FACILITY NAME: SIOUXLAND IMPLEMENT
LOCATION: 4511 EAGLE AVE, PROTON, IA 51027
RCRA ID #: IAD022 206890 DATE: 08/19/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____

R00151969
RCRA RECORDS CENTER

SITE 2148 PHOTO 1

Facility: Siouxland Implement
Location: Ireton, IA
Direction: --
Subject: Site #2148 identification sheet.
Photographer: Allen Apperson
Camera Type: Minolta 35mm
Witness: None
Film Type: 100 ASA
Date: August 19, 1994
Time: 0854

SITE 2148 PHOTO 2

Facility: Siouxland Implement
Location: Ireton, IA
Direction: Northwest
Subject: Four 55 gallon drums; open right drum contains 25 gallons of used oil/oil filters; next open drum contains 20 gallons of used oil; 3rd drum, open funnel, holds 50 gallons of used antifreeze. None of the drums are labeled. The far left drum contains product.
Photographer: Allen Apperson
Camera Type: Minolta 35mm
Witness: None
Film Type: 100 ASA
Date: August 19, 1994
Time: 0858

SITE 2148 PHOTO 3

Facility: Siouxland Implement
Location: Ireton, IA **Photographer:** Allen Apperson **Witness:** None **Date:** August 19, 1994
Direction: West **Camera Type:** Minolta 35mm **Film Type:** 100 ASA **Time:** 0903
Subject: Closed red 520 gallon capacity tank containing 110 gallons of used oil (funnel installed) labeled as used oil. The unlabeled, open 5 gallon bucket contains approximately 3 gallons of used oil.

SITE 2148 PHOTO 4

Facility: Siouxland Implement
Location: Ireton, IA **Photographer:** Allen Apperson **Witness:** None **Date:** August 19, 1994
Direction: Southwest **Camera Type:** Minolta 35mm **Film Type:** 100 ASA **Time:** 0905
Subject: Open unlabeled brown 55 gallon drum contains used oil filters and 15 gallons of used oil.

0807- 0918

Last Revised: 1/25/91 Time to complete screening:_____

RCRA SCREENING CHECKLIST

Inspector: Allen Apperson Primary Media:_____

Date: 08/ 19 /94

Facility: SIOUXLAND IMPLEMENT

Facility Address: 4511 EAGLE AVE
IRETON IA 51027

Phone (712) 278- 2351

Contact/Title: LARRY MILES SERVICE MANAGER

SIC #: _____ Process: SALES/SERVICE/PARTS FOR AG EQUIP.

Office Questions:----------

1) Facility description 3 BLDGS ON APPROX. 7 ACRES, (1) CONSISTS OFFICES, SERVICE AREA, SALES/PARTS. (2) STORAGE (3) WELDING SHOP AND SETUP SHOP

2) Does facility have an EPA ID number? Yes X No__ #IAD 022206890

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) USED OIL: 100 GALS/mo., McCOLLISTER OIL Co. (Council Bluffs, IA). ANTI-FREEZE: 20 GALS/mo., STORING IN 55-GAL DRUMS (WAITING TO GET A RECOVERY SYSTEM FOR IT); THREE PARTS WASHERS, SERVICES IT THEM SELVES, PUTS IN WITH OIL, McCOLLISTER OIL Co.

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes__ (please note which ones are classified as HW) No X

5) Does the facility conduct any of the following on-site activities: Treatment/(Recycling)/(Burning)/Open Dumping /Landfills/Surface Impoundments? Describe: FREON Recycler. BURNS CARDBOARD BOXES

Field Observations:----------

6) Are CIW/HW stored on-site? Yes X No__
Describe (material, approximate quantity, storage method):____
USED OIL: 15 GALS IN 55-GAL DRUM; 110 GALS IN 520-GAL TANK; 25 GALS IN 55-GAL DRUM, 20 GALS IN 55-GAL DRUM, 3 GALS IN 5-GAL BUCKET. USED ANTI-FREEZE: 50 GALS IN 55-GAL DRUM.

