OhioEPA
State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

RECEIVED
WMD RCRA
RECORD CENTER
MAY 14 1993

George V. Voinovich
Governor

Donald R. Schregardus
Director

May 4, 1993

American Steel Foundries
Attn: J. A. Difloure
1001 East Broadway
Alliance, OH 44601

RE: EPA ID#: *OHD017497587*

LOCATION of INSTALLATION: *Lake Park Blvd and Edwinton Ave*
Alliance, OH 44601

In response to your request of March 1993 the following information has been updated:

Contact: J. A. Difloure

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office

Printed on recycled paper

A

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → OHD017497587 REACKNOWLEDGEMENT

AMERICAN STEEL FOUNDRIES
1001 EAST BROADWAY
ALLIANCE OH 44601

INSTALLATION ADDRESS →

LAKE PARK BLVD & EDWINTON AVE
NO MAILING ADDRESS OH 44601

EPA Form 8700-12B (4-80)

09/29/81

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S75015
GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	OHD017497587
I. NAME OF INSTALLATION	AMSTED INDUSTRIES INC
II. INSTALLATION MAILING ADDRESS	1001-1007 E BROADWAY ALLIANCE, OH 44601
III. LOCATION OF INSTALLATION	1001-1007 E BROADWAY ALLIANCE, OH 44601

000182 AUG 18 80

NON-HANDLER INACTIVE I.D. #

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F OHD017497587 T/A 3 C 1	A	800818 800814

Amsted IND. INC.

I. NAME OF INSTALLATION

AMERICAN STEEL FOUNDRIES

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 31001 EAST BROADWAY

CITY OR TOWN	ST.	ZIP CODE
ALLIANCE	OH	44601

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: LAKE PARK BLVD.

CITY OR TOWN	ST.	ZIP CODE
ALLIANCE	OH	44601

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
DIXON CHARLES R. WORKS MANAGER	216-823-6150

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: AMSTED INDUSTRIES INCORPORATED

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: OHD017497587

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 15 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S		T/A	C
W	OHD017497587	2	1
1	2 – 13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [ ] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	C. R. DIXON, JR. WORKS MANAGER	8/4/80

DETACH

AUG 15 1980

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS. If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.: OHD017497587

NAME OF INSTALLATION: AMERICAN STEEL FOUNDRIES
AMSTED INDUSTRIES INC

MAIL ADDRESS: 1001-1007 E BROADWAY
ALLIANCE, OH 44601

LOCATION OF INSTALLATION: 1001-1007 E BROADWAY
ALLIANCE, OH 44601

NEDO State

000182 AUG 18 80

I. OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
T/M C 3 1		8 0 0 8 1 8

II. NAME OF INSTALLATION

AMERICAN STEEL FOUNDRIES

III. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 1001 EAST BROADWAY

CITY OR TOWN: ALLIANCE | ST.: OH | ZIP CODE: 44601

IV. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: LAKE PARK BLVD.

CITY OR TOWN: ALLIANCE | ST.: OH | ZIP CODE: 44601

DEPOSITION EXHIBIT
C ID
4/10/90 MN
PENGAD-Bayonne, N. J.

V. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): DIXON CHARLES R. WORKS MANAGER

PHONE NO. (area code & no.): 216-823-6150

VI. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: AMSTED INDUSTRIES INCORPORATED

312 645-1700
3700 Prudential Plaza
CHICAGO, ILL 60601

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [X] C. TREAT/STORE/DISPOSE
- [ ] B. TRANSPORTATION (complete item VII)
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Enter in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: OHD017497587

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 15 1980

K. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

J. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

L. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

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31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

N. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

O. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- ☐ 1. IGNITABLE (D001)
- ☐ 2. CORROSIVE (D002)
- ☐ 3. REACTIVE (D003)
- ☒ 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE (Type or print)	DATE SIGNED
C R Dixon Jr	C. R. DIXON, JR. WORKS MANAGER	8/4/80

AUG 15 1980

OHD 178 [illegible] 81-AN-[illegible]

American St[illegible] Foundrie[illegible]

1001 East Broadway

Alliance, Ohio 44601

FACILITY MAILING ADDRESS

FACILITY LOCATION

[illegible] the designated space [illegible] each question. If any of the information [illegible] is incorrect [illegible] enter the correct data [illegible] area to the right. Also, if any information data is shown but is to the left of the label space (as the information that should appear), please provide the proper information in the label area. If the label is complete and correct, you need not enter it in Items I, III, V, and VI (except VII-B which must be completed regardless). Complete all other items if no label has been provided. Refer to the instructions for detailed item descriptions and for the laws and regulations under which this data is collected.

I. 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 "publicly owned treatment works".

SPECIFIC QUESTIONS	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	
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	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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	
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	

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
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	
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	
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	
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	
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 AMERICAN STEEL FOUNDRIES

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 C.R. DIXON JR. WORKS MANAGER	216 823 6150

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1001 EAST BROADWAY

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ALLIANCE	OH	44601

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 LAKE PARK BLVD & EDWINTON AVE

B. COUNTY NAME

6 STARK COUNTY

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
7 NO MAILING ADDRESS			

CONTINUE ON REVERSE

OR INFORMATION

A. NAME

S D INDUSTRIES INCORPORATED

YES NO

M = PUBLIC (Municipal, federal or state)
O = OTHER (specify)

P (specify)

A 3 1 2 6 4 5 7 0 0

E. STREET OR P.O. BOX

0 PRUDENTIAL PLAZA

F. CITY OR TOWN

ICAGO

G. STATE I L

H. ZIP CODE 6 0 6 0 1

IX. INDIAN LAND
Is the facility located on Indian land?
YES NO

NT ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)
N A

D. PSD (Air Emissions from Proposed Sources)
9 P N A

B. UIC (Underground Injection of Fluids)
N A

E. OTHER (specify)
9 (specify)

C. RCRA (Hazardous Wastes)
N O E

E. OTHER (specify)
9 (specify)

h to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste ment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface r bodies in the map area. See instructions for precise requirements.

