UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 28 1982

Mr. Will Robrecht
Assistant Manager Eng.
Detrex Chemical Industries, Inc.
P.O. Box 501
Detroit, Michigan 48232

RE: Interim Status Acknowledgement USEPA ID No. MID020906764
FACILITY NAME: Detrex Chemical Industries, Inc.

Dear Mr. Robrecht:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

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

425
5/27/82

Enclosure
cc: R.J. Jones, Vice President

FACILITY NAME

DETREX CHEMICAL INDUSTRIES INC

EPA ID NUMBER

MID020906764

FACILITY OPERATOR

DETREX CHEMICAL INDUSTRIES INC

FACILITY OWNER

DETREX CHEMICAL INDUSTRIES INC

FACILITY LOCATION

312 ELLSWORTH AVENUE SW
GRAND RAPIDS MI 49503

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
T04	2000.00000	U
S01	20000.00000	G
S02	1900.00000	G

OK
JES
5/27/82

KEY

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE
STORAGE:		
CONTAINER	S01	G OR L
TANK	S02	G OR L
WASTE PILE	S03	Y OR C
SURFACE IMPOUNDMENT	S04	G OR L
DISPOSAL:		
INJECTION WELL	D79	G,L,U, OR V
LANDFILL	D80	A OR F
LAND APPLICATION	D81	B OR Q
OCEAN DISPOSAL	D82	U OR V
SURFACE IMPOUNDMENT	D83	G OR L
TREATMENT:		
TANK	T01	U OR V
SURFACE IMPOUNDMENT	T02	U OR V
INCINERATOR	T03	D,W,E, OR H
OTHER	T04	J,R,N,S,U,V

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\HOUR	W
GALLONS\HOUR	E
LITERS\HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q
POUNDS\HOUR	J
KILOGRAMS\HOUR	R
TONS PER DAY	N
METRIC TONS\DAY	S

Ex. 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 → * MID020906764 REACKNOWLEDGEMENT

DETREX CHEMICAL INDUSTRIES INC
PO BOX 501
DETROIT MI 48232

INSTALLATION ADDRESS → 312 ELLSWORTH AVENUE SW
GRAND RAPIDS MI 49503

EPA Form 8700-12B (4-80)

10/03/81

Please print or type with ELITE type (12 charac[illegible] in the unshaded areas only.

Form Approved OMB No. 158-S79016
GS[illegible]. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO. — Add Gen. 3-11-81 SP

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

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: F MID020906764 2 1 — APPROVED: A — DATE RECEIVED (yr., mo., & day): 820711

000016

I. NAME OF INSTALLATION

DETREX CHEMICAL INDUSTRIES INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 501

CITY OR TOWN: 4 DETROIT — ST.: MI — ZIP CODE: 48232

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 312 ELLSWORTH AVENUE SW

CITY OR TOWN: 6 GRAND RAPIDS — ST.: MI — ZIP CODE: 49503

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 ROBRECHT WILL ASST MGR ENG — PHONE NO. *(area code & no.)*: 313-358-5800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DETREX CHEMICAL INDUSTRIES INC

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
- [X] 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
- [X] 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.: MID020906764

IX. DESCRIPTION OF HAZARDOUS WASTES

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

JUL 11 1980

CONTINUE ON REVERSE

I.D. -- FOR OFFICIAL USE ONLY

S													T/A	C
W	M	I	D	0	2	0	9	0	6	7	6	4	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
F001	F002				
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.)*

☐ 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
W G Robrecht	W. G. Robrecht, Assistant Manager, Corporate Engineering	7/9/80

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

Required under authority of Act 64, P.A. 1979 as amended and Act 136, P.A.

FORM 1

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F M I D 0 2 0 9 0 6 7 6 4 D

APPLICATION FOR HAZARDOUS WASTE TREATMENT, STORAGE OR DISPOSAL FACILITY CONSTRUCTION PERMIT OR OPERATING LICENSE

NOV 28 1988

U.S. EPA, REGION V

II. CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION (check one)

A. CONSTRUCTION PERMIT APPLICATION

X B. OPERATING LICENSE APPLICATION

If this is an operating license application, mark an X in the appropriate box:

1. ☐ FIRST APPLICATION (NEW FACILITY)
2. ☒ FIRST APPLICATION (EXISTING FACILITY)
3. ☐ RENEWAL APPLICATION
4. ☐ APPLICATION FOR LICENSE REVISION
5. ☐ RESEARCH, DEVELOPMENT & DEMONSTRATION LICENSE APPLICATION

III. NAME OF FACILITY

1 SKIP GOLD SHIELD SOLVENTS

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 SHARON BURNS	616 454 9269

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 3 1 2 E L L S W O R T H A V E . S . W .

