EPA United States Environmental Protection Agency

Handler Confirmation Screen

RCRAInfo

RESOLUTION PERFORMANCE PRODUCTS | **BEDFORD PARK** | **ILD000608992**

Last Updated By: **cvk** Last Updated On: **3/6/2002 9:22:57 AM**

The following information was processed:

General Information:

Source	Received Date	Non-notifier	Extract Flag	Acknowledgement Flag	Acknowledgement Date
N	3/6/2002		X		

III. Location of Installation (Physical address not P.O. Box or Route)

Number:	Street1:	Street2:	City:	State:	Zip code:	County:	State District:
	8600 W 71ST ST		BEDFORD PARK	IL	60501	COOK	

IV. Installation Mailing address

Number:	Street1:	Street2:	City:	State:	Zip code:
	PO BOX 290		ARGO	IL	60501

V. Installation Contact (Person to be contacted regarding waste activities at site):

First Name:	Last Name:	Job Title:	Phone Number:
JACK	MCGRATH	SUPT FAC	7132415036

VI. Installation Contact Address:

Street1/P.O. Box:	Street2/P.O. Box:	City:	State:	Zip code:
8600 W 71ST ST		BEDFORD PARK	IL	60501

VII. Ownership:

Owner No.:	Name of Legal Owner:	Street1 or P.O. Box:	Street2 or P.O. Box:	City:	State:	Zip code:	Phone Number:	Land Type:	Owner Type:	Change Date:
6	resolution performance products	po box 4500		HOUSTON	TX	772104500	7132412996	P	P	11/15/200

3/5/02 per phone call from Joe Miller EQUILON - 713 241 1943, this number was returned to Resolution Performance Products and new number for EQUILON issued C. Klemme

VIII. Type of Federal Regulated Waste Activity:

A. Hazardous Waste Activity

	Type	Federally Regulated	Federal Description	State Regulated	State Description
Generator	1	R			
Transporter					
Mode of Transportation	Air	Rail	Highway	Water	Other
Treater, Storer, Disposer					
Hazardous Waste Fuel					
Dther Activity(ies)		Underground Injection Control			

B. Universal Waste Activity:

C. Used Oil Management Activities:

1. Used Oil Fuel Marketer					
		Marketer Directs Shipment of Used Oil to Off-Specification Burner			
		Marketer Who First Claims the Used Oil Meets the Specifications			
2. Used Oil Transporter Activity					
3. Used Oil Processor/Re-refiner Activity					
4. Off-Specification Used Oil Burner					

Type D	Type F	Type K	Type P	Type U	Type X
D001	F003				
D035	F005				

X. Comments:

Continue

URL: /Handler/Hand_Notif_addupd_rtn.asp

duplicate

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED JAN 10 2001 PROGRAM MANAGEMENT BRANCH

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. Initial Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*

RESOLUTION PERFORMANCE PRODUCTS

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 8600 W 71ST STREET

Street *(Continued)*:

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

County Code: | County Name: COOK

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: PO BOX 290

City or Town: ARGO | State: IL | Zip Code: 60501-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: MCGRATH | *(First)*: JACK

Job Title: SUPT FAC SUPPORT | Phone Number *(Area Code and Number)*: 708-563-6313

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: RESOLUTION PERFORMANCE PRODUCTS

Street, P.O. Box, or Route Number: PO BOX 4500

City or Town: HOUSTON | State: TX | Zip Code: 77210-4500

RECEIVED FEB 05 2001 RCRA Permits & Tech. Division U.S. EPA Region 5

Phone Number *(Area Code and Number)*: 713-241-2996

B. Land Type: P

C. Owner Type: P

D. Change of Owner (Operator) Indicator: Yes [X] No [ ]

Date Changed: Month 11 Year 1500

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

Form Approved. OMB No. 2050-0039 Expires 12/31/02
GSA No. 0246-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activities

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. *Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
   - [ ] a. Smelting, Melting, and Refining Furnace Exemption
   - [ ] b. Small Quantity On-Site Burner Exemption
5. [ ] Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Processor
   - [ ] b. Re-refiner
3. [ ] Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
   - [ ] a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

[ ] Large Quantity Handler of Universal Waste

RECEIVED
FEB 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

B. 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 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)) 1	2	3	4
X				D035			

C. Other Wastes. *(State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Jack McGrath	JACK McGRATH, Supt Fac. Support	11/22/00

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section IV of the booklet for addresses.)*

RESOLUTION
PERFORMANCE PRODUCTS
8600 W.71ST Street
Bedford Park ,IL. 60501

November 22, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Illinois Environmental Protection Agency
Attn: Mr. Jim Pierce
1021 N. Grand Ave. East
PO Box 19276
Springfield, Illinois 62794-9276

RECEIVED
JAN 10 2001
PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

Re: Name Change in Ownership
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Mr. Pierce:

The enclosed EPA "Notification of Regulated Waste Activity" form (8700-12) is being submitted to provide notification of a company name change from Shell Epoxy Resins LLC to Resolution Performance Products LLC.

