FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F OHD004462131

US EPA RECORDS CENTER REGION 5
464673

SEP 28 PAID

PLEASE PLACE LABEL IN THIS SPACE

0551

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

GENERAL INSTRUCTIONS

If a preprinted label has been provided, a it in the designated space. Review the info ation carefully; if any of it is incorrect, c through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (*the area to left of the label space lists the informat that should appear*), please provide it in proper fill-in area(s) below. If the label complete and correct, you need not comp Items I, III, V, and VI (*except VI-B wh must be completed regardless*). Complete Items if no label has been provided. Refer the instructions for detailed item desc tions and for the legal authorizations u which this data is collected.

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 an 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 colum 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 activit 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	
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 HOOVER COMPANY PLANT ONE

IV. FACILITY CONTACT

A. NAME & TITLE (*last, first, & title*)	B. PHONE (*area code & no.*)
2 EMRICK HAROLD MGR ENV CONTROL	216 499 9200

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 101 E MAPLE ST

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 NORTH CANTON	OH	44720

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 101 E MAPLE ST

B. COUNTY NAME

STARK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (*if known*)
6 NORTH CANTON	OH	44720	

HAZARADOUS WASTE FACILITY APPROVAL BOARD

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CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
3632 (specify) APPLIANCE MANUFACTURER	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: HOOVER COMPANY

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.): A 216 499 9200

E. STREET OR P.O. BOX: 101 E MAPLE ST

F. CITY OR TOWN: NORTH CANTON | G. STATE: OH | H. ZIP CODE: 44720

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): IN 0311XCD	D. PSD (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): 9 (specify)
C. RCRA (Hazardous Wastes): R	E. OTHER (specify): 9 (specify)

XI. 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.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF HOUSEHOLD APPLIANCES

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XIII. 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
J.M. HARROLD - VICE PRESIDENT ENGINEERING		19 NOV 86

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

Attachment Form 1

EPA ID No. OHD004462131

X Existing Environmental Permits

Air Permit List

1576170258	B008	Wickes Boiler B2-2
1576170258	P027	Paint Facility
1576170258	P030	Bake Oven (B18-14)
1576170258	L001	Vapor Degreaser (B3-11)
1576170258	L002	Vapor Degreaser (B18-36)
1576170258	L003	Vapor Degreaser (B9A-13)
1576170258	R004	West Hand Booth (B16-31)
1576170258	R005	East Paint Booth (B16-32)
1576170258	R009	Washer Line Albi Booth (B18-38)
1576170258	R011	Maintenance Paint Booth B30-31

HAZARADOUS WASTE FACILITY
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Print or type in the unshaded areas only
(Shaded areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 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

F O H D 0 0 4 4 6 2 1 3 1 — F/A C 1

FOR OFFICIAL USE ONLY

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

II. 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)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C	YR.	MO.	DAY
8	44	06	01

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

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

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		

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.

C DUP F/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 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. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	6000	G		7				
2	[redacted]	[redacted]	[redacted]		8				
3					9				
4					10				

HAZARADOUS WASTE FACILITY APPROVAL BOARD
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[illegible] ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE RECORD DESIGN CAPACITY.

PLATING AND PAINT SLUDGES ARE TREATED BY PERIODICALLY PUMPING 8,000 GPD OF 2% SOLID SLUDGE ON TWO SAND FILTER BEDS TO ACCOMPLISH CONTINUOUS DEWATERING. FILTER BEDS HOLD 400 CUBIC YARDS OF 20% SOLIDS DEWATERED SLUDGE. (CODED T04 ABOVE III)

HAZARDOUS WASTE FACILITY APPROVAL BOARD
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DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. For non-listed 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 characteristic or the toxic contaminants of those hazardous wastes.

B. 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 that possess that characteristic or contaminant.

C. 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 show any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure. Consider the appropriate density or specific gravity of the waste.

D. PROCESSES

1. 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: Two spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "0000" in the first line 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).

2. 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.

