Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

SEGMENT 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F: I L D 0 5 9 9 4 8 0 3 4 / 0 9 5 3 9 2 8 5 9 — D

LABEL ITEMS

I. EPA I.D. NUMBER: ILD059948034

III. FACILITY NAME: ~~ASHLAND OIL INC~~

V. FACILITY MAILING ADDRESS: PO BOX 9, MAPLETON, IL 61547

VI. FACILITY LOCATION: ROUTE 24, MAPLETON, IL 61547

EPA Region 5 Records Ctr.

384017

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 right 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
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		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		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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	
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	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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	
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	
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	
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	
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: SHEREX CHEMICAL CO. INC.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 JOHNSON KEN PLANT MANAGER	309 697 6220

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P. O. BOX 9

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 MAPLETON	IL	61547

RECEIVED TEC/NPC

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 RT. 24

B. COUNTY NAME: PEORIA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 MAPLETON	IL	61547	

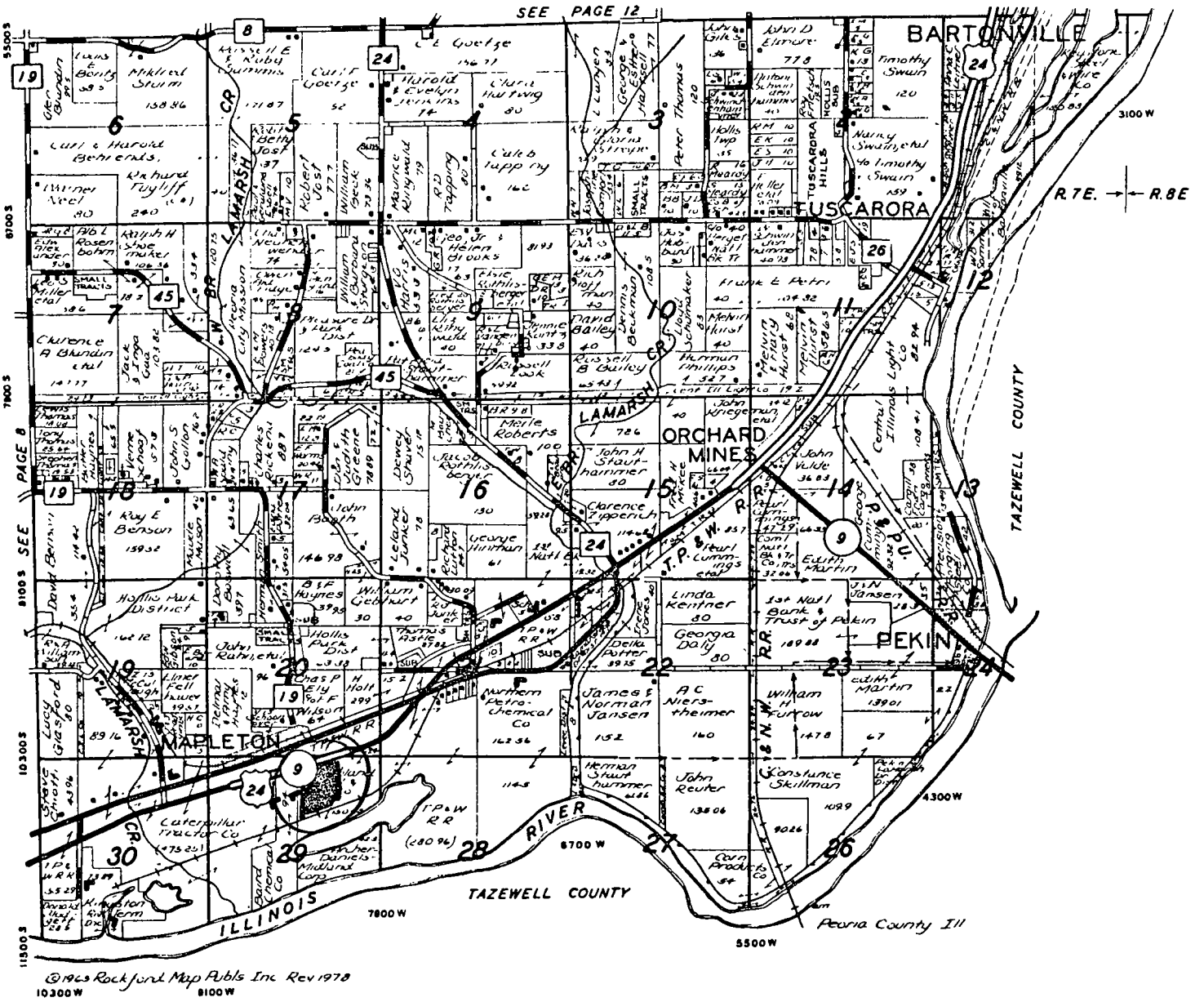
AUG 27 1981

ENVIRONMENTAL PROTECTION AGENCY
STATE OF ILLINOIS

NOV 18 1980

CONTINUE ON REVERSE

HOLLIS T. 7 N.–R. 7-8 E.



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CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2869 (specify) Industrial Organic Chemicals NEC	2899 (specify) Chemicals and Chemical Preparations NEC

C. THIRD	D. FOURTH
2843 (specify) Surface Active Agents	2841 (specify) Soap and Other Detergents

VIII. OPERATOR INFORMATION

A. NAME: SHEREX CHEMICAL CO. INC.

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, M = PUBLIC (other than federal or state), S = STATE, O = OTHER (specify), P = PRIVATE

Answer: P (specify)

D. PHONE (area code & no.): A 614 764 6500

E. STREET OR P.O. BOX: PO. BOX 646

F. CITY OR TOWN: DUBLIN

G. STATE: OH

H. ZIP CODE: 43017

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	9 N	PENDING	
D. PSD (Air Emissions from Proposed Sources)	9 P		
