Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

EPA Region 5 Records Ctr.
382837

217/782-6762

OCTOBER 11, 1984 WASTE STREAM NUMBER 941261
APPLICATION RECEIVED: 09/05/84 PERMIT EXPIRES: [redacted]
PERMIT NUMBER 941261-1190200002
PERMIT ISSUED TO:

OLIN CORPORATION
SHAMROCK STREET
EAST ALTON , IL
62024

OLIN CORPORATION
SHAMROCK STREET
EAST ALTON , IL
62024

WASTE NAME: [redacted]
WASTE CLASSIFICATION: HAZARDOUS NOT SUBJECT TO FEE

PERMIT TO RECEIVE THE INDICATED WASTE IS GRANTED.

THIS PERMIT IS GRANTED SUBJECT TO THE ATTACHED STANDARD CONDITIONS.

DISPOSAL SITE: [redacted] IEPA SITE NO.: 1190200002

DISPOSITION OF WASTE:

STORAGE

ATTENTION: MR REDINGTON IEPA GENERATOR NO.: 1190200002
WASTE GENERATOR: [redacted]
SHAMROCK STREET
EAST ALTON , IL
62024

LWE:JKM

LAWRENCE W. EASTER, P.E.
MANAGER, PERMIT SECTION 10/18/84
DIVISION OF LAND POLLUTION CONTROL

CC:OLIN CORPORATION-MAIN PLANT
REGION: 5

RECEIVED
OCT 22 1984
ILL. E.P.A. – D.L.P.C.
STATE OF ILLINOIS

KM
TP11-2

Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

RECEIVED
SEP 05 1984
IEPA-DLPC

REFERENCE 1238

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE STREAM APPLICATION

(FOR AGENCY USE) WASTE STREAM NUMBER (AUTHORIZATION) TRANS. CODE DATE ENTERED

CARD TYPE

This application is a: (check one) X New Application ___ Renewal ___ Waste Stream Number

This application is for waste: (check one) X Storage ___ disposal ___ treatment

APPLICANT (SITE)

SITE ADDRESS

Name: Olin Corporation

Address: Powder Mill Road

Madison / E. Alton / IL / 62024
(county) (community) (state) (zip)

APPLICANT ADDRESS

Name: Olin Corporation

Address: Shamrock Street

Madison / E. Alton / IL / 62024
(county) (community) (state) (zip)

90 67 1 2T IEPA SITE CODE 1 1 9 0 2 0 0 0 0 2

USEPA SITE CODE I L D 0 0 6 2 7 1 6 9 6

DISPOSAL METHOD

TREATMENT METHOD

STORAGE METHOD 0 1

Site Contact Name M.F. Redington

Telephone (618) 258 - 3394

The undersigned hereby makes application for a supplemental permit for the storage, treatment or disposal of this waste stream and certifies that the information referenced herein is true, correct and current.

Signature Donald W. Griffin (Owner/Authorized Agent)

Signature Donald W. Griffin (Operator/Authorized Agent)

DATE 8/31/84

FOR AGENCY USE STATUS ___ START DATE ___ / ___ / ___ EXPIRATION DATE ___

RECEIVED
OCT 22 1984
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D.L.P.C.
STATE OF ILLINOIS

WASTE GENERATOR INFORMATION

16 67

PLANT ADDRESS

Name: Olin Corporation

Address: Shamrock Street

Madison / E. Alton / IL / 62024
(county) (community) (state) (zip)

MAILING ADDRESS

Name: Olin Corporation

Address: Shamrock Street

Madison / E. Alton / IL / 62024
(county) (community) (state) (zip)

Generator IEPA Code: 1 1 9 0 2 0 0 0 0 2

Generator USEPA Code: I L D 0 0 6 2 7 1 6 9 6

Generator Contact Name: M F R e d i n g t o n

Telephone (618) 258 - 3394

20 67 Process/Operation Name: B r a s s M F G, A m m o & E x p l o s i v e s M F G

Process Description: Spent halogenated solvents generated throughout the Main Plant Facility via process operations, painting clean-up, cold cleaning, degreasing & laboratory use.

Generic Waste Name: S p e n t c h l o r i n a t e d s o l v e n t s

IL 532-0474
ADM-1067 (Rev. 7/84)

(FOR AGENCY USE) WASTE STREAM NUMBER (AUTHORIZATION) _____ CODE ____ DATE ENTERED ____/____/____

CARD TYPE

WASTE CHARACTERISTICS

This waste is: (check one) X Hazardous ___ Non-Hazardous as defined by U.S.E.P.A. in the Resource Conservation and Recovery Act and regulations adopted thereunder, and the Illinois Pollution Control Board in Title 35 - Subtitle G, Part 721.

40/67 USEPA Hazardous Waste Number(s) F001, F002, ____, ____, ____, ____

Total Annual Waste Volume 1000 Volume Units 2 Waste Phase 3

Transport Frequency 2

1 = ONE TIME
2 = DAILY
3 = WEEKLY
4 = BI-WEEKLY
5 = MONTHLY
6 = BI-MONTHLY
7 = QUARTERLY
8 = SEMI-ANNUALLY

Waste Class (Agency Use) ____

1 = CUBIC YARDS
2 = GALLONS

1 = SOLID
2 = SEMI-SOLID
3 = LIQUID
4 = GAS
5 = POWDERS

60/67

COMPONENT NAME	PERCENT	COMPONENT NAME	PERCENT
1 Spent solvents	90.0	2 Sludge	10.0
3		4	
5		6	

50/67 Flash Point ____ °F Percent Acidity ____ Percent Alkalinity ____ pH ____ Total Solids ____

Solid Waste: Fire Hazard ____ Corrosive ____ Reactive ____

70/67

	TOTAL (ppm)		REACTIVE (ppm)
Sulfide	13	Sulfide	
Cyanide	01	Cyanide	
Phenol	14		

METAL	KEY	EP TOXICITY (ppm)	METAL	KEY	EP TOXICITY (ppm)
Ag	03		Hg	04	
As	05				
Ba	07		Pb	08	
Cd	09		Se	10	
Cr	11				
ENDRIN	15		LINDANE	16	
METHOXYCHLOR	17		TOXAPHENE	18	
2, 4 - D	19		2, 4, 5 - TP	20	

80/67 Laboratory Name: _____

Certification Number: _____ Reviewed by: (Agency Use) ____ / ____

This material is stored on-site (at Olins Material Reclamation Facility) until thirty, 55 gallon drums are accumulated. At that time arrangements are made to send the waste to an off-site reclamation facility.

ADM 1067 (Rev. 7/84)