UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

APR 1 6 1982

US EPA RECORDS CENTER REGION 5
1000075

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Will Robrecht, Assistant Manager
Engineering
Detrex Chemical Industries Incorporated
P.O. Box 501
Detroit, Michigan 48232

RE: Interim Status Acknowledgement USEPA ID No. ILD 074 424 938
FACILITY NAME: DETREX CHEMICAL INDUSTRIES INCORPORATED

Dear Mr. Robrecht:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: R. J. Jones, V.P.

4/16/82

Part A File

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → ILD074424938 REACKNOWLEDGEMENT

DETREX CHEMICAL INDUSTRIES INC
PO BOX 501
DETROIT MI 48232

INSTALLATION ADDRESS → 2537 LEMOYNE AVE
MELROSE PARK IL 60160

EPA Form 8700-12B (4-80) 09/28/81

Please print or type with ELITE type (12 characters, [illegible] the unshaded areas only.

Form Approved OMB No. 158-S79016
GS[illegible] 0246-EPA-OT

EPA

U.S. ENVIRONME[illegible] PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

[illegible] INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE
[illegible] NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F ILD074424938 T/A 21	A	800711

000015

I. NAME OF INSTALLATION

DETREX CHEMICAL INDUSTRIES INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 501

CITY OR TOWN	ST.	ZIP CODE
4 DETROIT	MI	48232

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 2537 LEMOYNE AVE

CITY OR TOWN	ST.	ZIP CODE
6 MELROSE PARK	IL	60160

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 ROBRECHT WILL ASST MGR ENG	313-358-5800

DETACH

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DETREX CHEMICAL INDUSTRIES INC

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [ ] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If [illegible]s not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: ILD074424938

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 11 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY														
S	W	I	L	D	0	7	4	4	2	4	9	3	8	T/A C 2 1
1	2												13	14

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
W G Robrecht	W. G. Robrecht, Assistant Manager, Corporate Engineering	7/9/80

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA
United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

I. Facility's EPA ID Number *(Mark 'X' in the appropriate box)*

☐ A. First Part A Submission ☐ B. Revised Part A Submission (Amendment #_____)

C. Facility's EPA ID Number: ILD074424938

D. Secondary ID Number *(If applicable)*:

II. Name of Facility: DETREX CORPORATION

III. Facility Location *(Physical address not P.O. Box or Route Number)*

A. Street: 2537 LEMOYNE AVE.

Street *(Continued)*:

City or Town: MELROSE PARK

State: IL

Zip Code: 60160-

County Code *(If known)*:

County Name:

B. Land Type (Enter code): P

C. Geographic Location
LATITUDE (Degrees, minutes, & seconds): 41 54 01 0
LONGITUDE (Degrees, minutes & seconds): 087 52 00 1

D. Facility Existence Date
Month Day Year: 09 27 1974

IV. Facility Mailing Address

Street or P.O. Box: SAME

City or Town:

State:

Zip Code: -

V. Facility Contact *(Person to be contacted regarding waste activities at facility)*

Name *(Last)*: CRAIG

(First): DAVID

Job Title: MGR. ENVIRO & SAFE

Phone Number *(Area Code and Number)*: 248-358-5800

VI. Facility Contact Address *(See instructions)*

A. Contact Address
Location ☐ Mailing ☐ Other ☒

B. Street or P.O. Box: POBOX 5111

City or Town: SOUTHFIELD

State: MI

Zip Code: 48086-5111

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-OT

EPA ID Number *(Enter from page 1)*: ILD074424938

Secondary ID Number *(Enter from page 1)*:

VII. Operator Information *(See instructions)*

A. Name of Operator: DETREX CORPORATION

Street or P.O. Box: POBOX 5111

City or Town: SOUTHFIELD

State: MI

ZIP Code: 48086-5111

Phone Number *(Area Code and Number)*: 248-358-5800

B. Operator Type: P

C. Change of Operator Indicator: Yes [ ] No [XX]

Date Changed: Month Day Year

VIII. Facility Owner *(See instructions)*

A. Name of Facility's Legal Owner: DETREX CORPORATION

Street or P.O. Box: POBOX 5111

City or Town: SOUTHFIELD

State: MI

ZIP Code: 48086-5111

Phone Number *(Area Code and Number)*: 248-358-5800

B. Owner Type: P

C. Change of Owner Indicator: Yes [ ] No [XX]

Date Changed: Month Day Year

IX. NAICS Codes *(in order of significance; start in left box)*

First	2869	Third	
(Description)		*(Description)*	
Second		Fourth	
(Description)		*(Description)*	

X. Other Environmental Permits *(See instructions)*

A. Permit Type *(Enter code)*	B. Permit Number	C. Description
1	N/A	

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-0T

EPA ID Number *(Enter from page 1)*: I L D 0 7 4 4 2 4 9 3 8

Secondary ID Number *(Enter from page 1)*:

XI. Nature of Business *(Provide a brief description)*

FACILITY ACCEPTS CONTAINERIZED HAZARDOUS WASTES. HAZARDOUS WASTE IS MAINTAINED IN STORAGE AREA PENDING SHIPMENT TO ANOTHER PERMITTED FACILITY.

