UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

FEB 22 1989

JEROME AMBER ENGR
FORD MOTOR CO
ALLEN PARK CLAY MINE LANDFILL
15201 CENTURY DR STE 608
DEARBORN MI 48120

RE: EPA ID #: MID980568711

In response to your request of DEC 1988 the following information has been updated:

CONTACT PERSON + MAIL ADR PER ABOVE
ACTIVITY: SMALL QUANT. GEN.
ADDED WASTE CODE PER NOTIF.

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

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

file

REPLY TO ATTENTION OF: RCRA ACTIVITIES

DEC 9 1982

TRETHEWEY,B.C. MGR
FORD MOTOR CO ALLEN PARK CLAY MINE
3001 MILLER RD ROOM 2042
DEARBORN MI 48121
FACILITY: OAKWOOD BLVD & SOUTHFIE
LOCATION: ALLEN PARK MI 48101
ID NO.: MIT270010093

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010093

NEW I.D. NO.: MID980568711

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch Jr.

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

cc: Facility owner

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

JUN 1 3 1982

REPLY TO ATTENTION OF
RCRA ACTIVITIES

B. C. Trethewey
Ford Motor Company Allen Park Clay Mine
3001 Miller Road Room 2042
Dearborn, MI 48121

RE: Interim Status Acknowledgement USEPA ID No. MIT270010093
FACILITY NAME: Ford Motor Company Allen Park Clay Mine

Dear Mr. Trethewey:

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

Enclosure

cc: Paul T. Brosnahan

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

89.1761

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

For Official Use Only

Comments: C C

Installation's EPA ID Number: C F — T/A C 1

Approved

Date Received *(yr. mo. day)*

I. Name of Installation

ALLEN PARK CLAY MINE LANDFILL

II. Installation Mailing Address

Street or P.O. Box (C 3): 15201 CENTURY DR SUITE 608

City or Town (C 4): DEARBORN — State: MI — ZIP Code: 48120

III. Location of Installation

*ADDRESS CLARIFICATION NOT A LOCATION CHANGE

Street or Route Number (C 5): 17005 OAKWOOD BLVD

City or Town (C 6): ALLEN PARK — State: MI — ZIP Code: 48101

IV. Installation Contact

Name and Title *(last, first, and job title)* (C 2): JEROME AMBER ENGR

Phone Number *(area code and number)*: 313 322 4644

V. Ownership

A. Name of Installation's Legal Owner (C R): FORD MOTOR COMPANY

B. Type of Ownership *(enter code)*: P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

RECEIVED DEC 15 1988 RCRA-IMS REGION V

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. 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 ID Number in the space provided below.

*phone call 12/21/88 pp

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: MID 980568711

ID — Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
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 sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K061	K087				
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 hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted 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)*

XI. 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 and Official Title *(type or print)*	Date Signed
Jerome S. Amber	Jerome S. Amber, Principal Staff Engineer	Dec 12, '88

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 → ~~MIT270010093~~ REACKNOWLEDGEMENT

FORD MOTOR CO ALLEN PARK CLAY MINE
3001 MILLER ROAD ROOM 2042 ROB
DEARBORN MI 48121

INSTALLATION ADDRESS → OAKWOOD BLVD AND SOUTHFIELD
ALLEN PARK MI 48101

EPA Form 8700-12B (4-80)

10/03/81

I.D. – FOR OFFICIAL USE ONLY

S W 1 2 [illegible] 13 T/A 14 C 15 1

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
F016					
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
K061					
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.)*

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

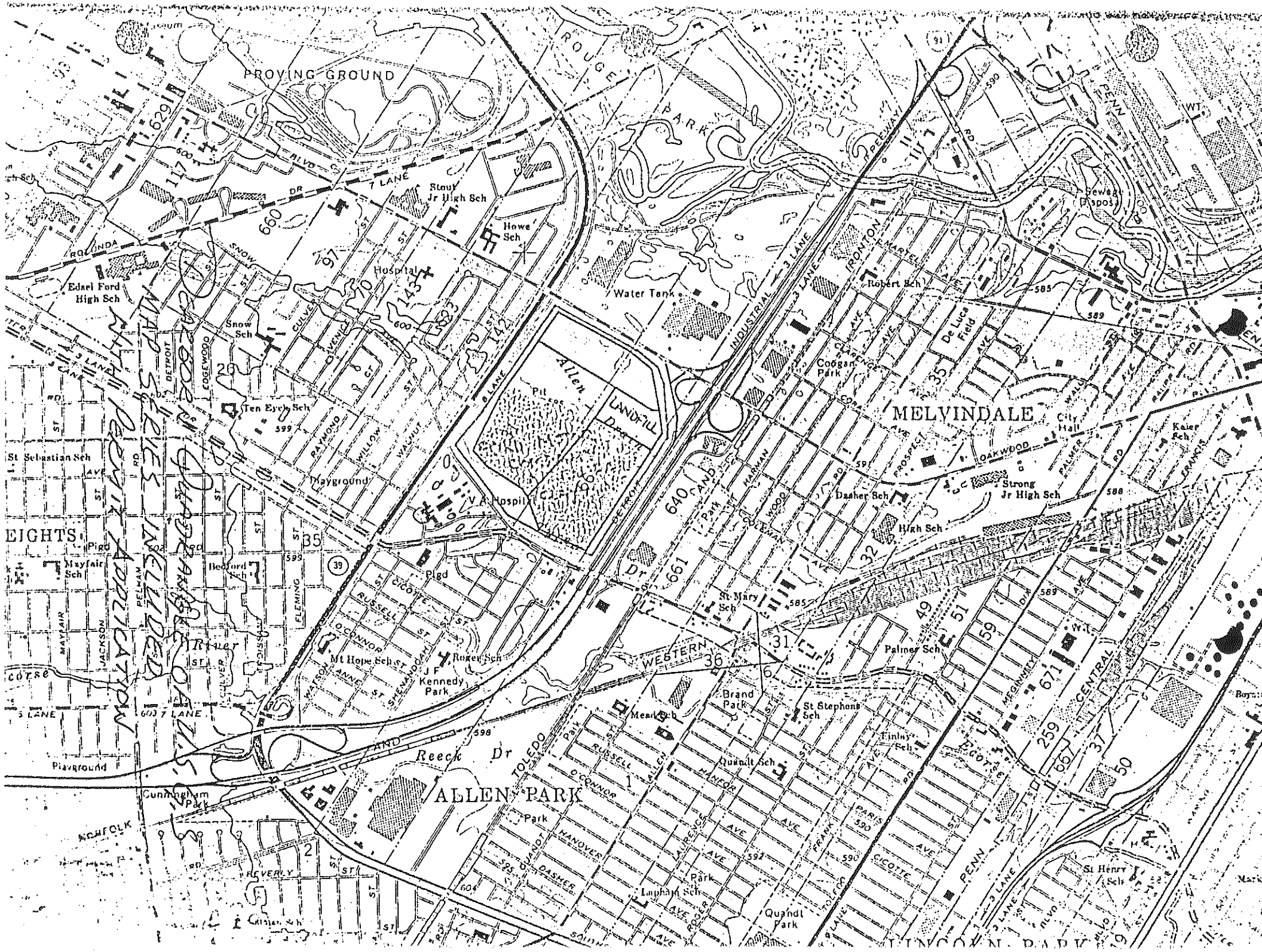
DETACH

X. CERTIFICATION

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

DETACH

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
P. T. Brosnahan	P. T. Brosnahan General Manager	Aug 11, 1980


PROVING GROUND
ROUGE PARK
Stout Jr High Sch
Howe Sch
Hospital
Edsel Ford High Sch
Snow Sch
Ten Eyck Sch
Water Tank
Allen Landfill
Pit
Robert Sch
Coogan Park
De Luca Field
Sewage Disposal
MELVINDALE
City Hall
Kaiser Sch
Strong Jr High Sch
Dasher Sch
High Sch
St Sebastian Sch
Playground
V A Hospital
EIGHTS
Mayfair Sch
Bedford Sch
Mt Hope Sch
Roger Sch
J F Kennedy Park
St Mary Sch
Palmer Sch
Brand Park
St Stephens Sch
Meade Sch
Tinley Sch
Quandt Sch
Reeck Dr
ALLEN PARK
Cunningham Park
Lapham Sch
Quandt Park
St Henry Sch
Park
Playground
River
WESTERN
CENTRAL
PENN
TOLEDO
NORFOLK
BEVERLY
INDUSTRIAL
IRONTON
OAKWOOD
PALMER
PROSPECT
HARMAN
WOOD
LEWIN
CLARENCE
FRANK
PARIS
HANOVER
DASHER
QUANDT
RUSSELL
O'CONNOR
CICOTTE
MEGINNEY
ROUGE
ALVD
DR
7 LANE
3 LANE
SNOW
CULVER
AVENUE
RAYMOND
WILLOW
WALNUT
EDGEWOOD
DETROIT
PELHAM
FLEMING
MAYFAIR
JACKSON
WATSON
ANNE
SHENANDOAH
COTSE
FRANCIS
WALL
PALMER
RD
AVE
ST
CT
LANE
WT
MAP 2 SOUTHEASTERN MELVINDALE

Gundle Lining Systems Ir
Gundle

19103 Gundle Rd.
Houston, Texas 77073
U.S.A.

Phone: (713) 443-8564
Toll Free: (800) 435-2008
Telex: 4620281 GUNDLE HOU
Fax: (713) 875-6010

RECEIVED
APR 10 1990
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

April 6, 1990

Mr. Dave Petrovski
U.S. EPA
Region 5
230 S. Dearborn
Chicago, IL 60604

Dear Mr. Petrovski:

This letter addresses standard test methods and properties at Ford Motor Company's Allen Park Clay Mine Landfill located in Dearborn, Michigan. It concerns specific gravity, puncture testing, and hardness testing.

