	S Ø 4	D 8 1			
Ø8	D Ø Ø 3		T					Included with above
Ø9	D Ø Ø 3	25 ØØØ	T	S Ø 4	D 8 1			
Ø9	D Ø Ø 7							Included with above
Ø9	D Ø Ø 8							Included with above
Ø12	D Ø Ø 2	23Ø ØØØ	T	S Ø 2				Treated in Totally Encl. System
Ø12	D Ø Ø 8							Included with above
14	D Ø Ø 7	1Ø9ØØØØØØ ~~1.09 x 10^5~~	T	S Ø 1				Treated in Totally Encl. System
15	D Ø Ø 2	940 ØØØ	T	T Ø 1				
Ø16	D Ø Ø 7	35 ØØØ	T	S Ø 1				
Ø18	D Ø Ø 8							Included with above
Ø18	D Ø Ø 9							Included with above
19								
20								
21								
22								
23								
24								
25								
26								

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

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

Line No.	Additional Codes
1	T03, S04

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

I L D 0 0 5 4 7 5 8 8 2

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)
38 59 ~~030~~ 300	083 43 ~~020~~ 200

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 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.)
Marathon Oil Company	419 422 2121

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
539 South Main Street	Findlay	OH	45840

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
C. H. Barre'	C H Barre'	Nov. 13, 1980

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

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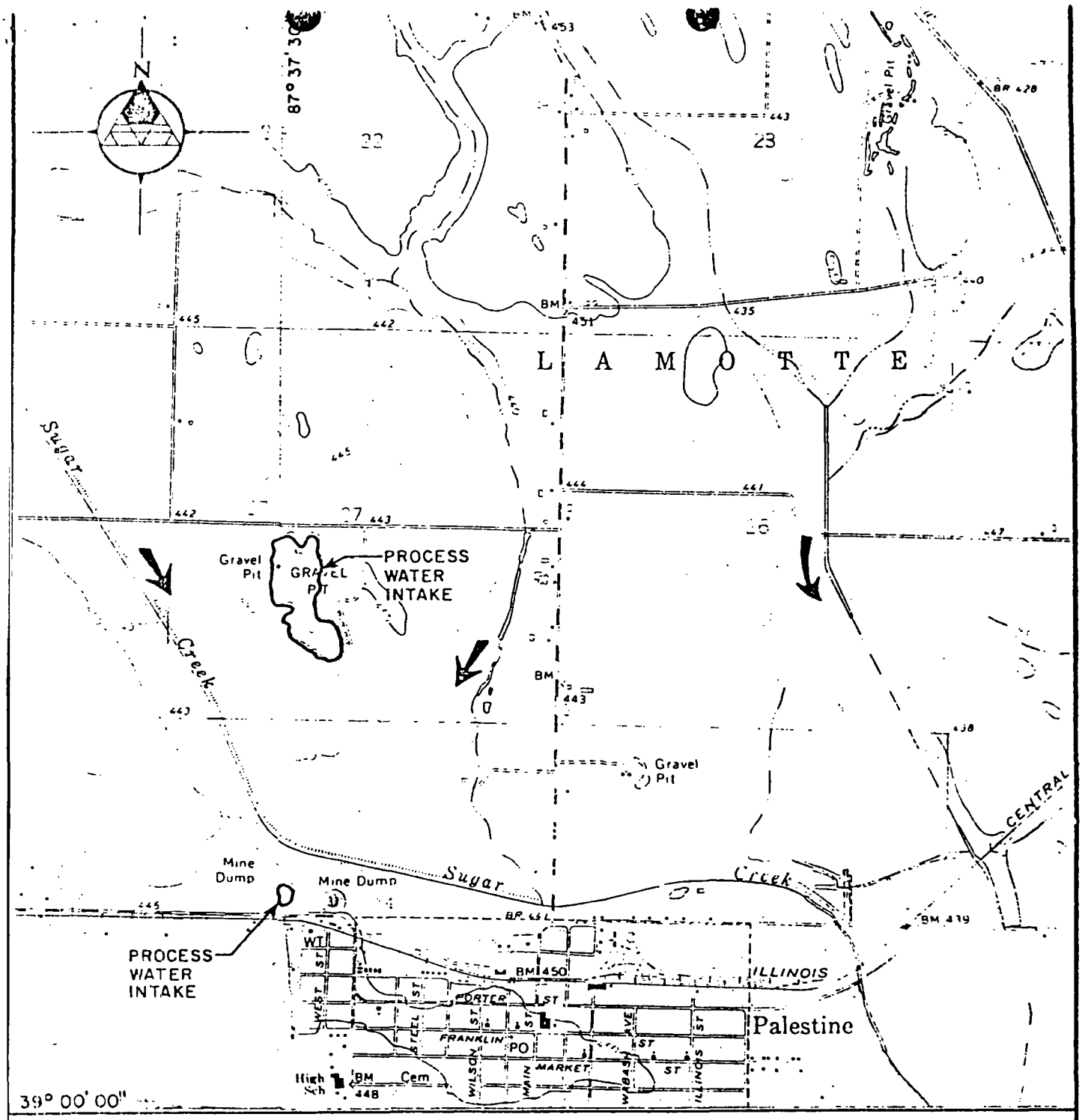
CONTINUE ON PAGE 5