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 G R A N D R A P I D S	M I	4 9 5 0 3

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 3 1 2 E L L S W O R T H A V E . S . W .

B. COUNTY NAME: K E N T

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 G R A N D R A P I D S	M I	4 9 5 0 3	

VIII. TITLEHOLDER OF LAND

A. NAME: 8 HEYBOER AND BOLT CEILING & CERAMICS, INC.

B. STREET OR P.O. BOX: 5 7 2 4 C L A Y A V E . S . W .

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. PHONE (area code & no.)
8 G R A N D R A P I D S	M I	4 9 5 0 8	A 616 531 2330

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2 6 6 9 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: DETREX CORPORATION

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 313 358 5800

E. STREET OR P.O. BOX: PO BOX 5111

F. CITY OR TOWN: SOUTHFIELD

G. STATE: MI

H. ZIP CODE: 48086

I. INDIAN LAND: Is the facility located on Indian lands? [ ] YES [X] NO

OWNERSHIP

A. NAME: DETREX CORPORATION

E. STREET OR P.O. BOX: PO BOX 5111

F. CITY OR TOWN: SOUTHFIELD

G. STATE: MI

H. ZIP CODE: 48086

D. PHONE (area code & no.): A 313 358 5800

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N

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

B. UIC (Underground Injection of Fluids): 9 U

E. OTHER (specify) (specify)

C. RCRA (Hazardous Wastes): 9 R

E. OTHER (specify) (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. 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)

WAREHOUSE & DISTRIBUTION FOR HALOGENATED SOLVENTS

XIII. FEE INFORMATION (check A or B)

A. ☐ CONSTRUCTION PERMIT FEE

1. ☐ COST OF REVIEW
2. ☐ FIXED FEE (complete the following) — FEE

a. Check type of facility:

- ☐ Land Disposal ($9,000) — $ _____
- ☐ Incineration or other treatment ($7,200) — $ _____
- ☐ Storage ($500) — $ _____

b. Site size _____ acres (see fee schedule) — $ _____

c. Projected waste volume (see fee schedule)

_____ Gallons/day — $ _____

OR _____ Cubic yards/day — $ _____

d. Hydrogeological characteristics for land disposal

- ☐ Natural Clay
- ☐ Sand
- ☐ Compacted Clay
- ☐ Artificial Liner — $ _____

e. For treatment or storage facilies:
Is there surface water on the site?

- ☐ No
- ☐ Yes ($75) — $ _____

TOTAL FIXED FEE COST: — $ _____

B. ☒ OPERATING LICENSE FEE — $ 500.00

XIV. OPERATOR CERTIFICATION

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
R. J. JONES, VICE PRESIDENT	Robert J. Jones	11-4-88

XV. OWNER CERTIFICATION

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
R. J. JONES, VICE PRESIDENT	Robert J. Jones	11-4-88

XVI. TITLEHOLDER OF LAND CERTIFICATION

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

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

387

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

S F M I D 0 2 0 9 0 6 7 6 4 3 T/A D C

LABEL ITEMS

- EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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	MARK 'X' NO	MARK 'X' 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		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 DETREX CHEMICAL INDUSTRIES INC

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 ROBRECHT WILL ASST MGR ENG	313	358	5800

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 501

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 DETROIT	MI	48232

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 312 ELLSWORTH AVE SW

B. COUNTY NAME

KENT

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 GRAND RAPIDS	MI	49503	081

EOB

NOV 18 1991

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 2 8 6 9 (specify)	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: DETREX CHEMICAL INDUSTRIES INC

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 313 358 5800

E. STREET OR P.O. BOX: PO BOX 501

F. CITY OR TOWN: B DETROIT

G. STATE: MI

H. ZIP CODE: 48232

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	D. PSD (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): 9 U	E. OTHER (specify): 9 (specify)
C. RCRA (Hazardous Wastes): 9 R	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.

F9 B/50

XII. NATURE OF BUSINESS (provide a brief description)

WAREHOUSE AND DISTRIBUTION OF INDUSTRIAL SOLVENTS

F9 A/51

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
R. J. Jones, Vice President	R. J. Jones	11-14-80

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).

