OHIO ENVIRONMENTAL PROTECTION AGENCY Action Code. _____

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For the calendar year ending December 31, 19 87

The information requested herein is required by Rules 3745-52-4 , 3745-54-75 and 3745-55-75 as applicable of the Ohio Administrative Code.

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

T/AC

F O H D 0 0 4 2 1 3 0 4 7 1

1 2 13 14 15

II. NAME OF INSTALLATION

Burns Cold Forge Company

30 67

III. INSTALLATION MAILING ADDRESS

3 9 3 1 2 Arrow Rd NW

15 16 45

Street or P.O. Box

4 Minerva O H 4 4 6 5 7

15 16 41 42 47 51

City or Town State Zip Code

IV. LOCATION OF INSTALLATION

5 9 3 1 2 Arrow Rd NW 1 0

15 16 45 47 48

County Code

6 Minerva O H 4 4 6 5 7 3 4 6 2

15 16 41 42 47 51 53 56

City or Town State Zip Code Primary SIC Code

V. INSTALLATION CONTACT

2 Blasiman Gary L 2 1 6 - 8 6 8 - 7 7 9 5

15 16 45 46 55

Name (last and first) Phone No. (area code & no.)

VI. TRANSPORTATION SERVICES USED (list the name and EPA identification numbers of all hazardous waste transporters whose services were used during the reporting year.

7-7 Inc.
OHD000772558

US EPA RECORDS CENTER REGION 5
456607

VII. 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 in true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gary L. Blasiman	Project Engineer	Gary L Blasiman	1-7-88
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

OHIO ENVIRONMENTAL PROTECTION AGENCY

Action Code _____

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 19 87

FACILITY INFORMATION
(specify facility to which all wastes on the page were sent)

VIII. GENERATOR'S EPA I.D. NO.

T/AC

G O H D 0 0 4 2 1 3 0 4 7 2

1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

O H D 0 0 0 7 2 4 1 5 3

16 27

X. FACILITY NAME

Chem+Clear

28 59

XI. FACILITY'S ADDRESS

2900 Broadway

28

Street or P.O. Box

Cleveland OH 44115

28

City or Town State/Zip Code

XII. WASTE IDENTIFICATION

Line	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS		C. USEPA HAZARDOUS WASTE NUMBER (see instructions)		D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	SPENT ALKALINE CLEANER	0	2	D002		247500	P
2	SPENT ZINC PHOSPHATE BATH	0	2	D002		46550	P
3							
4							
5							
6							
7							
8							
		28	29	30 — 33 / 38 — 41	34 — 37 / 42 — 45	46 — 54	55

XIII. COMMENTS (enter information by section number)

1. 9#/Gal. X 27,500 Gal. = 247,500#
2. 13.3#/Gal. X 3500 Gal.= 46,550#

OHIO ENVIRONMENTAL PROTECTION AGENCY

Action Code _____

GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

For the calendar year ending December 31, 19 87

FACILITY INFORMATION

(specify facility to which all wastes on the page were sent)

VIII. GENERATOR'S EPA I.D. NO.

T/AC

G O H D 0 0 4 2 1 3 0 4 7 2

1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

M I D 0 9 6 9 6 3 1 9 4

16 27

X. FACILITY NAME

C H E M M E T S E R V I C E S

28 59

XI. FACILITY'S ADDRESS

1 8 5 5 0 A l l e n R d

28

Street or P.O. Box

W y a n d o t t e M I 4 8 1 9 2

28

City or Town State/Zip Code

XII. WASTE IDENTIFICATION

Line	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS		C. USEPA HAZARDOUS WASTE NUMBER (see instructions)		D. AMOUNT OF WASTE	E. UNIT OF MEASURE
1	SPENT ALKALINE CLEANER SLUDGE	0	2	D002		72000	P
2							
3							
4							
5							
6							
7							
8							
		28	29	30 — 33 / 38 — 41	34 — 37 / 42 — 45	46 — 54	55

XIII. COMMENTS (enter information by section number)