PART A TECHNICAL REVIEW CHECKLIST

. EPA I.D. NUMBER MOD 000811896 3
I. FACILITY NAME AND LOCATION McDonnell Douglas Corp St Louis Tract 1 St Louis, MO
II. APPLICATION FILE CHECKED OUT BY Amc
ON Jan 6
V. TECHNICAL REVIEW INFORMATION (122.24)

| REVIEW ITEMS | OK | NOT OK | REMARKS |
|---|---|---|---|
| . Administrative Items Complete | ✓ | | |
| . Latitude & Longitude of Facility | ✓ | | |
| . Name, Address and Telephone Number of Owner of Facility of Owner of Facility | ✓ | | |
| . New Facility ____ Exist. Facility ✓ First App. ✓ Revised App. ____ | ✓ | | |
| . Description and Design Capacity of TSD Processes | ✓ | | S03-150-Y S01-37620 S02-1.600002 |
| . Info. on wastes listed in Part 261 to be treated, stored or disposed of at the facility. | ✓ | | See back |
| . Check design capacity against estimated annual quantity for reasonableness | ✓ | | |
| . Facility Drawing ✓ Map ✓ Photographs ✓ | ✓ | | |

. Additional comments (incompatible wastes, inconsistencies, etc.)
Banshee road also included under this I.D. — has S01-Y — well change S03-Y

R00144171
RCRA RECORDS CENTER

D001, D002, D003, D006, D007
F001, F002, F003, F005, F006, F007
F008, F009, F011, F019

S01
520T = $1.04 \times 10^6$ gal or $1.25 \times 10^5$ gal
Total storage 37620 - change 3 times/year

S02
8176 T ≅ $1.6352 \times 10^7$ gal ≅ $1.96 \times 10^6$ gal
Total Storage 160000 - change one/month

V. ADDITIONAL INFORMATION REQUIRED Yes ____ No ____ ✓

1. If yes, indicate information required _____
(Continue on separate sheet and attach)

2. Information requested on telephone by _____
on _____
(response attached)

3. Information requested by letter (copy attached) on _____
Response received (copy attached) on _____
(If necessary attach records of additional telephone and/or mail correspondence which clarify previous information.)

4. Review by Permits Work Unit completed on 3/10/82

VI. DISPOSITION OF PERMIT APPLICATION

[ ] 1. Permit application deficient.
(Detailed Justification Attached)

a. Letter of Notice to Disqualify facility from Interim Status sent on _____

b. Response received on _____

c. Final Determination:

i. Final Notice of Disqualification sent on _____

ii. Redetermination of Qualification - Interim Status Eligibility Approved (See Item VI-2)

[✓] 2. Permit Application Complete

a. Conditions of Operations during Interim Status completed on 3/10/82

b. Notice of Propsoed Permit Action sent to State on 3/10/82

c. Comment Period expiration date (10 calendar days) _____

d. Permit Acknowledgment Letter and Conditions of Operations sent on _____

VII. CERTIFICATION OF REVIEW

The facility permit application and supporting information has been reviewed in accordance with applicable RCRA Regulations, 40 CFR Parts 260-267 and 122-124.

| | |
|---|---|
| ..... | ..... |
| Permits Work Unit Reviewer | Date |
| ..... | ..... |
| Permits Work Unit Supervisor | Date |

VIII. File returned to CSC on .....