Specific gravity is presently specified in the Fort Motor permit as ASTM D792. This test is not a routine procedure for HDPE manufacturers since it is much more cumbersome than ASTM D1505 which conveys the same information. ASTM D1505 is quite acceptable to the National Sanitation Foundation which has specified it in its draft revision of Table 5 for HDPE liners. Precision in the test is the same as for ASTM D792; i.e., to 3 decimal places.

Puncture resistance is presently specified at 350 lbs. for FTMS 101 Method 2031. The value specified is actually a "typical", i.e., an average performance, but is not a minimum acceptable performance value. A proper minimum value would be specified at 220 lbs. for 80 mil Gundline HD.

Similarly, hardness is presently specified at 60 Shore D. This is also a "typical" performance value. A minimum specification for the liner should be 50. This accommodates the softer borderline medium/high density resins preferred today for liners.

Please call if you have any questions.

Very truly yours,

Mark Cadwallader

Mark Cadwallader
Director of Research
and Technical Development

MC:jg

Enclosure

cc: Mr. Dave Miller, Ford (313/322-0700)
Mr. Craig Summers, Gundle
Mr. Bob Landreth

TABLE 5. MATERIAL PROPERTIES

HIGH DENSITY POLYETHYLENE (HDPE)
NON-TEXTURED SHEET

PROPERTY	TEST METHOD	30 MIL	40 MIL	50 MIL	60 MIL	80 MIL	100 MIL	ALL THICKNESS
THICKNESS, MILS MINIMUM AVERAGE	ASTM D751 (AS MODIFIED IN APPENDIX A)	30	40	50	60	80	100	NOMINAL
THICKNESS, MILS LOWEST INDIVIDUAL	ASTM D751 (AS MODIFIED IN APPENDIX A)	27	36	45	54	72	90	10% BELOW NOMINAL
DENSITY, G/CM³	ASTM D792 OR ASTM D1505	0.940	0.940	0.940	0.940	0.940	0.940	0.940
MINIMUM TENSILE PROPERTIES (EACH DIRECTION)	ASTM D638 (AS MODIFIED IN APPENDIX A)							
1. TENSILE STRENGTH AT YIELD LB/IN WIDTH (LBS/IN²)		63	84	105	126	168	210	(2100)
2. TENSILE STRENGTH AT BREAK LB/IN WIDTH (LBS/IN²)		114	152	190	228	304	380	(3800)
3. ELONGATION AT YIELD, PERCENT		12	12	12	12	12	12	12
4. ELONGATION AT BREAK, PERCENT		560	560	560	560	560	560	560
TEAR RESISTANCE, LBS (LBS/IN THICKNESS) MINIMUM	ASTM D1004	20	26	33	39	52	65	(650)
LOW TEMPERATURE IMPACT, °C MAXIMUM ALLOWABLE FAILURE TEMPERATURE	ASTM D746	-60	-60	-60	-60	-60	-60	-60
DIMENSIONAL STABILITY PERCENT, MAXIMUM ALLOWABLE	ASTM D1204 (AS MODIFIED IN APPENDIX A)	± 2.0	± 2.0	± 2.0	± 2.0	± 2.0	± 2.0	± 2.0
ENVIRONMENTAL STRESS CRACK MINIMUM HOURS WITH NO FAILURES	ASTM D1693 (AS MODIFIED IN APPENDIX A)	1000	1000	1000	1000	1000	1000	1000
PUNCTURE RESISTANCE MINIMUM, LBS (LBS/IN THICKNESS)	FTMS 101 METHOD 2065	36	48	60	72	96	120	(1200)
CARBON BLACK CONTENT PERCENT, ALLOWABLE RANGE	ASTM D1603	2.0-3.0	2.0-3.0	2.0-3.0	2.0-3.0	2.0-3.0	2.0-3.0	2.0-3.0
CARBON BLACK DISPERSION ACCEPTABLE LEVELS	ASTM D3015 (AS MODIFIED IN APPENDIX A)			——A1, A2 OR B4——				
FACTORY AND FIELD SEAM REQUIREMENTS[13]								
BONDED SEAM STRENGTH MINIMUM SHEAR, LB/IN WIDTH, (LB/IN²)	ASTM D4437 (AS MODIFIED IN APPENDIX A)	60	80	100	120	160	200	(2000)
SEAM PEEL ADHESION MINIMUM PEEL, LB/IN WIDTH (LB/IN²)	ASTM D4437 (AS MODIFIED IN APPENDIX A)	FTB[14] 39	FTB[14] 52	FTB[14] 65	FTB[14] 78	FTB[14] 104	FTB[14] 130	FTB[14] (1300)

PROPOSED

[13] Factory bonded seam strength is the responsibility of the fabricator. Factory seams are further discussed in Item 4.2.

[14] FTB - Film Tear Bond.

Environmental and Safety Engineering Staff
Ford Motor Company

Suite 608
15201 Century Drive
Dearborn, Michigan 48120

July 17, 1989

Basil G. Constantelos, Director
Waste Management Division
RCRA Activities
U.S. EPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

Subject: Ford Allen Park Clay Mine Landfill
EPA ID No. MID 980 568 711
Permit Signatory Requirement

2 TSD PART "A"

Dear Mr. Constantelos:

As required in Part I Paragraph E. of the subject facility operating permit, enclosed please find a letter that delegates signatory authority per 40 CFR 270.11.

Should you have any question regarding this submittal, please contact Mr. David S. Miller of this Office at 313/322-0700.

Yours truly,

Jerome S. Amber

Jerome S. Amber
Principal Staff Engineer
Stationary Source Environmental
Control Office
313/322-4646

DSM
Enclosure

cc: Ardys Bennett

RECEIVED
JUL 20 1989
RCRA-IMS
U.S. EPA, REGION V

Vice President
Environmental and
Safety Engineering

July 11, 1989

To Whom It May Concern:

Subject: Delegation of Authority -- Allen Park Clay Mine Landfill

I hereby delegate to Mr. J. S. Amber, Principal Staff Engineer, Stationary Source Environmental Control Office, authority to submit to government regulatory agencies duly approved reports and other documents on behalf of Ford Motor Company with respect to waste handling and disposal facilities at the Allen Park Clay Mine Landfill located in Allen Park, Michigan.

H.O. Petrauskas

H. O. Petrauskas

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 — I

FOR OFFICIAL USE ONLY: W DUP — 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE 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	P028	1,000	T	D80				
2	P029	1,000	T	D80				
3	P030	1,000	T	D80				
4	P031	1,000	T	D80				
5	P033	1,000	T	D80				
6	P034	1,000	T	D80				
7	P036	1,000	T	D80				
8	P037	1,000	T	D80				
9	P038	1,000	T	D80				
10	P039	1,000	T	D80				
11	P040	1,000	T	D80				
12	P041	1,000	T	D80				
13	P042	1,000	T	D80				
14	P043	1,000	T	D80				
15	P044	1,000	T	D80				
16	P045	1,000	T	D80				
17	P046	1,000	T	D80				
18	P047	1,000	T	D80				
19	P048	1,000	T	D80				
20	P049	1,000	T	D80				
21	P050	1,000	T	D80				
22	P051	1,000	T	D80				
23	P054	1,000	T	D80				
24	P056	1,000	T	D80				
25	P057	1,000	T	D80				
26	P058	1,000	T	D80				

CONTINUE ON REVERSE

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

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE C: W DUP T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

W/O/N	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	P059	1,000	T	D80	
2	P060	1,000	T	D80	
3	P062	1,000	T	D80	
4	P063	1,000	T	D80	
5	P064	1,000	T	D80	
6	P065	1,000	T	D80	
7	P066	1,000	T	D80	
8	P067	1,000	T	D80	
9	P068	1,000	T	D80	
10	P069	1,000	T	D80	
11	P070	1,000	T	D80	
12	P071	1,000	T	D80	
13	P072	1,000	T	D80	
14	P073	1,000	T	D80	
15	P074	1,000	T	D80	
16	P075	1,000	T	D80	
17	P076	1,000	T	D80	
18	P077	1,000	T	D80	
19	P078	1,000	T	D80	
20	P081	1,000	T	D80	
21	P082	1,000	T	D80	
22	P088	1,000	T	D80	
23	P084	1,000	T	D80	
24	P085	1,000	T	D80	
25	P087	1,000	T	D80	
26	P089	1,000	T	D80	

