IOWA SCREENING INSPECTION
CENTRO, INC.
FILE#IA00536
950 NORTH BEND DRIVE
NORTH LIBERTY, IOWA 52317

Prepared for:

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Kansas City, Kansas 66101

Work Assignment Number	: R07047
EPA Region	: 7
Date Inspected	: March 25, 1998
Date Prepared	: June 1, 1998
Contract Number	: 68-W4-0004
EPA Work Assignment Manager	: Alma Moreno Lahm
Telephone Number	: (913) 551-7380
Prepared By	: Tetra Tech EM Inc.
Tetra Tech Project Manager	: Andrew Mazzeo
Telephone Number	: (913) 495-3940

R00091568
RCRA Records Center
A002

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name Centro Inc.	
Facility Address 950 N. Bend Dr. North Liberty, IA 52317	
Inspector (print) John Maher	Title Tetra Tech
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	Date 3/25/98

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets <u>all</u> of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).

3. The information is not publicly available elsewhere.

4. Disclosure of the information would cause substantial harm to your company's competitive position.

<u>In addition</u>, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name
Centro Inc.
Facility Address 950 N. Bend Dr. North Liberty, IA 52137

If you are **not** authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative Gary Rozek

Title President

Address 950 North Bend Drive
North Liberty, IA 52317

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

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To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Diane Flynn	Vice President
Signature/Date	
Diane Flynn	3/25/98

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name
Centro Inc.

Facility Address
950 N. Bend Dr. North Liberty, IA 52137

Documents Collected? YES ✓ (list below) NO___

Samples Collected? YES___ (list below) NO ✓ Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge ✓ 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

The following documents were collected for the purpose of inspection:

- List of air conditioning capacity
- One photocopy of Safety-Kleen invoice
- One photo copy of Safety-Kleen service and sales acknowledgment
- Three photographs of facility

Facility Representative (print)	Signature/Date
Diane Flynn	Diane Flynn 3/25/98
Inspector (print)	**Signature/Date**
John Maher / Tetra Tech	John Maher 3/25/98

U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name
Centro Inc.
Facility Address
150 N. Bend Dr. North Liberty, IA 52317

Information for which confidential treatment is requested:

- Pulverization of polyethylene pellets
- Recycling of scrap polyethylene

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
Diane Flynn	Diane Flynn 3/25/98
No confidential treatment claimed during the inspection: _____(Facility Representative's initials)	
Inspector (print)	Signature/Date
John Maher / Tetra Tech	John Maher 3/25/98
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

(rev:1/20/93)

RCRA SCREENING INSPECTION CHECKLIST

NA = Not Applicable

NOV Issued by EPA Personnel : ( )Yes ( )No (✓) N/A - Not Applicable

I. INITIAL INFORMATION

A. Facility Name: CENTRO INC. EPA I.D. #: FILE # IA 00536

Address: 950 N. BEND DR. Date/Time: 3/25/98 10:40

NORTH LIBERTY, IA 52317 Phone #: (319) 626-3200

B. Activity #: NA Inspector Name/Title: John Maher / TETRA TECH

C. Initial Drive-By; Obvious Concerns, Observations, or Questions: (✓)No ( )Yes; Describe:

D. Facility Representatives:

Facility Representatives:	Titles:
Diane Flynn	Vice President
Bill Weber	Materials Manager
John Burg	Maintenance Technician
Dean Vance	- UNKNOWN -

E. Introduction:

(✓)Credentials/I.D. (✓)Purpose (✓)Authority (Sec 3007 RCRA) (✓)Scope (✓)CBI Explanation

(✓)Collection of Correct and Accurate Information (Sec 1001/1002 U.S.C.)

F. Access Granted: (✓)Yes ( )No; Obtain Name, Time and Reason:

G. Type of Facility: ( )Federal ( )State ( )County ( )City (✓)Private

H. Obtained GPS Reading: (✓)Yes ( )No

I. Any Previous Contact With Federal/State Environmental Regulators? (✓)No ( )Yes; Describe:

J. Description of Facility Operations:

- Rotational molding; custom work; polyethylene and nylon molding; trimming and assembly; are located
- Maintenance dept.; records in three separate locations (on site) based on their profit centers.
- Receive polyethylene pellets and crush them into powder, then make molds (products) → not all companies in this business do this
- Some foam molding; some assembly included metal but all metal is fabricated off site and brought on site ready for assembly.
- Two parts washers serviced by Safety-Kleen; parts washer solvent is

II. WASTE STREAMS

A. Complete the Top Portion of a Waste Stream Data Sheet for Each Waste Stream. Provide specific details.

III. VISUAL INSPECTION

A. Complete a Waste Management Area Data Sheet for Each Waste Management Area That is Visually Inspected.

IV. DETERMINATION OF REGULATORY STATUS

( )Non Handler (✓)Conditionally Exempt Small Quantity Generator ( )Small Quantity Generator ( )Large Quantity Generator