XII. Process 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. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item XIII.*

B. **PROCESS DESIGN CAPACITY** - *For each code entered in column A, enter the capacity of the process.*
1. **AMOUNT** - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.*
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.*

C. **PROCESS TOTAL NUMBER OF UNITS** - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	Disposal:	
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day
D80	Landfill	Acre-feet; Hectare-meter; Acres; Cubic Meters; Hectares; Cubic Yards
D81	Land Treatment	Acres or Hectares
D82	Ocean Disposal	Gallons Per Day or Liters Per Day
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards
D99	Other Disposal	Any Unit of Measure Listed Below
	Storage:	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S03	Waste Pile	Cubic Yards or Cubic Meters
S04	Surface Impoundment Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S05	Drip Pad	Gallons; Liters; Acres; Cubic Meters; Hectares; or Cubic Yards
S06	Containment Building Storage	Cubic Yards or Cubic Meters
S99	Other Storage	Any Unit of Measure Listed Below
	Treatment:	
T01	Tank Treatment	Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour
T02	Surface Impoundment Treatment	Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Gallons Per Day; Liters Per Hour; or Million Btu Per Hour
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; Btu Per Hour; or Million Btu Per Hour
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Liters Per Hour; Kilograms Per Hour; or Million Btu Per Hour
T82	Lime Kiln	
T83	Aggregate Kiln	
T84	Phosphate Kiln	
T85	Coke Oven	
T86	Blast Furnace	
T87	Smelting, Melting, Or Refining Furnace	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Gallons Per Hour; Liters Per Hour; or Million Btu Per Hour
T88	Titanium Dioxide Chloride Oxidation Reactor	
T89	Methane Reforming Furnace	
T90	Pulping Liquor Recovery Furnace	
T91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid	
T92	Halogen Acid Furnaces	
T93	Other Industrial Furnaces Listed in 40 CFR §260.10	
T94	Containment Building - Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour
	Miscellaneous (Subpart X):	
X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; or Million Btu Per Hour
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
X99	Other Subpart X	Any Unit of Measure Listed Below

UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G
Gallons Per Hour	E
Gallons Per Day	U
Liters	L
Liters Per Hour	H
Liters Per Day	V
Short Tons Per Hour	D
Metric Tons Per Hour	W
Short Tons Per Day	N
Metric Tons Per Day	S
Pounds Per Hour	J
Kilograms Per Hour	R
Million Btu Per Hour	X
Cubic Yards	Y
Cubic Meters	C
Acres	B
Acre-feet	A
Hectares	Q
Hectare-meter	F
Btu Per Hour	I

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Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-OT

EPA ID Number *(Enter from page 1)*	Secondary ID Number *(Enter from page 1)*
I L D 0 7 4 4 2 4 9 3 8	

XII. Process Codes and Design Capabilities *(Continued)*

EXAMPLE FOR COMPLETING ITEM XII (shown in line number X-1 below): A facility has a storage tank, which can hold 533,788 gallons.

Line Number		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY 1. Amount (Specify)	2. Unit Of Measure (Enter code)	C. Process Total Number Of Units	For Official Use Only
X	1	S	0	2	5 3 3 . 7 8 8	G	0 0 1	
	1	S	0	1	13,200	G	001	
	2				.			
	3				.			
	4				.			
	5				.			
	6				.			
	7				.			
	8				.			
	9				.			
1	0				.			
1	1				.			
1	2				.			
1	3				.			

NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in Item XIII.

XIII. Other Processes *(Follow instructions from item XII for D99, S99, T04 and X99 process codes)*

Line Number (Enter #s in seq w/XII)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY 1. Amount (Specify)	2. Unit Of Measure (Enter code)	C. Process Total Number Of Units	D. Description Of Process
X	1	T	0	4	.			In-situ Vitrification
	1				.			
	2				.			
	3				.			
	4				.			