ATURE OF BUSINESS (provide a brief description)

GREEN SAND STEEL CASTING FACILITY

CERTIFICATION (see instructions)

ertify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all chments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the lication, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting e information, including the possibility of fine and imprisonment.

A. NAME AND OFFICIAL TITLE (type or print)
L. T. Davis
President

B. SIGNATURE

C. DATE SIGNED
Nov. 15, 1980

COMMENTS FOR OFFICIAL USE ONLY

Form 3510-1 (6-80) REVERSE

[illegible] 87 HD-0344

[illegible]AST OR REVISED APPLICATION

[illegible] one box in Item I below if you are filling for your first application. If 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. TYPE OF APPLICATION (Place an "X" below and provide the appropriate date.)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete Item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use line boxes to the left)

MO.	DAY	YR.
09	01	79

☐ 2. NEW FACILITY (Complete Item below.)

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

MO.	DAY	YR.

B. REVISED APPLICATION (Place an "X" below and complete Item below.)

☐ 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
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

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

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
X-1	S02	600	G	
X-2	T03	20	E	
1	D80	12.485	A	
2				
3				
4				
5				
6				
7				
8				
9				
10				

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

CONTINUE ON REVERSE

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle and for each hazardous waste which is not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/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 which 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 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 account 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: 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).

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 500 pounds per year of chrome shavings from leather tanning and finishing operations. 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 is an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-	0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

CONTINUE ON PAGE

	D. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	E. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
5	800	T	D 0	
6				
7				
8				
9				
10				
11				
12				
13				
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15				
16				
17				
18				
19				
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25				
26				

CONTINUE ON REV

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

	D	0	1	7	4	9	7	5	8	7			6

FACILITY DRAWING

All existing facilities must include a scale drawing showing the shape, size, and arrangement of the facility (see instructions for more details).

PHOTOGRAPHS

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

GEOGRAPHIC LOCATION

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

II. FACILITY OWNER

☒ A. 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 Section IX below.

☐ B. 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 LEGAL OWNER	2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST	6. ZIP CODE

OWNER 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L. D. Davis Vice President	L. D. Davis	July 15, 1980

OPERATOR 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5

EPA I.D. NUMBER (enter from page 1)

O	H		0	1	7	4	9	7	5	8	7	10

FACILITY DRAWING

All existing facilities must include in the space provided a scale drawing of the facility (see instructions for more details).

PHOTOGRAPHS

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

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 0 5 4 5 2 N	0 8 1 0 2 5 0 W

III. FACILITY OWNER

☒ A. 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 go to Section IX below.

☐ B. 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

IX. OWNER 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.

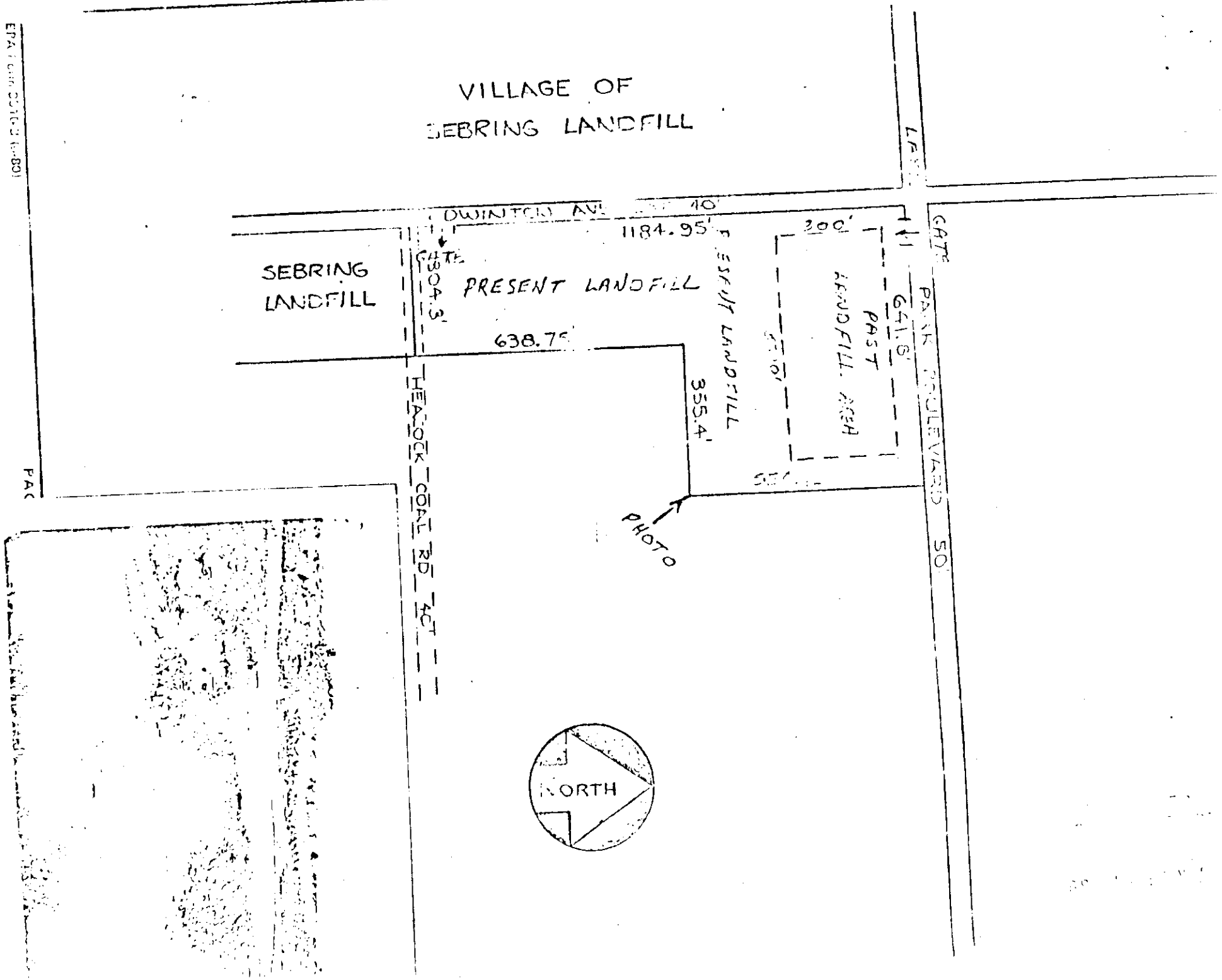
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L. D. Davis Vice President		May 15, 1990

