A6

EPA

POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
VII	MOD 046370318

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force *(EN-335)*; 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET	
CUPPLES PRODUCTS DIVISION	2650 SOUTH HANLEY ROAD	
C. CITY	**D. STATE**	**E. ZIP CODE**
ST LOUIS	MO	63144

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X		X		
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE *(If yes, complete Section III.)*					
C. REMEDIAL ACTION *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION SITE PREVIOUSLY OCCUPIED BY AMP CO. WHICH MANUFACTURED ELECTRICAL PRODUCTS DURING WW II. NOW OCCUPIED BY CUPPLES WHO FABRICATES ALUMINUM WINDOWS. SPENT SOLVENTS & OTHER HAZARDOUS MATERIALS HANDLED OFF-SITE. JAN 30, 1985 INSPECTION CONDUCTED TO VERIFY REDUCTION IN RCRA STATUS FROM TSD TO GENERATOR. NO EVIDENCE OF PAST OR CURRENT ON-SITE WASTE DISPOSAL. RCRA - SMALL QUANTITY - GENERATOR

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED *(mo., day, & yr.)*

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED *(mo., day, & yr.)* MDNR CONCURS

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
GENE GUNN 10-28-86	(913) 236-2856	10/15/86

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	$	
	$	
	$	
	$	SUPERFUND
OCT 30 1986	$	OCT 28 1986
CERCLIS	$	SITE LOG
	$	
	$	
D. TOTAL ESTIMATED COST	$	

EPA Form T2070-5 (10-79)

Continue On Reverse

A5

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
MO	D046370318

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
CUPPLES PRODUCTS DIVISION	2650 SOUTH HANLEY RD

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
ST LOUIS	MO	63144	ST LOUIS	510	2

09 COORDINATES LATITUDE	LONGITUDE
38°36'55"	90°20'00"

10 DIRECTIONS TO SITE (Starting from nearest public road)

III. RESPONSIBLE PARTIES

01 OWNER (if known)	02 STREET (Business, mailing, residential)
H. H. ROBERTSON COMPANY	TWO GATEWAY CENTER

03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
PITTSBURGH	PA	15222	( )

07 OPERATOR (if known and different from owner)	08 STREET (Business, mailing, residential)

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			( )

13 TYPE OF OWNERSHIP (Check one)
☑ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)
☐ A. RCRA 3001 DATE RECEIVED: / / (MONTH DAY YEAR) ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: / / (MONTH DAY YEAR) ☑ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION
☑ YES DATE 1 31 85 (MONTH DAY YEAR)
☐ NO
BY (Check all that apply)
☐ A. EPA ☐ B. EPA CONTRACTOR ☑ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: _____ (Specify)
CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)
☑ A. ACTIVE ☐ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION
c. 1943 (BEGINNING YEAR) | PRESENT (ENDING YEAR) ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
NONE PERTAINING TO THIS INVESTIGATION

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
NONE

FEB 11 1985

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☑ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
LARRY GARNER JAMES SCHWARTZ	CUPPLES PRODUCTS DIV	(314) 781-6729

04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
KERWIN C SINGLETON	DEQ	MDNR-SLRO	(314) 849-1313	/ / (MONTH DAY YEAR)

EPA FORM 2070-12 (7-81)

SUPERFUND

March 5 1985

SITE LOG

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

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

I. NAME OF INSTALLATION

CUPPLES PRODUCTS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 2650 SOUTH HANLEY ROAD

CITY OR TOWN	ST.	ZIP CODE
4 ST. LOUIS	MO	63144

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 SAME

CITY OR TOWN	ST.	ZIP CODE
6 SAME		

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title	PHONE NO. (area code & no.)
2 SCHWARTZ JAMES MGR. TECH SVCS.	314-781-6729

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 HH ROBERTSON COMPANY

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))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [ ] 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.

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

C. INSTALLATION'S EPA I.D. NO.: MOD046370318

IX. DESCRIPTION OF HAZARDOUS WASTES

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

A2

Cupples Products

~~Joe~~ - Is this o you or ~~Beth~~ working on. If not route to Beth H.