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GSA No. 0248-EPA-OT

EPA ID Number *(Enter from page 1)*: I L D 0 7 4 4 2 4 9 3 8

Secondary ID Number *(Enter from page 1)*:

XIV. Description of Hazardous Wastes

A. **EPA HAZARDOUS WASTE NUMBER** - *Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 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 XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 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: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. *Enter the first two as described above.*
2. *Enter "000" in the extreme right box of item XIV-D(1).*
3. *Use additional sheet, enter line number from previous sheet, and enter additional code(s) in item XIV-E.*

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 (D.(2)).*

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 EPA Hazardous Waste Number that can be used to describe the hazardous waste.*

EXAMPLE FOR COMPLETING ITEM XIV (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 Number		A. EPA HAZARD WASTE NO. (Enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESS (1) PROCESS CODES (Enter)									D. PROCESS (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

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Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-0T

EPA ID Number *(Enter from page 1)*	Secondary ID Number *(Enter from page 1)*
I L D 0 7 4 4 2 4 9 3 8	

XIV. Description of Hazardous Wastes *(Continued; use additional sheets as necessary)*

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter code)									D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	F 0 0 1	4,000	T	S 0 1									
2	F 0 0 2	2,000	T	S 0 1									
3	U 2 1 0	1,000	T	S 0 1									
4	U 2 2 8	1,000	T	S 0 1									
5	U 2 2 6	1,000	T	S 0 1									
6	D 0 3 9	1,000	T	S 0 1									
7	D 0 3 8	1,000	T	S 0 1									
8													
9	D 0 0 6	1,000	T	S 0 1									
10	D 0 0 7	1,000	T	S 0 1									
11	D 0 0 8	1,000	T	S 0 1									
12	D 0 1 0	1,000	T	S 0 1									
13	D 0 1 8	1,000	T	S 0 1									
14													
15													
16													
17													
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30													
31													
32													
33													

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Form Approved, OMB No. 2050-0034 Expires 10/31/02
GSA No. 0248-EPA-OT

EPA ID Number *(Enter from page 1)*	Secondary ID Number *(Enter from page 1)*
I L D 0 7 4 4 2 4 9 3 8	

XV. Map

Attach to this application a topographic map, or other equivalent 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 this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (See instructions for more detail).

XVII. 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).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature: Robert M. Currie	Date Signed: 6-28-02
Name and Official Title (Type or print): ROBERT M. CURRIE, VICE PRESIDENT, GENERAL COUNSEL & SECRETARY	
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature: Robert M. Currie	Date Signed: 6-28-02
Name and Official Title (Type or print): ROBERT M. CURRIE, VICE PRESIDENT, GENERAL COUNSEL & SECRETARY	
Operator Signature	Date Signed
Name and Official Title (Type or print)	

XIX. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)

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

Form Approved CMB No. 158-R0175

FORM 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 7 4 4 2 4 9 3 8

LABEL ITEMS

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 D E T R E X C O R P O R A T I O N

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 MR. DAN ANDERSON (Branch Manager)	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2 5 3 7 Le M O Y N E A V E N U E

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 M E L R O S E P A R K	IL	6 0 1 6 0

RECEIVED

APR 16 1992

IEPA-DLPC

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2 5 3 7 Le M O Y N E A V E N U E

B. COUNTY NAME

C O O K

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 M E L R O S E P A R K	IL	6 0 1 6 0	0 3 1

A. FIRST	B. SECOND
7 2 8 6 9 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
(specify)	7 specify

VIII. OPERATOR INFORMATION

A. NAME

8 DETREX CORPORATION

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.)

A 3 1 3 3 5 8 5 8 0 0

E. STREET OR P.O. BOX

PO BOX 501

F. CITY OR TOWN	G. STATE	H. ZIP CODE
8 DETROIT	MI	48232

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

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

WAREHOUSE AND DISTRIBUTION OF HALOGENATED SOLVENTS

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. B. Stockmeyer, President	C B Stockmeyer	4/14/82

COMMENTS FOR OFFICIAL USE ONLY

Please [illegible] in the unshaded areas
(fill-in areas are spaced for elite type, i.e., [illegible] characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

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

F I L D 0 7 4 4 2 4 9 3 8

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 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 EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate data)*

☐ 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)*

CENTURY	YR.	MO.	DAY
8	7 4	0 9	2 7

☐ 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 OR 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	O
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 1

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				
X-2	T 0 3	20	E		6				
1	S 0 1	27,500	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

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

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	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
	D002				included with above

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before complet[illegible] you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W I L D 0 7 4 4 2 4 9 3 8 — 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	F001	625,000	P	S01	
2	F002	520,000	P	S01	
3	D004	Note: The waste	P	S01	
4	D005	quantities reported	P	S01	
5	D006	for F001 and F002 include the	P	S01	
6	D007	D-series compounds	P	S01	
7	D008		P	S01	
8	D009		P	S01	
9	D010		P	S01	
10	D011		P	S01	
11	D018		P	S01	
12	D019		P	S01	
13	D021		P	S01	
14	D022		P	S01	
15	D027		P	S01	
16	D028		P	S01	
17	D029		P	S01	
18	D030		P	S01	
19	D034		P	S01	
20	D035		P	S01	
21	D036		P	S01	
22	D039		P	S01	
23	D040		P	S01	
24	D043		P	S01	
25					
26					