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): USED OIL: ONE 55-GAL DRUM, NO TOP, NO LABEL. 520 GAL TANK - CLOSED, LABELED "USED OIL", TWO 55-GAL DRUMS NO TOP, NO LABELS. ANTI-FREEZE: OPEN FUNNEL, NO LABEL.

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes__ No X Describe:_____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes__ No X
Describe_____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes X No__ Describe: USED OIL: NO LABELS, N^PA, OPEN DRUMS (OUTSIDE), MACHINE OILS/LUBRICANTS AND PARTS WASHER SOLVENT PUT IN WITH USED OIL.

11) Recommendations and/or Additional Observations: LARRY MILES REPORTS ABOVE EPA ID NUMBER. FACILITY HAS SMALL MACHINE SHOP, PUTS MACHINE OIL IN WITH OIL.

THIS DOCUMENT MUST BE USED FOR ALL SHIPMENTS.

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

McCollister & Company

WASTE OIL MANIFEST

UNIFORM OIL WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 786019

2. Page ___ of ___

3. Generator's Name and Mailing Address

SIOUXLAND IMPLEMENT CO.
BOX 38
IRETON, IA 51027

4. Generator's Phone (712) 278-2351

5. Transporter 1 Company Name

BUD'S TRANSPORTATION

6. US EPA ID Number

IAD984600999

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SEARLE PETROLEUM

COUNCIL BLUFFS, IA 51503

10. US EPA ID Number

IAD984591032

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.
a. USED ENGINE OIL			650	G
b. USED OIL FILTERS				
c.				
d.				

THIS USED OIL IS SUBJECT TO EPA REGULATION UNDER 40 CFR PART 266

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: Robert VANDERDIAS — Signature: Robert VanderDias — Month Day Year: 1 2 1 6 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: RANDY HOMAN — Signature: Randy Homan — Month Day Year: 1 2 1 0 9 3

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. — Date

Printed/Typed Name: John Nelson — Signature: John Nelson — Month Day Year: 1 2 1 1 9 3

GENERATOR — TRANSPORTER — FACILITY

McCOLLISTER FINAL COPY — WHITE
GENERATOR FINAL COPY — GREEN
OPTIONAL COPY — BLUE
TSDF — YELLOW
TRANSPORTER FINAL COPY — PINK
GENERATOR — GOLDENROD

THIS DOCUMENT MUST BE USED FOR ALL SHIPMENTS.

McCollister & Company

WASTE OIL MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM OIL WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page ___ of ___

3. Generator's Name and Mailing Address

SIOUXLAND IMPLEMENT CO.

4. Generator's Phone (712) 278-2351

IRETON, IA 51027

5. Transporter 1 Company Name

BUD'S TRANSPORTATION

6. US EPA ID Number

IAD984600999

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SEARLE PETROLEUM

COUNCIL BLUFFS, IA 51503

10. US EPA ID Number

IAD984591032

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.
a. USED OIL			114	G
b.				
c.				
d.				

THIS USED OIL IS SUBJECT TO EPA REGULATION UNDER 40 CFR PART 266

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GENERATOR

Printed/Typed Name: X CHARLES E. KOCH

Signature: X Charles E. Koch

Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RANDY HOMAN

Signature: Randy Homan

Date: 04/16/93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Bob Hijinstee

Signature: Bob Hijinstee

Date: 4/16/93

McCOLLISTER FINAL COPY — WHITE
GENERATOR FINAL COPY — GREEN
OPTIONAL COPY — BLUE
TSDF — YELLOW
TRANSPORTER FINAL COPY — PINK
GENERATOR — GOLDENROD

THIS DOCUMENT MUST BE USED FOR ALL SHIPMENTS.

WASTE OIL MANIFEST

McCollister & Company

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM OIL WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

GENERATOR

3. Generator's Name and Mailing Address
SIOUXLAND IMPL
IRETON IOWA

4. Generator's Phone ( )

5. Transporter 1 Company Name
BUDS TRANSPORTATION

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
SEARLE PETROLEUM
CO BLUFFS IOWA

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.
a. USED ENGINE. OIL			500	G
b.				
c.				
d.				