0 .5 1 MILE

LEGEND:

INDICATES WATER FLOW DIRECTION

BASE MAP REFERENCE:
PORTIONS OF HUTSONVILLE, ILL.-IND., AND MEROM, IND.-ILL., 7.5 MINUTE U.S.G.S. TOPOGRAPHIC QUADRANGLES, DATED 1966.

PROCESS WATER INTAKES
ROBINSON REFINERY
MARATHON OIL COMPANY

ILD 005 476 882

GANIZATION: REFINING

ATE: ILLINOIS

RMIT NUMBER	PERMIT DESCRIPTION	EFFECTIVE DATE	RENEWAL APPL. APPLIED DATE	DUE DATE FOR APPL. RENEWAL	EXPIRATION DATE
110551	HYDRO TREATER AIR ROBINSON ROBINSON REFINERY	1-29-1980		11-30-1981	5-31-1982
050402	MARASOL SPLITTER AIR ROBINSON ROBINSON REFINERY	1-28-1980		11-30-1981	5-31-1982
110560	ULTRAFORMER UNIT AIR ROBINSON ROBINSON REFINERY	1-29-1980		11-30-1981	5-31-1982
110565	UNICRACKER AIR ROBINSON ROBINSON REFINERY	1-28-1980		11-30-1982	5-31-1982
110553	SOUR WATER TREATING PLANT AIR ROBINSON ROBINSON REFINERY	1-29-1980		11-30-1981	5-31-1982
110557	FLARE SYSTEM AIR ROBINSON ROBINSON REFINERY	9-15-1978		2-28-1983	8-31-1983
111291	UTILITIES UNIT AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1982
110562	ULTRAFINER UNIT AIR ROBINSON ROBINSON REFINERY	3-06-1979		10-29-1980	4-29-1981

SUMMARY OF ENVIRONMENTAL PERMITS

ORGANIZATION: REFINING

STATE: ILLINOIS

PERMIT NUMBER	PERMIT DESCRIPTION	EFFECTIVE DATE	RENEWAL APPL. APPLIED DATE	DUE DATE FOR APPL. RENEWAL	EXPIRAT DATE
C908014	VACUUM PRODUCING SYSTEM & REVAMP OF H-9 PREFLASHED CRUDE HEATER AIR ROBINSON ROBINSON REFINERY	9-13-1979			NONE
C8005034	PSD CONSTRUCTION APPLICATION AIR ROBINSON ROBINSON REFINERY	10-16-1980	5-22-1980	- -	NONE
C8007016	2 BOTTOM LOADING ISLAND (#3 & 4) AIR ROBINSON ROBINSON, ILL REFINERY	9-03-1980			10-03-1
07110034	CRUDE OIL STORAGE TANK AIR - TANKS ROBINSON ROBINSON REFINERY	12-07-1977		6-01-1981	12-01-1
02110556	HYDROCARBON STORAGE AIR - TANKS ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
75100096	HYDROCARBON STORAGE AIR - TANKS ROBINSON ROBINSON REFINERY	7-29-1980		6-30-1982	12-31-1
26-03-84-0083	2 STORAGE TANKS (TEXAS EASTERN) PRINCETON STATION (OAKLAND CITY, INDIANA) AIR - TANKS ROBINSON ROBINSON REFINERY	5-23-1980		9-01-1983	3-01-1