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 7 4 4 2 4 9 3 8 3 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)
41 54 10	87 52 01

VIII. FACILITY OWNER

☐ 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. RICHARD R. LARENO, MANAGING AGENT, CLAUSS INDUSTRIAL DIST	708-304-8200

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F. 21150 PRESTWICK DRIVE	G. BARRINGTON	IL	60010

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
Richard R. LaReno, AS AGENT	Richard R. LaReno	8/10/92

X. OPERATOR CERTIFICATION

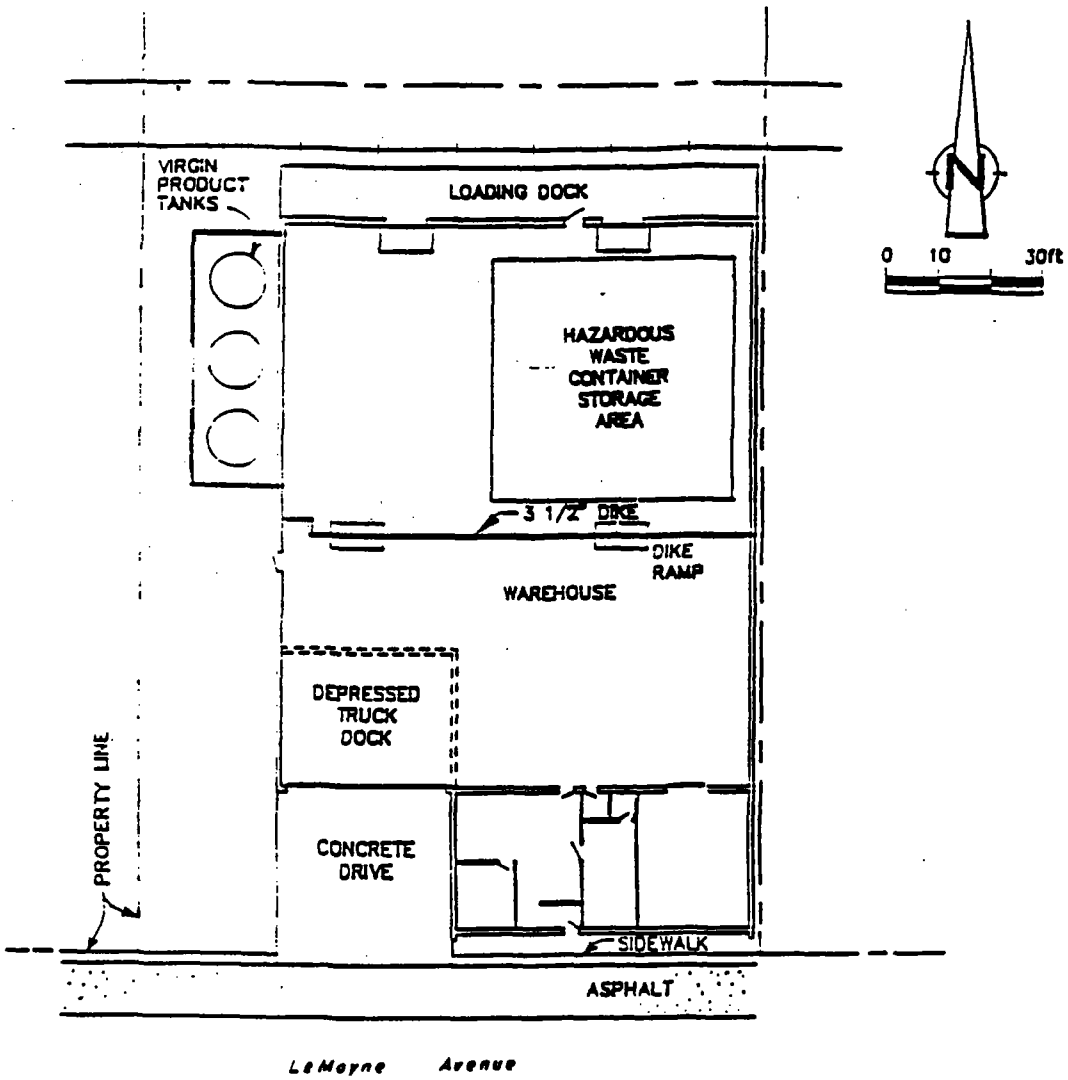
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, 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
B. Stockmeyer, President	X C B Stockmeyer	4/14/92

CONTINUE ON PAGE 5

Continued from page 4.