387

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

UNITED STATES 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: F M I D 0 2 0 9 0 6 7 6 4 T/A: 3 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.)*

[ ] 2. NEW 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: 8 — YR.: 7 0 — MO.: 0 6 — DAY: 1 5

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)*

[ ] 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	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: C — DUP — T/A: 3 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
X-1	~~S 0 2~~	~~600~~	~~G~~	
X-2	~~T 0 3~~	~~20~~	~~E~~	
1	S 0 1	20,000 ØØØ	G	
	S 0 2	1900 ØØØ	G	
3	T 0 4	2000 ØØØ	U	
4				
5				
6				
7				
8				
9				
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.

(T04) - 2 distillation units - each with a capacity of 1000 G.P.D.

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 you have 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 M I D 0 2 0 9 0 6 7 6 4 T/A 3 C 1	S W DUP T/A 3 C 2 DUP

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	F 0 0 1	755,000	P	T 0 4	
2	F 0 0 2	175,000	P	S 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAST (continued)

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

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

S F: M I D 0 2 0 9 0 6 7 6 4 T/A: 3 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).* F6 A/55

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).* F6 N/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
42 56 25 0	85 40 20 0

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.)*
E: Detrex Chemical Industries, Inc.	313 - 358 - 5800

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F: P. O. Box 501	G: Detroit	MI	48232

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
R. J. Jones, Vice President	R. J. Jones	11-14-80

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.

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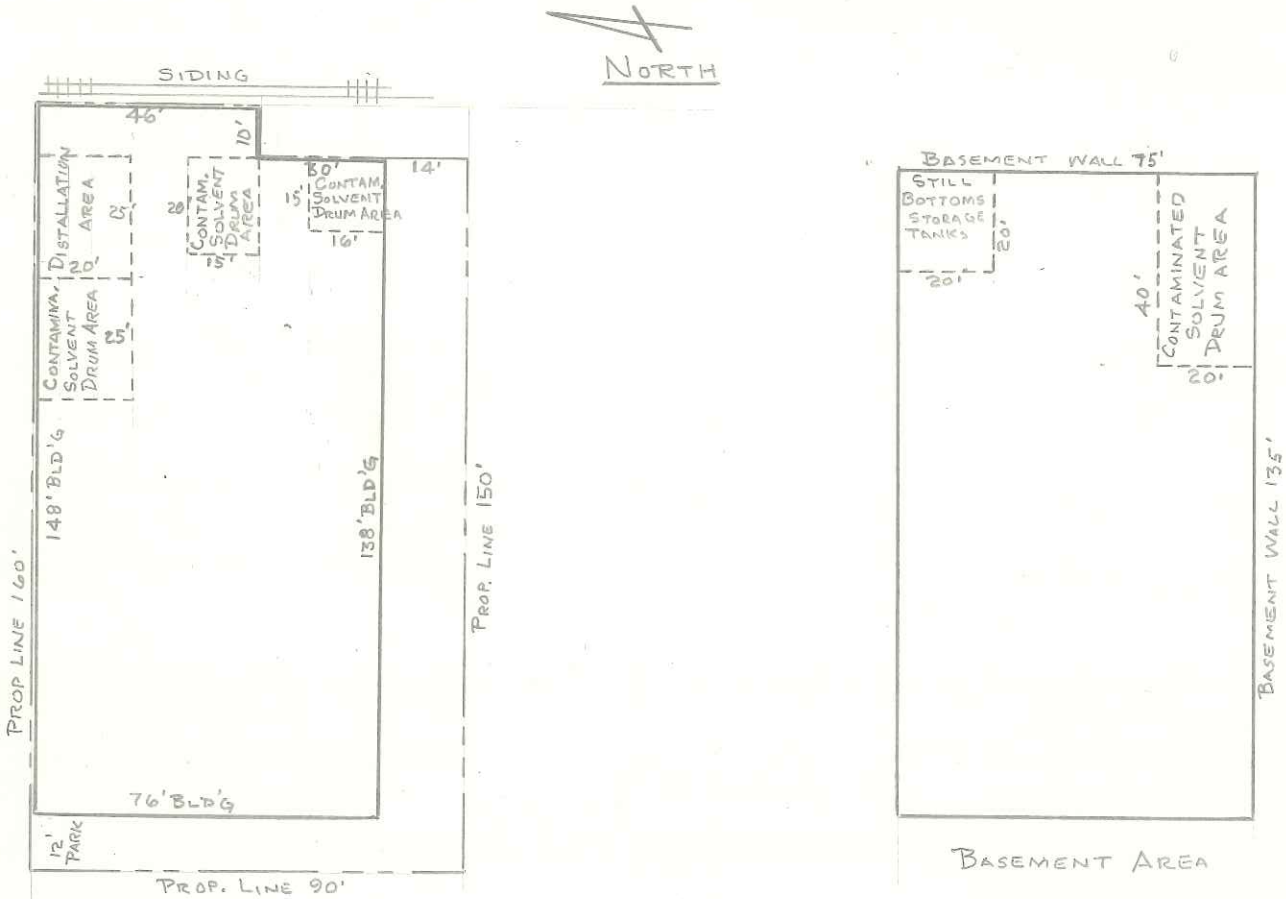
V. FACILITY DRAWING *(see page 4)*



