IAD 000222653

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CLIMAX MOLYBDENUM COMPANY
AMAX MOLYBDENUM DIVISION
FORT MADISON PLANT
P.O. BOX 220 • FORT MADISON, IOWA 52627 • (319) 463-7151
TWX 510-331-7142

A DIVISION OF
AMAX INC.

November 18, 1980

EPA - Region VII
P. O. Box 15606
Kansas City, MO 64106

Re: EPA Identification No. IAD 000222653

Gentlemen:

Since submission of our initial Notification of Hazardous Waste Activity on August 14, 1980, an additional detailed review of our facility has been conducted. In addition, Congress has passed the "Solid Waste Disposal Act Amendments of 1980" and EPA has issued their interpretation of this Act specifically as it applies to the temporary exclusion of "solid waste from the extraction, beneficiation, and processing of ores and minerals."

In light of these developments, an updated Notification (Form 8700-12), which is attached, has been compiled and reflects our current status under RCRA.

Sincerely,

Robert A. Hensel

R. A. Hensel
General Manager
U. S. Conversion Operations

RAH/fls

Enclosure

cc: T. C. Kearns
T. E. Anderson
J. Madera
G. Van Riper

NOV 24 1980

R00000206
RCRA Records Center

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	IAD000222653
I. NAME OF INSTALLATION	AMAX MOLYBDENUM CO.
II. INSTALLATION MAILING ADDRESS	HWY. 61S BOX 220 FORT MADISON, IA 52627
III. LOCATION OF INSTALLATION	HWY. 61S BOX 220 FORT MADISON, IA 52627

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: F 1 (T/A: C)

APPROVED:

DATE RECEIVED *(yr., mo., & day)*:

I. NAME OF INSTALLATION

AMAX Molybdenum Co.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 Hwy 61 S. Box 220

CITY OR TOWN: 4 Fort Madison

ST.: IA

ZIP CODE: 52627

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 Hwy 61 S.

CITY OR TOWN: 6 Fort Madison

ST.: IA

ZIP CODE: 52627

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 Anderson Thomas Env. Engineer

PHONE NO. *(area code & no.)*: 319-463-7151

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 AMAX 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))*

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

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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 this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

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

C. INSTALLATION'S EPA I.D. NO.: IAD000222653

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

S W 1 2 - 13 14 15 T/A C 1

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
F003					
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.)*

- [X] 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
Tommy C Kearns	Tommy C. Kearns Plant Manager	11/10/80