B. UIC (Underground Injection of Fluids)	9 U		
E. OTHER (specify)	9		(specify)
C. RCRA (Hazardous Wastes)	9 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 bounderies. 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)

Producer of fatty acid derivatives (e.g. 1°, 2°, 3° amines, quaternaries, fatty alcohols) and plasticizers.

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
Charles A. Aldag President, Sherex Chem.Co.,Inc.	Charles A Aldag	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

Spaced for elite type, i.e., 12 characters/inch). Form Approved OMB No. 158-S0004

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

I. EPA I.D. NUMBER

S													T/A	C
F	T	L	D	0	9	5	7	9	2	8	5	9		1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

OFFICIAL USE ONLY

APPLICATION RECEIVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
	24 - 29	

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.

FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 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
2	0 4	
74	75 76	77 78

☐ 2. NEW FACILITY *(Complete item below.)* (71)

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73 74	75 76	77 78

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

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT (72)

PROCESSES – CODES AND DESIGN CAPACITIES

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).*

PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.
AMOUNT – Enter the amount.
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
	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.

DUP T/A C 1 (13 14 15)

	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
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
	0 2	600	G		5				
	0 3	20	E		6				
S	0 1	55	G		7				
					8				
					9				
					10				
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

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

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

F I L D 0 5 9 9 4 8 0 3 4 T/A 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)*
40 33 50	89 43 48

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.*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	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 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
Charles A. Aldag President, Sherex Chem.Co., Inc.	Charles A Aldag	11/17/80

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 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