GOLD SHIELD SOLVENTS
312 ELLSWORTH S.W.
GRAND RAPIDS, MICH., 49503
SCALE 1" = 40'-0"

Do not make entries in shaded areas

O.M.B. #: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

2 reports

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

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

This Installation's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

II. GENERATOR'S EPA I.D. NUMBER

T/A C

FMID020906764 1 (1–12, 13–15)

gi TSD

III. NAME OF INSTALLATION

DETREX CHEMICAL INDUSTRIES, INC. (30–69)

IV. INSTALLATION MAILING ADDRESS

3 PO BOX 501 (15–45)
Street or P.O. Box

4 DETROIT (15–41) MI (41–42) 48232 (47–51)
City or Town — State — Zip Code

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

5 3112 ELLSWORTH AVE SW (15–45)
Street or Route number

6 GRAND RAPIDS (15–41) MI (41–42) 49503 (47–51)
City or Town — State — Zip Code

VI. INSTALLATION CONTACT

2 ROBRECHT, WILL (15–45)
Name (last and first)

313-358-5800 (46–55)
Phone No. (area code & no.)

VII. 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.

W. G. Robrecht, Mgr., Corp. Engr. — W G Robrecht — 2/10/84

Print/Type Name — Title — Signature of Authorized Representative — Date Signed

Tear out here

EPA Form 8700-13A(5-80) (Revised 11-83)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

GMID020906764 (T/A/C: 1)

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

Chemical Recovery Systems

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

FMTD016097584 4

XI. FACILITY ADDRESS

36345 VanBorn
Romulus, MIchigan 48174

XII. TRANSPORTATION SERVICES USED

Chemical Recovery Services Truck & Trailer
MID 060975844

XIII. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. DOT Hazard code (33–34)	C. EPA Hazardous Waste No. (see instructions) (35–38, 39–42, 43–46, 47–50)	D. Amount of Waste (51–59)	E. Unit of Measure (60)
	1					
	2	Chlorinated Distillation Residues	15	F002	4,14,00	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

MID 020906764 1 (T/A/C)

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

Gold Shield Solvents

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

MID 091605972

XI. FACILITY ADDRESS

12886 Eaton Avenue
Detroit, MIchigan 48227

XII. TRANSPORTATION SERVICES USED

Gold Shield Solvents

XIII. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1		15	F001	3300000	P
2	Spent Chlorinated Solvents		T04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

OMB#: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. . . . . ☐

Explain your non-regulated status in the space below.

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

II. FACILITY EPA I.D. NUMBER

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

D E T R E X C H E M I C A L I N D U S T R I E S, I N C.

30 69

IV. FACILITY MAILING ADDRESS

3 P O B O X 5 0 1

15 16 45

Street or P.O. Box

4 D E T R O I T M I 4 8 2 3 2

15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5 3 1 2 E L L S W O R T H A V E . S W

15 16 45

Street or Route number

6 G R A N D R A P I D S M I 4 9 5 0 3

15 16 41 42 47 51

City or Town State Zip Code

VI. FACILITY CONTACT

2 R O B R E C H T W I L L

15 16 45

Name (last and first)

3 1 3 — 3 5 8 — 5 8 0 0

46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

$ 3 7 9 2 $, ,

16 19 22 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. 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.