( )TSD; Describe:

( )Other; Describe:

V. WASTE STREAMS

A. Complete the Bottom Portion of the Data Sheet for Each Waste Stream.

VI. EXIT BRIEFING

(✓)CBI Forms Completed (✓)Findings and Observations Summarized for the Facility Officials

NOV Issued by EPA Personnel : ( )Yes ( )No (✓) N/A - Not Applicable

( )If NOV Issued, Explanation of All Violations Cited and the Need to Respond Within 10 Days

(✓)Explanation That This is a Screening Only, Does Not Cover All Requirements, and that a Full CEI May Be Conducted in the Future

Left Compliance Assistance Information: ( )No (✓)Yes; Describe:

VII. SIGNIFICANT COMMENTS AND OBSERVATIONS:

Continued: hazardous waste when taken off site (D001, D006, D008, D018, D027, D039, D040); rate of generation of spent petroleum naptha is ~ 9 gallons/month.

- Used oil generated for changing oil in two fork lifts and in several gear boxes of molding machinery; rate of generation of used oil is about 10 gal/year, based on conversations with John Burg and Dean Vance of Centro, Inc.; used oil is stored in 5-gal buckets and either transported by Centro Inc to Jiffy Lube or picked up (if the quantities are greater than 5-gal) by Safety-Kleen; no paperwork was available to document used oil pickups by Safety-Kleen
- Scrap and trim polyethylene is recycled by being reused on site in the manufacturing products.

VII. Continued: Diane ~~Lynn~~ Flynn and Bill Weber expressed their concern about having the inspection conducted because of the absense of the two people in their company who would have the most information regarding waste activities. After calling Alma Moreno Lahm (USEPA Region 1), they agreed to ~~continue the~~ have the inspection conducted.

- Approx 350 employees
- Operating at this location since April 1990
- They have one small-scale coating activity for apply a precoat on some metal parts; this is conducted in a small container about 2 feet x 1 foot x 1 foot deep; no waste is generated from this activity.
- No USTs; ASTs contain pulverized polyethylene pellets
- Used oil filters - approx. 2 generated/year; facility representatives did not remember how the used oil filters are disposed.
- Spent mineral spirits are generated from cleaning paint brushes, which are used to apply paint of equipment used in the factory; no painting of the products occurs; the paint brush spent mineral spirits is picked up by Safety-Kleen occasionally; no paperwork documenting Safety-Kleen picking up this waste was available; rate of generation ~~was~~ is approx. 1 gallon/year.
- Eric Monschein / Tetra Tech also present for inspection

Inspector: [signature]

Title: Tetra Tech

Date: 3/25/98

VIII. SCREENING CONCLUSIONS (To Be Completed By EPA Employee Only)

( )Full CEI Not Necessary

( )Unsure Whether Full CEI Is Necessary

( )After Screening, Consulted With Other Team Members; List:_____

Decision: ( )Will Do Full CEI ( )Will Not Do a Full CEI

If a Full CEI is Conducted as a Followup to this Screening, Remember to Include This Completed Checklist As a Report Attachment.

EPA Personnel :_____

Title:_____

Date:_____

WASTE STREAM DATA SHEET

Name of Waste Stream: Spent Parts Washer Solvent

Generation Process (Detailed): Changing spent petroleum naptha in Safety-Kleen parts washers (2)

Waste Generation Amount and Frequency: ~ 9 gallons/month

Waste Classification by Facility: ( )Uncertain or Not Done ( )Non-Hazardous (✓)Hazardous; Codes: D001, D006, D008, D018, D027, D039, D040

Waste Identification/Determination by : ( )Process/Product Knowledge ( )Testing (✓)Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): Determination completed by Safety-Kleen

Current Waste Management and Disposal Practices: Safety-Kleen services the two parts washers every 8 weeks; no spent parts washer solvent is accumulated on site.

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: — SAME AS ABOVE —

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? ( )No (✓)Yes; Describe Bill of lading

Does Waste Seem to be Properly Classified? (✓)Yes ( )No; Description of Problem:

Were Photocopies Collected As Documentation? ( )No (✓)Yes: Bill of Lading and service and sales acknowledgement.

****

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
(✓)N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream: Used Oil

Generation Process (Detailed): Changing crankcase oil in fork lifts and changing gear oil in machinery.

Waste Generation Amount and Frequency: ~55 gal/year

Waste Classification by Facility: ( )Uncertain or Not Done (✓)Non-Hazardous ( )Hazardous; Codes:

Waste Identification/Determination by : (✓)Process/Product Knowledge ( )Testing ( )Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): Used oil

Current Waste Management and Disposal Practices: Quantities less than 5 gal are transported by the facility to Jiffy Lube; quantities greater than 5 gallons are picked up by Safety-Kleen.

