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 245

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F I L D 0 2 4 9 2 1 0 7 4 3 D

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	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GREAT LAKES TERMINAL & TRANSPORT CORP.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TEPAVICH, NICK, PLANT SUPT.	312 735 0586

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 361

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ARGO	IL	60501

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 8800 WEST 71st STREET

B. COUNTY NAME

COOK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BEDFORD PARK	IL	60501	031

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
5161 (specify) Wholesale Trade - Chemicals & Allied Products	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: GREAT LAKES TERMINAL & TRANSPORT CORP.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 312 735 0586

E. STREET OR P.O. BOX: PO BOX 361

F. CITY OR TOWN: ARGO

G. STATE: IL

H. ZIP CODE: 60501

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N	D. PSD (Air Emissions from Proposed Sources): P
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): 031808AAD (specify) ILL EPA - Storage Tanks
C. RCRA (Hazardous Wastes): R	E. OTHER (specify): 3611641 55 (specify) ILL EPA - Int. Floater Tk 22

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)

Bulk Terminal - Storage and distribution of Industrial Solvents and Chemicals.

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
John Gerza Vice President	John Gerza	November 17, 1980

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-S80004 245

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 I L D 0 2 4 9 2 1 0 7 4 T/A 3 G 1

FOR OFFICIAL USE ONLY

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

II. FIRST OR REVISED APPLICATION

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

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

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

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

G 8 — YR. 6 8 — MO. 1 1 — DAY 1 5

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

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

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

S C DUP T/A 3 G 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. 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	S 0 4	80,000 000	G		7				
2	T 0 4	2,000 000	U		8				
3					9				
4					10				

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.

Biological Treatment - 2,000 gallons per day capacity.
Biotreater effluent to be discharged into the Chicago Metropolitan Sanitary System.

IV. DESCRIPTION OF HAZARDOUS WASTES

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

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

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

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

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

D. **PROCESSES**

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

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

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

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

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

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

CONTINUE ON PAGE 3

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

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W ILD024921074 3 1

FOR OFFICIAL USE ONLY: W DUP 3 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	U140	~~See Note 1.~~ 2664000	P	S04T04	
2	U154	" 2664.000	P	S04T04	
3	U159	" 2664.000	P	S04T04	
4	U161	" 2664000	P	S04T04	
5	U220	" 2664000	P	S04T04	
6	U239	" 2664000	P	S04T04	
7		~~Note 1. We do not maintain any processing or manufacturing facility that~~			
8		~~would generate fixed quantities of wastes, hazardous or otherwise. Our~~			
9		~~accumulated wastes represents primarily contaminated run-off from our loading~~			
10		~~operations, the chemical composition of which will vary due to differences~~			
11		~~in our through-put activity, accidental spills, leaks and any other factor that~~			
12		~~could affect the system.~~			
13		~~We estimate that our annual quantity of waste generated to be approximately~~			
14		~~3,000 gallons distributed randomly across those products listed, all dissolved~~			
15		~~in water at a total concentration of less than Three percent.~~			
16	U002	~~See Note 2.~~ 2664.000	P	S04T04	
17	U031	" 2664000	P	S04T04	
18	U112	" 2664000	P	S04T04	
19		~~Note 2. These products are not listed above because they are listed as~~			
20		~~Ignitable hazards which would not retain their flammable characteristics~~			
21		~~under accumulated conditions, i.e., very low concentrations in aqueous~~			
22		~~solutions in the pond.~~			
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

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

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS 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	I	L	D	Ø	2	4	9	2	1	Ø	7	4	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)*
41 45 50 N 500	Ø87 50 22 W 220

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
John Gerza Vice President	John Gerza	November 17, 1980