W. G. Robrecht Mgr. Corp. Engr. 2/10/84

Print/Type Name Title Signature of Authorized Representative Date Signed

EPA Form 8700-13B(5-80) (Revised 11-83)

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ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

F M I D 0 6 4 4 6 7 0 4 6

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Yamaha ON-SITE ☐

XII. GENERATOR ADDRESS

3050 Breton Road S.E.
Grand Rapids, MIchigan 49508

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 0 0 1 (36 37 40; 41 44; 45 48)	T (49 51)	5500 (52 60)	P (61)
	2	Spent Chlorinated Solvents		T0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

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

G M I D 9 8 0 8 2 5 9 8 8

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Wolverine WorldWide ON-SITE ☐

XII. GENERATOR ADDRESS

465 Wolverine St.
Rockford, MIchigan 49351

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		3300	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

M I D 0 4 8 2 2 6 2 0 3

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

United Technologies ON-SITE ☐

XII. GENERATOR ADDRESS

475 N. Lake Street
Boyne City, MIchigan 49712

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (23–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		3300	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

4 of 62

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A.C

F M I D 0 2 0 9 0 6 7 6 4 1
1 2 13 14 15

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

C M I D 0 4 3 6 8 2 9 9 6
16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

United Technologies ON-SITE ☐

XII. GENERATOR ADDRESS

1567 S. Airport Road W.
Traverse City, MI chigan 49684

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		11,550	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A.C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

G M I D 0 6 5 8 7 3 6 5 5

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Tubelite ON-SITE ☐

XII. GENERATOR ADDRESS

Old U.S. 131
Reed City, MIchigan 49677

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29 32	1		P 001 (36 37 40; 41 44 45 48)	(49 51)	12350 (52 60)	P (61)
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

6 62

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

C M I D 0 0 5 3 2 7 7 7 0

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

TubeForming Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

399 N. Western Avenue
Cheboygan, MIchigan 49721

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29 32	1		F 001 (33 36 37 40; 41 44 45 48)	(39 51)	10,000 (52 60)	P (61)
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

tear out here

Page 2 of 62

Please make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1
1 2 13 14 15

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

G M I D 0 6 5 8 4 1 2 1 5
16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Tru Heat Corporation ON-SITE ☐

XII. GENERATOR ADDRESS

700 Grand St.
Allegan, MIchigan 49010

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		4000	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

MID 0 5 3 6 6 8 0 1 8

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Texas Instruments ON-SITE ☐

XII. GENERATOR ADDRESS

P.O. Box 185-Highway M-88
Central Lake, MIchigan 49622

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		14,300	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

C M I D 0 0 6 4 0 7 5 9 7

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Teledyne Continental ON-SITE ☐

XII. GENERATOR ADDRESS

76 Getty Street
Muskegon, MIchigan 49442

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		29,000	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. (T/A C)

F M I D 0 2 0 9 0 6 7 6 4 1 1

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

G M I D 0 0 6 0 1 7 3 3 9

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Shaw Walker Co. ON-SITE ☐

XII. GENERATOR ADDRESS

921 Western Avenue
Muskegon, MIchigan 49443

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		3850	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

G M I D 0 0 6 0 2 2 1 2 3

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Screw Machine Specialties ON-SITE ☐

XII. GENERATOR ADDRESS

14080 172nd Street
Grand Haven, MIchigan 49417

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F001		16450	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

C M I T 2 7 0 0 1 3 6 5 9

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Petoskey Manufacturing ON-SITE ☐

XII. GENERATOR ADDRESS

200 West Lake Street
Petoskey, MIchigan 49770

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (28–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		24750	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

EMID020906764 (T A C 1)

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

GMID000759008

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Parker Hannifin Brass ON-SITE ☐

XII. GENERATOR ADDRESS

8790 W. Tamarack Road
P.O. Box 156
Lakeview, MIchigan 48850

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F001		4800	P
2	Spent Chlorinated Solvents		T04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T.A.C.)

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

G M I D 0 5 1 7 5 9 4 5 4

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Parker Hannifin Corp. ON-SITE ☐

XII. GENERATOR ADDRESS

601 S. Wilmott Street
Otsego, MIchigan 49078

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		4400	P
	2	Spent Chlorinated Solvents		T0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

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

G M I D 0 4 1 9 2 3 6 1 6

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Nelson Metal Products ON-SITE ☐

XII. GENERATOR ADDRESS

2950 Prairie Street
Grandville, MIchigan 49418

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		10,000	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI MENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (TAC)

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

G M I D 0 8 8 8 6 2 9 3 3

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Muskegon Piston Ring Co. ON-SITE ☐

XII. GENERATOR ADDRESS

1839 Sixth Street
Muskegon, MIchigan 49443

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		194,200	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVI MENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 1 (T/A C)

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

G M I D 0 0 6 0 2 5 8 1 1

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Miller Smith Mfg. Co. ON-SITE ☐

XII. GENERATOR ADDRESS

601 W. Savidge St.
Spring Lake, MIchigan 49456

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 001		4400	P
2	Spent Chlorinated Solvents		T0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 1 3 2 4 7