CONTINUE ON REVERSE

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE O: W DUP T/M/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*				2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	P092	1,000	T	D80				
2	P093	1,000	T	D80				
3	P094	1,000	T	D80				
4	P095	1,000	T	D80				
5	P096	1,000	T	D80				
6	P097	1,000	T	D80				
7	P098	1,000	T	D80				
8	P099	1,000	T	D80				
9	P101	1,000	T	D80				
10	P102	1,000	T	D80				
11	P103	1,000	T	D80				
12	P104	1,000	T	D80				
13	P105	1,000	T	D80				
14	P106	1,000	T	D80				
15	P108	1,000	T	D80				
16	P109	1,000	T	D80				
17	P110	1,000	T	D80				
18	P111	1,000	T	D80				
19	P112	1,000	T	D80				
20	P113	1,000	T	D80				
21	P114	1,000	T	D80				
22	P115	1,000	T	D80				
23	P116	1,000	T	D80				
24	P118	1,000	T	D80				
25	P119	1,000	T	D80				
26	P120	1,000	T	D80				

CONTINUE ON REVERSE

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 — T/A/C 1

FOR OFFICIAL USE ONLY: W DUP — T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

U.N. 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	K039	1,000	T	D80	
2	K040	1,000	T	D80	
3	K041	1,000	T	D80	
4	K098	1,000	T	D80	
5	K042	1,000	T	D80	
6	K043	1,000	T	D80	
7	K099	1,000	T	D80	
8	K046	1,000	T	D80	
9	K048	1,000	T	D80	
10	K049	1,000	T	D80	
11	K050	1,000	T	D80	
12	K051	1,000	T	D80	
13	K052	1,000	T	D80	
14	K062	1,000	T	D80	
15	K064	1,000	T	D80	
16	K065	1,000	T	D80	
17	K066	1,000	T	D80	
18	K088	1,000	T	D80	
19	K090	1,000	T	D80	
20	K091	1,000	T	D80	
21	K100	1,000	T	D80	
22	K069	1,000	T	D80	
23	K084	1,000	T	D80	
24	K101	1,000	T	D80	
25	K102	1,000	T	D80	
26	K086	1,000	T	D80	

CONTINUE ON REVERSE

ontinued from page 2.
OTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 · 1

FOR OFFICIAL USE ONLY: W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K060	1,000	T	D80				
2	P001	1,000	T	D80				
3	P002	1,000	T	D80				
4	P003	1,000	T	D80				
5	P004	1,000	T	D80				
6	P005	1,000	T	D80				
7	P006	1,000	T	D80				
8	P007	1,000	T	D80				
9	P008	1,000	T	D80				
10	P009	1,000	T	D80				
11	P010	1,000	T	D80				
12	P011	1,000	T	D80				
13	P012	1,000	T	D80				
14	P013	1,000	T	D80				
15	P014	1,000	T	D80				
16	P015	1,000	T	D80				
17	P016	1,000	T	D80				
18	P017	1,000	T	D80				
19	P018	1,000	T	D80				
20	P020	1,000	T	D80				
21	P021	1,000	T	D80				
22	P022	1,000	T	D80				
23	P023	1,000	T	D80				
24	P024	1,000	T	D80				
25	P026	1,000	T	D80				
26	P027	1,000	T	D80				

CONTINUE ON REVERSE

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A C 1

FOR OFFICIAL USE ONLY: W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

WASTE 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	056U	1,000	T	D80				
2	057U	1,000	T	D80				
3	058U	1,000	T	D80				
4	059U	1,000	T	D80				
5	061U	1,000	T	D80				
6	063U	1,000	T	D80				
7	064U	1,000	T	D80				
8	065U	1,000	T	D80				
9	068U	1,000	T	D80				
10	070U	1,000	T	D80				
11	071U	1,000	T	D80				
12	072U	1,000	T	D80				
13	073U	1,000	T	D80				
14	074U	1,000	T	D80				
15	075U	1,000	T	D80				
16	076U	1,000	T	D80				
17	077U	1,000	T	D80				
18	078U	1,000	T	D80				
19	079U	1,000	T	D80				
20	080U	1,000	T	D80				
21	152U	1,000	T	D80				
22	082U	1,000	T	D80				
23	083U	1,000	T	D80				
24	086U	1,000	T	D80				
25	088U	1,000	T	D80				
26	089U	1,000	T	D80				

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "?" to identify photocopied ...

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE ONLY: W DUP T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	0 9 0 U	1,000	T	D 8 0				
2	0 9 2 U	1,000	T	D 8 0				
3	0 9 3 U	1,000	T	D 8 0				
4	0 9 4 U	1,000	T	D 8 0				
5	0 9 5 U	1,000	T	D 8 0				
6	0 9 6 U	1,000	T	D 8 0				
7	0 9 7 U	1,000	T	D 8 0				
8	0 9 8 U	1,000	T	D 8 0				
9	0 9 9 U	1,000	T	D 8 0				
10	1 0 0 U	1,000	T	D 8 0				
11	1 0 1 U	1,000	T	D 8 0				
12	1 0 2 U	1,000	T	D 8 0				
13	1 0 3 U	1,000	T	D 8 0				
14	1 0 4 U	1,000	T	D 8 0				
15	1 0 6 U	1,000	T	D 8 0				
16	1 0 8 U	1,000	T	D 8 0				
17	1 1 0 U	1,000	T	D 8 0				
18	1 1 1 U	1,000	T	D 8 0				
19	1 1 2 U	1,000	T	D 8 0				
20	1 1 3 U	1,000	T	D 8 0				
21	1 1 4 U	1,000	T	D 8 0				
22	1 1 5 U	1,000	T	D 8 0				
23	1 1 6 U	1,000	T	D 8 0				
24	1 1 7 U	1,000	T	D 8 0				
25	1 1 8 U	1,000	T	D 8 0				
26	1 1 9 U	1,000	T	D 8 0				

CONTINUE ON REVERSE

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

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A C 1

FOR OFFICIAL USE C: W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	U120	1,000	T	D80	
2	U121	1,000	T	D80	
3	U122	1,000	T	D80	
4	U124	1,000	T	D80	
5	U127	1,000	T	D80	
6	U128	1,000	T	D80	
7	U129	1,000	T	D80	
8	U153	1,000	T	D80	
9	U131	1,000	T	D80	
10	U132	1,000	T	D80	
11	U134	1,000	T	D80	
12	U135	1,000	T	D80	
13	U136	1,000	T	D80	
14	U137	1,000	T	D80	
15	U138	1,000	T	D80	
16	U139	1,000	T	D80	
17	U140	1,000	T	D80	
18	U154	1,000	T	D80	
19	U141	1,000	T	D80	
20	U142	1,000	T	D80	
21	U143	1,000	T	D80	
22	U144	1,000	T	D80	
23	U155	1,000	T	D80	
24	U146	1,000	T	D80	
25		1,000	T	D80	
26		1,000	T	D80	

CONTINUE ON REVERSE

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

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

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

NONE

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

F M I D 9 8 0 5 6 8 7 1 1 T/N C 16

V. FACILITY DRAWING

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

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
42 17 00 N	083 12 21 W

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

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

IX. OWNER CERTIFICATION

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

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
J.M. RINTAMAKI		SEP 15 1990