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: Same as above

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? (✓)No ( )Yes; Describe None were available at the time of the inspection

Does Waste Seem to be Properly Classified? (✓)Yes ( )No; Description of Problem:

Were Photocopies Collected As Documentation? ( )No ( )Yes: NA

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream: Paint Brush Spent Mineral Spirits

Generation Process (Detailed): Cleaning paint brushes in mineral spirits and discarding when spent.

Waste Generation Amount and Frequency: ~ 1 gallon / year

Waste Classification by Facility: ( )Uncertain or Not Done ( )Non-Hazardous (✓)Hazardous; Codes: D001

Waste Identification/Determination by : (✓)Process/Product Knowledge ( )Testing ( )Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): Spent mineral spirits

Current Waste Management and Disposal Practices: Picked up by Safety-Kleen; however, no documentation was available to show Safety-Kleen picks up this spent mineral spirits.

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: - SAME AS ABOVE -

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? (✓)No ( )Yes; Describe

Does Waste Seem to be Properly Classified? (✓)Yes ( )No; Description of Problem:

Were Photocopies Collected As Documentation? ( )No ( )Yes: NA

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream: Used Oil Filters

Generation Process (Detailed): Changing oil filters on fork lifts

Waste Generation Amount and Frequency: ~ 2 filters/year

Waste Classification by Facility: ( )Uncertain or Not Done (✓)Non-Hazardous ( )Hazardous; Codes:

Waste Identification/Determination by : (✓)Process/Product Knowledge ( )Testing ( )Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): Used oil filters

Current Waste Management and Disposal Practices: Uncertain; presumably disposed of as general refuse; however, facility representatives could not remember method of disposal.

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: Presumably same as above

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? (✓)No ( )Yes; Describe

Does Waste Seem to be Properly Classified? (✓)Yes ( )No; Description of Problem:

Were Photocopies Collected As Documentation? ( )No ( )Yes: NA

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEET

Name of Waste Management Area: Used Oil Storage Areas

Type of Area: ( )Satellite Accumulation (✓)Container Storage ( )Tank Storage ( )Container Treatment

( )Tank Treatment ( )Wastewater Treatment ( )Elementary Neutralization ( )Recycling ( )Other; Describe:

Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.): No used oil was being stored at the time of the inspection; used oil is stored in 5-gal buckets and placed either inside or next to two flammable storage cabinets (one located on the south end and located on the north north end of the factory.

Container Condition	Yes	No	Comments
Unlabeled/Improperly Labeled	(✓)	( )	5-gal bucket used to store used oil was not marked "Used Oil"; however, no used oil was being stored in the container at the time of the inspection.
Open/Poorly Closed	( )	(✓)	
Damaged/Poor Condition	( )	(✓)	
Leaking/Evidence of Past Leaks	( )	(✓)	
Inadequate Aisle Space	( )	( )	NA
Evidence of Incompatibility	( )	( )	

General Information	Yes	No	Comments
Is Area Inspected	( )	( )	
Security Provided	( )	( )	
Appropriate Warning Signs	( )	( )	
Spill Control and Safety Equipment	( )	( )	

Additional Observations (If Needed): None

Were Photos Collected As Documentation? ( )No (✓)Yes: One photo of each used oil storage area.

Screening Question

Any Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?
<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>
(✓)N/A ( )No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEET

Name of Waste Management Area: Paint Brush Spent Mineral Spirits

Type of Area: ( )Satellite Accumulation ( )Container Storage ( )Tank Storage ( )Container Treatment

( )Tank Treatment ( )Wastewater Treatment ( )Elementary Neutralization ( )Recycling (✓)Other; Describe:

Spent mineral spirits are generated from cleaning paint brushes in the far-north building. No spent mineral spirits were on site during inspection

Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.):

Approximately one gallon of spent mineral spirits is generated per year; however, no spent mineral spirits were onsite during inspection

Container Condition	Yes	No	Comments
Unlabeled/Improperly Labeled	( )	( )	NA
Open/Poorly Closed	( )	( )	
Damaged/Poor Condition	( )	( )	
Leaking/Evidence of Past Leaks	( )	( )	
Inadequate Aisle Space	( )	( )	
Evidence of Incompatibility	( )	( )	

General Information	Yes	No	Comments
Is Area Inspected	( )	( )	
Security Provided	( )	( )	
Appropriate Warning Signs	( )	( )	
Spill Control and Safety Equipment	( )	( )	

Additional Observations (If Needed): None

Were Photos Collected As Documentation? (✓)No ( )Yes:

Screening Question

Any Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?
<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>
( )N/A (✓)No ( )Unsure ( )Yes----------> CONDUCT FULL CEI

CENTRO INC.
North Liberty, Iowa

Photo No: 1 **Direction Facing:** West **Photographer:** Eric S. Monschein
Date: 03/25/98, 1220 **Description:** Used oil storage area in South Building; currently no used oil in storage area.