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Metzgar Conveyor Co. ON-SITE ☐

XII. GENERATOR ADDRESS

901 Metzgar Drive
Comstock Park, MIchigan 49321

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		8800	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (TAC)

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

G M I 6 0 0 0 0 1 7 0 8

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Mercury Displacemnnt ON-SITE ☐

XII. GENERATOR ADDRESS

U.S. 12 EAst
Edwardsburg, MIchigan 49112

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 001		3500	P
2	Spent Chlorinated Solvents		T 0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T/A C)

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

G M I D 0 0 6 0 1 4 2 6 0

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Leslie Metal Arts Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

3225 32nd St., Plant # 1
Grand Rapids, MIchigan 49508

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		4500	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

13 14 15

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

G M I D 0 0 6 0 1 1 7 9 6 6

6 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Lamina Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

Airport Road
Bellaire, MIchigan 49615

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (Line #)	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1	[illegible]	F 001		7700	P
2	Spent Chlorinated Solvents		T 04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (TAC 1)

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

GMTG000003600

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Lakeshore Automatic Products

ON-SITE ☐

XII. GENERATOR ADDRESS

701 W. Second St.
Ferrysburg, MIchigan 49409

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		550	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV' NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 (T.A.C. 1)

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

G M I D 0 4 3 6 8 1 8 4 0

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Kysor of Cadillac ON-SITE ☐

XII. GENERATOR ADDRESS

1100 Wright Street
Cadillac, MIchigan 49601

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		1100	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

C M I D 0 - 0 6 0 3 1 7 8 5

5 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

ON-SITE ☐

Kersco

XII. GENERATOR ADDRESS

1894 Roberts
Muskegon, MIchigan 49442

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence =	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
24 32	1		33 P 001 36 37 40 41 44 45 48	49 51	52 2750 60	P 61
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI. MENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 1 6 7 0 3

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Kaydon Corporation

ON-SITE ☐

XII. GENERATOR ADDRESS

2840 McCracken Street
Muskegon, MIchigan 49443

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		65 00	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (TAC 1)

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

GMID006011464

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Kaminga Manufacturing ON-SITE ☐

XII. GENERATOR ADDRESS

1337 Judd S.W.
Grand Rapids, MIchigan 49509

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		4950	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I G 0 0 0 0 0 1 6 4 1

1 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Impert Industries Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

557&1/2 W. M-89
Otsego, MIchigan 49078

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (Line #)	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F001		4050	P
2	Spent Chlorinated Solvents		T04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Tear out here

Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

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

G M T D 0 0 6 0 1 8 2 7 9

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Imperial Metal Products ON-SITE ☐

XII. GENERATOR ADDRESS

801 Ionia N.W.
Grand Rapids, MIchigan 49503

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		D 001		9350	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Humphrey Products ON-SITE ☐

XII. GENERATOR ADDRESS

Kilgore @ Sprinkle Road.
Kalamazoo, MIchigan 49003

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

G M I G 0 0 0 0 0 0 1 7 2

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		3700	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 0 7 1 8 5 8 5

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Higgins Industries ON-SITE ☐

XII. GENERATOR ADDRESS

Box 455 - Garfield Street
Vanderbilt, MIchigan 49795

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29 32	1		33 F 001 36 37 40 / 41 44 45 48	49 51	52 3500 60	61 P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV' NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T/A C)

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

G M I D 0 0 6 0 2 5 8 2 4

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Hastings Manufacturing ON-SITE ☐

XII. GENERATOR ADDRESS

325 N. Hanover Street
Hastings, MIchigan 49058

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # Line	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 001		12350	P
2	Spent Chlorinated Solvents		T 0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENV' NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

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

G M I D 0 0 5 0 7 0 0 2 4

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Harter Corporation ON-SITE ☐

XII. GENERATOR ADDRESS

Box 400 Prairie Avenue
Sturgis, MIchigan 49091

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		1520	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

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

G M I T 2 7 0 0 1 3 1 7 0

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Harlo Products

ON-SITE ☐

XII. GENERATOR ADDRESS

2940 44th Street S.W.
Grandville, MIchigan 49418

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		1650	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

TAC

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I T 2 7 0 0 1 3 1 8 8

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Harlo Products ON-SITE ☐

XII. GENERATOR ADDRESS

4210 Ferry St. S.W.
Grandville, MIchigan 49418

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		1=1 00	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 T/A C 1 1

13 14 15

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

G M I G 0 0 0 0 0 1 6 5 2

28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Hammond Machinery ON-SITE ☐

XII. GENERATOR ADDRESS

610 S. Platt Street
Otsego, MIchigan
49078

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 001		1 1 00	P
2	Spent Chlorinated Solvents		T 04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 (T A C) 1

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

G M I G 0 0 0 0 0 4 0 3 0

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Greenland Polishing Co.