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

1. 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.
2. 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.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE 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 per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive 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 [illegible] pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA HAZARDOUS 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))
X-1	K 0 5 4	900	P	T 0 3 D S 0	
X-2	D 0 0 2	200	P	T 0 3 D S 0	
X-3	D 0 0 2	200	P	T 0 3 D S 0	
X-4	D 0 0 1			0 1	included with above

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

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)		FOR OFFICIAL USE ONLY		
W OHD004462131	T/A C 1	W DUP	T/A C 2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	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))
1	F018	12	T	S01	
2	F017	75	T	S01	
3	~~F018~~	~~[illegible]~~	~~T~~	~~[illegible]~~	TAL as per phone
4	~~[illegible]~~	~~ind w/above~~		~~[illegible]~~	conversation of 9-29-81
5	~~F007~~	~~[illegible]~~		~~[illegible]~~	
6	~~F009~~	~~[illegible]~~		~~[illegible]~~	
7	F001	63	T	S01	
8	F002	ind w/above	T	S01	
9	F009	12	T	S01	
10	F006	200	T	S01	
11					
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24					
25					
26					

HAZARADOUS WASTE FACILITY
APPROVAL BOARD
DEC 29 1981
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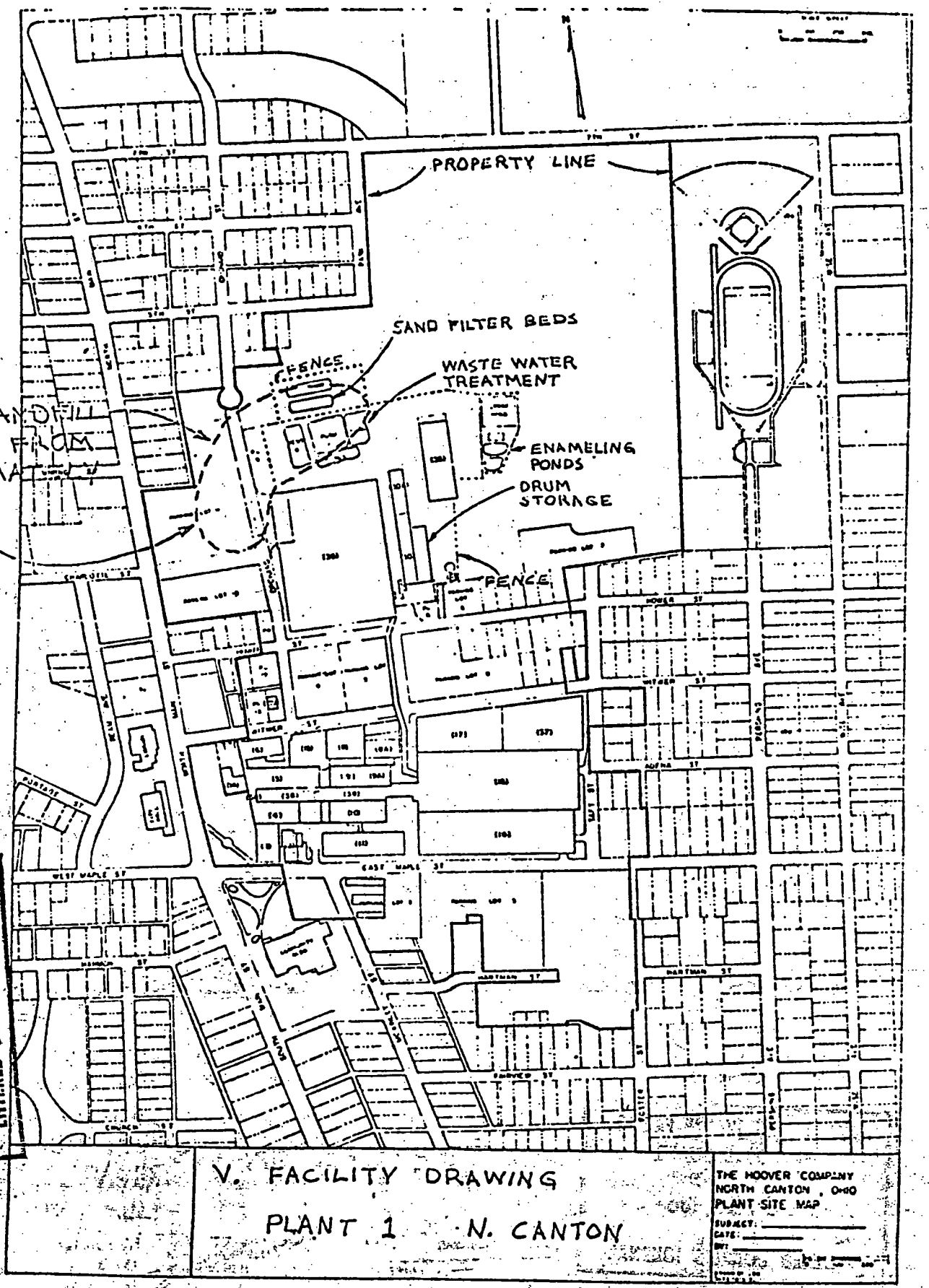
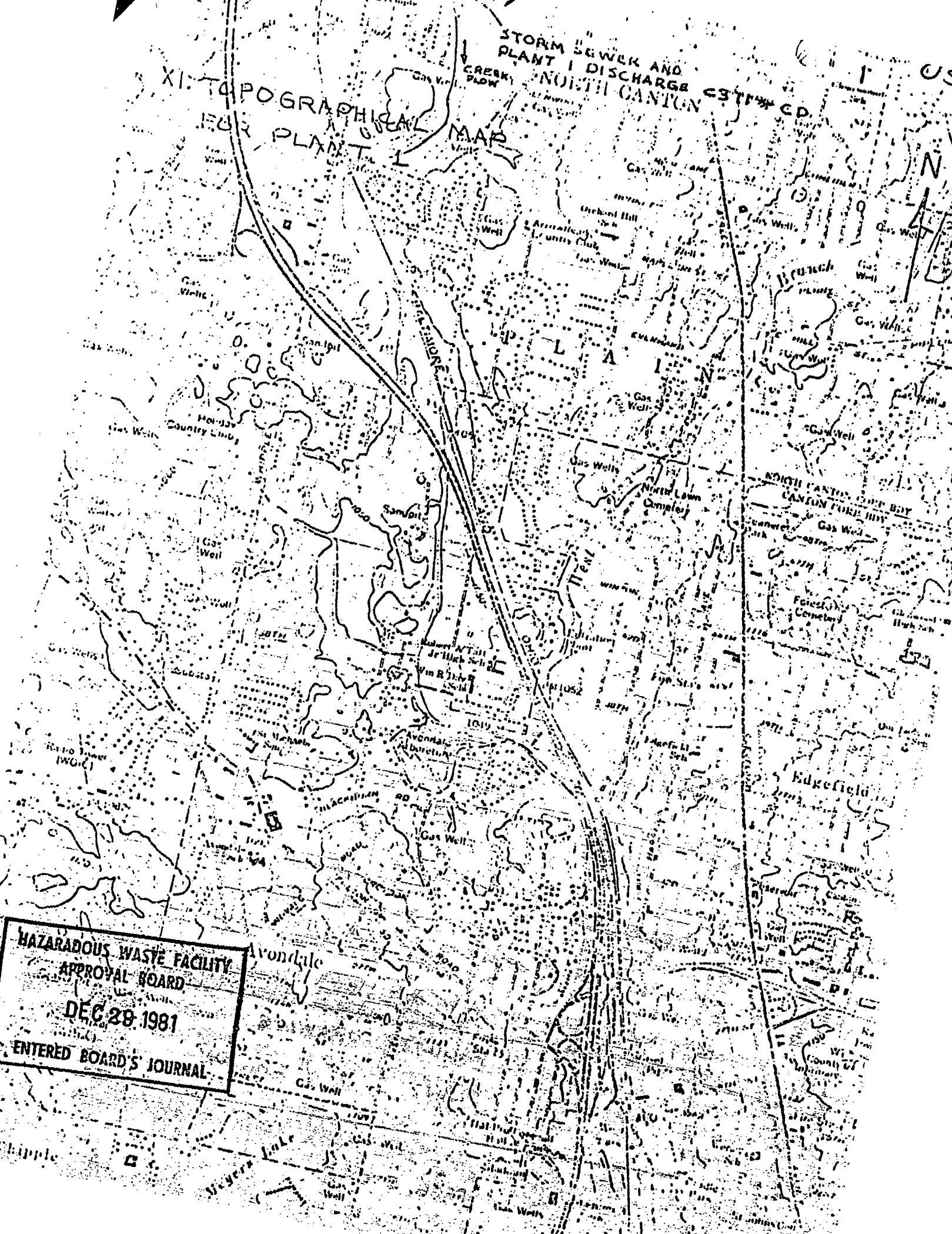
FACILITY DRAWING PLANT 1




XI. TOPOGRAPHICAL MAP
FOR PLANT 1
STORM SEWER AND
PLANT 1 DISCHARGE
CREEK FLOW
NORTH CANTON
Gas Well
Orchard Hill
Arrowhead Country Club
Holiday Country Club
North Lawn Cemetery
Forest Cemetery
Edgefield
Avondale
Avondale Arboretum
Sandpit
Gas Wells
Gas Well
Meyers Lake
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PLANT 1