X. OPERATOR 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE


VILLAGE OF
SEBRING LANDFILL
SEBRING LANDFILL
PRESENT LANDFILL
1184.95'
300'
641.5'
PAST LANDFILL AREA
638.75'
355.4'
PHOTO
HEACOCK COAL RD
NORTH
PARK BOULEVARD
50'

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

DRE-8J

8/12/97

J.F. Oesch
Plant Manager
American Steel Foundries
1001 East Broadway
Alliance, Ohio 44601

Re: Change in Project Manager
American Steel Foundries
OHD 017 497 587

Dear Mr. Oesch:

This leter serves as notification that Patricia J. Polston will be the new U. S. Environmental Protection Agency Project Manager for the referenced facility. Please direct all correspondence or documents to the attention of Ms. Polston. The current mailing address is the following:

Patricia J. Polston
MN/OH Section DRE-8J
U. S. EPA
77 W. Jackson
Chicago, IL 60604

If you have any questions, please contact Ms. Polston at (312)886-8093.

Sincerely,

ORIGINAL SIGNED BY
GEORGE J. HAMPER

George Hamper, Section Chief
MN/OH Section

cc: John Palmer, OEPA, NEDO

GH
8/6/97

Recycled/Recyclable•Printed with Vegetable Oil Based Inks on 100% Recycled Paper (40% Postconsumer)

RECEIVED
JUN 29 1982
MFG. DIV.

June 25, 1982

RCRA Activities
U. S. EPA - Region V
P. O. Box 3587A
Chicago, Illinois 60690-3587

RE: American Steel Foundries
1001 East Broadway
Alliance, Ohio 44601
OHDO 17497587

Dear Sirs:

AMSTED Industries Incorporated hereby withdraws the Part A Hazardous Waste Permit Application for its American Steel Foundries facility in Alliance, Ohio. Further testing of the waste stream has shown that this facility has not and does not now treat, store or dispose of any hazardous waste as defined by the EPA.

It is desired to maintain the EPA ID number for this facility.

Very truly yours,

L. D. Davis
Vice President

ps

cc: DEM
FPK

DEPOSITION EXHIBIT
B JD
4/10/90 MN
PENGAD-Bayonne, N. J.

RECEIVED
DEC 3 - 198
OHIO ENVIRONMENTAL PROTECTION AGENCY
N. E. D. O.

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

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F O H D O 1 7 4 9 7 5 8 7 D

LABEL ITEMS

I. EPA I.D. NUMBER	OHD017497587
III. FACILITY NAME	American Steel Foundries
V. FACILITY MAILING ADDRESS	1001 East Broadway
VI. FACILITY LOCATION	Alliance, Ohio 44601

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
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 AMERICAN STEEL FOUNDRIES

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 C.R. DIXON, JR. WORKS MANAGER	216 823 6150

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 1001 EAST BROADWAY

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ALLIANCE	OH	44601

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 LAKE PARK BLVD & EDWINTON AVE

B. COUNTY NAME: MAHONING COUNTY

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 NO MAILING ADDRESS			

RECEIVED 4/09/82

EPA Form 3510-1 (6-80)

JUN 23 1981

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 3325 (specify) CARBON STEEL CASTINGS	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 AMSTED INDUSTRIES INCORPORATED

B. Is the name listed in Item VIII-A also the owner? [X] 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 312 645 1700

E. STREET OR P.O. BOX: 3700 PRUDENTIAL PLAZA

F. CITY OR TOWN: B CHICAGO

G. STATE: IL

H. ZIP CODE: 60601

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N NA	**D. PSD** (Air Emissions from Proposed Sources): 9 P NA
B. UIC (Underground Injection of Fluids): 9 U NA	**E. OTHER** (specify): 9 (specify)
C. RCRA (Hazardous Wastes): 9 R NONE	**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 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)

GREEN SAND STEEL CASTING FACILITY

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
L. D. Davis Vice President	L D Davis	6/16/81

COMMENTS FOR OFFICIAL USE ONLY

C

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

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 1 7 4 9 7 5 8 7 (T/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.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	69	02	19

[ ] 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)*

[X] 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
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

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 (T/A C: 1)

LINE NUMBER	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
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1					7				
2					8				
3					9				
4					10				

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle 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 characteristics and/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 which 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 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 account 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: 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)*.