ON-SITE ☐

XII. GENERATOR ADDRESS

9945 Greenland Drive
Rockford, MIchigan 49341

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		4500	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

TAC

MID 020906764 1

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

GMI G000 0 0 0 1 1 6 6 2

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Grand Rapids Polishing & Buffing ON-SITE ☐

XII. GENERATOR ADDRESS

2946 Hillcroft S.W.
Grand Rapids, MIchigan 49508

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		4500	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear off here

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

TAC

FMID020906764 1

1 2 13 14 15

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

GMID980614762

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Gast Manufacturing ON-SITE ☐

XII. GENERATOR ADDRESS

9970 Red Arrow Highway
Bridgeman, MIchigan 49106

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29 32	1		33 F001 36 37 40 41 44 45 48	49 51	52 4000 60	61 P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 2 5 4 3 1

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Fruitport Metal

ON-SITE ☐

XII. GENERATOR ADDRESS

28 N. Third Avenue
Fruitport, MIchigan 49415

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		1 6 50	P
	2	Spent Chlorinated Solvents		T0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T-A-C)

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

G M I D 0 4 9 2 4 1 2 4 3

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Four Star Corporation ON-SITE ☐

XII. GENERATOR ADDRESS

East M-115 Highway
Mesick, MIchigan 49668

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 0 0 1		2 0 8 0	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

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

G M I G 0 0 0 0 0 3 4 2 3

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Foresight Enterprises Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

4101 Roger Chaffee Drive S.E.
Grand Rapids, MIchigan 49508

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 0 0 1		1 0 0 0	P
2	Spent Chlorinated Solvents		T 0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 2 1 4 1 4

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Federal Mogul

ON-SITE ☐

XII. GENERATOR ADDRESS

510 E. Grove Street
Greenville, MIchigan 48838

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		2 5 9 5 0	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (T.A.C. 1)

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

GMID006015002

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Evans Products ON-SITE ☐

XII. GENERATOR ADDRESS

701 Ann Street N.W.
Grand Rapids, MIchigan 49504

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		1100	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M T D 0 8 0 3 5 6 8 7 6

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Elastodyne ON-SITE ☐

XII. GENERATOR ADDRESS

203 Cutler Avenue
Spring Lake, MIchigan 49456

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (28–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (36–40, 41–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		P 0 0 3		1 1 0 0 0	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

E M I D 0 2 0 9 0 6 7 6 4 1 1

2 13 14 15

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

G M I D 0 0 2 9 7 1 5 3 9

3 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Duo-Tang Products

ON-SITE ☐

XII. GENERATOR ADDRESS

828 Duo Tang Road
Paw Paw, MIchigan 49079

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence = Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 0 0 1		5 3 2 5 0	P
2	Spent Chlorinated Solvent		T0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (TAC)

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

G M I D 0 4 7 1 4 8 6 4 8

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Clarage Fan Co. ON-SITE ☐

XII. GENERATOR ADDRESS

1 Clarage Place
Kalamazoo, MIchigan 49001

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 001		550	P
2	Spent Chlorinated Solvents		T 04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (TAC)

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

G M I D 0 7 2 5 8 8 4 3 7

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Bulman Products Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

1650 McReynolds N.W.
Grand Rapids, MIchigan 49504

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 0 0		4 3 8 0	P
2	Spent Chlorinated Solvents		T 0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I G 0 0 0 0 0 1 8 1 9

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Cadillac Molded Rubber ON-SITE ☐

XII. GENERATOR ADDRESS

600 7th Street
Cadillac, MIchigan

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 001		1 9 2 0	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 0 8 1 8 3 6 1

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Cooper Electronics

ON-SITE ☐

XII. GENERATOR ADDRESS

591 E. Church
Reed City, MIchigan

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		3850	P
	2	Spent Chlorinated Solvent		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T A C)

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

G M I G 0 0 0 0 0 2 0 1 7

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Brillcast

ON-SITE ☐

XII. GENERATOR ADDRESS

2544 Thornwood
Grand Rapids, MIchigan 49509

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 0 0 1		1 6 50	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

EMID020906764 (TAC 1)