HAZARADOUS WASTE FACILITY
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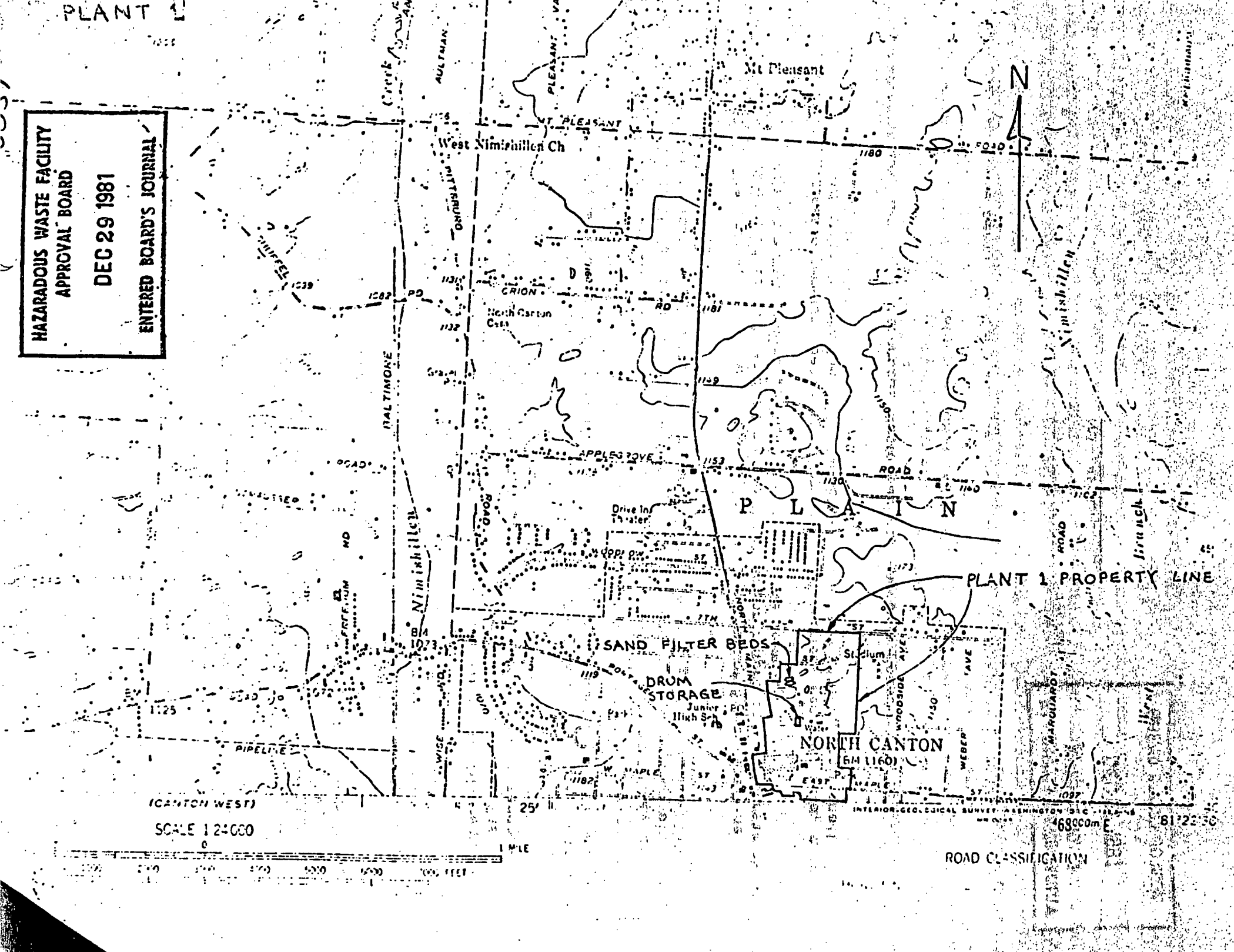

TERMS AND CONDITIONS (General)

1. Only those hazardous wastes as identified by the U.S. EPA Hazardous Waste Number(s) set forth in the approved permit application, attached hereto, may be managed at the facility and only pursuant to the specified processes and design capacities indicated and set forth in the approved permit application.

2. The Permittee and the facility shall comply with all applicable performance standards adopted by the Director of Environmental Protection pursuant to Division (D) of Section 3734.12 of the Revised Code.

3. The Permittee and the facility shall comply with all applicable requirements of Chapter 3734 of the Revised Code, the Ohio Hazardous Waste Rules, and the federal statutes and regulations concerning hazardous waste.