/SWMG

DIVISION OF H. H. ROBERTSON COMPANY
2650 SOUTH HANLEY ROAD
ST LOUIS, MISSOURI 63144
314 781 6729

SEP 9 1982

on VII K.C., MO

September 7, 1982

United States Environmental
Protection Agency, Region VII
324 East Eleventh Street
Kansas City, Missouri. 64106

Attn: Mr. Robert L. Morby
Chief Waste Management Branch
Air and Waste Management Div.

Per your request dated August 26, 1982, enclosed is our re-submission of the Notification of Hazardous Waste Activity Form 8700-12.

If you have any questions, please contact me.

Yours very truly,

J. Schwartz, Mgr.
Technical Services

JS:sks

cc: Mr. H. Richter, V.P. Production

make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

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

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

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

T/A C

GM D D 0 4 6 3 7 0 3 1 8 1

1 2 13 14 15

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

Midwest Oil

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

F M O D 0 0 6 2 9 0 8 0 3

16 28

X. FACILITY ADDRESS

1900 Walton Road
St. Louis, Mo. 63114

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

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	Waste Oil	NA (33 34)	Non-Hazardous (35–38 / 39–42; 43–46 / 47–50)	2275 (51–59)	P (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

...ines in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

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

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

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

G M O D 0 4 6 3 7 0 3 1 8 T/A C (1 2 13 14 15)

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

I.L.W.D.

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

F I N D 0 0 0 2 5 3 6 0 9 (16 28)

X. FACILITY ADDRESS

7901 West Morris Street
Indianapolis, Ind. 46231

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

XII. WASTE IDENTIFICATION

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

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

make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

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

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

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

C M O D 0 4 6 3 7 0 3 1 8 T/A C

1 2 13 14 15

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

U.S. Ecology

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

F I L D 0 4 5 0 6 3 4 5 0

16 28

X. FACILITY ADDRESS

P.O. Box 158
Sheffield, Ill. 61361

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

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	Cold Stripper	08 (33 34)	F001 (35 38) (39 42) (43 46) (47 50)	2300 (51 59)	P (60)
	2	Liquid Envelope	08	D001	3500	P
	3	Turco 5837	08	D001	4400	P
	4	Turco 5404	13	F001 U188	8000	P
	5	Waste Oil	15	U188	1800	P
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

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

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

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

G M O D O 4 6 3 7 0 3 1 8 T/A C

1 2 13 14 15

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

Clayton Chemical

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

F I L D 0 6 6 9 1 8 3 2 7

16 28

X. FACILITY ADDRESS

#1 Mobil Avenue
Sauget, Ill. 62201

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

XII. WASTE IDENTIFICATION

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

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

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

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

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

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

T/A C

G M O D 0 4 6 3 7 0 3 1 8 [ ] [ ]

1 2 13 14 15

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

Bob's Home Service

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

F M O D 0 6 8 5 2 1 2 2 8

16 28

X. FACILITY ADDRESS

Route 1, Box 116F
Wright City, Mo. 63390

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

McKesson Chemical MOD084396985 US Ecology ILD045063450
Indiana Liquid Transport IND058484114 Bob's Home Service MOD068521228

XII. WASTE IDENTIFICATION

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

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

Jerry Russel Bliss MOD052623717
Earls Drain Oil

A3

State File

Do not make entries in shaded areas

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

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

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

MOD046370318 07 G

CUPPLES PRODUCTS DIV
ATTN: SCHWARTZ, JAMES/ MGR TECH
2650 S HANLEY RD
ST LOUIS MO 63144

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

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

I. GENERATOR'S EPA I.D. NUMBER

TAC

F M O D 0 4 6 3 7 0 3 1 8 1
1 2 13 14 15

II. NAME OF INSTALLATION

C U P P L E S P R O D U C T S D I V I S I O N
30 69

III. INSTALLATION MAILING ADDRESS

3 2 6 5 0 S O. H A N L E Y R O A D
15 16 45

Street or P.O. Box

4 S T. L O U I S M O 6 3 1 4 4
15 16 41 42 47 51

City or Town State Zip Code

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

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town State Zip Code

V. INSTALLATION CONTACT

2 J A M E S H S C H W A R T Z
15 16 45

Name (last and first)

3 1 4 - 7 8 1 - 6 7 2 9
46 55

Phone No. (area code & no.)

