Norplex Division
1300 Norplex Drive • P.O. Box 1448
La Crosse, Wisconsin 54601
Telephone 608•784-6070•Telex 29-3422
FAX 608•784-7753

U.S. Operations: La Crosse, Wisconsin - Headquarters
Black River Falls, WI; Chandler, AZ; Franklin, IN; Postville, IA
European Operation: Wipperfürth, West Germany
Pacific Headquarters: Kowloon, Hong Kong

August 24, 1982

Mr. Dennis Degner
Senior Environmental Engineer
Permits Section
Waste Management Branch
Air and Waste Management Division
U.S. Environmental Protection Agency
Region VIII
324 East 11 Street
Kansas City, Missouri 64106

Dear Mr. Degner:

On approximately April 1st of 1982 Norplex Division of UOP Inc. received a Part B call for its Postville, Iowa facility. After a thorough review of the facts, Norplex Division is, via this instrument, respectfully requesting to be withdrawn from Part B status and accordingly revert to generator status.

I should mention that the storage area as a generator will remain the same as when Postville, Iowa had T/S/D status. Management feels that such a location is most appropriate to safeguard hazardous waste being accumulated for shipment and disposal.

Also please find enclosed an amended Part A application. Originally a 5,500 gallon SO-2 was included. This was in error and has therefore been deleted. There was, however, waste in the SO-2 in question. Division management does not feel that the residue (hardened phenolic resin) is a hazardous waste. However, pursuant to your request, we had the waste analyzed by an independent laboratory. We trust you will agree with Norplex upon a review of the lab analysis.

R00330131
RCRA RECORDS CENTER

RHM/SWMG
AUG 27 1982
Region VII K.C., MO

Thank you for your kind consideration. Should you have any questions, please feel free to contact myself or George Stunyo at our La Crosse facility.

Sincerely,

NORPLEX DIVISION
UOP Inc.

A. K. Sparks

A. K. Sparks
Vice President & General Manager

AKS:mm

cc: G. Evans, Iowa D.E.Q.
C. Englebert
R. Haldeman

A & A CHEMICAL LABORATORY

P.O. Box 2406 La Crosse, WI 54601 (608) 788-4425

Reported To: Mr. George Stunyo
Norplex Div-UOP
1300 Norplex Dr.
LaCrosse,WI 54601

Date: 8-13-82

Laboratory No.: 16142 A & B

LABORATORY REPORT

Sample Identification: Solidified resin material from Postville,Iowa

Tests and Results:

Lab No.	16142
pH (aqueous extract)	6.59
Flash Point, °F	greater than 145° Solid sample burns when subjected to a direct flame (approx. 1800°C) but not vigorously.
1,1 Dichloroethylene, ppb	36.
1,1,1 Trichloroethane, ppb	470.
1,1,2 Trichloroethylene, ppb	160.
Tetrachloroethene, ppb	74.
Total Cyanide (whole sample),mg/kg	0.34
Total Phenol (whole sample),mg/kg	18,000.

EPA Extract

pH of extract (final)	4.3
Arsenic, mg/l	< 0.5
Barium, mg/l	0.25

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval. Our reports apply only to the samples tested.

A & A CHEMICAL LABORATORY

P.O. Box 2406 La Crosse, WI 54601 (608) 788-4425

Reported To: Mr. George Stunyo
Norplex Div-UOP
1300 Norplex Dr.
LaCrosse,WI 54601

Date: 8-13-82

Laboratory No.: 16142 A & B

LABORATORY REPORT

Sample Identification: Solidified resin material from Postville,Iowa

Tests and Results:

EPA Extract continued

Cadmium, mg/l	<0.01
Chromium (total),mg/l	<0.05
Chromium (+6), mg/l	<0.02
Copper, mg/l	<0.05
Fluoride, mg/l	<0.04
Lead, mg/l	<0.10
Mercury (total), mg/l	<0.0002
Nitrate, mg/l	<0.10
Selenium, mg/l	<0.50
Silver, mg/l	<0.04
Zinc, mg/l	0.13

< means "less than"

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval. Our reports apply only to the samples tested.