Also enclosed is a copy of the 10/24/2000 correspondence to your office which provides a copy of the initial 10/14/99 Shell Chemical Co. to Shell Epoxy Resin LLC ownership change notification (form 8700-12). We have not yet received the return receipt for the 10/24/00 certified mailing, so we are providing you this copy in case the 10/24/00 mailing has not yet reached your office.

If you have any questions or require further information please contact me at (708) 563-6313.
Thank you for your assistance in this matter.

Sincerely,

Jack McGrath
Supt. Facility Support
Resolution Performance Products LLC - Argo Plant

RECEIVED
FEB 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

RESOLUTION
PERFORMANCE PRODUCTS
8600 W. 71ST Street
Bedford Park, IL. 60501

January 4, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RECEIVED
JAN 10 2001
PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

RCRA Activities
US EPA Region 5
P.O. Box A3587
Chicago IL. 60690

Re: Name Change Notification
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Ms. Kiddon:

This letter is in response to your 12/19/00 letter to Scott Mitchell (copy enclosed), regarding your request for the completed Notification of Regulated Waste Activity (EPA Form 8700-12), addressing the name change to Resolution Performance Products LLC for US EPA ID# ILD000608992.

Enclosed are copies of completed Form 8700-12 Notification correspondence that had been mailed to the IEPA Springfield address shown on the cover letters. The November 22, 2000 Notification form identifies the name change from Shell Epoxy Resin LLC to Resolution Performance Products LLC. (Also enclosed is the 10/1/99 Form 8700-12 identifying the earlier ownership change from Shell Chemical Co. to Shell Epoxy Resins LLC.)

We regret the forms were not mailed to your office initially and hope that the copies of the enclosed Form 8700-12 provide you with the documentation required to assign ID # ILD000608992 to Resolution Performance products LLC.

Thanks very much for your assistance in the matter. If there is a need for further information I can be reached at (708) 563-6313.

Sincerely,

Jack McGrath

Jack McGrath
Supt. Facility Support
Resolution Performance Products LLC - Argo Plant

RECEIVED
FEB 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

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

Form Approved. OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-GE

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED DEC 04 2000 PROGRAM MANAGEMENT BRANCH Division U.S. EPA - REGION 5

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

A. Initial Notification [ ] B. Subsequent Notification *(Complete item C)* [X]

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*

RESOLUTION PERFORMANCE PRODUCTS

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 8600 W 71ST STREET

Street *(Continued)*:

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

County Code: 031 | County Name: COOK

RECEIVED JAN 05 2001 RCRA RECORDS ROOM Waste, Pesticides & Toxics Division U.S. EPA - Region 5

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: PO BOX 290

City or Town: ARGO | State: IL | Zip Code: 60501-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: MCGRATH | *(First)*: JACK

Job Title: SUPT FAC SUPPORT | Phone Number *(Area Code and Number)*: 708-563-6313

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

RECEIVED NOV 28 2000 IEPA-DLPC

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: RESOLUTION PERFORMANCE PRODUCTS

Street, P.O. Box, or Route Number: PO BOX 4500

City or Town: HOUSTON | State: TX | Zip Code: 77210-4500

Phone Number *(Area Code and Number)*: 713-241-2996

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [X] No [ ] (JAMES) Date Changed: Month 11 Day 15 Year 00

EPA Form 8700-12 (Rev. 12/99)

03102025012

C

C

1/4/01 sh

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

Form Approved. OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activities

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] *5. Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
   - [ ] a. Smelting, Melting, and Refining Furnace Exemption
   - [ ] b. Small Quantity On-Site Burner Exemption
5. [ ] Underground Injection Control

B. Universal Waste Activity

[ ] Large Quantity Handler of Universal Waste

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Processor
   - [ ] b. Re-refiner
3. [ ] Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
   - [ ] a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

B. 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 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)) 1	2	3	4
X				D035			

C. Other Wastes. *(State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Jack McGrath	JACK McGRATH, Supt Fac Support	11/22/00

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section IV of the booklet for addresses.)*

RESOLUTION

PERFORMANCE PRODUCTS
8600 W.71ST Street
Bedford Park ,IL. 60501

RECEIVED
JAN 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

November 22, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RECEIVED
NOV 28 2000
IEPA-DLPC

Illinois Environmental Protection Agency
Attn: Mr. Jim Pierce
1021 N. Grand Ave. East
PO Box 19276
Springfield, Illinois 62794-9276

RECEIVED
DEC 04 2000
PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

Re: Name Change in Ownership
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Mr. Pierce:

The enclosed EPA "Notification of Regulated Waste Activity" form (8700-12) is being submitted to provide notification of a company name change from Shell Epoxy Resins LLC to Resolution Performance Products LLC.