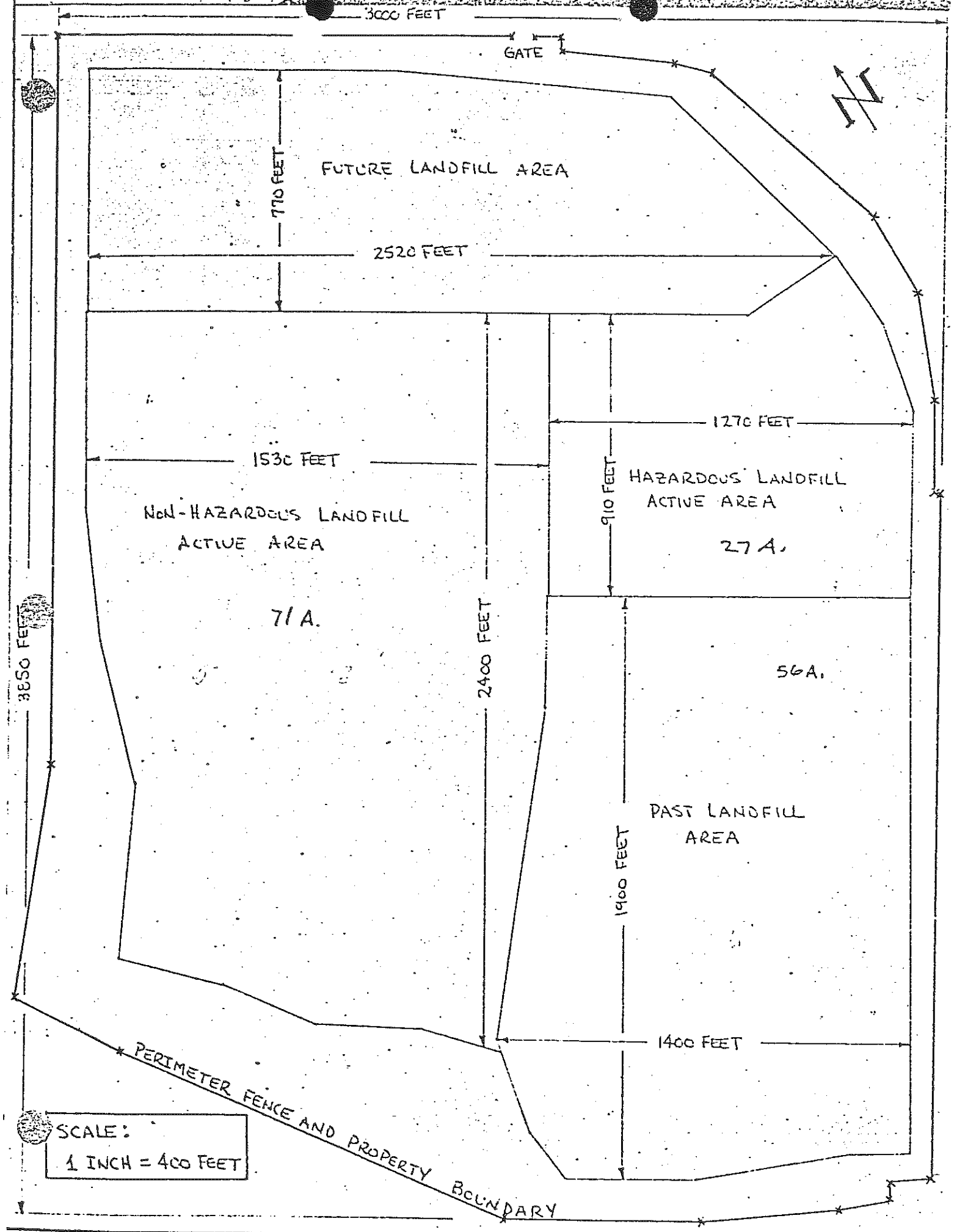
X. OPERATOR CERTIFICATION

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

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

CONTINUE ON PAGE 5

V. FACILITY DRAWING *(see page 4)*



Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA I.D. NUMBER: F MID980568711 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED
WMD RECORD CENTER
NOV 02 1994

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP FORD ALLEN PARK CLAY MINE LANDFILL

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: 2 AMBER JEROME PRINC STAFF ENGR

B. PHONE *(area code & no.)*: 313 322 4646

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 15201 CENTURY DR SUITE 608

B. CITY OR TOWN: 4 DEARBORN

C. STATE: MI

D. ZIP CODE: 48120

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 17005 OAKWOOD BLVD

B. COUNTY NAME: WAYNE

C. CITY OR TOWN: 6 ALLEN PARK

D. STATE: MI

E. ZIP CODE: 48101

F. COUNTY CODE *(if known)*: 082

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

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE ONLY: W DUP T/M/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U025	1,000	T	D80	
2	U026	1,000	T	D80	
3	U027	1,000	T	D80	
4	U028	1,000	T	D80	
5	U029	1,000	T	D80	
6	U030	1,000	T	D80	
7	U031	1,000	T	D80	
8	U032	1,000	T	D80	
9	U033	1,000	T	D80	
10	U034	1,000	T	D80	
11	U035	1,000	T	D80	
12	U036	1,000	T	D80	
13	U037	1,000	T	D80	
14	U038	1,000	T	D80	
15	U039	1,000	T	D80	
16	U041	1,000	T	D80	
17	U042	1,000	T	D80	
18	U043	1,000	T	D80	
19	U044	1,000	T	D80	
20	U045	1,000	T	D80	
21	U046	1,000	T	D80	
22	U047	1,000	T	D80	
23	U048	1,000	T	D80	
24	U049	1,000	T	D80	
25	U050	1,000	T	D80	
26	U051	1,000	T	D80	

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE ONLY: W DUP T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U052	1,000	T	D80	
2	U053	1,000	T	D80	
3	U055	1,000	T	D80	
4	U056	1,000	T	D80	
5	U057	1,000	T	D80	
6	U058	1,000	T	D80	
7	U059	1,000	T	D80	
8	U060	1,000	T	D80	
9	U061	1,000	T	D80	
10	U062	1,000	T	D80	
11	U063	1,000	T	D80	
12	U064	1,000	T	D80	
13	U066	1,000	T	D80	
14	U067	1,000	T	D80	
15	U068	1,000	T	D80	
16	U069	1,000	T	D80	
17	U070	1,000	T	D80	
18	U071	1,000	T	D80	
19	U072	1,000	T	D80	
20	U073	1,000	T	D80	
21	U074	1,000	T	D80	
22	U075	1,000	T	D80	
23	U076	1,000	T	D80	
24	U077	1,000	T	D80	
25	U078	1,000	T	D80	
26	U079	1,000	T	D80	

CONTINUE ON REVERSE

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

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 · 1

FOR OFFICIAL USE ON: W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

WASTE 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	U080	1,000	T	D80				
2	U081	1,000	T	D80				
3	U082	1,000	T	D80				
4	U083	1,000	T	D80				
5	U084	1,000	T	D80				
6	U085	1,000	T	D80				
7	U086	1,000	T	D80				
8	U087	1,000	T	D80				
9	U088	1,000	T	D80				
10	U089	1,000	T	D80				
11	U090	1,000	T	D80				
12	U091	1,000	T	D80				
13	U092	1,000	T	D80				
14	U093	1,000	T	D80				
15	U094	1,000	T	D80				
16	U095	1,000	T	D80				
17	U096	1,000	T	D80				
18	U097	1,000	T	D80				
19	U098	1,000	T	D80				
20	U099	1,000	T	D80				
21	U101	1,000	T	D80				
22	U102	1,000	T	D80				
23	U103	1,000	T	D80				
24	U105	1,000	T	D80				
25	U106	1,000	T	D80				
26	U107	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 · 1

FOR OFFICIAL USE ONLY: W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U108	1,000	T	D80	
2	U109	1,000	T	D80	
3	U110	1,000	T	D80	
4	U111	1,000	T	D80	
5	U112	1,000	T	D80	
6	U113	1,000	T	D80	
7	U114	1,000	T	D80	
8	U115	1,000	T	D80	
9	U116	1,000	T	D80	
10	U117	1,000	T	D80	
11	U118	1,000	T	D80	
12	U119	1,000	T	D80	
13	U120	1,000	T	D80	
14	U121	1,000	T	D80	
15	U122	1,000	T	D80	
16	U123	1,000	T	D80	
17	U124	1,000	T	D80	
18	U125	1,000	T	D80	
19	U126	1,000	T	D80	
20	U127	1,000	T	D80	
21	U128	1,000	T	D80	
22	U129	1,000	T	D80	
23	U130	1,000	T	D80	
24	U131	1,000	T	D80	
25	U132	1,000	T	D80	
26	U133	1,000	T	D80	

CONTINUE ON REVERSE

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
WMID980568711 · 1	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U134	1,000	T	D80	
2	U135	1,000	T	D80	
3	U136	1,000	T	D80	
4	U137	1,000	T	D80	
5	U138	1,000	T	D80	
6	U140	1,000	T	D80	
7	U141	1,000	T	D80	
8	U142	1,000	T	D80	
9	U143	1,000	T	D80	
10	U144	1,000	T	D80	
11	U145	1,000	T	D80	
12	U146	1,000	T	D80	
13	U147	1,000	T	D80	
14	U148	1,000	T	D80	
15	U149	1,000	T	D80	
16	U150	1,000	T	D80	
17	U151	1,000	T	D80	
18	U152	1,000	T	D80	
19	U153	1,000	T	D80	
20	U154	1,000	T	D80	
21	U155	1,000	T	D80	
22	U156	1,000	T	D80	
23	U157	1,000	T	D80	
24	U158	1,000	T	D80	
25	U159	1,000	T	D80	
26	U160	1,000	T	D80	

