Please pri[illegible]e 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.

NAME OF INSTALLATION

I. INSTALLATION MAILING ADDRESS

II. LOCATION OF INSTALLATION

EPA Region 5 Records Ctr.

379271

PLEASE PLACE LABEL IN THIS SPACE

000033 OCT 31 80

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: E ILD054348172 T/A C 1

APPROVED: A

DATE RECEIVED (yr., mo., & day): 801014

I. NAME OF INSTALLATION

MECH-TRONICS CORP

II INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3 1635 N 25TH AVE

CITY OR TOWN: C 4 MELROSE PARK

ST.: IL

ZIP CODE: 60160

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5 151 N 25TH

CITY OR TOWN: C 6 MELROSE PARK

ST.: IL

ZIP CODE: 60160

STORAGE AT:

151 N. 25TH
MELROSE PARK, IL

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: C 2 KENNETH CLARK MANAGER (See back sheet)

PHONE NO. *(area code & no.)*: 312-344-9823

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 CORPORATION

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
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] 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.

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

C. INSTALLATION'S EPA I.D. NO.: ILD054348172

IX DESCRIPTION OF HAZARDOUS WASTES

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

OCT 14 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S														T/A	C
W	1	L	D	0	5	4	3	4	8	1	7	2	2		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
F002	F005				
7	**8**	**9**	**10**	**11**	**12**
F003					

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
U220					
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.)*

- [ ] 1. IGNITABLE (D001)
- [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
Eugene DeMuro	EUGENE DEMURO V.P.	10/14/80

LSS

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

LPCFC055 C ILD054348172
(1) (8) (9)

OBSERVATION REPORT - SITE INVENTORY NO. 0311864 0
(11) (18)

Cook CO. - L.P.C. Region # N Date 01/05/83
(20) (25)

MELROSE PARK / MECH-TRONICS #2 Letter Sent (Yes or No) Y
(Location) (Responsible Party) (26)

Samples Taken: Yes ( ) No (X) Time: From 02:30 Pm Weather cloudy 40°F
Ground Water( ) Surface( ) Other( ) To 03:30 Pm
Photos Taken: Yes ( ) No (X) Interviewed KENNETH CLARK Inspector L A C
(27) (29)

Previous Inspection — Previous Correspondence — Site Open: Yes(X) No( )

OPERATIONAL STATUS:		TYPE OF OPERATION:				AUTHORIZATION:	
Operating	(X)	Landfill	( )	Storage	(X)	E.P.A. Permit	(X) DE
Temporarily Closed	( )	Random Dump	( )	Salvage	( )	Variance	( )
Closed Not Covered	( )	Other _____	( )	A.C.D.	( )	21(e)	( )
Closed and Covered	( )	Quantity Received Daily(1-6)		1		Board Order	( )
				(30)		Illegal (5)	( )
						Apparent Non-Compliance (5)	( )

IMPROVED

(SAME)

31

DETERIORATED

I S or D 5
(62)

GENERAL REMARKS: MECH-TRONICS CORP. AT 1635 N. 25TH AVE IN MELROSE PARK generates WASTE ACIDS AND chlorinated solvents. THIS WASTE IS TRANSPORTED BY PICK UP TRUCK TO MECH-TRONICS #2 AT 157 N 25TH AVE. THE WASTE IS STORED AT THE #2 facility untill A full load HAS ACCUMULATED AND then shipped to recycler. Some of the solvents ARE IGNITABLE, These are stored in a suitable designed room. The facility ~~has~~ received A DE permit on 3-11-8. Apparent violations observed include not manifesting waste shipped from the facility on 1635 N. 25TH Ave to the #2 facility, No contingency plan,

INTERVIEW: No personnel training plan or records of training, No operating record, No waste ANALYSIS plan, NO INSPECTION schedule or log, No closure plan, closure costs estimate AND NO FINANCIAL ASSURANCE

DIAGRAM:

55%

IL 532-0301 LPC 04 Rev. 8/82