Also enclosed is a copy of the 10/24/2000 correspondence to your office which provides a copy of the initial 10/14/99 Shell Chemical Co. to Shell Epoxy Resin LLC ownership change notification (form 8700-12). We have not yet received the return receipt for the 10/24/00 certified mailing, so we are providing you this copy in case the 10/24/00 mailing has not yet reached your office.

If you have any questions or require further information please contact me at (708) 563-6313.
Thank you for your assistance in this matter.

Sincerely,

Jack McGrath

Jack McGrath
Supt. Facility Support
Resolution Performance Products LLC - Argo Plant

P 500 177 796

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to MR Jim PIERCE	
Street & Number 1021 N. GRAND AVE.E	
Post Office, State, & ZIP Code P.O. BOX 19276	
Postage	$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.98
Postmark or Date	OCT 25 2000 USPS

PS Form 3800, April 1995

Shell E
8
Be

October 24, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Illinois Environmental Protection Agency
Attn: Mr. Jim Pierce
1021 N. Grand Ave. East
PO Box 19276
Springfield, Illinois 62794-9276

Re: Shell Epoxy Resin LLC
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Mr. Pierce:

Attached you will find a coy of an EPA "Notification of Regulated Waste Activity" form which was mailed to your office in October 1999. This form was sent to provide notification of a name change in ownership relating to the site EPA ID number (Shell Chemical Co. to Shell Epoxy Resin LLC).

It's been brought to my attention that your records do not reflect the change to Shell Epoxy Resin LLC as requested in the October 14, 1999 submittal. Hopefully, the attached copy of the original submittal provides you with the necessary information to complete the ownership name change to Shell Epoxy Resin LLC.

If you need further information please contact me at (708) 563-6313. Thanks in advance for your assistance in this matter.

Sincerely,

Jack McGrath
Supt Facility Support
Shell Epoxy Resin LLC - Argo Plant

Cc: file

RECEIVED
JAN 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA – REGION 5

RECEIVED
NOV 28 2000
IEPA-DLPC

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

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*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*

SHELL RESINS PLANT

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 8600 WEST 71ST STREET

Street (continued):

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

County Code: | County Name: COOK

RECEIVED JAN 05 2001 Waste, Pesticides & Toxics Division

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 8600 WEST 71ST

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(last)*: RUSCH | *(first)*: ED

Job Title: AST SR OFFICE | Phone Number *(area code and number)*: 708-563-6399

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box: 8600 WEST 71ST

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: SHELL EPOXY RESINS LLC

RECEIVED NOV 28 2000 EPA-DLPC

Street, P.O. Box, or Route Number: 910 LOUISIANA STREET

City or Town: HOUSTON | State: TX | ZIP Code: 77002

Phone Number *(area code and number)*: 708-563-6313

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes X No ☐

(Date Changed) Month 10 Day 01 Year 99

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. **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 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))		
X				D035		

B. **Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. **Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[illegible]	Dust Facility Support	10/14/99

XI. Comments

JAN 0 5 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA — REGION 5

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Shell Epoxy Resin LLC
8600 West 71st Street
Bedford Park, IL 60501

October 14, 1999

Illinois Environmental Protection Agency
Attn: Mr. Jim Pierce
1021 N. Grand Ave. East
PO Box 19276
Springfield, Illinois 62794-9276

Re: Shell Epoxy Resin LLC
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Mr. Pierce:

The enclosed EPA "Notification of Regulated Waste Activity" form has been submitted to provide notification of the name change from Shell Chemical Company to Shell Epoxy Resins LLC, a wholly owned subsidiary of Shell Oil Company. This name change in ownership (effective 10/1/99), is the result of reorganization of Shell Oil Company's assets.

If you have any questions or require further information please contact me at 708-563-6313 or Kirsten Kennedy at 713-241-3567. Thank you in advance for your assistance with this matter.