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE O
W M I D 9 8 0 5 6 8 7 1 1 · 1	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U161	1,000	T	D80				
2	U162	1,000	T	D80				
3	U163	1,000	T	D80				
4	U164	1,000	T	D80				
5	U165	1,000	T	D80				
6	U166	1,000	T	D80				
7	U167	1,000	T	D80				
8	U168	1,000	T	D80				
9	U169	1,000	T	D80				
10	U170	1,000	T	D80				
11	U171	1,000	T	D80				
12	U172	1,000	T	D80				
13	U173	1,000	T	D80				
14	U174	1,000	T	D80				
15	U176	1,000	T	D80				
16	U177	1,000	T	D80				
17	U178	1,000	T	D80				
18	U179	1,000	T	D80				
19	U180	1,000	T	D80				
20	U181	1,000	T	D80				
21	U182	1,000	T	D80				
22	U183	1,000	T	D80				
23	U184	1,000	T	D80				
24	U185	1,000	T	D80				
25	U186	1,000	T	D80				
26	U187	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W M I D 9 8 0 5 6 8 7 1 1 · I	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U188	1,000	T	D80				
2	U189	1,000	T	D80				
3	U190	1,000	T	D80				
4	U191	1,000	T	D80				
5	U192	1,000	T	D80				
6	U193	1,000	T	D80				
7	U194	1,000	T	D80				
8	U196	1,000	T	D80				
9	U197	1,000	T	D80				
10	U200	1,000	T	D80				
11	U201	1,000	T	D80				
12	U202	1,000	T	D80				
13	U203	1,000	T	D80				
14	U204	1,000	T	D80				
15	U205	1,000	T	D80				
16	U206	1,000	T	D80				
17	U207	1,000	T	D80				
18	U208	1,000	T	D80				
19	U209	1,000	T	D80				
20	U210	1,000	T	D80				
21	U211	1,000	T	D80				
22	U213	1,000	T	D80				
23	U214	1,000	T	D80				
24	U215	1,000	T	D80				
25	U216	1,000	T	D80				
26	U217	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ON
W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1	W DUP T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U218	1,000	T	D80				
2	U219	1,000	T	D80				
3	U220	1,000	T	D80				
4	U221	1,000	T	D80				
5	U222	1,000	T	D80				
6	U223	1,000	T	D80				
7	U225	1,000	T	D80				
8	U226	1,000	T	D80				
9	U227	1,000	T	D80				
10	U228	1,000	T	D80				
11	U234	1,000	T	D80				
12	U235	1,000	T	D80				
13	U236	1,000	T	D80				
14	U237	1,000	T	D80				
15	U238	1,000	T	D80				
16	U239	1,000	T	D80				
17	U240	1,000	T	D80				
18	U243	1,000	T	D80				
19	U244	1,000	T	D80				
20	U246	1,000	T	D80				
21	U247	1,000	T	D80				
22	U248	1,000	T	D80				
23	U249	1,000	T	D80				
24	U328	1,000	T	D80				
25	U353	1,000	T	D80				
26	U359	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W M I D 9 8 0 5 6 8 7 1 1 T/A C 1	W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	001U	1,000	T	D80	
2	002U	1,000	T	D80	
3	003U	1,000	T	D80	
4	004U	1,000	T	D80	
5	005U	1,000	T	D80	
6	006U	1,000	T	D80	
7	007U	1,000	T	D80	
8	008U	1,000	T	D80	
9	009U	1,000	T	D80	
10	011U	1,000	T	D80	
11	012U	1,000	T	D80	
12	013U	1,000	T	D80	
13	014U	1,000	T	D80	
14	147U	1,000	T	D80	
15	148U	1,000	T	D80	
16	015U	1,000	T	D80	
17	016U	1,000	T	D80	
18	017U	1,000	T	D80	
19	020U	1,000	T	D80	
20	021U	1,000	T	D80	
21	022U	1,000	T	D80	
22	023U	1,000	T	D80	
23	024U	1,000	T	D80	
24	025U	1,000	T	D80	
25	027U	1,000	T	D80	
26	028U	1,000	T	D80	

CONTINUE ON REVERSE

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

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER *(enter from page 1)*: W M I D 9 8 0 5 6 8 7 1 1 T/A C 1

FOR OFFICIAL USE ONLY: W DUP T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	152U	1,000	T	D80	
2	029U	1,000	T	D80	
3	030U	1,000	T	D80	
4	031U	1,000	T	D80	
5	032U	1,000	T	D80	
6	033U	1,000	T	D80	
7	034U	1,000	T	D80	
8	150U	1,000	T	D80	
9	036U	1,000	T	D80	
10	037U	1,000	T	D80	
11	038U	1,000	T	D80	
12	151U	1,000	T	D80	
13	040U	1,000	T	D80	
14	041U	1,000	T	D80	
15	042U	1,000	T	D80	
16	043U	1,000	T	D80	
17	044U	1,000	T	D80	
18	046U	1,000	T	D80	
19	047U	1,000	T	D80	
20	048U	1,000	T	D80	
21	049U	1,000	T	D80	
22	050U	1,000	T	D80	
23	051U	1,000	T	D80	
24	052U	1,000	T	D80	
25	054U	1,000	T	D80	
26	055U	1,000	T	D80	

CONTINUE ON REVERSE

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

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

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

FOR OFFICIAL USE ONLY: W DUP C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	P121	1,000	T	D80	
2	P122	1,000	T	D80	
3	P123	1,000	T	D80	
4	U001	1,000	T	D80	
5	U002	1,000	T	D80	
6	U003	1,000	T	D80	
7	U004	1,000	T	D80	
8	U005	1,000	T	D80	
9	U006	1,000	T	D80	
10	U007	1,000	T	D80	
11	U008	1,000	T	D80	
12	U009	1,000	T	D80	
13	U010	1,000	T	D80	
14	U011	1,000	T	D80	
15	U012	1,000	T	D80	
16	U014	1,000	T	D80	
17	U015	1,000	T	D80	
18	U016	1,000	T	D80	
19	U017	1,000	T	D80	
20	U018	1,000	T	D80	
21	U019	1,000	T	D80	
22	U020	1,000	T	D80	
23	U021	1,000	T	D80	
24	U022	1,000	T	D80	
25	U023	1,000	T	D80	
26	U024	1,000	T	D80	

CONTINUE ON REVERSE

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

A. FIRST	B. SECOND
7 4 9 5 3 (specify) REFUSE SYSTEMS – LANDFILL	7 4 9 5 2 (specify) SEWERAGE SYSTEMS

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

VIII. OPERATOR INFORMATION

A. NAME: 8 FORD MOTOR COMPANY

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 313 322 4646

E. STREET OR P.O. BOX: 15201 CENTURY DR SUITE 608

F. CITY OR TOWN: 8 DEARBORN

G. STATE: MI

H. ZIP CODE: 48120

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 M.I.D. 980568711

E. OTHER (specify): 9 82001 (specify) MICHIGAN TYPE II SANITARY LANDFILL

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)

DISPOSAL OF HAZARDOUS AND NON-HAZARDOUS WASTES BY LANDFILL.

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
J.M. RINTAMAKI , Assistant Secretary		SEP 25 1990

COMMENTS FOR OFFICIAL USE ONLY

C

3 RCRA

EPA

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F M I D 9 8 0 5 6 8 7 1 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)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

C 8 — YR. — MO. — DAY

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

☐ 2. NEW FACILITY *(Complete item below.)*

YR. — MO. — DAY

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

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

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	D80	646	A		7				
2					8				
3					9				
4					10				

CONTINUE ON REVERSE

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODE FOR DESCRIBING OTHER PROCESSES (code). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

NONE

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 T(A) C I

FOR OFFICIAL USE ONLY: W DUP N C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D012	10,000	T	D80	
2	D013	10,000	T	D80	
3	D014	10,000	T	D80	
4	D015	10,000	T	D80	
5	D016	10,000	T	D80	
6	D017	10,000	T	D80	
7	D018	10,000	T	D80	
8	D019	10,000	T	D80	
9	D020	10,000	T	D80	
10	D021	10,000	T	D80	
11	D022	10,000	T	D80	
12	D023	10,000	T	D80	
13	D024	10,000	T	D80	
14	D025	10,000	T	D80	
15	D026	10,000	T	D80	
16	D027	10,000	T	D80	
17	D028	10,000	T	D80	
18	D029	10,000	T	D80	
19	D030	10,000	T	D80	
20	D031	10,000	T	D80	
21	D032	10,000	T	D80	
22	D033	10,000	T	D80	
23	D034	10,000	T	D80	
24	D035	10,000	T	D80	
25	D036	10,000	T	D80	
26	D037	10,000	T	D80	

CONTINUE ON REVERSE

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

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W M I D 9 8 0 5 6 8 7 1 1 · 1	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D038	10,000	T	D80				
2	D039	10,000	T	D80				
3	D040	10,000	T	D80				
4	D041	10,000	T	D80				
5	D042	10,000	T	D80				
6	D043	10,000	T	D80				
7	F001	1,000	T	D80				
8	F002	1,000	T	D80				
9	F003	1,000	T	D80				
10	F004	1,000	T	D80				
11	F005	1,000	T	D80				
12	F019	1,000	T	D80				
13	F007	1,000	T	D80				
14	F008	1,000	T	D80				
15	F009	1,000	T	D80				
16	F010	1,000	T	D80				
17	F011	1,000	T	D80				
18	F012	1,000	T	D80				
19	F039	1,000	T	D80				
20	K001	1,000	T	D80				
21	K002	1,000	T	D80				
22	K003	1,000	T	D80				
23	K004	1,000	T	D80				
24	K005	1,000	T	D80				
25	K006	1,000	T	D80				
26	K007	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ON
W M I D 9 8 0 5 6 8 7 1 1 · 1	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K008	1,000	T	D80				
2	K009	1,000	T	D80				
3	K010	1,000	T	D80				
4	K011	1,000	T	D80				
5	K013	1,000	T	D80				
6	K014	1,000	T	D80				
7	K015	1,000	T	D80				
8	K016	1,000	T	D80				
9	K017	1,000	T	D80				
10	K018	1,000	T	D80				
11	K019	1,000	T	D80				
12	K020	1,000	T	D80				
13	K021	1,000	T	D80				
14	K022	1,000	T	D80				
15	K023	1,000	T	D80				
16	K024	1,000	T	D80				
17	K093	1,000	T	D80				
18	K094	1,000	T	D80				
19	K025	1,000	T	D80				
20	K026	1,000	T	D80				
21	K027	1,000	T	D80				
22	K028	1,000	T	D80				
23	K029	1,000	T	D80				
24	K095	1,000	T	D80				
25	K096	1,000	T	D80				
26	K030	1,000	T	D80				