page 2.
Copy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

D. NUMBER (enter from page 1)										T/A	C
D	0	5	9	9	4	8	0	3	4		1

FOR OFFICIAL USE ONLY

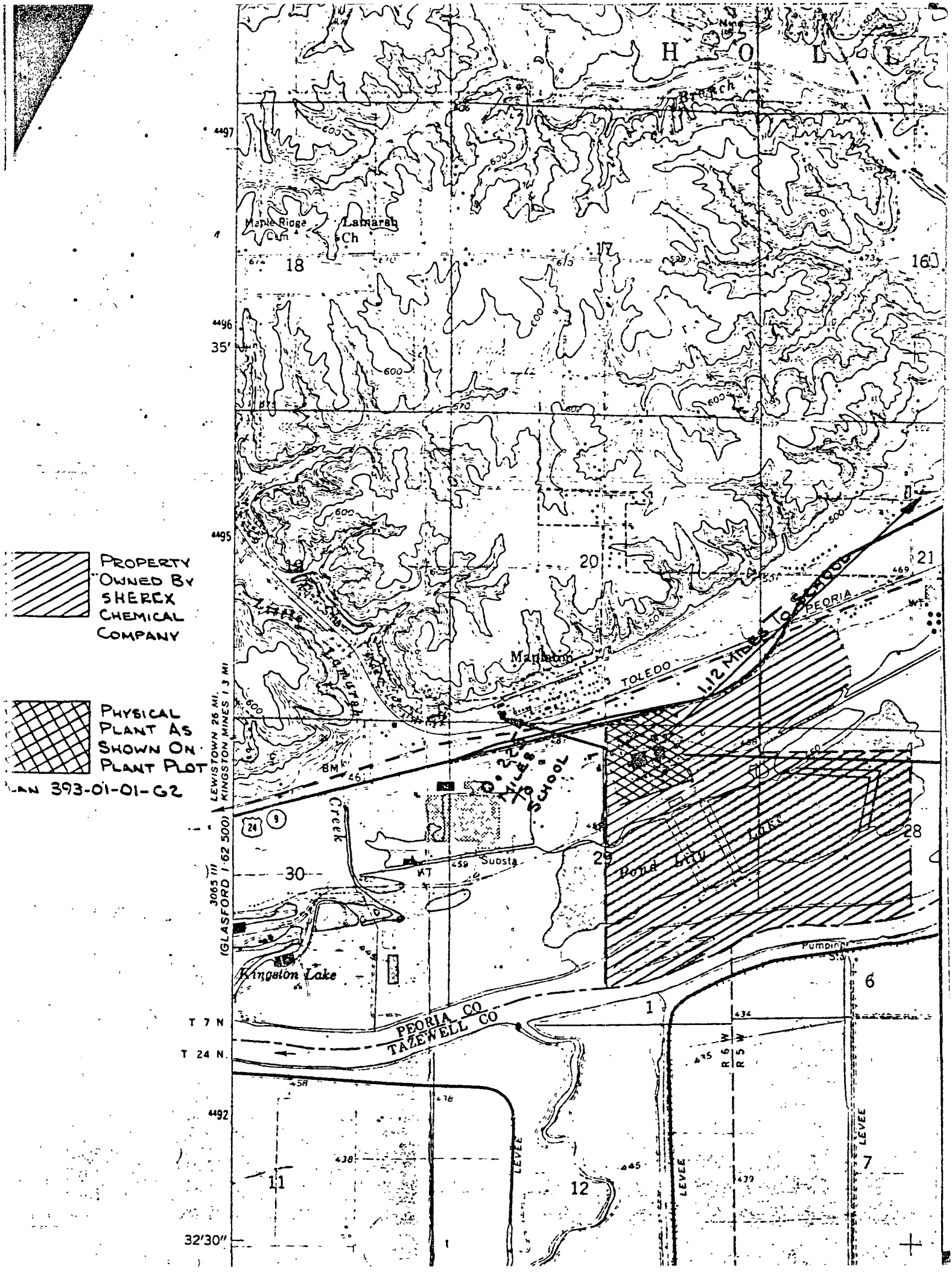
		T/A	C	
W	DUP		2	DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

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)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
0 0 2	16,000 lab	P	S 0 1				
0 0 5	lab						included with above
0 0 1	Peoria Disp						included with above
0 0 6	100,000	P	S 0 1	Cadmium			stored since Nov 1981
0 0 9	Variable Spills Only		S 0 1				Making arrangements
1 2 2			S 0 1				w/ Chem Pro out
1 4 0			S 0 1				of Chicago
0 4 5			S 0 1				
1 9 0			S 0 1				
2 2 0			S 0 1				

10-3 (6-80)

CONTINUE ON REVERSE


PROPERTY OWNED BY SHEREX CHEMICAL COMPANY
PHYSICAL PLANT AS SHOWN ON PLANT PLOT
PLAN 393-01-01-G2
H O L L
Branch
Maple Ridge Cem
Latnarsh Ch
Lake Latnarsh
Manbron
TOLEDO
PEORIA
1.12 Miles To School
Pond Creek
Lake
Substa
Kingston Lake
PEORIA CO
TAZEWELL CO
LEWISTOWN 26 MI.
KINGSTON MINES 1.3 MI
(GLASFORD 1.62 500)
T 7 N
T 24 N
R 6 W
R 5 W
LEVEE
Pumping Sta
32'30"
35'