4. This permit shall expire three years after its date of issuance. The date of issuance is the date the resolution to issue the permit was passed by the Board.

5. This permit, in accordance with the procedures of the Board, may be modified, revoked, or alternatively revoked and reissued, to comply with applicable provisions of Chapter 3734 of the Revised Code or the Ohio Hazardous Waste Rules.

6. The annual permit fee, payable to the Treasurer of State, shall be submitted to and received by the Board on or before the anniversaries of the date of issuance, during the term of the permit.

7. Unless otherwise specifically provided, all studies, reports, data, plans and other information required to be submitted by this permit shall be transmitted to:

   Hazardous Waste Facility Approval Board
   P.O. Box 1049
   361 East Broad Street
   Columbus, Ohio 43216

   The permit number shall be indicated on the transmittal letter.

TERMS AND CONDITIONS (Special)

NOT APPLICABLE

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

81-110

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA NUMBER: F 04 D 000817080 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. 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.

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 HOOVER COMPANY INDUSTRIAL PARK PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 EMRICK HAROLD MGR ENV CONTROL	216 499 9200

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 101 E. MAPLE ST

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 NORTH CANTON	OH	44720

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 8200 FREEDOM AVE NW

B. COUNTY NAME: STARK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 NORTH CANTON	OH	44720	

OM THE FRONT

ES (4-digit, in order of priority)

A. FIRST	B. SECOND
30 (specify) APPLIANCE MANUFACTURER	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

III. OPERATOR INFORMATION

A. NAME: HOOVER COMPANY

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 "O", 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 216 499 9200

E. STREET OR P.O. BOX: 01 E MAPLE ST

F. CITY OR TOWN: NORTH CANTON

G. STATE: OH

H. ZIP CODE: 44720

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N 5305*BD

D. PSD (Air Emissions from Proposed Sources): C T 1 9 P 1 5 7 6 0 0 1 0 4 9 L 0 0 1

B. UIC (Underground Injection of Fluids): U

E. OTHER (specify): C T 1 9 1 5 7 6 0 0 1 0 4 9 R 0 0 1 (specify) AIR PERMIT

C. RCRA (Hazardous Wastes): R

E. OTHER (specify): C T 1 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF FLOOR CARE APPLIANCES

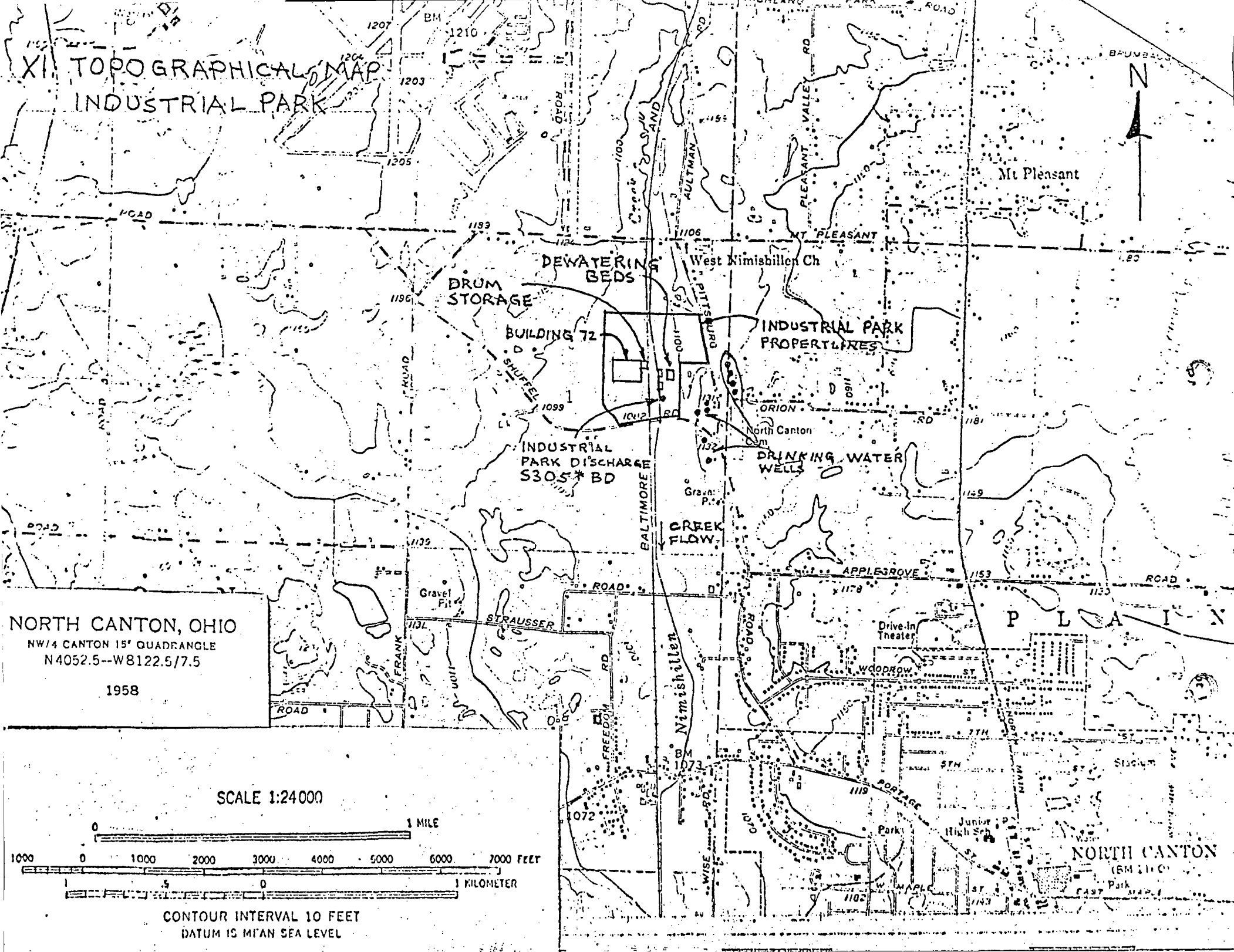
XIII. CERTIFICATION (see instructions)