CONTINUE ON REVERSE

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

EPA I.D. NUMBER (enter from page 1): W M I D 9 8 0 5 6 8 7 1 1 T/A/C 1

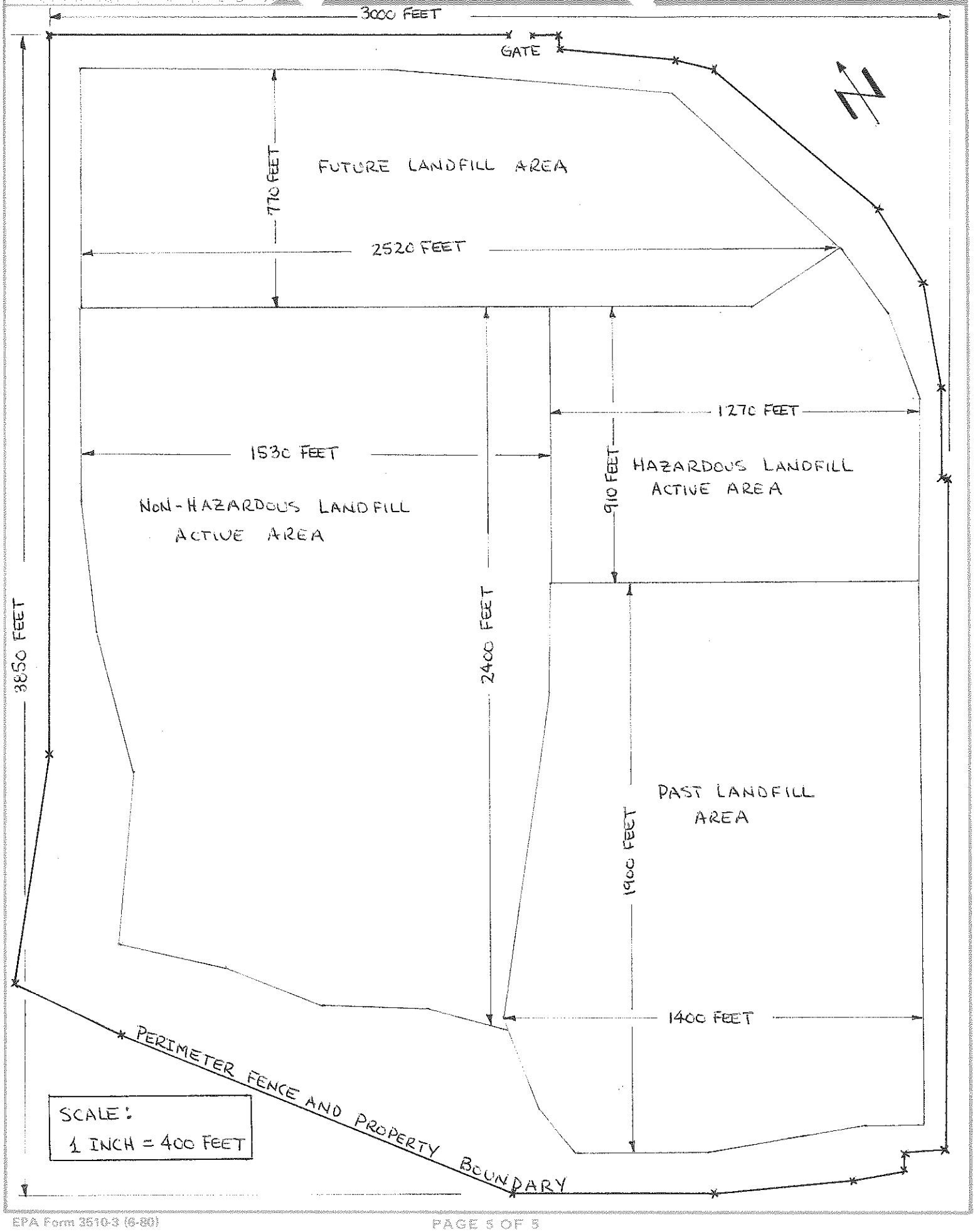
FOR OFFICIAL USE ONLY: W DUP T/A/C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K083	1,000	T	D80	
2	K103	1,000	T	D80	
3	K104	1,000	T	D80	
4	K085	1,000	T	D80	
5	K105	1,000	T	D80	
6	K111	1,000	T	D80	
7	K112	1,000	T	D80	
8	K113	1,000	T	D80	
9	K114	1,000	T	D80	
10	K115	1,000	T	D80	
11	K116	1,000	T	D80	
12	K117	1,000	T	D80	
13	K118	1,000	T	D80	
14	K136	1,000	T	D80	
15	K071	1,000	T	D80	
16	K073	1,000	T	D80	
17	K106	1,000	T	D80	
18	K031	1,000	T	D80	
19	K032	1,000	T	D80	
20	K033	1,000	T	D80	
21	K034	1,000	T	D80	
22	K097	1,000	T	D80	
23	K035	1,000	T	D80	
24	K036	1,000	T	D80	
25	K037	1,000	T	D80	
26	K038	1,000	T	D80	

CONTINUE ON REVERSE

V. FACILITY DRAWING (see page 4)



Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (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)*

F M I T 2 7 0 0 1 0 0 9 3 3 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 : A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
4 2 1 7 0 0 0	0 8 3 1 2 2 1 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	

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

IX. OWNER CERTIFICATION

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

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Paul T. Brosnahan	Paul T. Brosnahan	11-17-80

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 2.

NOTE: Photocopy this page before completing if 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	
W M I T 2 7 0 0 1 0 0 9 3	T/A 3 C 1	W DUP	T/A 3 C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F016	30,000 000	T	D80	
2	K061	14,600 000	T	D80	
3	D005	5,400 000	T	D80	
4	D008				Included with above
5	D003	400 000	T	D80	
6					
7					
8					
9					
10					
11					
12					
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15					
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19					
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21					
22					
23					
24					
25					
26					

Continued from the front.

III. PROCESSES *(continued)*

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

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	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

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U. S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	M	I	T	2	7	0	0	1	0	0	9	3	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

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

C	YR.	MO.	DAY
8	5 6	0 3	0 1

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

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

YR.	MO.	DAY

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

[ ] 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		T/A	C
C	DUP	3	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 0	3312 000	A		7				
2					8				
3					9				
4					10				

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
4953 (specify) REFUSE SYSTEMS	1459 (specify) CLAY, CERAMIC AND REFRACTORY MINERALS NOT ELSEWHERE CLASSIFIED
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: FORD MOTOR COMPANY

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 313 594 0324

E. STREET OR P.O. BOX: PARKLANE TOWERS - SUITE 628W

F. CITY OR TOWN: DEARBORN

G. STATE: MI

H. ZIP CODE: 48126

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	N	
B. UIC (Underground Injection of Fluids)	U	
C. RCRA (Hazardous Wastes)	R	
D. PSD (Air Emissions from Proposed Sources)	P	
E. OTHER (specify)		7-209P (specify) SOIL EROSION AND SEDIMENTATION CONTROL PERMIT - WAYNE CO. HEALTH DEPT.
E. OTHER (specify)		(specify) SOLID WASTE DISPOSAL PERMIT APPLICATION, WAYNE CO. HEALTH DEPT.

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: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Operation of an open pit clay mine for removal of clay to Peerless Cement Company and subsequent use in the manufacture of portland cement. Excavations remaining after clay removal are utilized for solid waste landfill operations. Mining and landfill operations are carried out concurrently but separately.