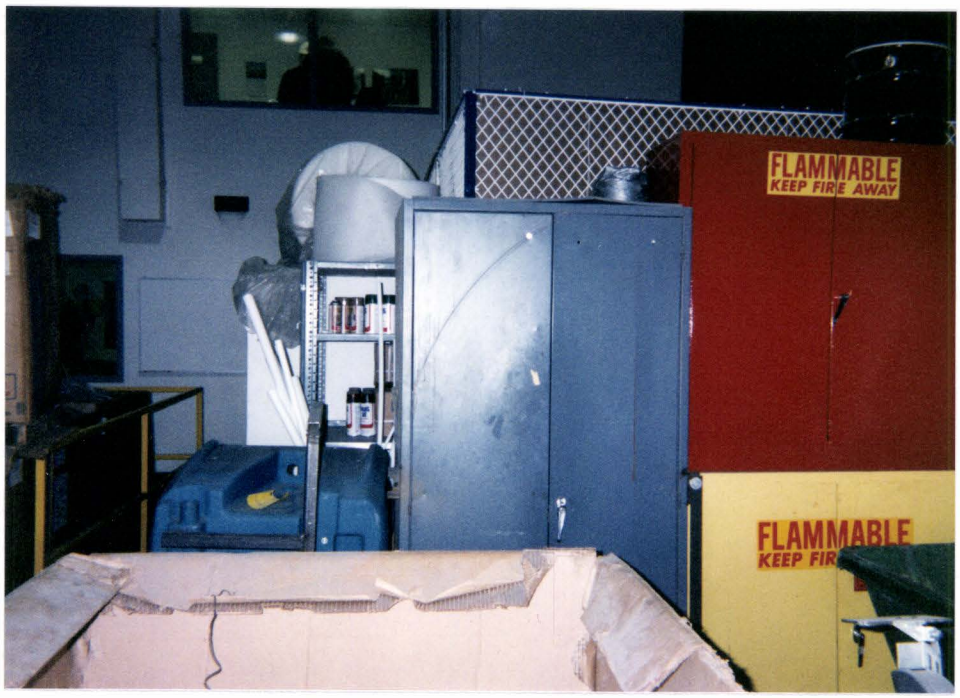

Photo No: 2 **Direction Facing:** South **Photographer:** Eric S. Monschein
Date: 03/25/98, 1300 **Description:** Used oil storage area in Far North Building; currently no used oil in storage area.

CENTRO INC.
North Liberty, Iowa

Photo No: 3 **Direction Facing:** North **Photographer:** Eric S. Monschein
Date: 03/25/98, 1400 **Description:** Front of facility from visitor parking lot.

NA = Not Applicable

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

USED OIL INSPECTION FORM

Company Name	CENTRO INC.	EPA Identification Number	FILE # IA 00536
Address & Zip	950 N. BEND DR. NORTH LIBERTY, IA 52317	Telephone Number	(319) 626-3200
		Fax Number	(319) 626-3203
Company Contact	Diane Flynn	Title	Vice President
Investigator	John Maher / Tetra Tech	Investigation Date	3/25/98

At This Location Since	~~September~~ April 1990
Number Of Employees	~ 350
Facility Size	15 acres ; 168,000 ft² under roof
Business Type	Plastic molding and assembly
Used Oil Management Activities	5-gal containers

1	Describe How Used Oil Filters Are Generated
	Changing oil filters on forklifts
2	Used Oil Filter Generation Rate
	~ 2 /year

RECYCLE

3	Describe How Used Oil Filters Are Drained & Managed On-site *(Obtain Photographic Documentation)*
	Drained in 5-gal container and discarded, ~~esp~~ presumably in general refuse but facility rep. could not confirm.
4	How & Where Are Used Oil Filters Disposed Of? *(Obtain Written Documentation)*
	see 3 above
5	Amount of Used Oil Filters On-site
	None
6	List the Processes That Generate Used Oil
	Changing crankcase oil in forklifts and gear oil in manufacturing machinery.
7	Describe How the Used Oil Generated from Each Process Is Managed On-site
	Stored in 5-gal buckets
8	Used Oil Generation Rate
	~ 10 gal / year (based on conversations with facility representatives John Burg and Dean Vance)

9	State the Number and Size of Used Oil Storage Containers and Tanks On-site & the Amount of Used Oil in Each Tank and Container
	NA - No used oil was observed during the inspection
10	State How Each Tank and Container Containing Used Oil Is Labeled
	Empty 5-gal bucket that is typically used to store used oil was marked "Waste Oil"
11	For Each Tank and Container Containing Used Oil That Is Not in Good Condition, Describe the Condition of the Container /Tank *(Obtain Photographic Documentation)*
	NA
11a	Describe Any Secondary Containment *(Obtain Photographic Documentation)*
	NA - However, all waste storage is located indoors.