SUMMARY OF ENVIRONMENTAL PERMITS

ORGANIZATION: REFINING

STATE: ILLINOIS

PERMIT NUMBER	PERMIT DESCRIPTION	EFFECTIVE DATE	RENEWAL APPL. APPLIED DATE	DUE DATE FOR APPL. RENEWAL	EXPIRAT DATE
02110554	HYDROGEN PLANT AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
R-04030039	NO. 1 CRUDE UNIT AIR ROBINSON ROBINSON REFINERY	3-26-1980	12-06-1979	9-21-1981	3-21-
02110549	THERMAL CRACKING UNIT AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
02110547	LIGHT GASOLINE TREATERS AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
02110548	SPECIAL COKER - THREE DRUM AIR ROBINSON ROBINSON REFINERY	2-17-1976		7-26-1980	1-26-1
02111524	ALKYLATION-MEROX TREATING PLANT AIR ROBINSON ROBINSON REFINERY	8-30-1979		2-26-1984	8-26-1
02110563	REGULAR COKER AIR ROBINSON ROBINSON REFINERY	8-15-1978		1-31-1983	7-31-1
75080103	SULFONATING UNIT AIR ROBINSON ROBINSON REFINERY	5-28-1980		6-30-1982	12-30-1

SUMMARY OF ENVIRONMENTAL PERMITS

ORGANIZATION: REFINING

STATE: ILLINOIS

PERMIT NUMBER	PERMIT DESCRIPTION	EFFECTIVE DATE	RENEWAL APPL. APPLIED DATE	DUE DATE FOR APPL. RENEWAL	EXPIRAT DATE
02110546	NO. 2 CRUDE UNIT AIR ROBINSON ROBINSON REFINERY	1-23-1980		7-22-1981	1-22-1
02111290	SULFER RECOVERY UNIT AIR ROBINSON ROBINSON REFINERY	1-23-1980		7-22-1981	1-22-1
02110559	SATURATE GAS PLANT AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
03110050	CATALYTIC REFORMER AIR ROBINSON ROBINSON REFINERY	12-04-1978		5-30-1983	11-30-1
02110555	HF ALKYLATION AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
02110564	BUTANE SPLITTER AIR ROBINSON ROBINSON REFINERY	11-15-1977		5-08-1982	11-08-1
05050142	FLUID CATALYTIC CRACKING UNIT AIR ROBINSON ROBINSON REFINERY	9-12-1978		2-30-1983	8-30-1
02110550	KEROSENE TREATER AIR ROBINSON ROBINSON REFINERY	1-29-1980		11-30-1981	5-31-1

Manag[illegible]inois Refining Division

Marathon Oil Company

Robinson, Illinois 62454
Telephone 618/544-2121

CERTIFIED MIAL - RETURN RECEIPT REQUESTED

ILD005476882

November 12, 1980

Mr. Y. J. Kim, Chief of RCRA Activities
Environmental Protection Agency, Region V
RCRA Activities
Post Office Box 7861
Chicago, Illinois 60680

Dear Mr. Kim:

Enclosed is a Part A application for interim status operation of hazardous waste facilities as defined by the Resource Conservations and Recovery Act and implementing regulations. The facilities covered by the application are located at the site of Marathon Oil Company's Robinson, Illinois refinery.

As of this date, we still have not received an acknowledgement from the Agency of the receipt of our Hazardous Waste Generator Notification which was mailed on August 11, 1980. We previously requested acknowledgment in our letter of October 24, 1980, to your Mr. K. J. Klepitsch. Nor have we received an official EPA identification number even though the application for same was also mailed on August 11, 1980. The EPA ID number (ILD005476882) shown on enclosed Forms 1 and 3 was obtained by calling the Computer Center at the Region V office.