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

AMENDED

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

3 Sept 1982

I. EPA I.D. NUMBER: IAD 073489288

I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
VI. FACILITY LOCATION	

Unsigned Copy

Original was returned 9 Sept 1982 for signature

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.

DaDegner

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		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 NORPLEX DIVISION UOP INC POSTVILLE IA

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 ENGLEBERT CHUCK PLANT MGR	319 864 7321

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 BOX 445

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 POSTVILLE	IA	52162

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 NORTHEAST COUNTY RD

B. COUNTY NAME

ALLAMAKEE

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 POSTVILLE	IA	52162	

SIC CODES (4 digit, in order of priority)

A. FIRST	B. SECOND
3079 (specify) MISC PLASTIC PRODUCTS	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

OPERATOR INFORMATION

A. NAME: IOP INC

B. Is the name listed in Item VIII-A also the owner? ☒ 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.): C A 312 391 2000

E. STREET OR P.O. BOX: N WOP PLAZA

F. CITY OR TOWN: DES PLAINES

G. STATE: IL

H. ZIP CODE: 60016

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 6-03-75-1-01

D. PSD (Air Emissions from Proposed Sources): C 9 T P I

B. UIC (Underground Injection of Fluids):

E. OTHER (specify): C 9 T I (specify)

C. RCRA (Hazardous Wastes): IAD 073489288

E. OTHER (specify): C 9 T I 73-A-100 (specify) DEQ Permit / Air Emission

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.

NATURE OF BUSINESS (provide a brief description)

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

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
A.K. SPARKS V.P. & GENERAL MANAGER		

COMMENTS FOR OFFICIAL USE ONLY

Form 3510-1 (6-80) REVERSE

All-caps areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S800D-1

FORM 1 RCRA

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

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

I. 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)*

YR. | MO. | DAY

☐ 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

II. 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	B
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.

DUP | F/A | C | 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 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. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	2000 (36 x 55)			7				
2	S02	REMOVED			8				
3					9				
4					10				

I. PROCESSES *(continued)*

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

. DESCRIPTION OF HAZARDOUS WASTES

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.

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.

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

f 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.

PROCESSES

. 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)*.

. 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.

E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by than one EPA Hazardous Waste Number shall be described on the form as follows:

. 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.
. 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.
. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

MPLE 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 ear of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes orrosive 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 ounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))*
K 0 5 4	900	P	T 0 3 D 8 0	
D 0 0 2	400	P	T 0 3 D 8 0	
D 0 0 1	100	P	T 0 3 D 8 0	
D 0 0 2				*included with above*

orm 3510-3 (6-80)

CONTINUE ON PAGE 3

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

Form Approved OMB No. 158-S80001

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

W DUP 2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

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))
4002	50	P	S01				
4031	50	P	S01				
4069	100.	P	S01				
4154	500	P	S01				
4159	50	P	S01				
4220	500	P	S01				
D002	1000	P	S01				
F003	5000	P	S01				
F005	125,000	P	S01				
D001	8,000	P	S01				

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONA[illegible] [illegible]OCESS CODES FROM ITEM D(1) ON PA[illegible]

EPA I.D. NO. (enter from page 1)

IAD073489288 T/A C 6

FACILITY DRAWING

l existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

. PHOTOGRAPHS

ll existing facilities must include photographs (aerial or ground–level) that clearly delineate all existing structures; existing storage, eatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
43 05 002	091 33 013

II. 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.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
	C G		

OWNER CERTIFICATION

rtify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached uments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the mitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, luding the possibility of fine and imprisonment.

NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
A. K. SPARKS V.P. + GENERAL MANAGER		

OPERATOR CERTIFICATION

rtify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached uments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the mitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, luding the possibility of fine and imprisonment.

NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5

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

HMENDED

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F IAD073489288

I. EPA I.D. NUMBER

II. FACILITY NAME

III. FACILITY MAILING ADDRESS

IV. 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.

I. 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
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		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		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		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	
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	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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	
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	
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	
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	
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	

II. NAME OF FACILITY

SKIP NORPLEX DIVISION UOP INC POSTVILLE IA

V. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: ENGLEBERT CHUCK PLANT MGR

B. PHONE *(area code & no.)*: 319 864 7321

VI. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: BOX 445

B. CITY OR TOWN: POSTVILLE

C. STATE: IA

D. ZIP CODE: 52162

VII. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: NORTHEAST COUNTY RD

B. COUNTY NAME: LLAMAKEE

C. CITY OR TOWN: POSTVILLE

D. STATE: IA

E. ZIP CODE: 52162

F. COUNTY CODE *(if known)*:

SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
0079 (specify) MISC PLASTIC PRODUCTS	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

OPERATOR INFORMATION

A. NAME: OP INC

B. Is the name listed in Item VIII-A also the owner? ☒ 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.): C A 312 391 2000

E. STREET OR P.O. BOX: N WOP PLAZA

F. CITY OR TOWN: ES PLAINES

G. STATE: IL

H. ZIP CODE: 60016

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 6-03-75-1-01

D. PSD (Air Emissions from Proposed Sources): C T I 9 P

B. UIC (Underground Injection of Fluids):

E. OTHER (specify): C T I 9 (specify)

C. RCRA (Hazardous Wastes): IAD073489288

E. OTHER (specify): C T I 9 73-A-100 (specify) DEQ Permit / Air Emission

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.

NATURE OF BUSINESS (provide a brief description)

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

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
A.K. SPARKS V.P. & GENERAL MANAGER	Allen K. Sparks	9-14-82

COMMENTS FOR OFFICIAL USE ONLY

Form 3510-1 (6-80) REVERSE

ILLEGIBLE DOCUMENT

...ill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3510-3 (6-80) RCRA

EPA

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F												

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APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

ELIGIBLE FOR ENTRY

II. FIRST OR REVISED APPLICATION

...ace 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 ...vised 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 ...PA 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)*

YR.	MO.	DAY

☐ 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	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

...XAMPLE 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 ...ther can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 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. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	2000 (36 x 55)			7				
2	S02	REMOVED			8				
3					9				
4					10				

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (co... OR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DOCUMENT

DESCRIPTION OF HAZARDOUS WASTES

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.

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.

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.

PROCESSES

. 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)*.

. 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.

E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by than one EPA Hazardous Waste Number shall be described on the form as follows:
. 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.
. 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.
. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

MPLE 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 ear of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes orrosive 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 ounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))
K 0 5 4	900	P	T 0 3 D 8 0	
D 0 0 2	400	P	T 0 3 D 8 0	
D 0 0 1	100	P	T 0 3 D 8 0	
D 0 0 2				included with above

CONTINUE ON PAGE 3

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

Form Approved OMB No. 158-S80001

EPA I.D. NUMBER (enter from page 1)

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W DUP 2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

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))
4002	50	P	S01				
4031	50	P	S01				
4069	100	P	S01				
415A	500	P	S01				
4159	50	P	S01				
4220	500	P	S01				
D002	1000	P	S01				
F003	5000	P	S01				
F005	125,000	P	S01				
D001	8,000	P	S01				

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Form 3510-3 (6-80)

CONTINUE ON REVERSE

7. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ILLEGIBLE DOCUMENT

EPA I.D. NO. *(enter from page 1)*

												T/A	C
T	A	D	0	7	3	4	8	9	2	8	8		6

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).*

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).*

FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
43 05 00 2	091 33 013

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. [X]

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.)*

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
	C G		

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.

NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
A. K. SPARKS V.P. & GENERAL MANAGER	Allen K. Sparks	9/14/82

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.

NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5