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 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))
X-1	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				included with above

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completi y ve more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S W O H D 0 1 7 4 9 7 5 8 7 T/A C 1	S 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	D006	800	T	D80	
2					
3					
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26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WA[illegible] (Continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

Particulate emmissions containing heavy metals resulting from Electric Furnace melting are stored and treated on the premises of the facility. Only non-hazardous wastes are disposed of on the landfill sites illustrated.

EPA I.D. NO. *(enter from page 1)*

S F 0 H D 0 1 7 4 9 7 5 8 7 T/A C 6

V. FACILITY DRAWING

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

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

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

VIII. FACILITY OWNER

☐ A. 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.

B. 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.)*
C E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F	C G		

IX. OWNER 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.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
L. D. Davis Vice President	L D Davis	6/16/81

X. OPERATOR 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.

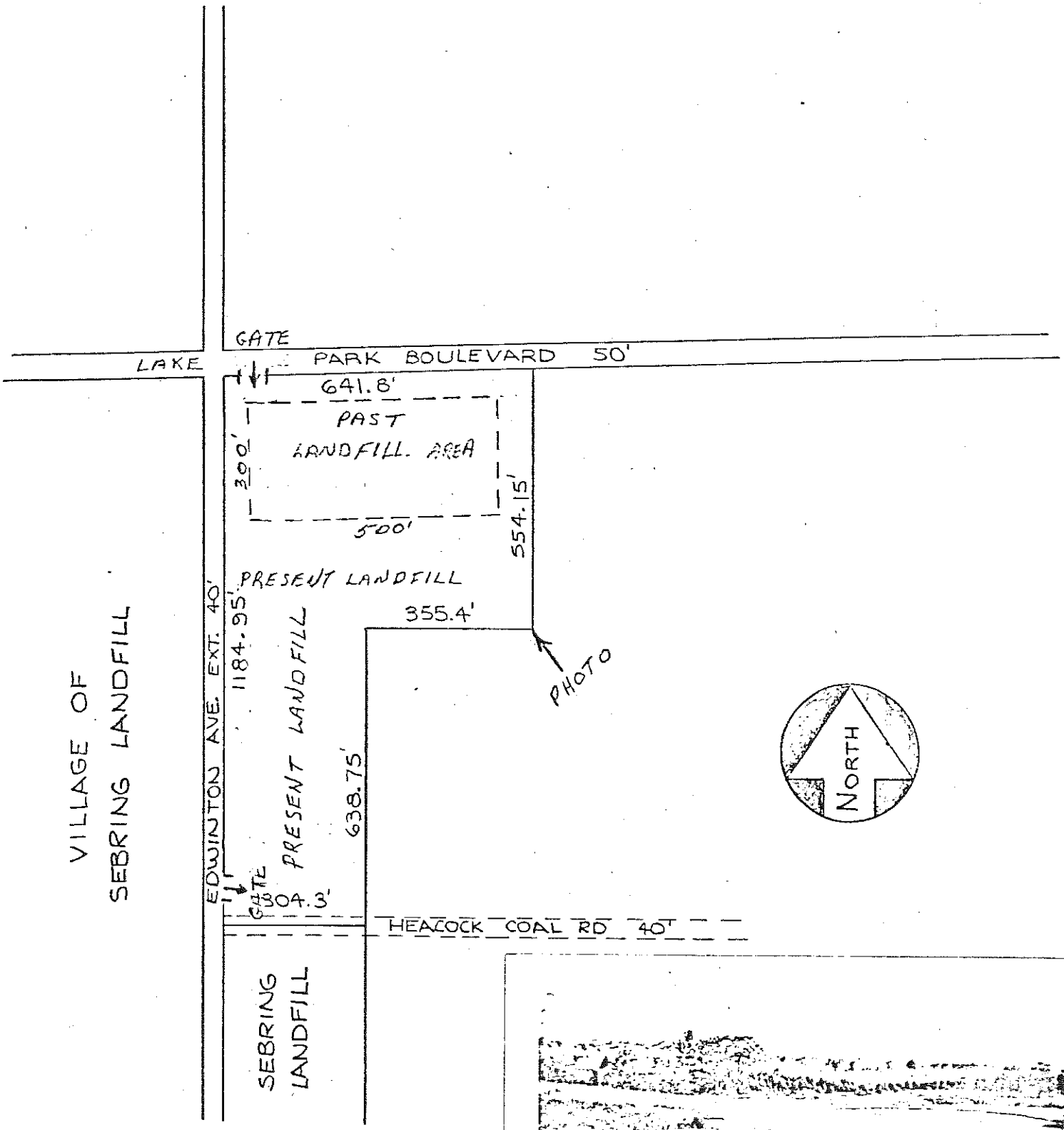
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5

Continued from page 4

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



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

Form Approved OMB No. 158-R0175 25

FORM 1 GENERAL

EPA

S. VIRONMENTAL PROT CTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F OHD017497587 D

LABEL ITEMS

I. EPA I.D. NUMBER	OHD017497587
III. FACILITY NAME	American Steel Foundries
V. FACILITY MAILING ADDRESS	1001 East Broadway
VI. FACILITY LOCATION	Alliance, Ohio 44601