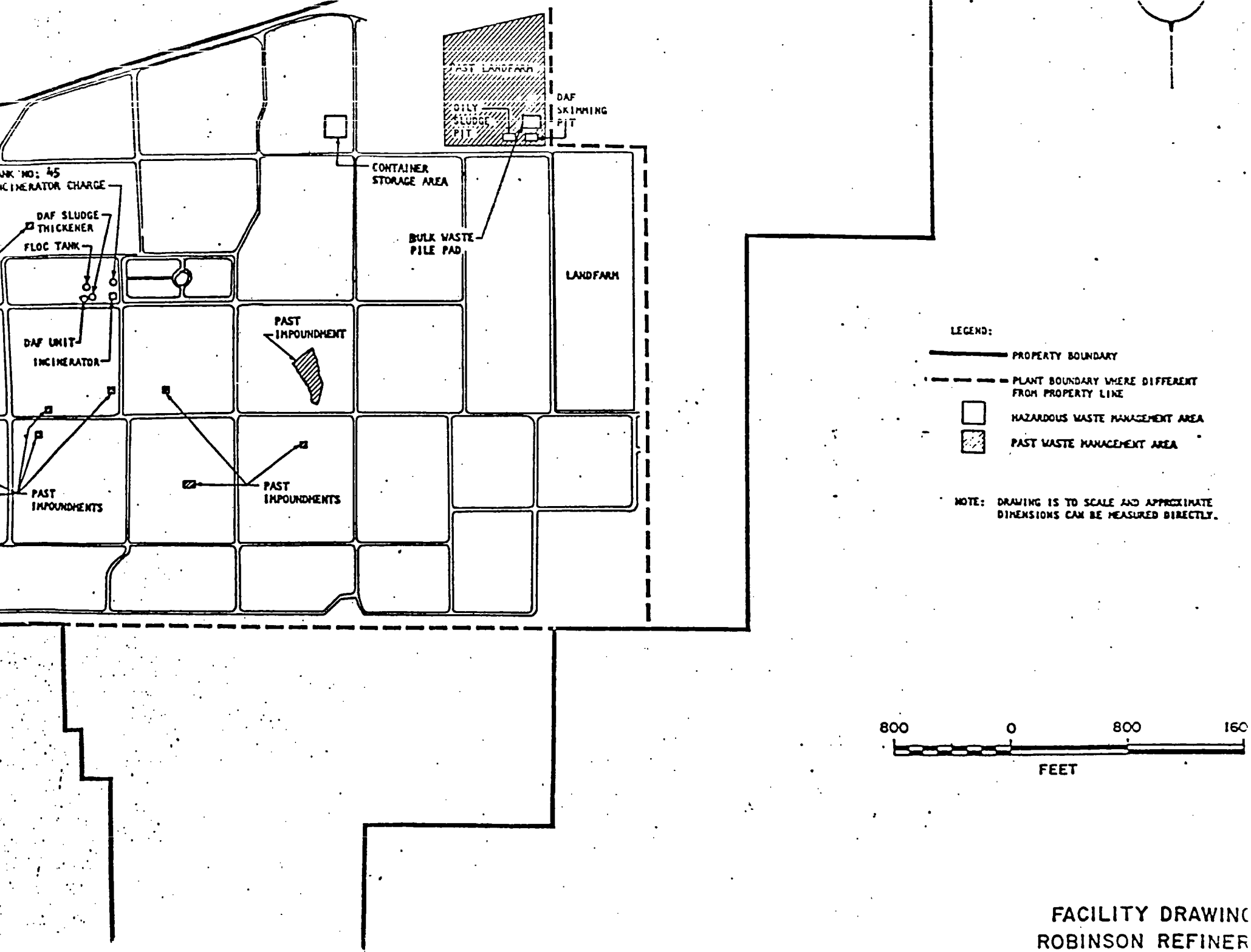
Very truly yours,

J. S. Dimling
Acting Division Manager

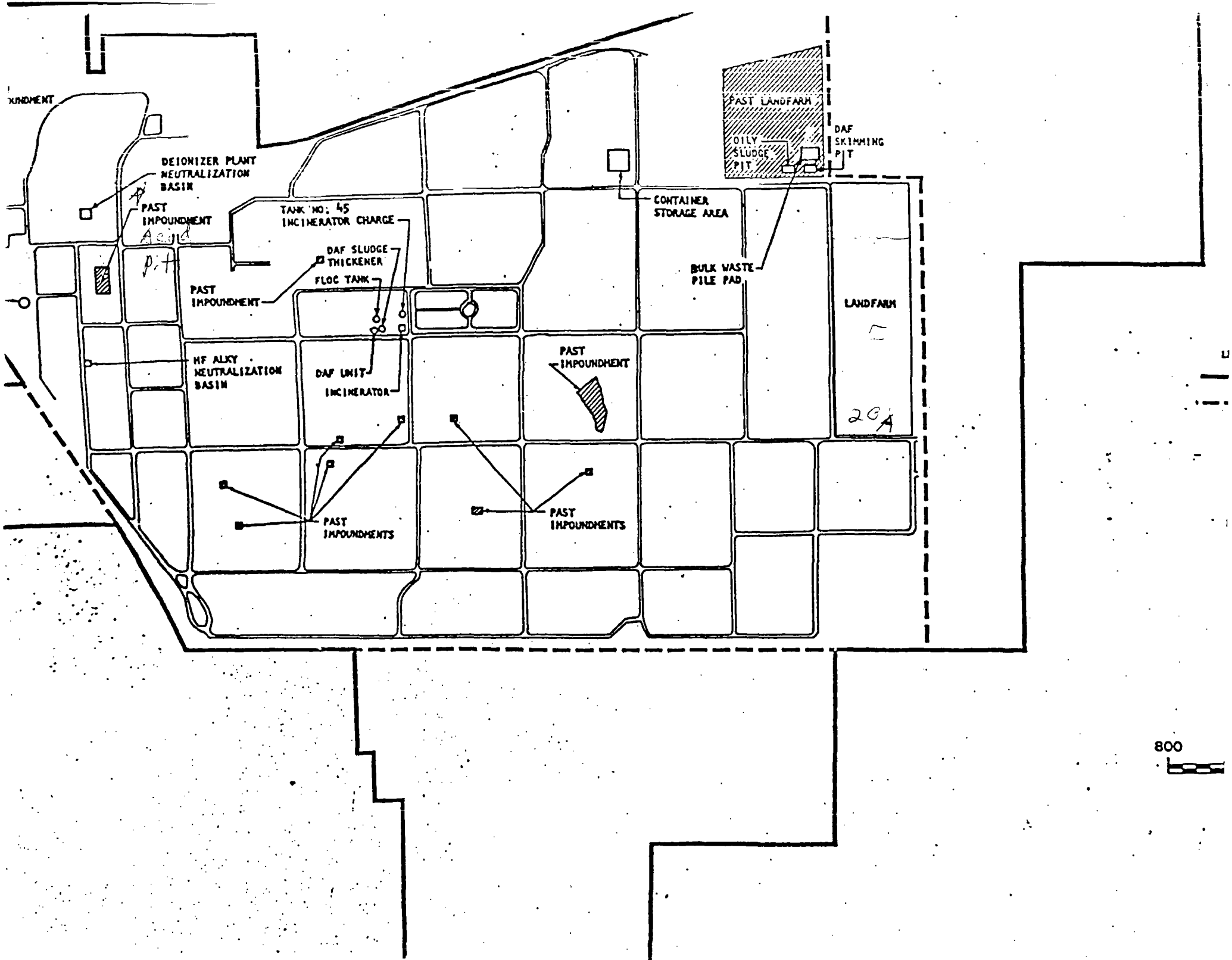
JSD/LHMc:mjb

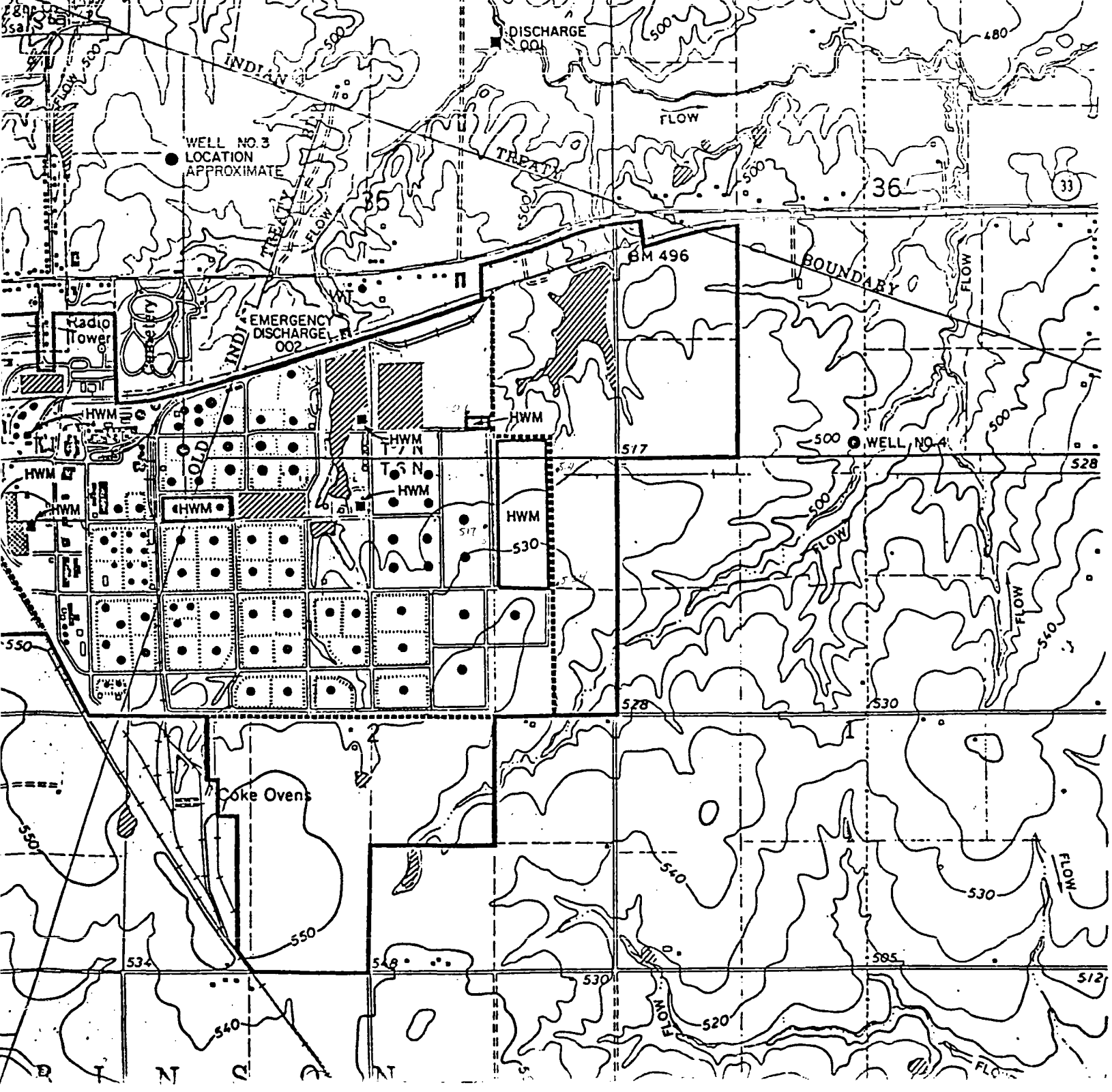
Enclosure

NOV 14 1980



FACILITY DRAWING
ROBINSON REFINER


XUNDMENT
DEIONIZER PLANT NEUTRALIZATION BASIN
PAST IMPOUNDMENT
Acid pit
TANK NO. 45 INCINERATOR CHARGE