X. OPERATOR CERTIFICATION

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

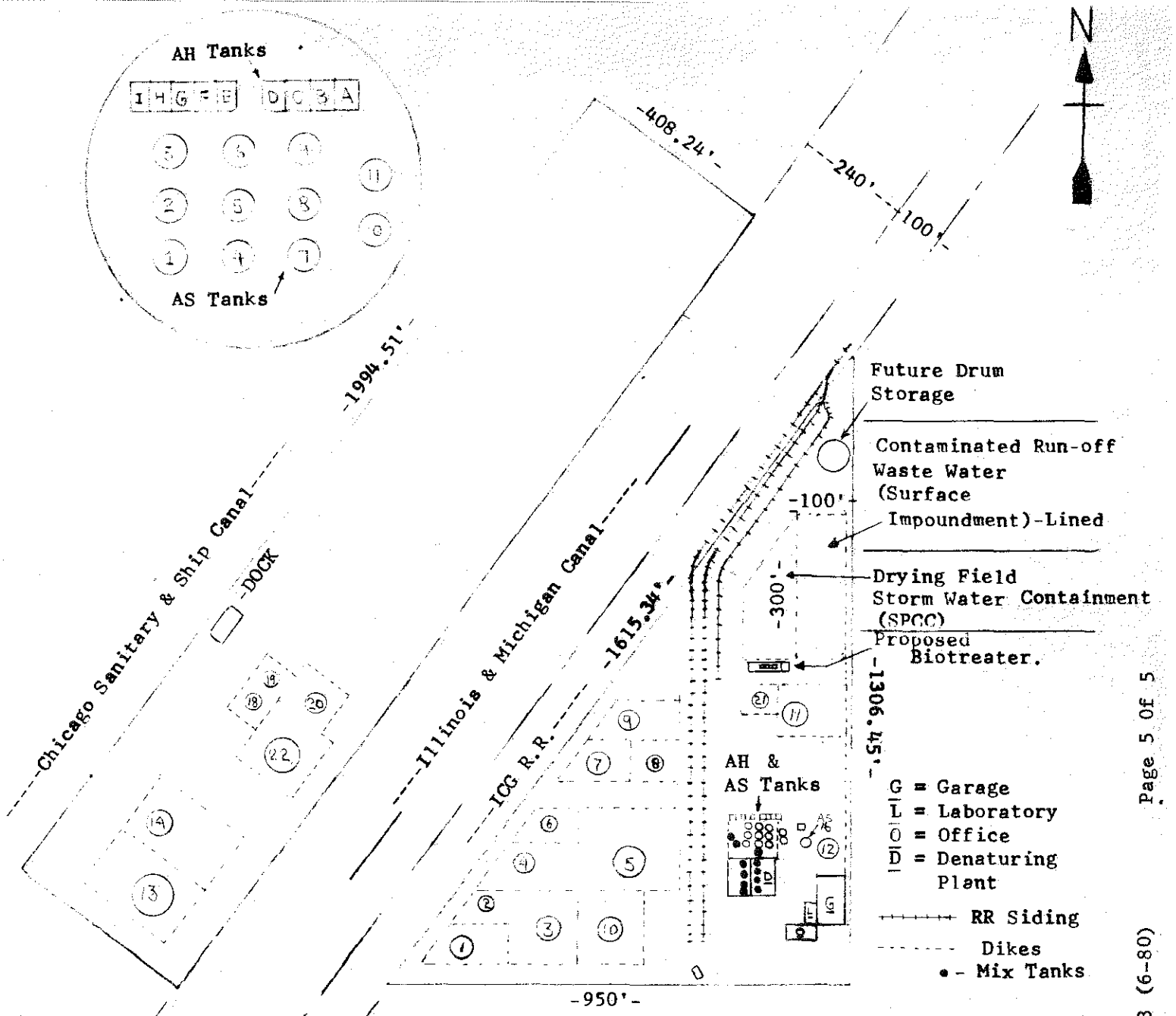
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5

TANK NO.	CAPACITY	PRODUCT
1	10M BBL	
2	5M BBL	
3	15M BBL	
4	10M BBL	
5	25M BBL	
6	5M BBL	
7	10M BBL	
8	5M BBL	
9	10M BBL	
10	20M BBL	
11	20M BBL	
12	15M BBL	
13	40M BBL	
14	20M BBL	
18	5M BBL	
	5M BBL	
20	10M BBL	
21	5M BBL	
22	30M BBL	