Jack McGrath

Jack McGrath
Supt. Facility Support
Shell Epoxy Resin LLC - Argo Plant

RECEIVED
JAN 0 5 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA – REGION 5

Cc: file

RECEIVED
NOV 2 8 2000
IEPA-DLPC

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

Dec. 19, 2000

REPLY TO THE ATTENTION OF:

attn: Scott E. Mitchell
Morgan Lewis + Bockius
(for Resolution Performance Products)
5300 First Union Financial Ctr.
200 S. Biscayne Blvd.
Miami, FL 33131-2339

This is in response to your letter of Oct. 24, 2000 (attached) regarding the following installation:

US EPA ID Number: ILD000608992

Location of Installation: 8600 W. 71st St.
Bedford Park, IL

According to the information submitted, the owner/operator of the above installation has changed. In order for the US EPA ID Number to be transferred to the new owner/operator, please complete the enclosed Notification of Regulated Waste Activity (EPA Form 8700-12). Return the completed Notification to:

RCRA Activities
US EPA Region 5
P.O. Box A3587
Chicago, IL 60690

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File

RECEIVED
JAN 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

Printed on Recycled Paper

Resolution Performance Prod. LLC
Cook-6 0310125012
Gen Corr

5300 First Union Financial Center

200 South Biscayne Boulevard

Miami, FL 33131-2339

305-579-0300

Fax: 305-579-0321

Morgan, Lewis & Bockius LLP
COUNSELORS AT LAW

Scott E. Mitchell
305-579-0388
semitchell@morganlewis.com

RECEIVED
NOV 07 2000
PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

October 24, 2000

Illinois EPA
Attn: Jim Pierce
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

Re: U.S. EPA Hazardous Waste Generator ID #ILD 000608992
and Illinois non-hazardous waste #0310125012

Dear Mr. Pierce:

We are writing to notify you that Resin Acquisition, LLC intends to acquire all of the outstanding capital stock of Shell Epoxy Resins Inc. ("SER"), with a facility located at Argo, Illinois, on or about November 1, 2000 (the "Closing Date"). After the Closing Date, the Argo facility will continue to operate in substantially the same manner as it has operated in the past, and Jack McGrath (708-563-6313) will continue to serve as the facility contact for purposes of environmental matters.

SER intends to change its name to Resolution Performance Products LLC on or slightly before the Closing Date. We will advise you of such name change immediately following consummation of the transaction.

We would appreciate it if you would confirm, in writing, receipt of this letter and the need, if any, for additional activities to effectuate the transfer before the anticipated Closing Date. Due to the impending Closing Date, it would be helpful if you would fax this confirming letter to my attention at (305) 579-0321.

Thank you for your assistance with this matter. Please do not hesitate to contact me at (305) 579-0388 if you have any questions or require additional information.

Sincerely,

Scott E. Mitchell

c: Jack McGrath
Andrea Preate (file copy)

RECEIVED
JAN 05 2001
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

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*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only): 10-18-99

I. Installation's EPA ID Number (*Mark "X" in the appropriate box*)

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation (*Include company and specific site name*)

SHELL RESINS PLANT

III. Location of Installation (*Physical address not P.O. Box or Route Number*)

Street: 8600 WEST 71ST STREET

Street (continued):

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

County Code: 031 | County Name: COOK

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: 8600 WEST 71ST

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

V. Installation Contact (*Person to be contacted regarding waste activities at site*)

Name (*last*): RUSCH | (*first*): ED

Job Title: AST SR OFFICE | Phone Number (*area code and number*): 708-563-6399

VI. Installation Contact Address (*See Instructions*)

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box: 8600 WEST 71ST

City or Town: BEDFORD PARK | State: IL | ZIP Code: 60501-

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: SHELL EPOXY RESINS LLC

Street, P.O. Box, or Route Number: 910 LOUISIANA STREET

City or Town: HOUSTON | State: TX | ZIP Code: 77002

Phone Number (*area code and number*): 708-563-6313

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes X No ☐

(Date Changed) Month 10 Day 01 Year 99

RECEIVED OCT 18 1999 IEPA/BOL

RECEIVED MAR 09 2000 U.S. EPA - REGION 5

DR 2/28/00

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

ID – For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – Indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner – Indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. 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 261.20 – 261.24)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. Toxicity Characteristic *(D000)*	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))		
[X]	[ ]	[ ]	[ ]	D035		

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Jack McBrayer	Supt. Facility Support	10/14/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Shell Epoxy Resin LLC
8600 West 71st Street
Bedford Park, IL 60501

RECEIVED
MAR 09 2000
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

October 14, 1999

Illinois Environmental Protection Agency
Attn: Mr. Jim Pierce
1021 N. Grand Ave. East
PO Box 19276
Springfield, Illinois 62794-9276

Re: Shell Epoxy Resin LLC
EPA ID: ILD000608992
8600 W. 71st Street
Bedford Park, IL. 60501

Dear Mr. Pierce:

The enclosed EPA "Notification of Regulated Waste Activity" form has been submitted to provide notification of the name change from Shell Chemical Company to Shell Epoxy Resins LLC, a wholly owned subsidiary of Shell Oil Company. This name change in ownership (effective 10/1/99), is the result of reorganization of Shell Oil Company's assets.