DAF SLUDGE THICKENER
FLOC TANK
PAST IMPOUNDMENT
HF ALKY NEUTRALIZATION BASIN
DAF UNIT
INCINERATOR
PAST IMPOUNDMENTS
PAST IMPOUNDMENT
PAST IMPOUNDMENTS
CONTAINER STORAGE AREA
PAST LANDFARM
OILY SLUDGE PIT
DAF SKIMMING PIT
BULK WASTE PILE PAD
LANDFARM
20A
800



LEGEND:

PROPERTY BOUNDARY

PLANT BOUNDARY WHERE DI FROM PROPERTY LINE

BOUNDARY GENERALIZED DU TO SCALE CONSIDERATIONS

HWM HAZARDOUS WASTE MANAGE AREA

NATURAL POND OR SURFACE WATER IMPOUNDMENT

WELL NO.1 DOMESTIC WATER W

NOTES:

1) MAP WAS MODIFIED FROM P OF THE 7 1/2 MINUTE U.S.G. TOPOGRAPHIC MAPS FOR FL AND HUTSONVILLE, ILLINOIS.

2) PROCESS WATER INTAKES S ON SEPARATE MAP.

3) DRAWING IS TO SCALE AND APPROXIMATE DIMENSIONS CA MEASURED DIRECTLY.