12	Describe Any Used Oil Spills or Staining Found On-site *(Obtain Photographic Documentation)*
	NA

13	Describe Used Oil/hazardous Waste Mixing Activities
	NA

14	Is used oil burned in on-site space heater? No
	If So State How Much Used Oil Is Burned per Year, the Design Capacity of the Space Heater, and If the Heater Combustion Gases Are Vented to the Outside

15	State Name. Address. Telephone Number. & Epa Identification Number of the Transporter That Picks up the Used Oil *(Obtain Written Documentation)*

Company Name Safety-Kleen	EPA Identification Number ILD 984 908 202
Address Elgin, IL	Telephone Number 319-386-3024
& Zip 60121	
Company Name	EPA Identification Number
Address	Telephone Number
& Zip	

16	If used oil is collected under a tolling arrangement. *obtain a copy* of the agreement/contract.
	NA

17	Describe generator used oil self- transportation activities
	Transport 5-gal bucket to Jiffy lube when accumulated used oil is less than 5-gal

18	State the amount of used oil collected from do-it-yourselfers per month
	NA

19	State the amount of used oil collected from businesses per month
	NA
20	*If* Used Oil Is Collected from Other Businesses. *Obtain a Copy* of the Registration/ Permit/ License/ Authorization from the State / County/ Municipal Government That Allows the Company to Run a Used Oil Collection Center.
	NA
	If No Such Documentation Is Available. Please State Such:
21	*If Used Oil Is Collected from Other Businesses,* Are Shipments of Greater than 55 Gallons Accepted?
	NA

If So State the Following for Each Such Business:

Business Name		Telephone #	
Address & Zip		Contact Name	
Name		Telephone #	
Address & Zip		Contact Name	
Name		Telephone #	
Address & Zip		Contact Name	
Name		Telephone #	
Address & Zip		Contact Name	

21a	Describe Any Hazardous Waste Generated at Facility, *(Obtain Written Documentation)*		
▸	Facility Generates the Following Quantity:		
▸	Faciltiy Appears to Be:	YES	NO
▸	CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR. *Less than 100 KG / Month*	✓	
▸	SMALL QUANTITY GENERATOR. *More than 100 KG / Month and less than 1000 KG / Month*		✓
▸	LARGE QUANTITY GENERATOR. More than 1000 KG / Month		✓

22	NOTES:

LIST OF HANDOUTS PROVIDED TO THE FACILITY:	
1	Assistance/Information Handout
2	Used Oil Filter Study Summary/Used Oil Filters Management Information
3	Copy of 40 CFR 261.(b)(13)
4	Iowa Waste Reduction Center Pamplet

I have read the above information, which was provided to the investigator. I certify that such information is true, accurate, and complete. I am aware that providing false information to the government is a criminal offense and that I can be fined and or imprisoned for doing so.

Printed Name Diane Flynn

Signature Diane Flynn

Date 3-25-98

a: and c:\usedoil.796
7/19/96

File # IA00536
NA = Not Applicable

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility: Centro Inc.
Address: 950 N. Bend Dr.
North Liberty, IA 52317
County: Johnson Section: ____
Township: ____ Range: ____

Facility Ownership: Centro Inc.
Facility Contact: Diane Flynn
Phone: (319) 626-3200 SIC code: 3089
Net Annual Sales Volume at that Location ($): ____
Number of Employees: ~350 Work Schedule/Hrs: Most 24 hrs/5 days
Some 24 hrs/7 days

Inspector: John Maher / Tetra Tech
Primary Media: RCRA
Date: 3/25/98

1. Does the facility have permits or registrations in any of the following areas? [F=Federal, S=State, L=Local]
   ( ) CWA: __ Pretreatment, __ NPDES, __ 404-Wetlands ( ) UIC ( ) UST ( ) PWS ( ) RCRA ( ) TRI ( ) CAA ( ) Other
   Describe: Unknown - Facility representatives were not sure if they had any permits
2. What are the business, manufacturing or service activities at the facility? Polyethylene and nylon mold manufacturing and ~~fab~~ assembly
3. What raw materials and fuels are used by the facility? Natural gas
4. Provide brief process description: ~~Polyprop~~ Polyethylene pellets and nylon material are used to create polyethylene molds and nylon molds. such as gasoline tanks for tractors
5. What major process operations are used? ( ) blending ( ) mixing ( ) reacting ( ) distilling ( ) filtering ( ) separating
   ( ) formulating (✓) degreasing: __ water based, __ halogenated solvent based, ✓ non-halogenated solvent based ( ) combustion
   (✓) coating: __ water based, __ solvent based (✓) machining ( ) fabricating (✓) assembly ( ) printing ( ) laboratory analysis
   ( ) electroplating: __ chrome ( ) electroless plating ( ) Other ____
6. Provide a general description of the wastes generated by the facility:

Waste Stream Name	Generation Process	Quantity Per/Month	Final Disposition of Waste	Is Waste Hazardous? No	Yes	Don't know
Spent Parts Washer Silvent	parts washer	~9 gallons	Reclaimed	( )	(✓)	( )
Paint Brush Spent Mineral Spirits	Cleaning paint brushes	~1/12 gallon	Presumably reclaimed	( )	(✓)	( )
Used oil	crankcase/gear box oil changes	~4 gallons	Recycled	(✓)	( )	( )
Used oil filters	fork lift oil filter changes	< 1 filter	Presumably general refuse	(✓)	( )	( )
				( )	( )	( )

7. Description of surrounding area (access to children, public, economic condition): ( ) Industrial ( ) Business ( ) Residential (✓) Rural
   Potential environmental issues: NA

NPDES - National Pollution Discharge Elimination System. **PWS** - Public Water Supply. **UIC** - Underground Injection Control. **WETLANDS**

1. Where do the facility's wastewaters go?

		None	Treatment	Municipal Sewer	Septic	Injection Well	Surface Water	Storm Sewer	Land
(✓) Yes	Process Wastewaters	( )	( )	(✓)	( )	( )	( )	( )	( )
(P) Permitted	Non-Contact Wastewaters	(✓)	( )	( )	( )	( )	( )	( )	( )
(?) Don't know	Sanitary Wastewaters	( )	( )	(✓)	( )	( )	( )	( )	( )
	Other ____	(✓)	( )	( )	( )	( )	( )	( )	( )

   Comments: ____
2. Did you observe any wastewater discharges not mentioned above? (✓) No ( ) Yes Location of discharge: ____
   Appearance of discharge: ____
3. Where does the facility get its: Process water? (✓) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other ____
   Drinking water? (✓) City/Rural district ( ) Private well ( ) Pond ( ) River ( ) Other ____
   Is public water source protected by backflow prevention device? ( ) No ( ) Yes (✓) Don't know
4. What is the source of drinking water for the area around the facility? (✓) Rural/Municipal source ( ) Private well ( ) Don't know
5. Are there any surface water bodies (ponds, streams, lakes, rivers) or temporarily wet areas that have been disturbed (filling, waste disposal, ditching, excavation, damming, dredging, etc.)? (✓) No ( ) Yes ( ) Don't know
   Describe/locate: ____

CAA - CLEAN AIR ACT

1. Are there any non-steam/water vapor, visible smoke or dust emissions? (✓) No ( ) Yes Source: _____ Time: _____
2. Are there any fugitive emissions? (✓) No ( ) Yes Leaving property? ( ) No ( ) Yes Source: _____ Time: _____
3. In the past 2-3 years, has the facility modified or installed any new air emission points? ( ) No ( ) Yes

   Describe: Unknown - the person who would know this information was unavailable.
4. Are the facility's air conditioning, refrigeration, or motor vehicle air conditioning systems: ( ) Self-serviced? (✓) Contract Serviced? ( ) Both?

   Do the units contain: (✓) <50lbs. Unknown And/or ( ) > 50 lbs. of refrigerant? Service Company Name: Ladco Inc.

RCRA - RESOURCE CONSERVATION AND RECOVERY ACT & UST's - UNDERGROUND STORAGE TANKS

1. Does the facility conduct or have any of the following on-site waste management activities? ( ) Treatment ( ) Burning ( ) Landfills

   ( ) Surface impoundments (✓) Storage ( ) Recycling - Are recyclables stored more than one year? ( ) No ( ) Yes
2. Is a wastewater sludge generated ? (✓) No ( ) Yes Is it hazardous? ( ) No ( ) Yes ( ) Don't know

   Where does the sludge go? ( ) Hazardous waste disposal site ( ) Off-site landfill ( ) On-site landfill ( ) Land applied
3. Does the facility generate used oil? ( ) No (✓) Yes Are the containers labeled "Used Oil"? (✓) No ( ) Yes
4. Did you observe any hazardous waste containers or tanks which were leaking, open, or not labeled? (✓) No ( ) Yes

   Describe: _____
5. Are there any signs of past spills or releases (dead/stressed vegetation, stains, discoloration)? (✓) No ( ) Yes