V. FACILITY DRAWING (see page 4)



B-113

cc: Maywood
US EPA

JKM
A&D

DETREX CORPORATION

P.O. Box 5111, Southfield, MI 48086-5111

FAX: (313) 358-5803

TELEPHONE:
(313) 358-5800

August 17, 1992

Ms. Amy Dragovich, P.E.
Illinois Environmental Protection Agency
Permit Section
Division of Land Pollution Control
P.O. Box 19276
2200 Churchill Road
Springfield, IL 62794-9276

RE: Detrex Corporation
Melrose Park, IL
ILD 074 424 938
RCRA Permit log No. B-113

Dear Ms. Dragovich

Enclosed is the original Part A application previously submitted which now has Mr. LaReno signature. This application was revised removing the EPA Waste Code D-038 Pyridine.

If we may be of additional assistance, please do not hesitate to contact me.

Sincerely,

William M. Moore

William M. Moore, Jr.
Corporate Manager,
Environmental Compliance
RCRA Sections

cc: Facility
D. Donnell (Letter only)

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0311860003

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Date Received
(For Official Use Only)

[ ] [X] ILD074424938

DETREX CORP SOLVENTS & ENVIR SER

2537 LEMOYNE AVE

MELROSE PARK ILL 60160-

COOK

2537 LEMOYNE AVE

MELROSE PARK ILL 60160-

ANDERSON DAN

MANAGER 708-345-3806

K

-

RICHARD R LARENO CLAUSS

21150 PRESTWICK DRIVE

BARRINGTON ILL 60010-

708-304-8200 P P [ ] X

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EPA Form 8700-12 (01-90) Previous edition is obsolete

Continue on reverse

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

X

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

X X

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

F001	F002	D004	D005	D006	D007
D008	D009	D010	D011	D018	D019

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
7/3/91	Ferd J. Chmielnicki Corp. Sec.	7-3-91

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

DETREX Corp. Solvents Env. Serv.

A. Description of Regulated Waste Containers (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

D021	D022	D027	D028	D029	D030
D034	D035	D036	D038	D039	D040
D043					

Bob - This is a courtesy copy. Mr. has seen it also.

DETREX CORPORATION

P.O. Box 5111, Southfield, MI 48086-5111

FAX: (313) 358-5803

TELEPHONE: (313) 358-5800

July 3, 1991

Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, IL 62706

RE: Detrex Corporation - Solvent & Environmental Service Division
2537 LeMoyne Ave.
Melrose Park, IL 60160
ILD 074 424 938

Dear Sir:

Detrex Corporation is submitting a revised Notification of Regulated Waste Activity form indicating a name change in our solvents division.

Since the above facility is either in Interim Status or Permitted Status, there may be a need to update the name change, where applicable, to the Part B permit or application. This can either be accomplished during the next revision, or if requested be done immediately. Detrex will make applicable name change revision during our next revision, unless notified by your office.

If I may be of additional assistance, or if additional information is needed, please do not hesitate to contact me.

Sincerely,

William M. Moore

William M. Moore, Jr.
Corporate Manager,
Environmental Compliance,
RCRA Section

cc: Illinois EPA
Facility

RECEIVED
JUL 11 1991
IEPA-DLPC

13

IEPA

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

Form Approved OMB No. 158-R0175

592

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F I L D 0 7 4 4 2 4 9 3 8 | 3 D

LABEL ITEMS

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 D E T R E X C H E M I C A L I N D U S T R I E S I N C

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)* — B. PHONE *(area code & no.)*

2 R O B R E C H T W I L L A S S T M G R E N G — 3 1 3 3 5 8 5 8 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P O B O X 5 0 1

B. CITY OR TOWN — C. STATE — D. ZIP CODE

4 D E T R O I T — M I — 4 8 2 3 2

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2 5 3 7 L E M O Y N E A V E

B. COUNTY NAME

C O O K

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

6 M E L R O S E P A R K — I L — 6 0 1 6 0 — 0 3 1

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 2 8 6 9 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: D E T R E X C H E M I C A L I N D U S T R I E S I N C

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

P (specify)

D. PHONE (area code & no.): A 3 1 3 3 5 8 5 8 0 0

E. STREET OR P.O. BOX: P O B O X 5 0 1

F. CITY OR TOWN: B D E T R O I T

G. STATE: M I

H. ZIP CODE: 4 8 2 3 2

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	**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	**F. 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)

WAREHOUSE AND DISTRIBUTION OF INDUSTRIAL SOLVENTS

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
R. J. Jones, Vice President	R. J. Jones	11-14-80

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 c[illegible] inch).