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
F.M. HARROFF, VICE PRESIDENT ENGINEERING	Jim Harroff	19 Nov 80

COMMENTS FOR OFFICIAL USE ONLY

XI TOPOGRAPHICAL MAP
INDUSTRIAL PARK



NORTH CANTON, OHIO
NW/4 CANTON 15' QUADRANGLE
N4052.5--W8122.5/7.5
1958

Form Approved OMB No. 158-S0003

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: F 0 4 D 0 0 0 8 1 7 0 8 0 1

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)*

[X] 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
74	03	01

[ ] 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)*.

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 T/A C 1

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
S02	600	G		5				
T03	20	E		6				
S01	1250	G		7				
T04	6000	U		8				
T04	1000	U		9				
				10				

(continued)

ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T07"). FOR EACH PROCESS ENTERED HERE DESIGN CAPACITY.

1,000 GPD OF 2% SOLID SLUDGE FROM THE OXIDATION TANKS ARE PERIODICALLY PUMPED ONTO A DEWATERING SAND BED TO CONSENTRATE THE SLUDE.

6,000 GPD OF 2% SOLIDS SLUDGE ARE PERIODICALLY PUMPED FROM THE BOTTOM OF THE POLISHING RESIVORS ONTO DEWATERIUG BEDS TO CONSENTRATE THE SLUDGE.

ESCRIPTION OF HAZARDOUS WASTES

A HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you dle 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 characteristic and/or the toxic contaminants of those hazardous wastes.

TIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual is. 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 ich possess that characteristic or contaminant.

IT 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 des are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

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 count the appropriate density or specific gravity of the waste.

OCESSES

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.

: 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.

PLE 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 ar of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes rrosive 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

Copy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY	
AD000817080 1	W DUP	2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	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))
1	F018	1.5	T	S01	
2	F018	11.3	T	T04	
3	F017	11.5	T	S01	
4	F001	1.3	T	S01	
5	F002	2	T	S01	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

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

D 0 0 0 8 1 7 0 8 0

LITY DRAWING

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

TOGRAPHS

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

CILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 0 5 3 3 0	8 1 2 6 0 0

ACILITY OWNER

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.