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
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 AMERICAN STEEL FOUNDRIES

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 C.R. DIXON JR. WORKS MANAGER	216 823 6150

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 1001 EAST BROADWAY	4 ALLIANCE	OH	44601

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
5 LAKE PARK BLVD & EDWINTON AVE	MAHONING COUNTY	6 NO MAILING ADDRESS			

NOV 18 1980

CONTINUE ON REVERSE

255

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

A. FIRST	B. SECOND
7 3325 (specify) CARBON STEEL CASTINGS	7 (specify)

C. THIRD	D. FOURTH
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 AMSTED INDUSTRIES INCORPORATED

B. Is the name listed in Item VIII-A also the owner? [X] 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 312 645 1700

E. STREET OR P.O. BOX: 3700 PRUDENTIAL PLAZA

F. CITY OR TOWN	G. STATE	H. ZIP CODE
B CHICAGO	IL	60601

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	9 N		NA
B. UIC (Underground Injection of Fluids)	9 U		NA
C. RCRA (Hazardous Wastes)	9 R		NONE
D. PSD (Air Emissions from Proposed Sources)	9 P		NA
E. OTHER (specify)	9		(specify)
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 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)

GREEN SAND STEEL CASTING FACILITY

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
L. D. Davis Vice President	L D Davis	Nov. 18, 1980

COMMENTS FOR OFFICIAL USE ONLY

C

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

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

S												T/A	C
F	O	H	D	0	1	7	4	9	7	5	8	7	1

1 2 - 12 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

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.)* 71

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	6 9	0 2	1 9
15	73 74	75 76	77 78

[ ] 2. NEW FACILITY *(Complete item below.)* 71

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

YR.	MO.	DAY
73 74	75 76	77 78

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS 72

[ ] 2. FACILITY HAS A RCRA PERMIT 72

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.

S		T/A	C
C	DUP		1

1 2 - 13 14 15

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
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 0	12.485	A		7				
2					8				
3					9				
4					10				

 CONTINUE ON REVERSE

Continued from the front.

255

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CO[illegible] OR DESCRIBING OTHER PROCESSES *(co[illegible] T[illegible])*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

NA

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle 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 characteristics and/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 which 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 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 account 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: 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)*.

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 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if h more than 26 wastes to list.

Form Approved OMB No. 158-S80004 255

EPA I.D. NUMBER (enter from page 1)													T/A	C
W	0	H	D	0	1	7	4	9	7	5	8	7		1

FOR OFFICIAL USE					
W	DUP	T/A	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	D006	800	T	D80	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (Continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NA

EPA I.D. NO. (enter from page 1)														
S	F	0	H	D	0	1	7	4	9	7	5	8	7	T/A C 6

V. FACILITY DRAWING

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

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
40 54 52 N	081 02 30 W

VIII. FACILITY OWNER

[X] A. 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.

B. 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.)
C E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F	C G		

IX. OWNER 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L. D. Davis Vice President	L D Davis	Nov. 18, 1980

X. OPERATOR CERTIFICATION

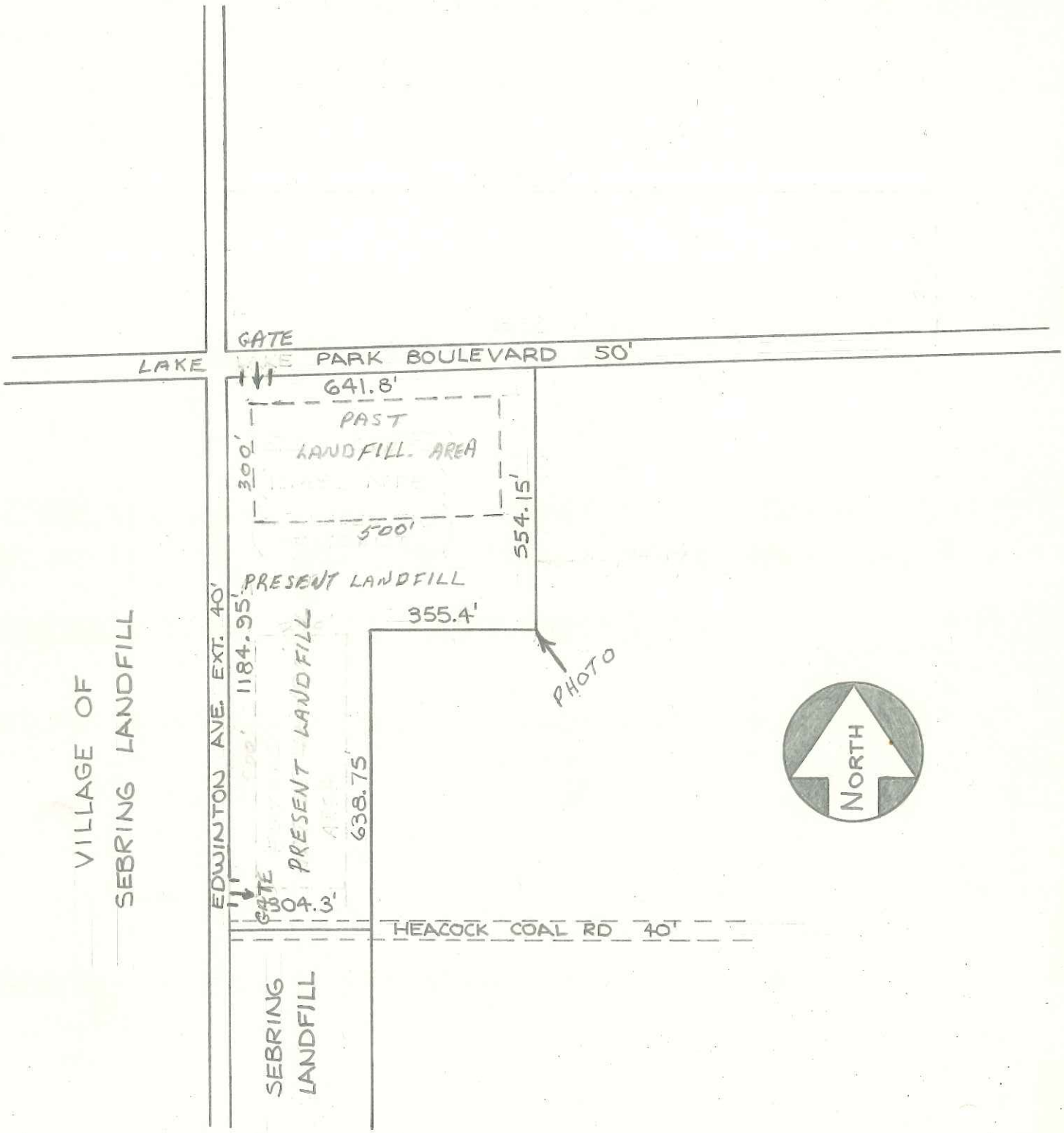
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true,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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

