State File

Do not make entries in shaded areas

OMB #: 2050-0005 Expires: 1-31-83

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

MOD055872204 07 G

EATON CORP CONTROLS DIV WEST PLAINS
ATTN: HUGHES DAVID BUYER CHEMIC
191 E NORTH AVENUE
CAROL STREAM IL 60187

Please print/type with elite type (12 characters per inch)

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation Recovery Act).

I. GENERATOR'S EPA I.D. NUMBER

T/A C

F M O D 0 5 5 8 7 2 2 0 4 1
1 2 13 14 15

II. NAME OF INSTALLATION

E A T O N C O R P. C O N T R O L S D I V. W E S T P L A I N S P L A N T
30 69

III. INSTALLATION MAILING ADDRESS

3 2 1 0 A L L E N S T. P O B O X 1 7 0
15 16 45

Street or P.O. Box

4 W E S T P L A I N S
15 16

City or Town

M O 6 5 7 7 5
41 42 47 51

State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

5
15 16 45

Street or Route number

6
15 16

City or Town

41 42 47 51

State Zip Code

V. INSTALLATION CONTACT

2 C O U N T S J A M E S
15 16 45

Name (last and first)

4 1 7 – 2 5 6 – 7 1 7 1
46 55

Phone No. (area code & no.)

VI. 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.

JAMES L. COUNTS	MAT!L SUPR.	James L Counts	1-6-83
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

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R00056965
RCRA Records Center

EPA Form 8700-13A(5-80) (Revised 10-82)

Do not make entries in shaded area

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

G M O D O 5 5 8 7 2 2 0 4 T/A C 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

KANSAS INDUSTRIL ENVIROMENTAL SERVICE INC.

IX. FACILITY'S EPA I.D. NO.

K S D D 0 7 0 9 0 2 9 5 2

16 28

X. FACILITY ADDRESS

8808 NORTH 127TH ST.
WICHITA , KANSAS 67201

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. **This section to be completed only once. Do not repeat on supplemental sheets.**)

DELTA MOTOR FREIGHT NO. T43800, % KANSAS IND. SERVICE TRUCK AT ST. LOUIS, MO. TO TRANSPORT TO KIES IN KANSAS, NO. HW100

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)		D. Amount of Waste	E. Unit of Measure
32	1	WASTE CYANIDE SOLUTION AND SLUDGE	1 8 (33 34)	F 0 0 8 (35–38)	(39–42)	4 3 5 (51–59)	P (60)
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						

XIII. COMMENTS (enter information by section number—see instructions)

COPY OF MANIFEST ATTACHED _ REFF. LINE 1 ABOVE.

Tear out here

Form D NR H.W.G. - 10
HAZARDOUS WASTE MANIFEST DOCUMENT
MISSOURI DEPARTMENT OF NATURAL RESOURCES
P. O. Box 1368, Jefferson City, Missouri 65102 314-751-3241

HwG 1 A

MANIFEST DOCUMENT NUMBER

Generator I.D. No.	Waste I.D. No.	Shipment No.
0 3 1 1 9	F00 8	001

Part 1 to be completed by the generator (Instructions for completing and handling this document are on the reverse side)

	Name	Identification	Address	Telephone No.	Date Shipped or R
Item 1. Generator	EATON CORPORATION CONTROLS PLANT (ASSIGNED REFF. NOS.) KANSAS AUTH. #100379 EPA # MOD55872204	Generator I.D. No. 03119	210 ALLEN STREET WEST PLAINS, MO 65775	1-417 256-7171	8-4-81 B/L #3750 OM #02093
Item 2. Transporter	No. 2 Transporter Kansas Inc. Inv. Sea. DELTA MOTOR FREIGHT INC. TO ST. LOUIS HOLD ON DOCK FOR KIES PICKUP TO FINAL DESTINATION.	Transporter No. KS0040952 HW100 T43800	8808 N 13 T.E. 623 LINCOLN AVE. WEST PLAINS, MO. 65775	1-314-744-1256 1-417 256-2191	8-7-81 8-4-81
Item 3. Treatment, Storage or Disposal Facility	KANSAS INDUSTRIAL ENVIRONMENTAL SERVICE INC.	T,S,D, Facility Permit No. KSD070690952	0000 NORTH 127th ST. WICHITA, KANSAS 67201	1-316 744-1906	8-7-81

Item 4.	Proper DOT Shipping Name	DOT Hazard Class	DOT Label Required or Exceptions	Quantity	Units*	Weight (If applica
	WASTE CYANIDE SOLUTION NOS DOT MATIL. ID UN1935	POISON B	POISON	435 LBS.	1 DRUM 1 2 3 4 5	

*Circle one: 1. tons; 2. gallons; 3. cubic yds; 4. drums - 55 gallon; or 5. Pounds

Item 5.