If you have any questions or require further information please contact me at 708-563-6313 or Kirsten Kennedy at 713-241-3567. Thank you in advance for your assistance with this matter.

Jack McGrath

Jack McGrath
Supt. Facility Support
Shell Epoxy Resin LLC - Argo Plant

Cc: file

RECEIVED
OCT 18 1999
IEPA/BOL

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

Form Approval OMB No. 2050-0024 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED AUG 9 1999 PROGRAM MANAGEMENT BRANCH

03101125012

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

☐ A. Initial Notification ☒ B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*

EQUILON ENTERPRISES LLC

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 8600 WEST 71ST STREET

Street *(Continued)*:

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

County Code: 031 | County Name: COOK

RECEIVED OCT 22 1999 RECORDS ROOM

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 8600 WEST 71ST STREET

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: RUSCH | *(First)*: ED

Job Title: HAZWASTE COORD. | Phone Number *(Area Code and Number)*: 708-563-6332

VI. Installation Contact Address *(See Instructions)*

A. Contact Address Location ☒ Mailing ☐

B. Street or P.O. Box: 8600 WEST 71ST STREET

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: SHELL CHEMICAL

RECEIVED AUG 01 1999 IEPA/BOL

Street, P.O. Box, or Route Number: 8600 WEST 71ST STREET

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
708-563-6390	P	P	Yes ☒ No ☐	07 07 99

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] *5. Other - specify*

3. [ ] Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. 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 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))		
X				D018	D035	

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
134					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Jack McGrath	Supt. Facility Support	7/27/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information collected from this notification is required by law (Section 3010(a) of the Resource Conservation and Recovery Act of 1976).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED MAR 30 1999 PROGRAM MANAGEMENT BRANCH

I. Installation's EPA ID Number (Mark "X" in the appropriate box)

[ ] A. Initial Notification [X] B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation (Include company and specific site name)

EQUILON PIPELINE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: 8600 WEST 71ST STREET

Street (Continued):

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

County Code: | County Name: COOK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: PO BOX 4453

City or Town: HOUSTON | State: TX | Zip Code: 77210-4453

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last): KENNEDY | (First): KIRSTEN

Job Title: ENVIRONMENTAL REP | Phone Number (Area Code and Number): 713-241-3567

VI. Installation Contact Address (See instructions)

A. Contact Address Location: [ ] Mailing: [X] | B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: EQUILON ENTERPRISES LLC

Street P.O. Box or Route Number: PO BOX 4453

City or Town: HOUSTON | State: TX | Zip Code: 77210-4453

RECEIVED APR 08 1999 U.S. EPA REGION 5 Waste, Pesticides & Toxics Division

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
713-241-2258	P	P	Yes X No [ ]	07	01	98

CL 4/1/99

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. Other - specify

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. 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 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X				D018	D035		

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
134					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
[signature]	KIRSTEN KENNEDY	01/99

XI. Comments

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APR 28 1999
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

0310125012
Cook
Gen Corr.

EQUILON
ENTERPRISES LLC
Shell & Texaco Working Together

P.O. Box 2099
Houston, TX 77252-2099
TSP 1344
Kirsten Kennedy

January 19, 1999

Illinois Environmental Protection Agency
Attn.: Mr. Jim Pierce
Mail Code #24
1021 North Grand Avenue East
PO Box 19276
Springfield, Illinois 62794-9276

Re: Equilon Enterprises, LLC
IL0310125012
Fed Id 0000608992
8600 West 71st Street
Bedford Park, Illinois 60501

Mr. Pierce,

This is written notification of the name change from Equilon Pipeline to Equilon Enterprises LLC. If you have any questions or require further information please contact me at 713-241-3567. Thank you in advance for your assistance with this matter.