Form Approved OMB No. 158-S80004 592

FORM 3 RCRA

EPA

U[illegible]RONMENTAL 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	I	L	D	0	7	4	4	2	4	9	3	8	3	1

1 2 - 13 14 15

[illegible]R OFFICIAL USE ONLY

[illegible]LICATION [illegible]PROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

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)*

XX 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)* 71

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	7 4	0 9	2 7
15	73 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

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

☐ 1. FACILITY HAS INTERIM STATUS 72

☐ 2. FACILITY HAS A RCRA PERMIT 72

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
[illegible]URFACE IMPOUNDMENT	S04	GALLONS OR LITERS
[illegible]posal:		
[illegible]ECTION WELL	D79	GALLONS OR LITERS
[illegible]ANDFILL	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
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

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.

S		T/A	C
C	DUP	3	1

1 2 - 13 14 15

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
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
~~X-1~~	~~S 0 2~~	~~600~~	~~G~~		5				
~~X-2~~	~~T 0 3~~	~~20~~	~~E~~		6				
1	S 0 1	125~~000~~	G		7				
					8				
3					9				
4					10				
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES *(continued)*

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

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

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)*

S F I L D 0 7 4 4 2 4 9 3 8 T/A 3 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).* F6:A/55

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).* F6:A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*

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 Detrex Chemical Industries, Inc.	3 1 3 - 3 5 8 - 5 8 0 0

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F P. O. Box 501	G Detroit	M I	4 8 2 3 2

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
R. J. Jones, Vice President	R. J. Jones	11-14-80

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

CONTINUE ON PAGE 5

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W I L D 0 7 4 4 2 4 9 3 8 T/A 3 C 1	W DUP T/A 3 C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

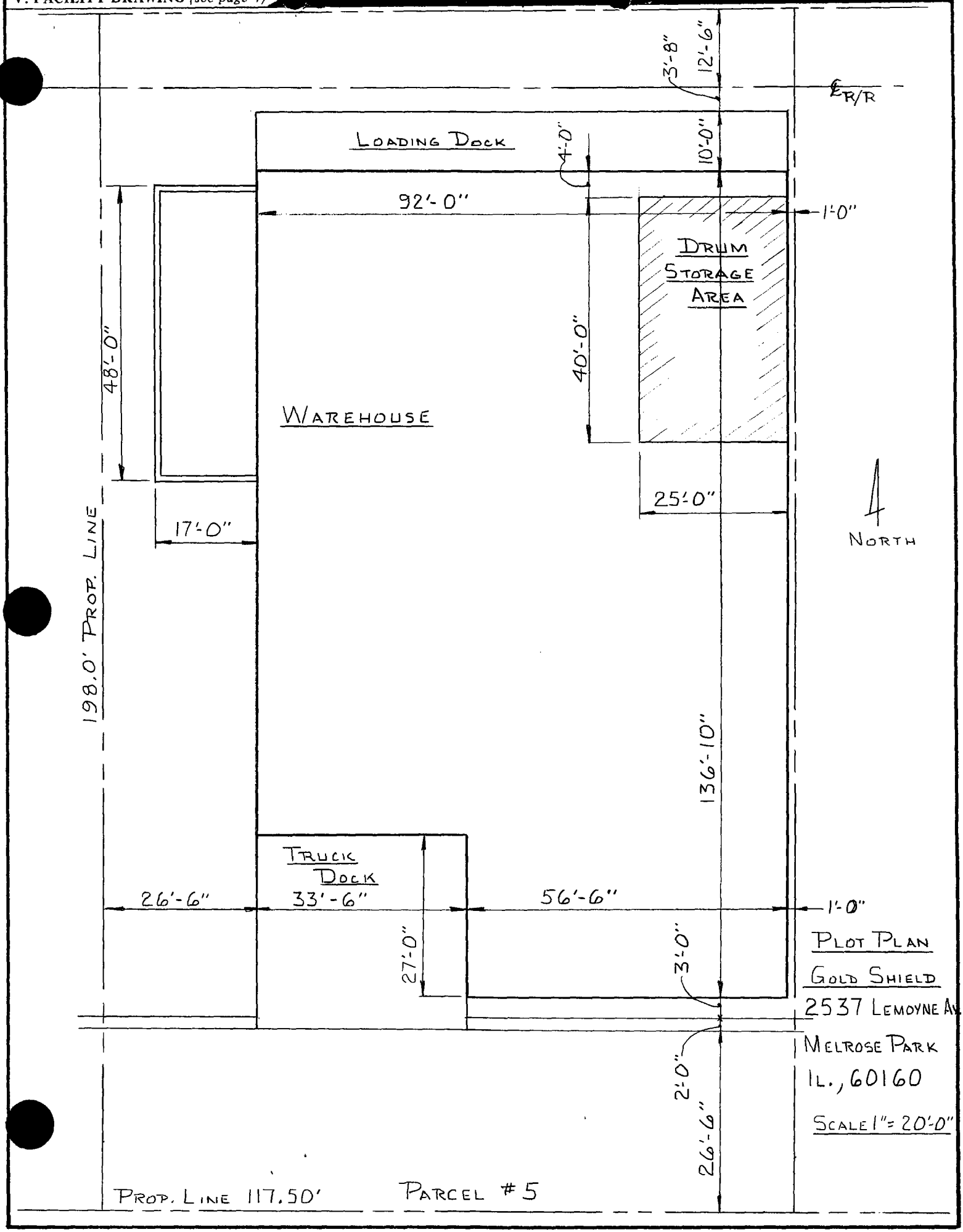
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 001	1,186,000	P	S01				
2	F 002	62,400	P	S01				
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