AS TANKS	
AS1	20M GAL
AS2	20M GAL
AS3	20M GAL
AS4	25M GAL
AS5	25M GAL
AS6	25M GAL
AS7	35M GAL
AS8	35M GAL
AS9	35M GAL
AS10	35M GAL
11	35M GAL
AS16	60M GAL

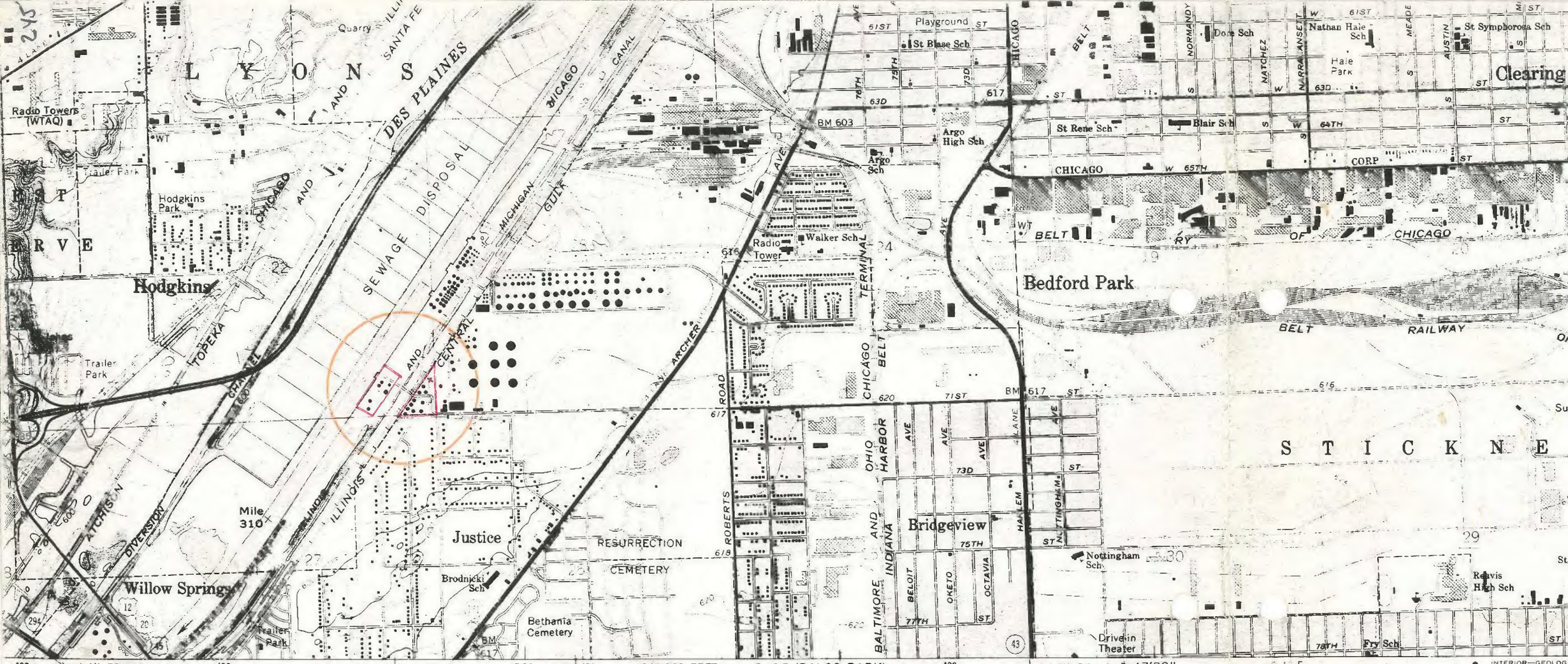
AH TANKS	
AH10A	7500 GAL
B	7500 GAL
C	7500 GAL
D	7500 GAL
E	4000 GAL
F	5000 GAL
G	5000 GAL
H	5000 GAL
I	5000 GAL