Sincerely,

Kirsten Kennedy
Environmental Representative Great Lakes Region

Cc: file

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APR 28 1999
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

0310125012
Cook-Co Glen Carr

EQUILON
ENTERPRISES LLC
Shell & Texaco Working Together

P.O. Box 2099
Houston, TX 77252-2099
TSP 1344
Kirsten Kennedy

January 19, 1999

Illinois Environmental Protection Agency
Attn.: Mr. Jim Pierce
Mail Code #24
1021 North Grand Avenue East
PO Box 19276
Springfield, Illinois 62794-9276

RECEIVED
MAR - 4 1999
PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA – REGION 5

Re: Equilon Enterprises, LLC
IL0310125012
Fed Id 0000608992
8600 West 71st Street
Bedford Park, Illinois 60501

ILD000608992

Mr. Pierce,

This is written notification of the name change from Equilon Pipeline to Equilon Enterprises LLC. If you have any questions or require further information please contact me at 713-241-3567. Thank you in advance for your assistance with this matter.

Sincerely,

Kirsten Kennedy
Environmental Representative Great Lakes Region

RECEIVED
MAR 31 1999
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA – REGION 5

Cc: file

RECEIVED
FEB 24 1999
IEPA-BOL
PERMIT SECTION

CK 3/30/99

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

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by Subtitle C, Section 3010 of the Resource Conservation and Recovery Act.

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

JAN 25 1999

03101250 12

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. Initial Notification

[X] B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*

EQUILON PIPELINE

III. Location of Installation *(Physical address; not P.O. Box or Route Number)*

Street: 8600 WEST 71ST STREET

Street (Continued):

City or Town: BEDFORD PARK | State: IL | Zip Code: 60501-

County Code: 031 | County Name: COOK

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: PO BOX 4453

City or Town: HOUSTON | State: TX | Zip Code: 77210-4453

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name (Last): BIENVENU | (First): SONDRA

Job Title: DISPOSAL COORD | Phone Number (Area Code and Number): 713-241-2258

VI. Installation Contact Address *(See instructions)*

A. Same as Location: [X]

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: EQUILON ENTERPRISES LLC

C

Street, P.O. Box, or Route Number: PO BOX 4453

City or Town: HOUSTON | State: TX | Zip Code: 77210-4453

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
713-241-2258	P	P	Yes [X] No [ ]	07 01 98

updated 3/14/99 ah

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

Form Approved. OMB No. 2050-0028 Exp. 10/31/99
GSA No. 0249-EPA-OT

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] *5. Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. 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 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))		
X				D018	D035	

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Kirsten Kennedy	Kirsten Kennedy, Environmental Rep	01/19/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

EQUILON
ENTERPRISES LLC
Shell & Texaco Working Together

P.O. Box 2099
Houston, TX 77252-2099
TSP 1344
Kirsten Kennedy

January 19, 1999

RECEIVED
JAN 25 1999
BOL

Illinois Environmental Protection Agency
Attn.: Mr. Jim Pierce
Mail Code #24
1021 North Grand Avenue East
PO Box 19276
Springfield, Illinois 62794-9276

Re: Equilon Enterprises, LLC
IL0310125012
Fed Id 0000608992
8600 West 71st Street
Bedford Park, Illinois 60501

Mr. Pierce,

This is written notification of the name change from Equilon Pipeline to Equilon Enterprises LLC. If you have any questions or require further information please contact me at 713-241-3567. Thank you in advance for your assistance with this matter.

Sincerely,

Kirsten Kennedy

Kirsten Kennedy
Environmental Representative Great Lakes Region

RECEIVED
MAR 10 1999
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

Cc: file

RECEIVED
JUL 22 1998
RCRA RECORDS ROOM
Waste Programs Toxics Division
U.S. EPA—REGION 5

CHANGE OF OWNER/OPERATOR

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

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

RECEIVED
Date Rec'd
For Official Use Only
JUN 10 1998
U. S. EPA, REGION V
SWP PMS

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. Initial Notification [X] B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: ILD000608992

II. Name of Installation *(Include company and specific site name)*: EQUILON PIPELINE COMPANY

III. Location of Installation *(Physical address, not P.O. Box or Route Number)*

Street: 8600 WEST 71ST STREET

Street (Continued):

City or Town: BEDFORD PARK State: IL Zip Code: 60501-

County Code: 031 County Name: COOK

RECEIVED JUN 11 1998

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: PO BOX 4453

City or Town: HOUSTON State: TX Zip Code: 77210-4453

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name (Last): BIENVENU (First): SONDRA

Job Title: DISPOSAL COORD Phone Number (Area Code and Number): 713-241-2258

VI. Installation Contact Address *(See instructions)*

A. Contact Address: [ ] Location [X] Mailing

B. Street or P.O. Box:

City or Town: State: Zip Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: EQUILON PIPELINE COMPANY

Street, P.O. Box, or Route Number: PO BOX 4453

City or Town: HOUSTON State: TX Zip Code: 77210-4453

Phone Number (Area Code and Number): 713-241-2258

B. Land Type: [ ] P

C. Owner Type: [ ] P

D. Change of Owner Indicator: Yes [ ] No [X]

(Date Changed) Month: 07 Day: 01 Year: 98

RCRIS ENTRY JUN 29 1998

Please print or type. Use ELITE type (12 characters per inch). Form approved. Shaded areas only.