CONTINUE ON REVERSE

DETREX CHEM · INDUSTRIES, INC. ILD 074 424 938

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*



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

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA I.D. NUMBER: F I L D 0 7 4 4 2 4 9 3 8

LABEL ITEMS

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	MARK "X" NO	MARK "X" FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	MARK "X" NO	MARK "X" 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 D E T R E X C O R P O R A T I O N

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 J E F F E R Y P. P H I L I P S (Branch Manager)	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2 5 3 7 L e M O Y N E A V E N U E

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 M E L R O S E P A R K	I L	6 0 1 6 0

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2 5 3 7 L e M O Y E A V E N U E

B. COUNTY NAME

C O O K

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 M E L R O S E P A R K	I L	6 0 1 6 0	0 3 1

CONTINUE ON REVERSE

A. FIRST	B. SECOND
7 2 8 6 9 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
(specify)	7 specify

OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
8 DETREX CORPORATION	X YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other" specify.)	D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	A 313 358 5800

E. STREET OR P.O. BOX
PO BOX 501

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
8 DETROIT	MI	48232	Is the facility located on Indian lands? ☐ YES X NO

X. EXISTING ENVIRONMENTAL PERMITS

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

WAREHOUSE AND DISTRIBUTION OF HALOGENATED SOLVENTS

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. B. Stockmeyer, Jr. President	X C.B. Stockmeyer Jr.	10/16/80

COMMENTS FOR OFFICIAL USE ONLY

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-S80004

FORM 3 RCRA

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

F I L D 0 7 4 4 2 4 9 3 8 3 1

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)*

☐ 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)*

8 | YR. 74 | MO. 09 | DAY 27

☐ 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	S
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	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	27,500	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

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

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

ility 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 unt the appropriate density or specific gravity of the waste.

D. PROCESSES

1. **PROCESS CODES:**
   For listed hazardous wastes: 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 3 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

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W I L D 0 7 4 4 2 4 9 3 8	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	F001	625,000	P	S01	
2	F002	520,000	P	S01	
3	D004	Note: The waste	P	S01	
4	D005	quantities reported	P	S01	
5	D006	for F001 and F002 include the	P	S01	
6	D007	D-series compounds	P	S01	
7	D008		P	S01	
8	D009		P	S01	
9	D010		P	S01	
10	D011		P	S01	
11	D018		P	S01	
12	D019		P	S01	
13	D021		P	S01	
14	D022		P	S01	
15	D027		P	S01	
16	D028		P	S01	
17	D029		P	S01	
18	D030		P	S01	
19	D034		P	S01	
20	D035		P	S01	
21	D036		P	S01	
22	D038		P	S01	
23	D039		P	S01	
24	D040		P	S01	
25	D043		P	S01	
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REV

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

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 ILD 074424938 36

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)
41 54 10	87 52 01

VIII. FACILITY OWNER

☐ 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 RICHARD R. LARENO, MANAGING AGENT, CLAUSS INDUSTRIAL DIST	708-304-8200

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 21150 PRESTWICK DRIVE	G BARRINGTON	IL	60010

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
Richard R. LaReno, AS AGENT	Richard R. LaReno	11/12/90