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
Paul T. Brosnahan, General Manager Steel Division	Paul T. Brosnahan	11-17-80

COMMENTS FOR OFFICIAL USE ONLY

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

Form Approved OMB No. 158-R0175

71

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S													T/A	C
F	M	I	T	2	7	0	0	1	0	0	9	3	D	

1 2 - 13 14 15

LABEL ITEMS

I. 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	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
	16	17	18
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	
	19	20	21
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	
	22	23	24
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	
	25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
	28	29	30
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	
	31	32	33
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	
	34	35	36
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	
	37	38	39
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	
	40	41	42
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	
	43	44	45

III. NAME OF FACILITY

C. 1 SKIP: FORD MOTOR CO. ALLEN PARK CLAY MINE

15 16 - 29 30 - 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C. 2 TRETHEWEY, B.C. MANAGER	313 594 2242
15 16 - 45	46 - 48 49 - 51 52 - 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C. 3 3001 MILLER ROAD ROOM 2042

15 16 - 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C. 4 DEARBORN	MI	48121
15 16 - 40	41 42	47 - 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C. 5 OAKWOOD BLVD. AND SOUTHFIELD

15 16 - 45

B. COUNTY NAME

WAYNE

46 - 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C. 6 ALLEN PARK	MI	48101	082
15 16 - 40	41 42	47 - 51	52 - 55

NOV 17 1980

CONTINUE ON REVERSE

Continl ed from page 4.

V. FACILITY DRAWING *(see page 4)*

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (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												T/A	C
F	M	I	T	2	7	0	0	1	0	0	9	3	6

V. FACILITY DRAWING

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

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
65-66 / 67-68 / 69-74	72-74 / 75-76 / 77-79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
C E	56-58 / 59-61 / 62-65

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

IX. OWNER CERTIFICATION

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

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
P. T. Brosnahan General Manager	P. T. Brosnahan	June 5, 1981

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 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	
W M I T 2 7 0 0 1 0 0 9 3	T/A C 1	W DUP	T/A C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K087	400	T	D80	
2	K061	14,600	T	D80	
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.

III. PROCESSES *(continued)*

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

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	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

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	M	I	T	2	7	0	0	1	0	0	9	3		1

1 2 – 13 14 15

FOR OFFICIAL USE ONLY

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

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)* 71

C 8 15 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
73 74	75 76	77 78

☐ 2. NEW FACILITY *(Complete item below.)* 71

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

YR.	MO.	DAY
73 74	75 76	77 78

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

☒ 1. FACILITY HAS INTERIM STATUS 72

☐ 2. FACILITY HAS A RCRA PERMIT 72

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.
1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

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

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A	C
C	D	U	P										1

1 2 – 13 14 15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	16 – 18	19 – 27	28	29 – 32		16 – 18	19 – 27	28	29 – 32
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1					7				
2					8				
3					9				
4					10				

JUN 17 1981

Shaded areas are spaced for elite typewriter (12 characters/inch).

Form approved. OMB No. [illegible]

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S: F M I D 9 8 0 5 6 8 7 1 1 T/A: C 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

C 8 — YR. | MO. | DAY — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

☐ 2. NEW FACILITY *(Complete item below.)*

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

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
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: C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 0	949	A		7				
2					8				
3					9				
4					10				

7-1-83

III. PROCESSES (continued)

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

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	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

V. DESCRIPTION OF HAZARDOUS WAS S (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)*

M	I	D	9	8	0	5	6	8	7	1	1	T/A	C
													6

VI. 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).*

VII. 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).*

VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
42 17 00 N	083 12 21 W

IX. 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.)*

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

X. 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
P. T. Sullivan - Ford Motor Co. By Delegation of Authority	Paul T. Sull	7-1-83

XI. 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 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): W M I D 9 8 0 5 6 8 7 1 1 — T/A: 1

FOR OFFICIAL USE ONLY: W DUP — T/A: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K061	19,074	T	D80				
2	K087	5,270	T	D80				
3								
4								
5								
6								
7								
8								
9								
10								
11								
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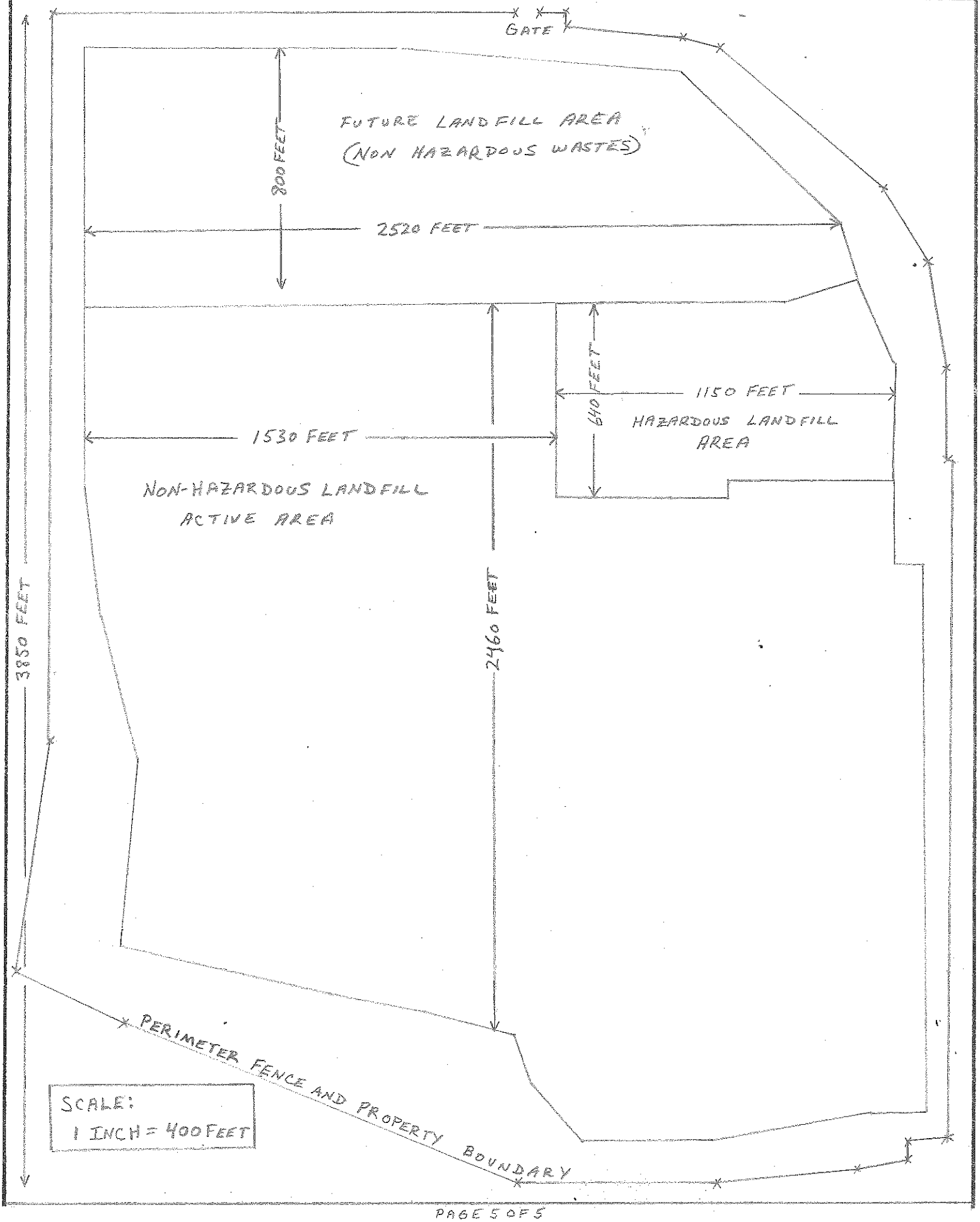
25								
26								

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*



Executive Vice President
Ford Diversified Products Operations

June 21, 1983

Paul T. Sullivan
President
Rouge Steel Company
3001 Miller Road
Dearborn, Michigan 48121

Pursuant to authority redelegated to me by the President of Ford Motor Company (the "Company"), I hereby delegate to Paul T. Sullivan authority to take such action as he may deem necessary or appropriate with respect to assets of the Company included as a part of the assets of the former Steel Division of the Company but not transferred to Rouge Steel Company, up to the levels of authority of a Divisional General Manager of the Company as described in the Capital Assets section of the Executive Authorities Manual issued from time to time by the Company.

This authority supercedes my April 18, 1983 redelegation to Mr. P. T. Brosnahan.

T. C. Page

cc: Sidney Kelly

RECEIVED Ford

JUN 15 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V

Steel Division
Ford Motor Company

3001 Miller Road
Dearborn, Michigan 48121

June 5, 1981

Permit Contact (5EP)
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Subject: Revised RCRA Part A Permit Application:
Ford Allen Park Clay Mine Landfill
EPA I.D. Number MIT 270010093 OK

Attached is a revised RCRA Part A Permit Application for the above-referenced Ford Motor Company facility.

The specific source hazardous waste K087, decanter tank tar sludge from coking operations, should be added to our permit application. This is in accordance with 46 FR 4619, as published in the January 16, 1981 Federal Register.

The waste previously identified as F016, dewater air pollution control scrubber sludges from coke ovens and blast furnaces, was removed from the list by EPA on November 12, 1980 (45 FR 74888) and should be deleted from our permit application dated November 17, 1980. The original permit application also indicated that two unspecified wastes identified with EPA I. D. Numbers D003, D005 and D008 would be handled by this facility. Because this is no longer the case, these identified wastes should be deleted from the application. The attached revision shows Page 3 of the Permit Application as it should now appear.