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] *5. Other - specify*

[ ] 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace

[ ] 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. 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 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))		
X				D018		

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

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

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
134					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Sondra Bienvenu	Sondra Bienvenu / Waste Disposal Coordinator	5/27/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

Please print or type with ELITE type (1 racters/inch) in the unshaded areas only.

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

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

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F I L D 0 0 0 6 0 8 9 9 2 T/A 2 C 1	A	8 0 0 8 0 1

Shell Oil Co, Argo Plant

I. NAME OF INSTALLATION

ARGO PLANT, SHELL OIL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 BOX L

CITY OR TOWN	ST.	ZIP CODE
4 ARGO	IL	60501

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 8600 WEST 71ST STREET

CITY OR TOWN	ST.	ZIP CODE
6 BEDFORD PARK	IL	60501

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 LANG, KENNETH PLANT MANAGER	312-887-7201

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 SHELL OIL COMPANY

DETACH

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

F = FEDERAL
M = NON-FEDERAL

M

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

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

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

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

C. INSTALLATION'S EPA I.D. NO.: I L D 0 0 0 6 0 8 9 9 2

IX. DESCRIPTION OF HAZARDOUS WASTES

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

AUG 01 1980

CONTINUE ON REVERSE

FOR OFFICIAL USE ONLY

S													T/A	C
W	I	L	D	0	0	0	6	0	8	9	9	2	2	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
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
K049	K051	K052			
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
U220	U239				
37	38	39	40	41	42
43	44	45	46	47	48

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

49	50	51	52	53	54

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

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

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
W. A. Bornemann	W. A. Bornemann Facilities Superintendent North Central Distribution Area	7/28/80

SHW-12

JAN 13 1984

Mr. F. W. Hill
Health, Safety and Environmental Manager
Mid-Continent Distribution Area
Shell Oil Company
1415 West 22nd Street
Oak Brook, Illinois 60521

Re: Shell Oil Co., Argo Plant
ILD 000608092
Request for Extension of
On Site Accumulation Time

Dear Mr. Hill:

We have reviewed your letter dated December 19, 1983, and interpret it to be a request for an extension of the on site accumulation time at your Argo facility. The Illinois Environmental Protection Agency (IEPA), under 35 Illinois Administrative Code 722.134, is responsible for consideration of such requests.

While we anticipate that the IEPA will approve your request, generators who exceed the 120 day on site accumulation time allowed in 35 Ill. Adm. Code 722.134 will be required to submit a RCRA Part B permit application to the U.S. EPA and to comply with standards applicable to owners and operators of hazardous waste storage facilities (35 Ill. Adm. Code Part 724).

Please contact Mr. Kevin Pierard or my staff at (312) 886-0994, if you wish to discuss this matter.

Sincerely yours,

ORIGINAL SIGNED BY
WILLIAM H. MINER

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

cc: Bill Radinski, IEPA

bcc: Charles Lewis

SHW-12:K.PIERARD:ns:1/10/84

	TYPIST	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF	TPS CHIEF	WMD CHIEF	WMD DIRECTOR
INITIALS	NS		Acting			Bmc 1-12-84		
DATE	1/12/84	1-12-84	1-12-84			1/12/84		

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

700
KP

J. Esad
1-23-84

DATE: 12/28/83

5WMB

RE: Installation Name Shell Oil Co. - Argo Plant

Installation Address 8600 W. 71st St. - Bedford Park, IL

EPA ID# ILD000608992

FROM: Versar

TO: Unit Chiefs

Attached for your review is a copy of Letter notifying of failure to meet 90-day permitted accumulation time

for the above-referenced facility.

Cover letter date 12/19/83

Rec'd in Region 12/28/83

Rec'd in Versar 12/28/83

Action required letter sent - File in part A file

Reviewer's summary: stated in letter from WHM to Shell that if they exceed 120 days in storage they must submit a part A - this is assuming the IEPA approves the 30 day extension.

