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

RECEIVED
NOV 29 12 44 PM '82
ENVIRONMENTAL QUALITY

November 22, 1982

Ms. Barbara Cook
Iowa Department of Environmental Quality
Main Office
Henry A. Wallace Building
Des Moines, Iowa 50319

Dear Ms. Cook:

Thank you for your letter of November 8, 1982.

With respect to the two questions that you asked, Norplex Division/Postville, Iowa certifies the following:

(1) That the last shipment of hazardous waste was shipped on October 14, 1982 and that we will be prepared to ship on a ninety day basis upon notification by the D.E.Q. or the E.P.A. as to our change in status.

(2) There have been no spills or residue from our operations.

Should you have any further questions, please feel free to contact George J. Stunyo at (608) 784-6070, Ext. 309.

Sincerely,

NORPLEX DIVISION
UOP Inc.

Allen K. Sparks

Allen K. Sparks
Vice President and General Manager

P.S. Please find enclosed an amended notice of Hazardous Waste Activity form.

cc: Chuck Englebert
Dennis Degner, E.P.A.

R00330140
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

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	PLEASE PLACE LABEL IN THIS SPACE
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 A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F IAD073489288 1

APPROVED:

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

AMENDED NOV. 22, 1982

I. NAME OF INSTALLATION

NORPLEX DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 445

CITY OR TOWN: 4 POSTVILLE

ST.: IA

ZIP CODE: 52162

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 NE COUNTY RD

CITY OR TOWN: 6 POSTVILLE

ST.: IA

ZIP CODE: 52162

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 ENGLEBERT CHUCK PLANT MGR

PHONE NO. (area code & no.): 319-864-7321

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 UDD INC

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

F = FEDERAL
M = NON-FEDERAL

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
- [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 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.: IAD073489288

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

W

REGISTERED DOCUMENT

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: F003	2: F005	3	4	5	6
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: ~~U002~~	32: ~~U031~~	33: ~~U069~~	34: ~~U154~~	35: ~~U159~~	36: ~~U220~~
37	38	39	40	41	42
43	44	45	46	47	48

Deleted Nov 22, 1982 [illegible]

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)
- [x] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [x] 4. TOXIC (D060)

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
George J. Stunyo	GEORGE J. STUNYO IND. REL. MANAGER	Sept. 10, 1982

EPA Form 8700-12 (6-80) REVERSE

George J. Stunyo

Nov. 22, 1982

5

~~Dennis Degner~~
Cookley
Coretta — Please convert
HWDMS &
file

Norplex Division
1300 Norplex Drive • P.O. Box 1448
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European Operation: Wipperfürth, West Germany
Pacific Headquarters: Kowloon, Hong Kong

12/1/82

Dennis, Barbara Cook is holding action until she is advised that the Part B call is rescinded - then she will terminate interim status and copy us to update data system.
Joel

November 22, 1982

Ms. Barbara Cook
Iowa Department of Environmental Quality
Main Office
Henry A. Wallace Building
Des Moines, Iowa 50319

Dear Ms. Cook:

Thank you for your letter of November 8, 1982.

With respect to the two questions that you asked, Norplex Division/Postville, Iowa certifies the following:

(1) That the last shipment of hazardous waste was shipped on October 14, 1982 and that we will be prepared to ship on a ninety day basis upon notification by the D.E.Q. or the E.P.A. as to our change in status.

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Should you have any further questions, please feel free to contact George J. Stunyo at (608) 784-6070, Ext. 309.

Sincerely,

NORPLEX DIVISION
UOP Inc.

Allen K. Sparks

Allen K. Sparks
Vice President and General Manager

P.S. Please find enclosed an amended notice of Hazardous Waste Activity form.

cc: Chuck Englebert
Dennis Degner, E.P.A.

A-ARHM/SWMG

NOV 26 1982

Region VII K.C., MO

UOP Inc

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: FIAD073489288 (T/A: 1)

APPROVED:

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

Amended Nov. 22, 1982

I. NAME OF INSTALLATION

NORPLEX DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 445

CITY OR TOWN: 4 POSTVILLE

ST.: IA

ZIP CODE: 52162

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 NE COUNTY RD

CITY OR TOWN: 6 POSTVILLE

ST.: IA

ZIP CODE: 52162

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 ENGLEBERT CHUCK PLANT MGR

PHONE NO. (area code & no.): 319-864-7321

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DETACH A

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- [ ] C. TREAT/STORE/DISPOSE
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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

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

C. INSTALLATION'S EPA I.D. NO.: IAD073489288

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

I.D. – FOR OFFICIAL USE ONLY

W

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

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DELETED NOV. 22, 1982 G J Stumpo

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- [X] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 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
George J. Stumpo	GEORGE J. STUMPO IND. REL. MANAGER	Sept. 10, 1982

EPA Form #7000-12 (6-80) REVERSE

George J Stumpo

NOV. 22, 1982