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

NER CERTIFICATION

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

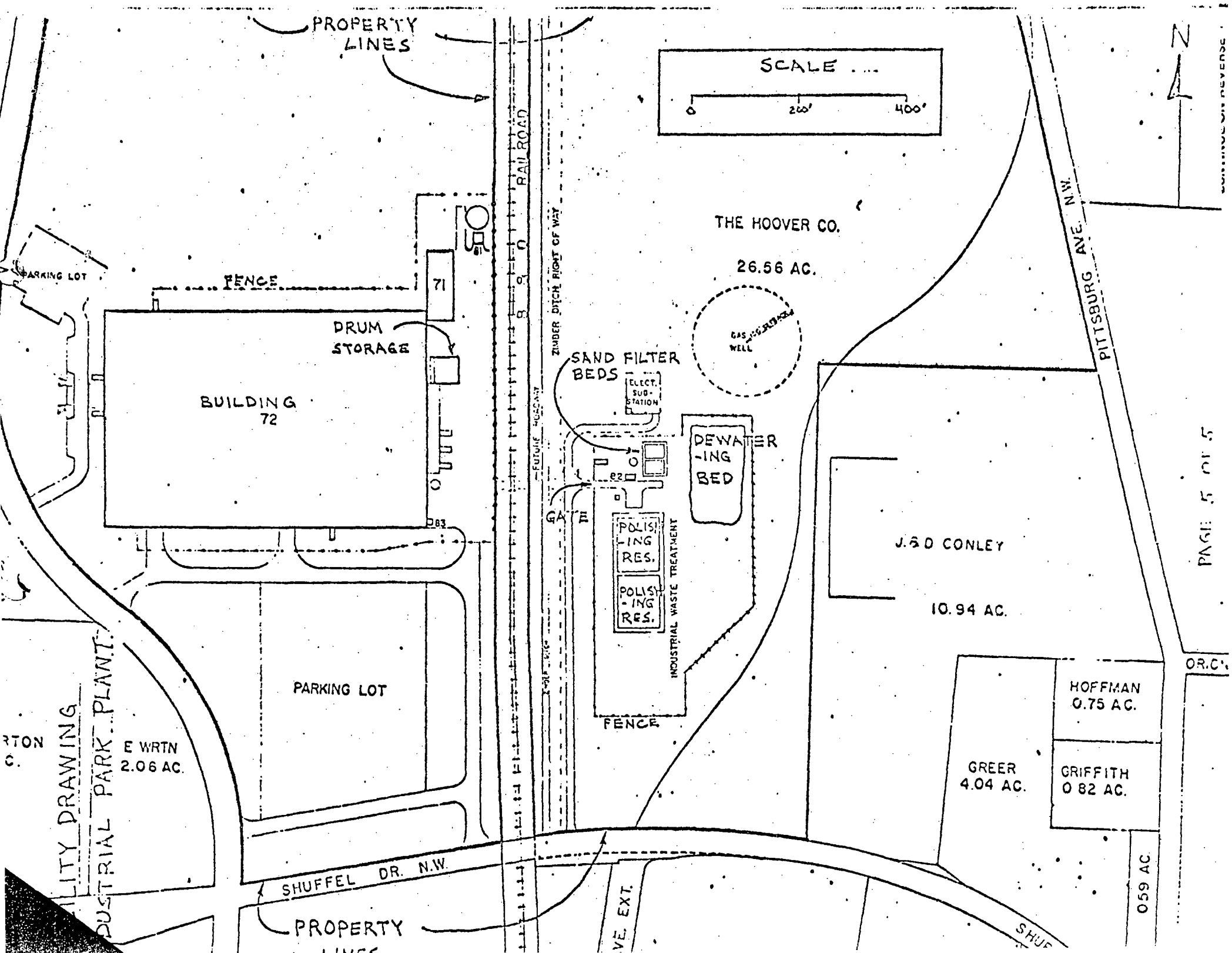
E (print or type)	B. SIGNATURE	C. DATE SIGNED
. HARROFF, VICE PRESIDENT ENGINEERING		19 Nov 80

RATOR CERTIFICATION

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

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

CONTINUE ON PAGE 5


PROPERTY LINES
SCALE
0
200'
400'
N
RAILROAD
ZINDER DITCH RIGHT OF WAY
THE HOOVER CO.
26.56 AC.
PITTSBURG AVE. N.W.
PARKING LOT
FENCE
71
DRUM STORAGE
BUILDING 72
SAND FILTER BEDS
ELECT. SUB-STATION
GAS WELL
DEWATER-ING BED
GATE
POLISH-ING RES.
POLISH-ING RES.
INDUSTRIAL WASTE TREATMENT
FENCE
J.&D CONLEY
10.94 AC.
PARKING LOT
E WRTN
2.06 AC.
HOFFMAN
0.75 AC.
GREER
4.04 AC.
GRIFFITH
0.82 AC.
059 AC
SHUFFEL DR. N.W.
PROPERTY LINES
PAGE 5 OF 5

STATE IDENTIFICATION NUMBER

81-HW- 0543

EPA IDENTIFICATION NUMBER

OHD 000817080

TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: The Hoover Company, Industrial Park Plant

(B) Street: 8200 Freedom Avenue N.W.