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO LISA PIERARD

Shell Oil Company

1415 W. 22nd St.
Oak Brook, Illinois 60521
887-5600

December 19, 1983

Regional Administrator
U. S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

ILD 000608992 G, T

Gentlemen:

We regret to inform you that we are not able to effect disposal of 5-55 gallon drums of hazardous leaded tank bottom sludge, 1-55 gallon drum of lab reagents, 13-55 gallon drums and 32-16 gallon drums of resin solution from our Argo Plant during the 90-day permitted accumulation time which ends on December 25, 1983. Extensive delays have been encountered due to incinerator down time repairs and the Christmas holidays. As a result, transportation of the waste could not be scheduled until this week, just within the permitted accumulation time. Last minute trucking problems developed, preventing Commercial Pumping Corporation from transporting the wastes. Heavy demands on the incinerator and transporter make it unlikely that we can reschedule removal of the wastes before January 10, 1984. We will make every effort to expediate proper disposal of the wastes at our Argo Plant.

We do not anticipate such extensive problems in the future, and are confident that we will be able to dispose of our plant's hazardous wastes within the allowed accumulation period.

Yours very truly,

F. W. Hill
Health, Safety and Environmental Manager
Mid-Continent Distribution Area

FWH/plm

cc: State of Illinois EPA
Manager, Environmental, Marketing Engineering - K. E. Smith
Argo Plant Superintendent
Chicago Administrative Office - Hazardous Waste Coordinator

RECEIVED
DEC 29 1983
WASTE MANAGEMENT
BRANCH

RECEIVED
12/28/83

E-32061

Shell Oil Company
1415 W. 22nd Street
Oak Brook, IL 60521

5H-13

Regional Administrator
U. S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Waste codes added
3-5-82 MGP

Shell Oil Company

1415 W. 22nd St.
Oak Brook, Illinois 60521

February 25, 1982

Region Administrator
USEPA Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

Dear Sir:

In accord with Resource Conservation and Recovery Act (RCRA) - Hazardous Waste Management regulations concerning notification of Hazardous Waste Activity, we submit herewith a "Subsequent Notification" to cover the additional hazardous wastes listed under Item IX.C. that will be generated at our Company facility identified as our Argo Plant located in Bedford Park, Illinois, bearing USEPA I.D. No. ILD000608992.

We trust that submission of the enclosed 8700-12 will fully satisfy aforementioned RCRA notification regulations.

Very truly yours,

R. W. Bell

R. W. Bell
Environmental Manager
Midwest Distribution Area

RAC:cs

cc: Shell Oil Company
K. Lang - Argo Plant Manager
J. B. Hite - Argo Process Manager

RECEIVED
MAR 03 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V
RECEIVED
3/03/82

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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED MAR 1982 WASTE MANAGEMENT BRANCH REGION V

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

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F 1 (T/A C)

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

ARGO PLANT, SHELL OIL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 BOX L

CITY OR TOWN: 4 ARGO

ST.: IL

ZIP CODE: 60501

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 8600 WEST 71ST STREET

CITY OR TOWN: 6 BEDFORD PARK

ST.: IL

ZIP CODE: 60501

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 LANG, KENNETH PLANT MANAGER

PHONE NO. *(area code & no.)*: 312-887-7201

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 SHELL OIL COMPANY

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

F = FEDERAL
M = NON-FEDERAL

M

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

[X] A. GENERATION

[X] B. TRANSPORTATION *(complete item VII)*

[ ] C. TREAT/STORE/DISPOSE

[ ] D. UNDERGROUND INJECTION

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

[ ] A. FIRST NOTIFICATION

[X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

RECEIVED 3/03/82

C. INSTALLATION'S EPA I.D. NO.: ILD000608992

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

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

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

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

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

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

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

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

31	32	33	34	35	36
U002	U159	U161	U031		
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

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

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert W Bell	R. W. Bell - Environmental Manager Midwest Distribution Area	2-23-82

E-45061

SHELL OIL COMPANY
1415 W. 22ND STREET
OAK BROOK, ILLINOIS 60521

RETURN POSTAGE GUARANTEED

OAK BROOK ILL. FEB 25 '82 60521 U.S. POSTAGE 1 72

FROM SHELL OIL COMPANY
1415 West 22nd Street
Oak Brook, IL 60521

RETURN REQUESTED

PETROLEUM PRODUCTS

TO

Region Administrator
USEPA Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

ATTN

0640 (REV. 12/62) PRINTED IN U.S.A.

CERTIFIED
No. 676363
MAIL

RETURN RECEIPT
REQUESTED

RECEIVED
MAR 03 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V.

RECEIVED 3/02/82

MAR 3 1982

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 → ILD000608992 REACKNOWLEDGEMENT

SHELL OIL CO ARGO PLANT
BOX L
ARGO IL 60501

INSTALLATION ADDRESS → 8600 WEST 71ST STREET
BEDFORD PARK IL 60501

EPA Form 8700-12B (4-80) 09/28/81