VI. CERTIFICATION

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

James H. Schwartz Mgr Tech 2/13/83

Print/Type Name Title Signature of Authorized Representative Date Signed

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

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 ➤ MOD046370318

Cupples Products Division
2650 S Hanley Road
St. Louis, MO 63144

INSTALLATION ADDRESS ➤ 2650 S ~~XXXXX~~ Hanley Road
St. Louis, MO 63144

EPA Form 8700-12B (4-80)

NTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
MO	D046370318

AND INCIDENTS

01 ☐ A. GROUND WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED _____	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED _____	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED _____	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED _____	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ (Acres)	02 ☐ OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 ☐ OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 ☐ OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED
01 ☐ I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 ☐ OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	☐ POTENTIAL	☐ ALLEGED

FEB 11 1985

EPA FORM 2070-12 (7-81)

EPA

HAZARDOUS WASTE SITE
MINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE MO 02 SITE NUMBER MOD046370318

HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species) — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES (Spills/runoff/standing liquids/leaking drums) — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

EPA FORM 2070-12 (7-81)

...TIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
MO	D046370318

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID
- ☐ B. POWDER/FINES
- ☐ C. SLUDGE
- ☐ F. LIQUID
- ☐ G. GAS
- ☐ D. OTHER _____ (Specify)

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

TONS _____

CUBIC YARDS _____

NO OF DRUMS _____

03 WASTE CHARACTERISTICS (Check all that apply)

- ☐ A. TOXIC
- ☐ B. CORROSIVE
- ☐ C. RADIOACTIVE
- ☐ D. PERSISTENT
- ☐ E. SOLUBLE
- ☐ F. INFECTIOUS
- ☐ G. FLAMMABLE
- ☐ H. IGNITABLE
- ☐ I. HIGHLY VOLATILE
- ☐ J. EXPLOSIVE
- ☐ K. REACTIVE
- ☐ L. INCOMPATIBLE
- ☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA FORM 2070-12 (7-81)

Cupples Products

DIVISION H. H. ROBERTSON COMPANY
2650 SOUTH HANLEY ROAD
ST. LOUIS, MISSOURI 63144

Mr. J. Schwartz

United States Environmental
Protection Agency, Region VII
324 East Eleventh Street
Kansas City, Missouri. 64106

Attn: Mr. Robert L. Morby

I.D. – P

W

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
F001	F005	F003			
7	8	9	10	11	12

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
19	20	21	22	23	24
25	26	27	28	29	30

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
37	38	39	40	41	42
43	44	45	46	47	48

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

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.)*

D007

- [ ] 1. IGNITABLE (D001)
- [X] 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
	JAMES H. SCHWARTZ MGR TECHNICAL SERVICES	9/7/82

I.D. – FOR OFFICIAL

W M O D 0 4 6 3 7 2

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
F017	F018	F005	F001		
7	8	9	10	11	12

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
19	20	21	22	23	24
25	26	27	28	29	30

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
U159	U161	U220	U228	U239	
37	38	39	40	41	42
43	44	45	46	47	48

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

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.)*

D007

☐ 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.

DETACH

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	Mac Tech Services	10/7/88

EPA Form 8700-12 (6-88) REVERSE

D002 - NOTE: ALUMINUM CLEANING TANKS - ALL OVERFLOWS AND WASTE ARE TREATED FOR pH AND DISCHARGED INTO METROPOLITAN SEWER DISTRICT.

D000 - NOTE: DISCHARGE TO BE CHECKED FOR CHROME LEVEL.

Please print or type with ELITE type [illegible]

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

EPA

INSTALLATION'S EPA I.D. NO.	MOD046370318
I. NAME OF INSTALLATION	~~Supplies Products Div.~~ ~~ROBERTSON H H COMPANY~~
II. INSTALLATION MAILING ADDRESS	2650 S HANLEY RD ST LOUIS, MO 63144
III. LOCATION OF INSTALLATION	2650 S HANLEY RD ST LOUIS, MO 63144

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*).

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: T DOU 3703 33

APPROVED:

DATE RECEIVED (yr., mo., & day): 8 01 07

CITY OR TOWN | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: SAME

CITY OR TOWN: SAME | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (*last, first, & job title*): SCHWARTZ JAMES MGR TECH SERV

PHONE NO. (*area code & no.*): 314-781-6729

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: H. H. ROBERTSON CO

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)*)

- [X] 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.

IX. DESCRIPTION OF HAZARDOUS WASTES

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