Immediate Emergency Response Information	24-hour emergency telephone numbers
J. L. COUNTS	1-417 256-2027
In the event of a spill, contact the National Response Center, U. S. Coast Guard, 800-424-8802	Chemtrec 800-424-9300

SPECIAL HANDLING INSTRUCTIONS 1) DO NOT PUNCTURE DRUMS
2) SHOVEL & SWEEP INTO NON-PUNCTURED DRUM AND CAP AS BEFORE

Item 6.

Placards Provided	Placards Affixed

Shipper's Check List

XX	DOT Labels Applied and Secure	XX	DOT Aut Container
XX	Proper DOT Name on all Packages	XX	Checked Proper Sealing
	Air Cargo Only		Peligro Label Applied

Item 7. GENERATOR CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Missouri Department of Natural Resources.

Generator's Signature [signature] Date 8-4-81

Part 2
To be completed by the transporter

Item 8. TRANSPORTER CERTIFICATION. This is to certify acceptance of the hazardous waste shipment. Date accepted for Shipment:

Transporter's Signature [signature] Date [illegible] / No. 2 Transporter - Steven D. Stark 8-

Part 3
Item 9. TSDF CERTIFICATION. This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDF Signature [signature] Date 8/1/81 To - ST-2

Generator Copy

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

G M I O D O 5 5 8 7 2 2 0 4 4 1 1 ALSO
(1 2; 13 14 15; T/A C)
9290910236 IEPA #

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CLAYTON CHEMICAL CO.

IX. FACILITY'S EPA I.D. NO.

F I E P A 1 6 3 1 2 1 0 4
(16 – 28)

X. FACILITY ADDRESS

1 MOBIL AVE.
SAUGET ~~XXXX~~ ILL. 62201

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. **This section to be completed only once. Do not repeat on supplemental sheets.**)

DELTA MTR. FREIGHT NO. T43800% % COMMERIAL CLEANING CORP.NO.MOH1068 EPA620-002
TO TRANSPORT TO CLAYTON CHEMICAL IN ILL.

XII. WASTE IDENTIFICATION

Sequence # (32)	Line #	A. Description of Waste	B. DOT Hazard code (33–34)	C. EPA Hazardous Waste No. (see instructions) (35–38; 39–42; 43–46; 47–50)	D. Amount of Waste (51–59)	E. Unit of Measure (60)
	1	TRICHOROETHYLENE (USED) LIQUID	1 5	F 0 0 1	3 3 4 2	P
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

ABOVE WAS SHIPPED TO CLATON CHEMICAL RECOVERY ONLY. SEE ATTACHED.

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ILLINOIS EPA

Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

7-31-81
Application Received @ IEPA: 7-8-81

Permit Number 993696
Permit Expires: 7-24-82

Permit Issued To: Clayton Chemical Co.
Address:
#1 Mobil Ave.
Sauget, IL 62201
Attn: Bud Haney

Waste Name: Waste Trichloroethane
Waste Classification: Hazardous

Waste Generator: Eaton Corp.
Waste Generated At:
Box 170
West Plains, MO 65775
Attn: J.L. Coants

IEPA Generator No.: 9290910236

Disposal Site: Clayton Chemical Co.

IEPA Site No.: 16312104

Annual Volume Authorized: 1,000 Gallons
Disposition of Waste:

Recovery

Permit to receive the indicated waste is granted.

This permit is granted subject to the attached standard conditions.

Rama K. Chaturvedi

Rama K. Chaturvedi, P.E.
Manager
Special Waste Unit
Residual Management Section
Division of Land/Noise Pollution Control

RKC:CLC:bjm/1712C/11

cc: Eaton Corp.
Jerry Russell Bliss, Inc.
Region