 CONTINUE ON PAGE 5

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

19 APR 1983

RECEIVED
APR 21 1983
ADMINISTRATION

RECEIVED
APR 27 1987
US EPA REGION

Mr. L. D. Davis, Vice President
Amsted Industries, Incorporated
3700 Prudential Plaza
Chicago, Illinois 60601

RE: Withdrawal of Part A
(Non-Hazardous Waste)
FACILITY NAME: American Steel Foundries
USEPA ID No.: OHD 017 497 587

Dear Mr. Davis:

This to acknowledge that the United States Environmental Protection Agency (USEPA) has completed it review of your Part A Hazardous Waste Permit Application and your letter of June 25, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, the wastes which are treated, stored or disposed at your facility are not defined as a hazardous waste in 40 CFR 261.3. It is the opinion of this office, based on the information submitted that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number if you notified that the facility is a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Non-Hazardous Waste)," in all telephone contacts and correspondence.

Sincerely yours,

Karl J. Klepitsch Jr.

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: C. R. Dixon, Jr., Works Manager
OEPA

New not pulled

Bailey/Vernon

AMSTED INDUSTRIES

INCORPORATED

3700 PRUDENTIAL PLAZA · CHICAGO, ILLINOIS · 60601

copy to SIO
copy to notify (Gus)
orig to PA (Becky)

June 25, 1982

RCRA Activities
U. S. EPA - Region V
P. O. Box 3587A
Chicago, Illinois 60690-3587

RE: American Steel Foundries
1001 East Broadway
Alliance, Ohio 44601
OHDO 17497587 TSD PA

Dear Sirs:

AMSTED Industries Incorporated hereby withdraws the Part A Hazardous Waste Permit Application for its American Steel Foundries facility in Alliance, Ohio. Further testing of the waste stream has shown that this facility has not and does not now treat, store or dispose of any hazardous waste as defined by the EPA.

It is desired to maintain the EPA ID number for this facility.

Very truly yours,

L. D. Davis

L. D. Davis
Vice President

ps

cc: DEM
FPK
K.

RECEIVED
JUN 30 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V

RECEIVED
6-30-82

Amsted
INDUSTRIES

Since 1902 ASF LEADERSHIP AND SERVICE

American Steel Foundries

3600 PRUDENTIAL PLAZA • CHICAGO, ILLINOIS 60601 • (312) 644 4080

October 27, 1982

RECEIVED
OCT 28 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V

Miss Elizabeth Utley
RCRA Activities
P.O. Box A-3587
Chicago, Illinois 60690-3587

Dear Miss Utley:

AMERICAN STEEL FOUNDRIES
ALLIANCE WORKS
OHDO 17497587 TSD, PA

This is in response to your telephone conversation on October 25, 1982 with Mr. D. E. Meves.

The Alliance Works originally submitted a Part A application for Interim Status as a Hazardous Waste facility in September of 1980. In June of 1981 an amended application was submitted. These actions were taken as precautionary measures due to the length of time required for testing waste streams. When the results of laboratory testing revealed that none of the waste streams are hazardous wastes as defined by RCRA regulations, it became clear a permit was not necessary. Therefore, on June 25, 1982, a letter was sent by Mr. L. D. Davis, Corporate Vice President, AMSTED Industries Incorporated, withdrawing our Part A application (see attached letter).

On June 2, 1982 the Alliance Works received a letter regarding ground water monitoring requirements. On June 22, 1982 you made a telephone inquiry to the Alliance Works. And on June 24, 1982 the Alliance Works received a letter regarding financial requirements. We did not respond individually to these inquiries because we mistakenly presumed that the letter of June 25, 1982, withdrawing the Part A permit application, would adequately address the situation. Then, on October 4, 1982, the Alliance Works received a second notice regarding financial requirements from Mr. W. H. Miner, USEPA. In response to that notice, a letter was sent by me with a copy of Mr. L. D. Davis' letter of June 25, 1982 attached (see attached letter).

Also attached is a flow diagram of the waste streams at the Alliance Works. By each waste stream the results of the EP Toxicity, leachate analysis are listed. They were performed by the Ohio EPA and an independent laboratory.