(C) City: North Canton (D) State: Ohio (E) Zip Code: 44720

(F) Phone: (216) 499-9200 (G) County: Stark

(H) Operator: The Hoover Company

(I) Street: 101 E. Maple Street

(J) City: North Canton (K) State: Ohio (L) Zip Code 44720

(M) Phone: (216) 499-9200 (N) County: Stark

(O) Owner: Same as H, I, J, N.

(P) Street:

(Q) City: (R) State: (S) Zip Code:

(T) Phone: (U) County:

(V) Date of Inspection: 10-2-81 (W) Time of Inspection (From) 10:10 AM (To) 11 AM

(X) Weather Conditions: Cold, Cloudy, Rain

(Y) Person(s) Interviewed	Title	Telephone
Harold Emrick	Mgr. Env. Control	(216) 499-9300

(Z) Inspection Participants	Agency/Title	Telephone
Robert E. Buda	OEPA/Env. Sci	(216) 425-9171

(AA) Preparer Information

Name	Agency/Title	Telephone
Robert E. Buda	OEPA/Env. Sci	(216) 425-9171

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

✓ A. Storage and/or Treatment
- ✓ 1. Containers (I)
- 2. Tanks (J)
- 3. Surface Impoundments (K)
- 4. Waste Piles (L)

— B. Land Treatment (M)

— C. Landfills (N)

— D. Incineration and/or Thermal Treatment (O and P)

— E. Chemical, Physical, and Biological Treatment (Q)

Note: If facility is also a generator or transporter of hazardous waste complete sectio IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?			NA	
2. Facility expansion?			NA	
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓			They knew what waste is going into the drums.
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓			
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	✓			
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	✓			
2. Artificial or natural barrier around facility?	✓			
3. Controlled entry?	✓			
4. Danger sign(s) at entrance?	✓			
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?			NA	Have not had any
2. Records of operator error?			NA	malfunctions to date
3. Records of discharges?			NA	

(vi

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	✓			
5. Safety, emergency equipment?	✓			
6. Security devices?	✓			
7. Operating and structural devices?	✓			
8. Inspection log?	✓			
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?			NA	NO ONE AT THIS
2. Job descriptions?			NA	FACILITY IS IN CHARGE
3. Description of training?	✓	✓		of ~~part~~ only HAZARDOUS WASTE
4. Records of training?	✓			
5. Have facility personnel received required training by 5-19-81?	✓			
6. Do new personnel receive required training within six months?	✓			
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	✓			
2. No smoking signs?	✓			
3. Separation and protection from ignition sources?			NA	

*Not Inspected

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?				NA
2. Facility expansion?				NA
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓			they are planning to analyze any barrels of unknown waste that are on the premises
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓			
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	✓			
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	✓			guards make rounds throughout the night.
2. Artificial or natural barrier around facility?	✓			FENCE
3. Controlled entry?	✓			
4. Danger sign(s) at entrance?	✓			
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	✓			
2. Records of operator error?	✓			
3. Records of discharges?	✓			none to date

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	✓			Yeuk
5. Safety, emergency equipment?	✓			
6. Security devices?	✓			
7. Operating and structural devices?	✓			
8. Inspection log?	✓			
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?		✓		This will be initiat
2. Job descriptions?		✓		after they have complet
3. Description of training?		✓		using a training folder
4. Records of training?		✓		by the end of September
5. Have facility personnel received required training by 5-19-81?	✓			
6. Do new personnel receive required training within six months?	✓			
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	✓			
2. No smoking signs?	✓			
3. Separation and protection from ignition sources?	✓			

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

	Yes	No	NI*	Remarks
A) Maintenance and Operation of Facility:				
Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?		✓		
B) If required, does the facility have the following equipment:				
1. Internal communications or alarm systems?	✓			
2. Telephone or 2-way radios at the scene of operations?	✓			
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	✓			

Indicate the volume of water and/or foam available for fire control:

Only water, Volunteer Fire Fighters are employed at [illegible]

	Yes	No	NI*	Remarks
(C) Testing and Maintenance of Emergency Equipment:				
1. Has the owner or operator established testing and maintenance procedures for emergency equipment?	✓			
2. Is emergency equipment maintained in operable conditions?	✓			
(D) Has owner or operator provided immediate access to internal alarms? (if needed)	✓			

*Not Inspected

(E) Is there adequate aisle space for unobstructed movement? ✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:	Yes	No	NI*	Remarks
1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓			

*Not Inspected