If you have any questions concerning these changes, please advise.

Very truly yours,

Ben C. Trethewey

Ben C. Trethewey, Manager
Mining Properties Department

attachment

RECEIVED
JUN 2 1981
Air Programs Branch
AHMD, US EPA, Region V

JUN 17 1981

SUB. PART A

Ford Motor Company

3001 Miller Road
Dearborn, Michigan 48121

June 30, 1983

U. S. Environmental Protection
Agency
Region V
RCRA Activities
P. O. Box A3587
Chicago, IL 60690

RECEIVED
JUL 11 1983
WASTE MANAGEMENT BRANCH
EPA, REGION V

Subject: Revised RCRA Part A Permit Application
Ford Allen Park Clay Mine Landfill
E.P.A. I.D. #MID980568711 PA, TBD, PAC

Gentlemen:

Attached is a revised RCRA Part A Permit Application for the above referenced Ford Motor Company facility.

The process design capacity of the facility and the estimated annual quantities of hazardous wastes have been modified as indicated on the attached revised forms, consistent with current operations and projected development of the site. The information is consistent with the facility's Michigan Act 64 Hazardous Waste Disposal Facility Operating license issued by the Michigan DNR on October 22, 1982.

If you have any questions concerning these changes, please contact Mr. David S. Miller of my staff on 313/322-0700.

Yours very truly,

Ben C. Trethewey, Manager
Mining Properties Department

Attachment

RECEIVED
7-11-83

5HW-13

JUN 11 1984

Mr. David Miller
Facility Supervisor
Rouge Steel Company
Room 2045
Rouge Office Building
3001 Miller Road
Dearborn, Michigan 48121

Re: Ford Motor Company - Allen
Park Clay Mine
MID980568711

Dear Mr. Miller:

Enclosed, per your request, is a copy of a letter which articulates an Agency position regarding wastes which may be reactive by application of 40 CFR 261.23(a)(5).

I conferred with my supervisor on the matter of how the Regional Administrator would communicate the unacceptability of alternative design and operating practices, submitted pursuant to 40 CFR 264.301(a) and 270.21(b)(1). This would occur during the technical review phase of the permit process, not as a permit denial. The applicant would then have the opportunity to submit detailed plans and an engineering report describing how the landfill is or will be designed, constructed, operated and maintained to comply with the requirements of 40 CFR 264.301(a).

If you wish to confer by telephone on these or other permit-related matters, my telephone number is (312) 886-7457.

Sincerely,

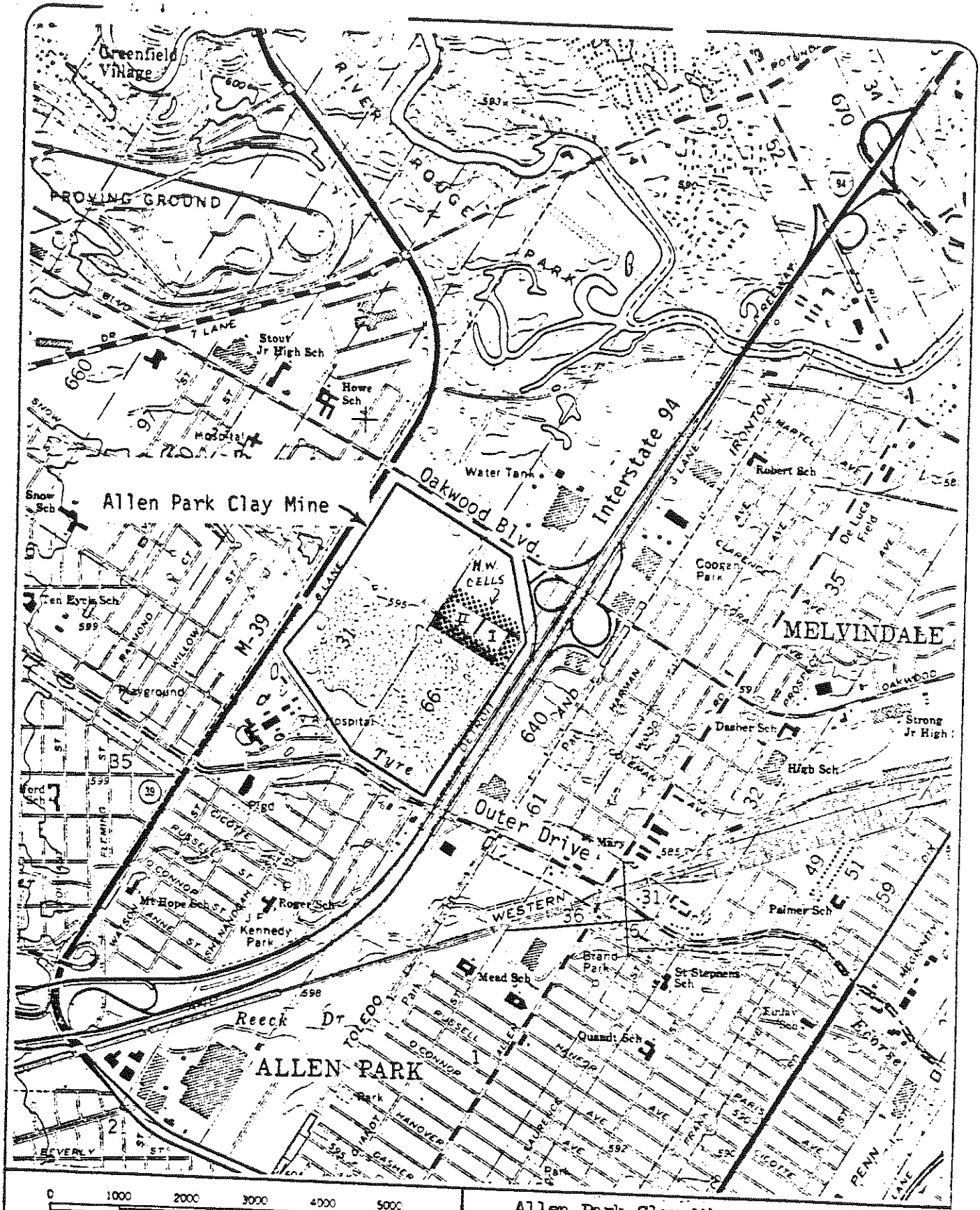
Joseph M. Boyle
Waste Management Branch

Enclosure

cc: A. Howard, MDNR
J. Bohunsky, MDNR

5HW-13:JBOYLE:SSMITH:6/7/84 RP 6-8-84

INITIALS	TYPIST	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF	TPS CHIEF	WMB CHIEF	WMD CHIEF
DATE	6-7-84	6/11/84						



Scale - Feet
Contour Interval 5 Feet
Datum is Mean Sea Level

Allen Park Clay Mine
MID980568711
Disposal Landfill
Allen Park, Michigan
Wayne County

Specific Site Location

Ford Motor Company

3001 Miller Road
Dearborn, Michigan 48121

February 24, 1984

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

Gentlemen:

Enclosed please find the 1983 Facility Biennial Hazardous Waste Report for the Ford Motor Company Allen Park Clay Mine Landfill (EPA I.D. #MID 980-568711). The groundwater monitoring report is also attached.

Yours very truly,

Ben C. Trethewey, Manager
Mining Properties Department

DSM:dp

Enclosures

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 9 8 0 5 6 8 7 1 1 1

1 2 13 14 15

TSD 6 x 1

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

FORD MOTOR CO ALLEN PARK CLAY MINE

30 69

IV. FACILITY MAILING ADDRESS

3 3001 MILLER RD ROOM 2042 ROB

15 16 45

Street or P.O. Box

4 DEARBORN MI 48121

15 16 41 42 47 51

City or Town State Zip Code

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

5 17250 OAKWOOD BLVD

15 16 45

Street or Route number

6 ALLEN PARK MI 48101

15 16 41 42 47 51

City or Town State Zip Code

VI. FACILITY CONTACT

2 BEN C TRETHEWEY

15 16 45

Name (last and first)

313-594-2242

46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

$ 234137 (16, 19, 22)

A. Cost Estimate for Facility Closure

$ 201,994 (25, 28, 31)

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.

BEN C. TRETHEWEY MANAGER Ben C. Trethewey 2/1/84

Print/Type Name Title Signature of Authorized Representative Date Signed

Tear out here

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

Do not make entries in shaded areas

VIRONMENTAL 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 9 8 0 5 6 8 7 1 1 1 (positions 1–2, 13–15)

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

G M I D 0 8 7 7 3 8 4 3 1 (positions 16–28)

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

ROUGE STEEL COMPANY ON-SITE ☐

XII. GENERATOR ADDRESS

ROUGE STEEL COMPANY
3001 MILLER ROAD
DEARBORN, MICHIGAN 48121

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) (33–36, 37–40, 41–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1	Electric Furnace Emission Control Dust	K061	D80	77	T
	2	Decanter Coal Tar Sludge	K087	D80	903	T
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

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

Tear out here