RECEIVED 10/28/82

We hope that this information clears up any misunderstanding that we may have caused. If there are any questions please call.

Yours very truly,

Charles A. Ruud

C. A. Ruud
Manager-Safety and Environment

CAR:csm
Attachs.
cc: LFE/DEM
CRD
FPK

pulled

Since 1902 ASF LEADERSHIP AND SERVICE

American Steel Foundries

3600 PRUDENTIAL PLAZA • CHICAGO, ILLINOIS 60601 • (312) 644 4080

October 18, 1982

RECEIVED
OCT 21 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. William H. Miner, Chief
Technical, Permits, and Compliance Section
USEPA
RCRA Activities
Attn. Financial Requirements
P.O. Box A 3587
Chicago, Illinois 60690

Dear Sir:

AMERICAN STEEL FOUNDRIES
OHDO 17497587
5HB - TUB

In reply to your letter received October 4, 1982 to Mr. Charles Dixon, Works Manager, American Steel Foundries, 1001 East Broadway, Alliance, Ohio, we draw your attention to the attached letter.

On June 24, 1982 Mr. Dixon received a letter concerning financial requirements from your office. In response Mr. L. D. Davis, Corporate Vice President, AMSTED Industries Incorporated, sent the attached letter withdrawing the Part A Hazardous Waste Permit Application. As the letter states, further testing of the waste stream has shown that the Alliance facility has not and does not now treat, store, or dispose of any hazardous waste as defined by the EPA.

Yours very truly,

Charles A. Ruud

C. A. Ruud
Manager-Safety and Environment

CAR:csm
Attach.
cc: LFE/DEM
FPK
CRD
Ms. Tegtmeyer-OEPA

RECEIVED

American Steel Foundries
3600 PRUDENTIAL PLAZA • CHICAGO, ILLINOIS 60601 • (312) 644 4080

October 18, 1982

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. William H. Miner, Chief
Technical, Permits, and Compliance Section
USEPA
RCRA Activities
Attn. Financial Requirements
P.O. Box A 3587
Chicago, Illinois 60690

Dear Sir:

AMERICAN STEEL FOUNDRIES
OHDO 17497587
5HB - TUB

In reply to your letter received October 4, 1982 to Mr. Charles Dixon, Works Manager, American Steel Foundries, 1001 East Broadway, Alliance, Ohio, we draw your attention to the attached letter.

On June 24, 1982 Mr. Dixon received a letter concerning financial requirements from your office. In response Mr. L. D. Davis, Corporate Vice President, AMSTED Industries Incorporated, sent the attached letter withdrawing the Part A Hazardous Waste Permit Application. As the letter states, further testing of the waste stream has shown that the Alliance facility has not and does not now treat, store, or dispose of any hazardous waste as defined by the EPA.

Yours very truly,

Charles A. Ruud

C. A. Ruud
Manager-Safety and Environment

CAR:csm
Attach.
cc: LFE/DEM
FPK
CRD
Ms. Tegtmeyer-OEPA

ONE OF THE

PS Form 3811, Jan. 1970

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete ..., 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- [x] Show to whom and date delivered.....¢
- [ ] Show to whom, date and address of delivery....¢
- [ ] RESTRICTED DELIVERY
  Show to whom and date delivered.....¢
- [ ] RESTRICTED DELIVERY.
  Show to whom, date, and address of delivery.$____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

Mr. W. H. Miner
USEPA - Box A3587
Chicago, Illinois 60690

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	318 286 298	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐Addressee ☐Authorized agent