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

GMIG000016 54

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Borroughs Tool & Equip,. ON-SITE ☐

XII. GENERATOR ADDRESS

2429 N. Burdick
Kalamazoo, MIchigan 49007

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 001		110	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVI NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (TAC 1)

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

GMID005109699

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Koehring Benton Harbor ON-SITE ☐

XII. GENERATOR ADDRESS

331 Miller Street
Benton Harbor, MIchigan 49022

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		1500	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number--see instructions)

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FAC

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 2 2 8 0 0

1 2 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Bissell Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

2345 Walker Road
Grand Rapids, MIchigan 49501

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (Line #)	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 0 0 1		3 3 0 0	P
2	Spent Chlorinated Solvents		T 04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

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Do not make entries in shaded areas

ENV' NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

TAC

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 6 0 1 8 1 9 6

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Belding Products ON-SITE ☐

XII. GENERATOR ADDRESS

209 E. Main Street
Belding, MIchigan 48809

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1	[illegible]	F 0 01		5 0 000	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (TAC: 1)

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

GMID005119748

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Auto Specialties Mfg. Co. ON-SITE ☐

XII. GENERATOR ADDRESS

643 Graves St., P.O. Box 8
St. Joseph, MIchigan 49085

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE ____ UOM ____ S02 AMOUNT OF WASTE ____ UOM ____ S03 AMOUNT OF WASTE ____ UOM ____

S04 AMOUNT OF WASTE ____ UOM ____ S05 AMOUNT OF WASTE ____ UOM ____

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		6000	P
	2	Spent Chlorinated Solvents		T 04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENV' NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

FMID020906764 (TAC 1)

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

GMID980614092

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Austin Tube Products ON-SITE ☐

XII. GENERATOR ADDRESS

4477 Forman Road
Baldwin, MIchigan 49304

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F001		159 50	P
	2	Spent Chlorinated Solvents		T04		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1 1

1 2 13 14 15

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

G M I D 0 0 6 4 0 6 1 0 2

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Ano-Kal Company

ON-SITE ☐

XII. GENERATOR ADDRESS

734 Jersey Street
Plainwell, MIchigan 49080

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 0 0 1		100	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

F M I D 0 2 0 9 0 6 7 6 4 1 (T/A C)

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

M T D 0 0 0 0 0 3 3 3 7

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Armaly Sponge Co. ON-SITE ☐

XII. GENERATOR ADDRESS

1428 M-139
Benton Harbor, MIchigan 49022

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1		F 0 0 1		8 2 4 1	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

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Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 0 2 0 9 0 6 7 6 4 1

13 14 15

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

G M I D 0 2 1 0 3 3 7 8

28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Alken-Ziegler Inc. ON-SITE ☐

XII. GENERATOR ADDRESS

406 S. Park Drive
Kalkaska, MIchigan 49646

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		33 F 0 0 1 40		5 4 5 0	P
2	Spent Chlorinated Solvents		T 04		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

Do not make entries in shaded areas

ENV NMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

F M I D 0 2 0 9 0 6 7 6 4 1

1 2 13 14 15

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

G M I D 0 0 5 3 2 1 9 4 8

16 28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Aero-Motive Mfg. Co. ON-SITE ☐

XII. GENERATOR ADDRESS

5688 ML Avenue
P.O. Box 2678
Kalamazoo, MIchigan 49003

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–40, 41–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1		F 0 0 1		5 3 0 0	P
	2	Spent Chlorinated Solvents		T 0 4		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

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

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

T A C

M I D 0 2 0 9 0 6 7 6 4 1

13 14 15

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

G M I D 0 5 1 7 5 9 0 8 2

28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

A.S.P. & Manufacturing On-site ☐

XII. GENERATOR ADDRESS

702 N. Sixth Street
Grand Haven, MIchigan 49417

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM

S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
1		F 0 0 1		7 1 5 0	P
2	Spent Chlorinated Solvent		T 0 4		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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

DETREX CHEMICAL INDUSTRIES, INC.

P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-224-4756

TELEPHONE
(313) 358-5800

February 10, 1984

RCRA Activities
EPA Region V
P. O. Box A-3587
Chicago, IL 60690-3587

Attention: Biennial Report

Gentlemen:

Enclosed are the "Generator" and "Facility" Reports for our facility:

MID 020906764

312 Ellsworth Ave., S.W.
Grand Rapids, MI 49503

Very truly yours,

W. G. Robrecht
Manager of Corporate Engineering

WGR/smb

Encl.

cc: J. Harrison