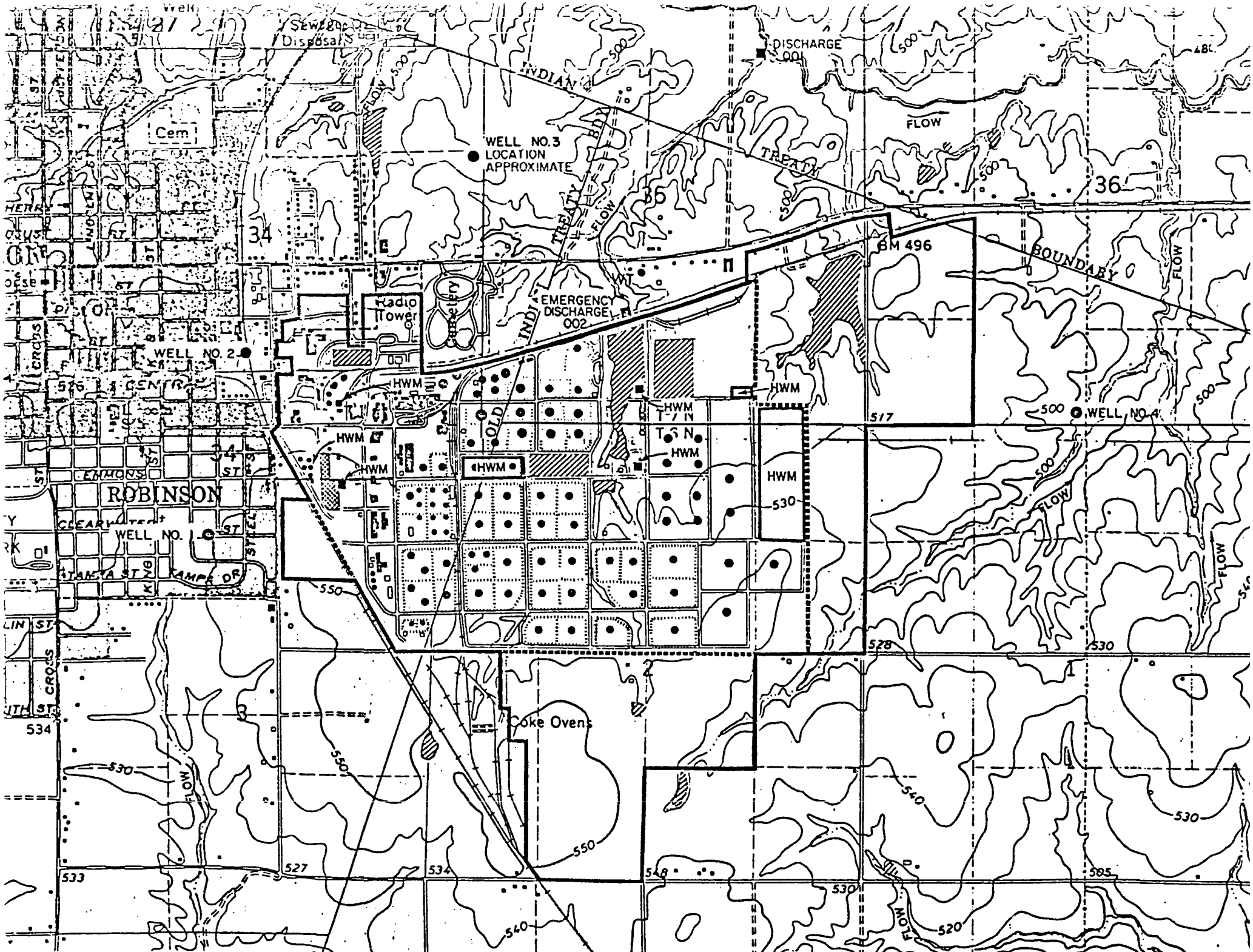
FEET

1000 0 1000

CONTOUR INTERVAL 10 FEET

TOPOGRAPHIC MA

ROBINSON REFINERY


Sewage Disposal
DISCHARGE 001
INDIAN
TREATY
BDY
FLOW
WELL NO.3 LOCATION APPROXIMATE
Cem
34
35
36
BM 496
BOUNDARY
Radio Tower
EMERGENCY DISCHARGE 002
OLD
WELL NO. 2
HWM
T 6 N
WELL NO. 4
ROBINSON
WELL NO.
CLEARWATER
ATLANTA ST
TAMPA DR
STEEL
Coke Ovens
500
517
528
530
534
533
527
548
505
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520