THIS USED OIL IS SUBJECT TO EPA REGULATION UNDER 40 CFR PART 266

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

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Printed/Typed Name: X Scott Schelling — Signature: X Scott Schelling — Month Day Year: 08 06 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: RANDY HOMAN — Signature: Randy Homan — Date: Month Day Year: 08 06 93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 19.

Printed/Typed Name: Ed Lipinski — Signature: Ed Lipinski — Date: Month Day Year: 8 6 93

McCOLLISTER FINAL COPY — WHITE
GENERATOR FINAL COPY — GREEN
OPTIONAL COPY — BLUE
TSDF — YELLOW
TRANSPORTER FINAL COPY — PINK
GENERATOR — GOLDENROD

RCRIS HANDLER INFORMATION

This form completed on 19 AUG 94 (date) by Allen Apperson (name of person completing form) METCALF & EDDY (name of person's employer), ~~TES~~ AA REPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IAD 022 206 890

1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE): SIOUXLAND IMPLEMENT

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)
- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"
- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: 4511 EAGLE AVE
CITY/ZIP CODE: IRETON, IA 51027

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):
STREET ADDRESS: P.O. BOX 38
CITY/ZIP CODE: IRETON, IA 51027

---

4. INSTALLATION CONTACT PERSON:
Name: LARRY MILES
Title: SERVICE MANAGER
Telephone Number: Area Code (712) 278-2351
Street Address: P.O. BOX 38
City/Zip Code: IRETON, IA 51027

5. OWNERSHIP INFORMATION:
Name of Installation's Legal Owner: WILLARD HUITINK
Street Address: 204 6TH ST.
City/Zip Code: IRETON, IA 51027
Telephone Number: Area Code (712) 278-2139

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)
X Hazardous waste generation
__ Hazardous waste transportation
X Conditionally exempt small quantity generator
__ Transports waste for self only
__ Small quantity generator
__ Transports waste for hire
__ Large quantity generator
__ Other: (specify) _____

RCRIS data entered
BY Cox, NARP/SEE
ON 3/6/97

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

EPA ID #: IAD 022 206 890

Facility Name SIOUXLAND IMPLEMENT	
Facility Address 4511 EAGLE AVE, IRETON, IA 51027	
Inspector (print) Allen Appelson	Title INSPECTOR
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	Date 19 AUG 94

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets <u>all</u> of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).

3. The information is not publicly available elsewhere.

4. Disclosure of the information would cause substantial harm to your company's competitive position.

<u>In addition</u>, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

EPA ID #: IAD 022 206 890

Facility Name
SIOUXLAND IMPLEMENT
Facility Address
4511 EAGLE AVE, IRETON, IA 51027

If you are **not** authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

_____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

==========

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Larry J. Miles	Service Manager
Signature/Date	
8-19-94 Larry Miles	

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

EPA ID #: IAD 022 206 890

Facility Name
SIOUXLAND IMPLEMENT
Facility Address
4511 EAGLE AVE., IRETON IA 51027

Information for which confidential treatment is requested:

None

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
Larry J Miles	Larry J. Miles 8-19-94
No confidential treatment claimed during the inspection: LJM (Facility Representative's initials)	
Inspector (print)	Signature/Date
Allen Apperson	Allen Apperson 8/19/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

EPA ID#: IAD 022 206890

Facility Name
SIOUXLAND IMPLEMENT
Facility Address
4511 EAGLE AVE., IRETON, IA. 51027

Documents Collected? YES X (list below) NO___

Samples Collected? YES___ (list below) NO X Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge X 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

McCOLLISTER UNIFORM OIL WASTE MANIFESTS:
DATED: 8/6/93, 11/16/93, 12/10/93

Facility Representative (print)	Signature/Date
Larry J Miles	Larry J. Miles 8-19-94
Inspector (print)	**Signature/Date**
Allen Appersow	Allen Appersow 8/19/94

U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101

(rev:1/20/93)