X. OPERATOR CERTIFICATION

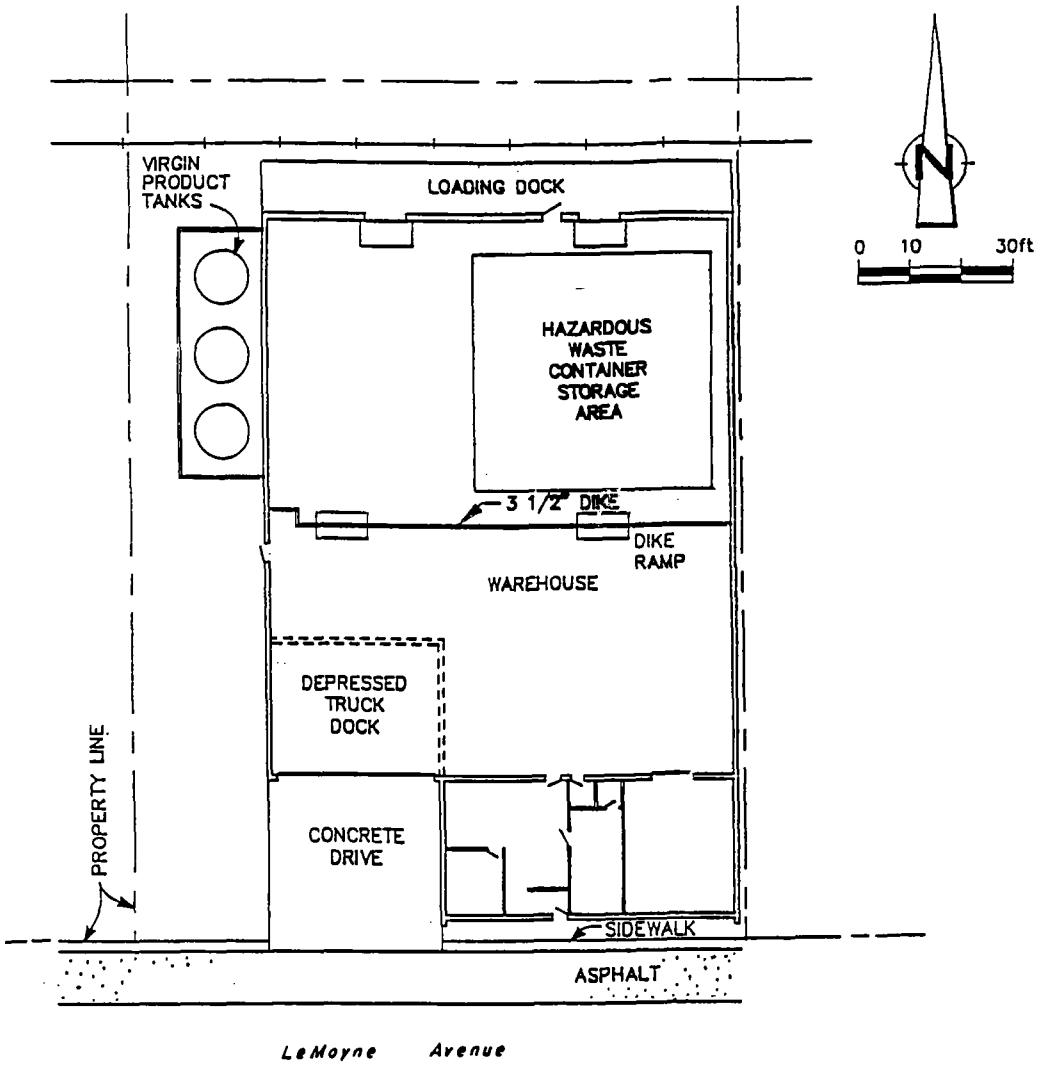
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, 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
C. B. Stockmeyer, Jr. President	C B Stockmeyer	10/16/90

 CONTINUE ON PAGE 5

Continued from page 4

V. FACILITY DRAWING (see page 4)



RECEIVED
WMD RCRA JUN 16
RECORD CENTER Part A

DETREX CORPORATION

P.O. Box 5111, Southfield, MI 48086-5111
FAX: (313) 358-5803
TELEPHONE: (313) 358-5800

November 19, 1990

U.S. EPA Region V
Permit Branch
230 South Dearborn Street
Chicago, IL 60604

RECEIVED
OFFICE OF RCRA
Waste Management Division

ATTN: George Hamper

RE: Detrex Corporation- Solvent Division
2537 LeMoyne Ave.
Melrose Park, IL 60160

TCLP Listing

Dear Mr Hamper,

On September 24, 1990 Detrex Corporation submitted a Class I Modification for our Melrose Park facility for the addition of the TCLP Waste Codes. In our conversation of October 2, 1990, you stated we would have to submit a Part A application for these waste codes, since this facility has not yet received their permitted status, as a hazardous waste treatment, storage facility.

Enclosed is the Part A application, signed by Detrex and the Landlord of the building. We apologize for the length of time in getting this to you. It was delayed at the landlords office.

If additional information is needed, please contact me at (313) 358-5800, ext. 371, or at the above address.

Sincerely.,

William M. Moore

William M. Moore, Jr.
Corporate Manager,
Environmental RCRA
Compliance

C233=T