   Describe: _____
6. Does the facility have any underground storage tanks that contain petroleum products? (✓) No ( ) Yes
7. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? (✓) No ( ) Yes

   Describe: _____

TITLE III - EPCRA - EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT & SECTION 5 TSCA - TOXIC SUBSTANCES CONTROL ACT

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? (✓) No ( ) Yes [must have >10 employees]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? ( ) Yes (✓) No If no, describe gross storage volumes, and type of chemicals stored: _____

   _____
3. Does the facility import or manufacture a chemical substance? (✓) No ( ) Yes

   Describe type and intended use: _____

PCB's - POLYCHLORINATED BIPHENYLS & SPCC - SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

1. Does facility have any equipment in service that contains PCB's at >500 ppm, that is leaking or not labeled? (✓) No ( ) Yes ( ) Don't Know
2. Does facility have any equipment in storage that contains PCB's at >50 ppm, that is leaking or not labeled? (✓) No ( ) Yes ( ) Don't know
3. Does the facility have above ground tanks that store petroleum, synthetic, animal, fish, or vegetable oil, in a single tank >660 gallons or tanks with an aggregate volume >1320 gallons, that are or show evidence of recent leaks into waters of the state? (✓) No ( ) Yes

   Describe: _____

FIFRA - FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Does the facility manufacture, repackage, or apply pesticides? (✓) No - STOP HERE ( ) Yes

   Are rinsates handled in an environmentally sound manner? ( ) No ( ) Yes Describe: _____
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? ( ) No ( ) Yes

   Describe: _____

Please note any photo's taken to document potential problems.

CFC: STATIONARY SOURCES 608 SCREENING CHECKLIST

FILE# IA 00536 1 of 1

DATE: 3/25/98

ACTIVITY #: NA

NA = Not Applicable

FACILITY: Centro Inc.

INSPECTOR: John Maher / Tetra Tech

ADDRESS: 950 N. Bend Dr.
North Liberty, IA 52317

OWNER/OPERATOR NAME: Centro Inc.

CONTACT NAME: Diane ~~Lynn~~ Flynn

TELEPHONE #: (319) 626-3200

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCs?

   Yes___ No___ Don't know ✓

2. How does facility determine full charge (Check all that apply):

   a. Measure___ b. Calculate___ c. Manufacturer's info___ d. Other Contractor

3. Facility units classification: (Check all that apply)

   _____Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#)

   _____Industrial (i.e. chemical, manufacturing industries, industrial ice machines)

   ✓ Comfort cooling

   _____Other: Specify_____

4. Who does service, maintenance and repair of units? In-house___ Contracted ✓

   If contracted: Name ~~Colony Heat & Air~~ Ladco, Inc. Phone (319) 364-0231

   Address 1243 Rockford Rd. SW
   Cedar Rapids, IA 52404

5. Does the facility have recovery/recycling unit? Yes___ No ✓ NA___

   Type _____ Brand_____

   Model_____ Serial number_____

   a. Is recovery/recycling unit compatible with appliance and refrigerant?

      Yes____ No____

      (Check label, get photograph if possible) See labeling requirement @82.158(h).

   b. Has facility submitted recovery/recycling equipment certification form to EPA?

      Yes____ No____

   c. Does facility have copy of certification?

      Yes____ No_____

cfccklt:4/22/96

One Brinckman Way
Elgin, Illinois 60123-7857
CUSTOMER NO.

WE CARE

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

CUSTOMER

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
319-386-3024	STEVE RAMAEKERS	05/09/98	98-10	08	936403

5	-	0	4	7	-	0	1	-	2	2	0	5

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
C		

CENTRO INC
950 NORTH BEND DRIVE
FORM DIV
NORTH LIBERTY IA 52317

BILL TO

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C
09	NO	YES	791	001

LOCATION	TAX EXEMPTION NO.
504701	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE		ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4/9/98	6696		319-626-5576	16-260-6180				.05	.05	.05

SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSDS GIVEN
16000	17533699		1	117.50	5.88	123.38	0.00	9	9	1	10082		8							☐
616		FLOW-THRU HOSE	1	3.45	.17	3.62														☐
																				☐
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OK Butler

TOTAL-SERVICE/PRODUCTS ~~117.50~~ 120.95 ~~5.88~~ 6.05 ~~123.38~~ 127.00 0.00

CHECK APPROPRIATE BOXES →

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☑	☐
LAMP ASSEMBLY CONDITION	☑	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☑	☐
FUSIBLE LINK INSTALLED	☑	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☑	☐
MACHINE PROPERLY GROUNDED	☑	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☑	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☑	☐

MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
XXXXX	ILD984908202		9190019999

1. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5	1	6	7	0	5	5
WASTE COMBUSTIBLE LIQUID,N.O.S. (PETROLEUM NAPHTHA) NA1993 III(D001) (D006,D008,D018,D027003900 40)(ERG#128)	1	DM	9	G	10082		1					

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

0 TO 220 LBS./MONTH — INITIALS

220 LBS. TO 2,200 LBS./MONTH — B INITIALS

GREATER THAN 2,200 LBS./MONTH — INITIALS

DESIGNATED FACILITY NAME AND ADDRESS SAFETY-KLEEN CORP.
735 WEST 73RD STREET DAVENPORT, IA 52806

USA EPA ID NO. IAD098027590
STATE ID NO.