1285-7

ISS

VIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C 0 5 5 C
(1) (8) (9)

INSPECTION REPORT - SITE INVENTORY NO. 14380506
(11) (18)

A CO. - L.P.C. Region # C Date 09/29/81
(20) (25)

eton / SHEREX Letter Sent (Yes or No) Y
(Location) (Responsible Party) (26)

s Taken: Yes ( ) No (X) Time: From 02:00 Pm Weather Clear 78°
nd Water( ) Surface( ) Other( ) To 04:00 Pm
otos Taken: Yes ( ) No (X) Interviewed K Johnson D Kumpf Inspector L A G
J. Toth (27) (29)

Previous Inspection — Previous Correspondence — Site Open: Yes(X) No( )

OPERATIONAL STATUS:		TYPE OF OPERATION:				AUTHORIZATION:	
Operating	(X)	Landfill	( )	Storage	(X)	E.P.A. Permit	( )
Temporarily Closed	( )	Random Dump	( )	Salvage	( )	Variance	( )
Closed Not Covered	( )	Other Generator	( )	A.C.D.	( )	21(e)	( )
Closed and Covered	( )	Quantity Received Daily(1-6)	1 (30)			Board Order	( )
						Illegal (5)	(X) 5 (31)

IMPROVED

SAME

DETERIORATED

I S or D S (62)

GENERAL REMARKS: This facility generates a cadmium waste which is stored on site in 55 gal Drums. There is approx 100,000 lbs of the waste on site. The ~~facility~~ waste has been stored on site since November 1980. The Sherex Company is working to sell the waste to a reclaimer. Another waste D001 is burned for fuel at the facility. The only problem noted at the site was the lack of isle space between the Drummed waste.

INTERVIEW:

DIAGRAM:

380506
NUMBER
e)

ILD #095792859
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: Sherex Chemical Company

(B) Street: P. O. Box 9

(C) City: Mapleton (D) State: IL. (E) Zip Code: 61540

(F) Phone: 309/697-6220 (G) County: Peoria

(H) Operator: Sherex Chemical Company

(I) Street: P. O. Box 9

(J) City: Mapleton (K) State: IL. (L) Zip Code 61540

(M) Phone: 309/697-6220 (N) County: Peoria

(O) Owner: Sherex Chemical Company

(P) Street: P. O. Box 646

(Q) City: Dublin (R) State: Ohio (S) Zip Code: 43017

(T) Phone: 614/764-6500 (U) County:

(V) Date of Inspection: 9/29/81 (W) Time of Inspection (From) 2:00 P. (To) 4:00 P.

(X) Weather Conditions: Clear, 78°

Rev. 3-6-81/J.B.

(s) Interviewed	Title	Telephone
neth C. Johnson	Plant Mgr.	309/697-6220
Dale Kumpf	Administrative Mgr.	309/697-6220
Joseph P. Toth	Safety	309/697-6220

(Z) Inspection Participants	Agency/Title	Telephone
Dorothy Jones	IEPA/EPS	217/786-6892

(A) Preparer Information

Name	Agency/Title	Telephone
Lynn A. Crivello *Lynn Crivello*	IEPA/EPS	217/786-6892

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

X A. Storage and/or Treatment
1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L)

___ B. Land Treatment (M)

___ C. Landfills (N)

___ D. Incineration and/or Thermal Treatment (O and P)

___ E. Chemical, Physical, and Biological Treatment (Q)

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
The Regional Administrator is notified regarding:				
1. Receipt of hazardous waste from a foreign source?		X		None to report
2. Facility expansion?		X		None to report
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	X			
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	X			
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	X			
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	X			
2. Artificial or natural barrier around facility?	X			
3. Controlled entry?	X			
4. Danger sign(s) at entrance?	X			
(D) Do Owner or Operator Records ~~Inspections~~ Include:				
1. Records of malfunctions?				None to note
2. Records of operator error?				None to note
3. Records of discharges?				None to note

*Not Inspected

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	X			
2. Has this plan been submitted to the Regional Administrator				Not necessary
3. Has closure begun?		X		
4. Is closure estimate available by May 19, 1981?	X			
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				Not necessary

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: Sherex Chemical Company Date of Inspection: 9/29/81

