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# Facility Status Sheet

R00330150
RCRA RECORDS CENTER

FORM SUBMITTED:
BY: ROD / JOE
DATE: 1 / 19 / 84 (M / D / Y)

A. EPA ID: I A D 0 7 3 4 8 9 2 8 8 1
FACILITY NAME: NORPLEX DIVISION - POSTVILLE

A1. Entry type: ☒ New ☐ Update

A2. Facility type: ☒ Major ☐ Non-major

1. GROUNDWATER MONITORING
Status: 1A. ☐ Detection (Go on to 2) ☐ Assessment (Go on to 2) ☐ Waiver (Skip to 6) ☒ NA (Skip to 8)

| | EVALUATED? | ADEQUATE? | |
|---|---|---|---|
| 2. Groundwater Monitoring Well System: | 2A. ☐ NL Date M / D / Y | 2B. ☐ Yes ☐ No | |
| 3. Groundwater Sampling, Analysis and Evaluation Program: | 3A. ☐ NL Date M / D / Y | 3B. ☐ Yes ☐ No | |
| 4. Notice of Significant Increase in Indicator Concentrations: | | | 4. Submitted? ☐ No M / D / Y |
| | | | 5A. Submitted? ☐ No M / D / Y |
| 5. Groundwater Quality Assessment Report: | 5B. ☐ NL Date M / D / Y | 5C. ☐ Yes ☐ No | 5D. Showed hazardous constituents in ground water? ☐ Yes ☐ No |
| 6. Waiver Demonstration: | 6A. ☐ NL Date M / D / Y | 6B. ☐ Yes ☐ No | |
| 7. Groundwater Monitoring Records: | 7A. ☐ NA ☐ NL Date M / D / Y | 7B. ☐ Yes ☐ No | |

8. Activities Subject to CLOSURE/POSTCLOSURE:
☐ Landfill
☐ Surface Impoundment
☐ Land Treatment/Application
☐ Incinerator
☐ Waste Pile
☒ Other (Specify) N/A

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| | EVALUATED? | ADEQUATE? | |
|---|---|---|---|
| 9. Closure Plan: | 9A. ☒ NA ☐ NE Date ___/___/___ M D Y | 9B. ☐ Yes ☐ No | |
| 10. Closure Cost Estimate: | 10A. ☒ NA ☐ NE Date ___/___/___ M D Y | 10B. ☐ Yes ☐ No | 10C. Amount: $_____ Unknown: ☐ |
| 11. Closure Assurance Instrument(s): | 11A. ☒ NA ☐ NE Date ___/___/___ M D Y | 11B. ☐ Yes ☐ No | |
| | 11C. Instrument type(s): ☐ Trust Fund ☐ Financial Bond ☐ Performance Bond ☐ Letter of Credit ☐ Insurance ☐ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism | | |
| 12. Post-closure Plan: | 12A. ☒ NA ☐ NE Date ___/___/___ M D Y | 12B. ☐ Yes ☐ No | |
| 13. Post-closure Cost Estimate: | 13A. ☒ NA ☐ NE Date ___/___/___ M D Y | 13B. ☐ Yes ☐ No | 13C. Amount: $_____ Unknown: ☐ |
| 14. Post-closure Assurance Instrument(s): | 14A. ☒ NA ☐ NE Date ___/___/___ M D Y | 14B. ☐ Yes ☐ No | |
| | 14C. Instrument type(s): ☐ Trust Fund ☐ Financial Bond ☐ Performance Bond ☐ Letter of Credit ☐ Insurance ☐ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism | | |
| 15. Sudden Liability Instrument(s): | 15A. ☒ NA ☐ NE Date ___/___/___ M D Y | 15B. ☐ Yes ☐ No | 15C. Amount? $_____ per occurrence $_____ annual aggregate |
| | 15D. Instrument type(s) ☐ Insurance Policy ☐ Financial Test ☐ State Guarantee ☐ Other State Mechanism | | |
| 16. Non-sudden Liability Instrument(s): | 16A. ☒ NA ☐ NE Date ___/___/___ M D Y | 16B. ☐ Yes ☐ No | 16C. Amount? $_____ per occurrence $_____ annual aggregate |
| | 16D. Instrument type(s): ☐ Insurance Policy ☐ Financial Test ☐ State Guarantee ☐ Other State Mechanism | | |

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|---|---|---|---|---|
| 17. Closure Process: N/A | 17A. Process begun? | | ☐ No | Date Begun M / D / Y |
| | 17B. In accordance with approved plan and required procedures? | ☐ Yes | ☐ No | |
| | 17C. Closure certifications received? | | ☐ No | Date Received M / D / Y |
| | 17D. Facility released from closure assurance and liability requirements? | ☐ NA | ☐ No | Date Released M / D / Y |
| 18. Post-Closure Process: N/A | 18A. Process begun? | | ☐ No | Date Begun M / D / Y |
| | 18B. In accordance with approved plan and required procedures? | ☐ Yes | ☐ No | |
| | 18C. Survey plat/record of wastes received? | | ☐ No | Date Received M / D / Y |
| | 18D. Post-closure period completed? | | ☐ No | Date Completed M / D / Y |
| | 18E. Facility released from post-closure assurance requirements? | ☐ NA | ☐ No | Date Released M / D / Y |
| 19. Permit Application: N/A | 19A. Called In? | | ☐ No | Date Called M / D / Y |
| | 19B. Reason for permit application call-in: ☐ Groundwater ☐ Financial Assurance ☐ Closure ☐ Liability Coverage ☐ Other | | | |
| 20. Comments: GENERATOR ONLY | | | | |

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