KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

January 9, 1998

Mr. J. L. Johnson
Quality Engineer
Sabreliner Corporation
P.O. Box 946
Independence, KS 67301-0946

RE: Hazardous Waste Compliance Inspection - Premier Turbines Independence, One Freedom Drive,
P.O. Box 946, Montgomery County, Independence
EPA I.D. Number: KSD981712854

Dear Mr. Johnson:

I have received your letter dated December 15, 1997, documenting the action taken to correct Violation 14 as noted in my letter to you dated November 4, 1997. Based upon the information in your letter, the violation is considered corrected.

Your cooperation with the waste management program is appreciated. If you have any questions regarding this information or the inspection, please call me at 316/431-2390.

Sincerely,

Victoria S. O'Brien

Victoria S. O'Brien, CHMM
Environmental Technician
Bureau of Environmental Field Services

VSO:pc

pc: John Mitchell, BWM, Topeka
Ron Smith, BWM, Topeka
SEDO, Chanute

R00096395
RCRA Records Center

RECEIVED JAN 2 1998

Hazardous Waste Compliance Monitoring and Enforcement Log

1-12-98

FORM A

Handler

ID Number K S D 9 8 1 7 1 2 8 5 4

LDF ( ) TSF ( ) GEN (X) KG ( ) SQ ( ) TRA ( )
HWM ( ) HWB ( ) UOM ( ) UOB ( ) NOT A GEN ( )

AT N/A CL N/A
FT 1-14-98 RCRIS 1-21-98

Handler Name: Premier Turbines Independence

Street: One Freedom Drive City: Independence County: Montgomery

EVALUATION New [ ] Followup: Date (on site) [ ] [ ] [ ] Date (of letter) M M 0 1 D D 0 9 Y Y 9 8 Delete [ ]

Date Y Y 9 7 M M 0 7 D D 3 0 Agency S Type C S E Reason 0 1 Person V S O District S E

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator				Transporter		Treatment/Storage/Disposal Facility				Other	
GER	N A	GPT	E V	TGR		DCH		DGW		DMC		DPP		BRR	
GGR	N A	GRR	N A	TMR		DCL		DIN		DMR		DSI		CAS	
GLB	N A	GSC	N A	TOR		DCP		DLB		DOR		DTR		CSS	
GMR	N A	GSQ	N A	TRR		DFR		DLF		DOT		DTT		FEA	
GOR	N A			TWD		DGS		DLT		DPB		DWP		ILD	

Used Oil UOM [ ] UOB [ ] UTM [ ] SUM [ ] SUB [ ]

COMMENTS

VIOLATION # 1 4 Date Determined M M 1 1 D D 0 4 Y Y 9 7

New [ ] Change X Delete [ ] Comments [ ]

Agency S Number 29 Area G P T Class 2 Priority [ ] Type S R

Regulation Citation: K.A.R. 28-31-4(g)(4)

Description: Failure to conduct hazardous waste management and contingency plan training.

Returned to Compliance
Schl'd M M 1 2 D D 1 9 Y Y 9 7
Actual M M 1 2 D D 1 5 Y Y 9 7

VIOLATION # ____ Date Determined M M D D Y Y

New [ ] Change [ ] Delete [ ] Comments [ ]

Agency S Number Area Class Priority Type S R

Regulation Citation:

Description:

Returned to Compliance
Schl'd M M D D Y Y
Actual M M D D Y Y

VIOLATION # ____ Date Determined M M D D Y Y

New [ ] Change [ ] Delete [ ] Comments [ ]

Agency S Number Area Class Priority Type S R

Regulation Citation:

Description:

Returned to Compliance
Schl'd M M D D Y Y
Actual M M D D Y Y

VIOLATION # ____ Date Determined M M D D Y Y

New [ ] Change [ ] Delete [ ] Comments [ ]

Agency S Number Area Class Priority Type S R

Regulation Citation:

Description:

Returned to Compliance
Schl'd M M D D Y Y
Actual M M D D Y Y

PREMIER TURBINES - INDEPENDENCE

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM B

ID Number K S D 9 8 1 7 1 2 8 5 4 Handler Name: Premier Turbines Independence

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type S R

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type S R

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type S R

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type S R

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

VIOLATION # ____ Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S | Number | Area | Class | Priority | Type S R

Regulation Citation: ____

Description: ____ Returned to Compliance

Schl'd M M D D Y Y

Actual

ENFORCEMENT New ☐ Change ☐ Delete ☐

Date Y Y M M D D Number Agency S Type 1 2 0 District S E Person V S O

COVERED VIOLATIONS

Agency	Violation Number	Area	Agency	Violation Number	Area	Agency	Violation Number	Area
S			S			S		
S			S			S		
S			S			S		
S			S			S		

Comments: ____

Rev. 4-94