Luisa A. Binder

4. DATE OF DELIVERY

POSTMARK

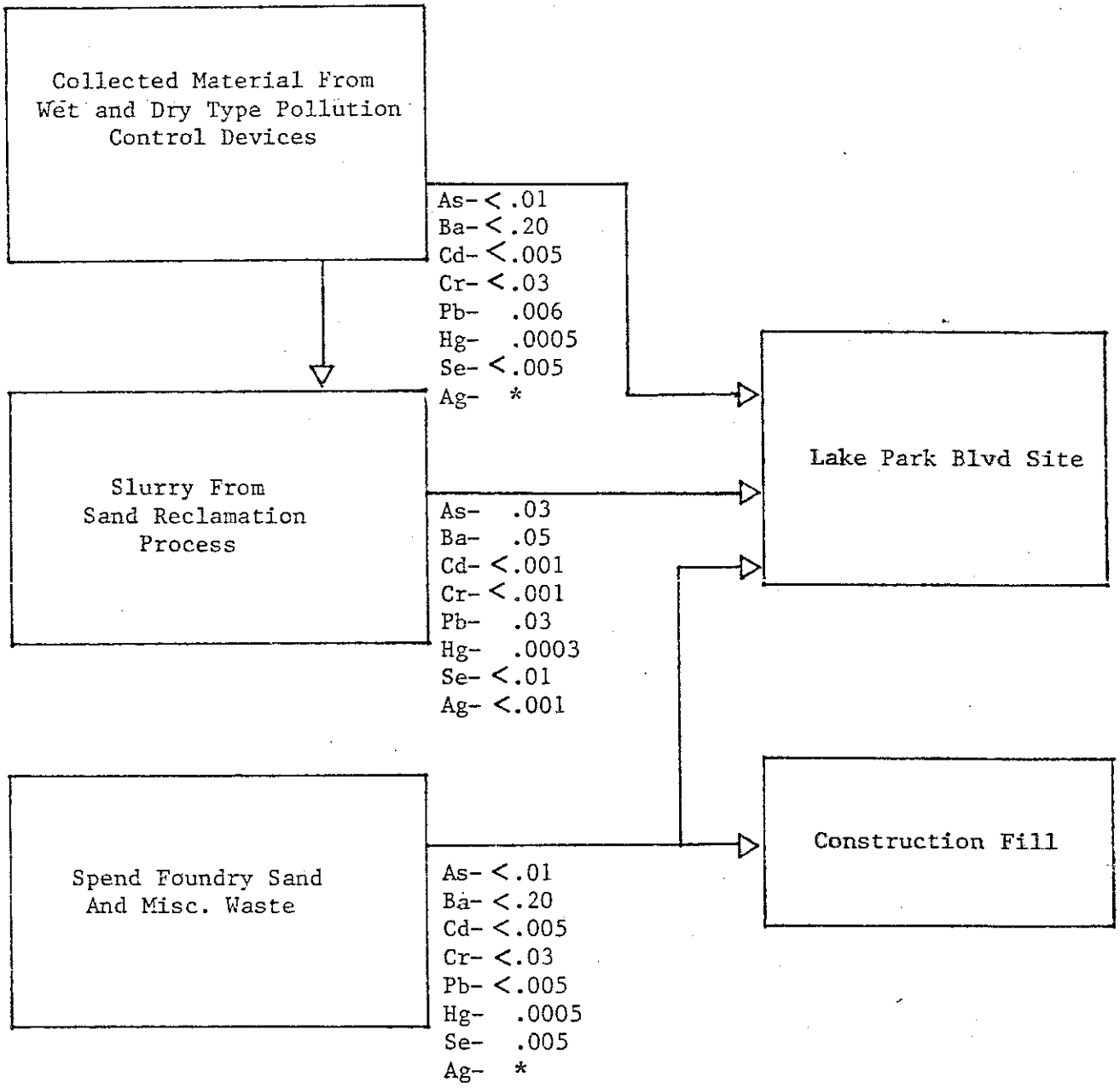
5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1979-300-459

AMERICAN STEEL FOUNDRIES
ALLIANCE WORKS
WASTE STREAM FLOW CHART



* OEPA did not analyze for Ag.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AMSTED INDUSTRIES

American Steel Foundries

INCORPORATED

3700 PRUDENTIAL PLAZA · CHICAGO, ILLINOIS · 60601

OFFICE OF THE
CHIEF PATENT ATTORNEY

June 15, 1981

EPA Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

SUBJECT: Revised Forms 1 and 3
EPA Identification No.
OHD017497587 OK

Dear Sirs:

Enclosed herewith is a revised Form 1 and 3 application for the facility identified on the Forms. The revision is being submitted to report that the landfill site identified in the original application are not hazardous waste facilities. It is requested that the landfills not be included on or removed from any listing of hazardous waste disposal facilities.

The particulate emmissions resulting from the electric furnace melting and casting process are treated prior to being disposed of so as to be non-toxic in accordance with EPA accepted practice.

The particulate emmissions are, however, stored and treated prior to disposal.

Very truly yours,

Fred P. Kostka

Fred P. Kostka
Chief Patent Attorney

FPK:lk
Encl.

RECEIVED 4/09/82

cc: D. E. Meves

JUN 23 1981

SUB. PART A

JUN 23 1981

Amsted INDUSTRIES

P 371 345 874

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to OHD017497587 American Steel	
Street and No. 1001 E Broadway	
P.O., State and ZIP Code Alliance Oh 44601	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

SEP 1982 CHICAGO, IL 60601

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☑ Show to whom and date delivered ..... ___¢
   - ☐ Show to whom, date, and address of delivery .. ___¢
2. ☐ RESTRICTED DELIVERY ___¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $ ___

3. ARTICLE ADDRESSED TO: OHD017497587
American Steel
1001 E. Broadway
Alliance Oh 44601

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☑ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER P23 6913273

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

ASF Drault

5. DATE OF DELIVERY OCT 06 1982

POSTMARK OCT 6 1982 ALLIANCE OHIO 44601 RECD

6. ADDRESSEE'S ADDRESS (*Only if requested*)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-TUB

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Charles Dixon
American Steel Foundries
1001 East Broadway
Alliance, Ohio 44601

RE: American Steel Foundries
OHD017497587

Dear Mr. Dixon:

The referenced company is a hazardous waste treatment, storage, or disposal facility subject to the Resource Conservation and Recovery Act (RCRA) as amended. Federal regulations (40 CFR Part 265 Subpart H) require that such facilities shall provide to the United States Environmental Protection Agency (U.S. EPA) proof of financial assurance for closure by July 6, 1982, and proof of liability coverage by July 15, 1982 (40 CFR 265.143 and 265.147 respectively).

To date U.S. EPA has not received these proofs; consequently, the facility is in violation of the requirements of 40 CFR Part 265 Subpart H. The Agency considers these financial responsibility proofs as significant requirements of the hazardous waste regulations. Failure to provide these required proofs within 30 days of receipt of this notice may subject the facility to enforcement action. RCRA provides for civil penalties up to $25,000 per violation. Please forward the financial responsibility proofs to:

RCRA Activities
ATTN: Financial requirements
P.O. Box A3587
Chicago, Il 60690

Mr. Thomas B. Golz, at (312) 886-4023, can provide additional information concerning this notice.

Sincerely,

William H. Miner

William H. Miner, Chief
Technical, Permits, and Compliance Section

cc: Tegtmeyer - OEPA