CASH ☐ CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

CREDIT CARD NO. AMEX VISA MC EXP. DATE

LDR MESSAGE
LDR NOT REQ'D

MANIFEST CODE	SEQ #
DP	304

IN THE EVENT OF AN EMERGENCY CALL

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.
"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

BURG JONATHAN
Print Customer Name

By: Jonath R. Bg
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	127.00
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	127.00

DO NOT WRITE IN THE AREA BELOW

936401
5-047-01-2205-5

SERVICE AND SALES ACKNOWLEDGMENT
PART 1366 (Rev. 11/97)

6- 62

BOX 1800
ELGIN, IL 60121-7857

DUNS No. 05106-0408
FED. ID NO. 39-6090019

safety-kleen®

ORIGINAL INVOICE

ACCOUNT NUMBER	LOCATION #	CUSTOMER ORDER NO		INVOICE NO
5-047-01-2205-5	5-047-01			036401

BILL TO	TAX STATUS/NUMBER	SERVICE DATE	INVOICE DATE	PLEASE PAY INVOICE BY
		03-09-98	03-10-98	03-25-98

SERVICE ADDRESS

CENTRO INC
950 N BEND DR
NORTH LIBERTY IA 52317-9300

PRODUCT/SERVICE #	DESCRIPTION	QUANTITY	UOM	UNIT COST	TAX	ITEM TOTAL
0000616	HOSE,FLO-THRU BRUSH	1	EA	3.45	.17	3.62
175-33699	MACHINE SERVICE 16000	1	EA	117.50	5.88	123.38
	INVOICE TOTAL				6.05	127.00

Ole-562

RECEIVED
MAR 18 1998
CENTRO
North Liberty

FOR INFORMATION PLEASE CALL SK SERVICING LOCATION: (319)386-3024 DAVENPORT IA

What does "Best People" mean? Ask your Rep to explain our Advanced Certification Training and to tell you how the entire Safety-Kleen Team works for you. Our "behind the scenes" experts ensure that your waste is handled in total compliance with all Federal, State and local regulations.

PLEASE DO NOT USE ANY STAPLES WITH REMITTANCE

RETURN THIS PORTION WITH PAYMENT TO: P.O. BOX 1800 ELGIN IL 60121-7857

BOX 1800
ELGIN, IL 60121

ACCOUNT NUMBER	INVOICE NUMBER	SERVICE DATE	INVOICE DATE	BILL TO
5-047-01-2205-5	036401	03-09-98	03-10-98	

036401 5047012205500127000000605

CENTRO INC
950 NORTH BEND DRIVE
FORM DIV
NORTH LIBERTY IA 52317-9300

AMOUNT DUE
127.00

AC Vendors

LADCO, INC
1243 ROCKFORD RD SW
CEDAR RAPIDS 52404
319-364-0231

COLONY HEATING & AIR
2224 16th Avenue S.W.
CEDAR RAPIDS, IA 52404
319-364-4755

John Burg Maintenance Tech.
Dean Vance

Mixed spirits generated from cleaning paint brushes

'98 OFFICE	56 T
'90 OFFICE	25 T
NLS OFFICE	5 T
NLN OFFICE	10 T
FORTEAM OFFICE	10 T
ENGR. WORKSHOP	6.25 T
ENGR. OFFICES	12 T
	~ 124.25 T

AUG 1 3 1998

MEMORANDUM

SUBJECT: Transmittal of Screening Inspection Report - RCRA

FROM: Alma Moreno Lahm
Environmental Engineer, ENSV/ARCM

TO: Jo Ann Heiman
Chief, RESP/ARTD

This memorandum transmits the following Screening Evaluation Inspection report performed under a work assignment managed by the Environmental Services Division, Air & RCRA Compliance Branch.

Facility	EPA ID Number	Date of Inspection
Centro Inc. 950 N. Bend Drive North Liberty, Iowa 52317	FILE#IA00536	3-25-98

Attachments (Original inspection report sent to Records Center 6/20/98)

ENSV:ARCM:C:\USER\AMORENO\09R07047:RCRATRAN.NON\CENTRO.536.RESP.WPD:AML:12AUGUST98

ARCM
MORENO LAHM
AMLahm
8/12/98