	Yes	No	NI*	Remarks
1. Are containers in good condition?	X			
2. Are containers compatible with waste in them?	X			
3. Are containers stored closed?	X			
4. Are containers managed to prevent leaks?	X			
5. Are containers inspected weekly for leaks and defects?	X			
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	X			

	Yes	No	NI*	Remarks

Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: 5 tanks, different sizes gallons

Tank diameter: _____ feet

Distance of tank from property line: _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: _____ Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?				
2. Do earthen dikes have protective covers?				
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?				
4. Is the freeboard level inspected at least daily?				
5. Are the dikes inspected weekly for evidence of leaks or deterioration?				
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)				

Application
Renewal
Additional Site X

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

FOR AGENCY USE Log # L-741

THIS APPLICATION FOR WASTE:
Treatment ___
Disposal ___
Storage ___

CARD TYPE DATE 3-1-81 L P S W C AUTHORIZATION NUMBER 812982 TRANS CODE DATE ENTERED (Agency Use) / /

WASTE HAULER

16 HAULER REGISTRATION NUMBER 0082 NAME PEORIA DISPOSAL COMPANY
ADDRESS 1113 N SWORDS COMMUNITY PEORIA
COUNTY PEORIA STATE ILL ZIP 61604 AREA CODE 309 TELEPHONE 674-5126

WASTE GENERATOR

GENERATOR CODE 1430500003 G NAME SHEREX CHEMICAL CO.
ADDRESS PO BOX 9 ROUTE 24 COMMUNITY MAPLETON
COUNTY PEORIA STATE ILL ZIP 61547 AREA CODE 309 TELEPHONE 697-6220
GENERATOR CONTACT NAME DALE KUMPF
DUNS NUMBER 059948034 SIC CODE 2821 USEPA GEN. CODE ILD095792854

20 PROCESS NAME CLEANING REACTOR

WASTE CHARACTERISTICS

GENERIC WASTE NAME NEUTRALIZED NITRIC ACID
40 IUPAC WASTE NAME
TOTAL ANNUAL WASTE VOLUME 12000 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

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 1 DERMAL TOXICITY 2 INGESTIVE TOXICITY 2 INFECTIOUS REACTIVITY EXPLOSIVE
FLASH POINT 200°F ALPHA RADIATION (pCi/L) COMPOSITION 2

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY PERCENT ALKALINITY pH 9.9 PERCENT TOTAL SOLIDS

60

KEY	COMPONENT NAME	PERCENT	KEY	COMPONENT NAME	PERCENT
1	CALCIUM NITRATE	16.4	2	CADIUM HYDROXIDE	2
3	SODIUM NITRATE	6.8	4	WATER	26
5	CUPRIC HYDROXIDE	1.9	6	LIME	

USEPA HAZARDOUS WASTE NO. D006
(If Hazardous)

RECEIVED
MAR 03 1982
IEPA-BUREAU OF AIR
STATE OF ILLINOIS

RECEIVED
APR 05 1982
ILLINOIS

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

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.

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

WASTE CHARACTERISTICS

METAL KEY	TOTAL (PPM)	EP TOXICITY (PPM)	METAL KEY	TOTAL (PPM)	EP TOXICITY (PPM)
CN		.0	Cu		
Ag		.0	Hg		.0
As		.2	Ni		
Ba		1.9	Pb		.1
Cd		200.0	Se		.0
Cr		.0	Zn		
PHENOL			S		
ENDRIN			2 - 4 D		
LINDANE			2,4,5 - TP		
METHOXYCHLOR			TOXAPHENE		

LABORATORY NAME PECHIN DISPOSAL LABORATORY

CERTIFICATION NUMBER _____ REVIEWED BY: ___/___

1 SITE CODE 1438L203 SITE NAME PECHIN DISPOSAL COMPANY

DISPOSAL METHOD 01 NEUTRALIZATION METHOD 09

SIGNATURE Royal J. Coutts V-P (SITE OWNER) SIGNATURE Royal J. Coutts V-P (SITE OPERATOR)

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

2 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

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

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

3 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

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

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

4 SITE CODE _____ SITE NAME _____

DISPOSAL METHOD ___ NEUTRALIZATION METHOD ___

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

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

ADM-1067 (Rev. 1/81)