PLOT PLAN
ARGO TERMINAL COMPANY
BEDFORD PARK, ILLINOIS

Scale 1" = 300'
June 2, 1975
Rev. Nov. 17, 1980

V. FACILITY DRAWING



and published by the Geological Survey
with State of Illinois Geological Survey
USC&GS, Cook County Highway Department
30
togrammetric methods from aerial photographs
Topography by planetable surveys 1925. Revised 1963
on. 1927 North American datum
based on Illinois coordinate system, east zone
rsal Transverse Mercator grid ticks,
blue
areas in which only landmark buildings are shown
purple compiled from aerial photographs
information not field checked
extension of urban areas

(There are no known drinking water wells within $\frac{1}{4}$ mi. of the GLT&T Facility)

SCALE 1:24000

$\frac{1}{2}$ 0 1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL

MN
GN
0°32' 10 MILS
1° 18 MILS

UTM GRID AND 1972 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

FACILITY LOCATION – 41° 45' 50" N. LAT.
87° 50' 22" W. LONG.

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ILLINOIS
QUADRANGLE LOCATION

ROA
Heavy-duty
Medium-duty
Interstate Route

FUTURE DRIVING SURFACE
FUTURE BIO-SWALE
PROPERTY LINES
HOSPITAL GROUNDS

245

GREAT LAKES TERMINAL AND TRANSPORT CORPORATION

ARGO TERMINAL COMPANY

8800 WEST 71st STREET
BEDFORD PARK, ILL. 60501

PHONE
735-0586
AREA CODE 312

MAILING ADDRESS
P. O. BOX 361
ARGO, ILLINOIS

November 18, 1980

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

EPA I.D. Number ILD024921074

Gentlemen:

Enclosed herewith is completed EPA Form 3510-1 (6-80) General Information and EPA Form 3510-3 (6-80) Hazardous Waste Permit Application covering this facility.

Yours very truly,

GREAT LAKES TERMINAL AND TRANSPORT CORP.

John Gerza

John Gerza
Vice President

JG/lms
Enc.

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 243

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F I L D 0 2 4 9 2 1 0 7 4 3 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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

III. NAME OF FACILITY

1 SKIP GREAT LAKES TERMINAL & TRANSPORT CORP

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TEPAVICH NICK PLANT SUPT	312 735 0586

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P.O. BOX 361

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ARGO	IL	60501

COPY

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 8800 WEST 71st STREET

B. COUNTY NAME: COOK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BEDFORD PARK	IL	60501	031

P.2. 2/10/82

NTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
5161 (specify) Wholesale Trade - Chemicals & Allied Products	C 7 (specify)

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

II. OPERATOR INFORMATION

A. NAME: GREAT LAKES TERMINAL & TRANSPORT CORP.

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.): C A 312 735 0586

E. STREET OR P.O. BOX: O BOX 361

F. CITY OR TOWN: ARGO

G. STATE: IL

H. ZIP CODE: 60501

IX. INDIAN LAND

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

. EXISTING ENVIRONMENTAL PERMITS

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

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

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

E. OTHER (specify): C 9 T 1 031808AAD — (specify) ILL EPA - Storage Tanks

C. RCRA (Hazardous Wastes): T R

E. OTHER (specify): C 9 T 1 361164155 — (specify) ILL EPA - Int. Floater Tk 22

I. 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

II. NATURE OF BUSINESS (provide a brief description)

Bulk Terminal - Storage and distribution of Industrial Solvents and Chemicals.

F9 A/51

III. 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
John Gerza Vice President	John Gerza	November 17, 1980

COMMENTS FOR OFFICIAL USE 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: F I L D 0 2 4 9 2 1 0 7 4 T/A: 3 C: 1

FOR OFFICIAL USE ONLY

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

II. FIRST OR REVISED APPLICATION

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

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

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

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

C 8 — YR. 6 8 — MO. 1 1 — DAY 1 5 — 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 — 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	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	S 0 4	800,000 000	G		7				
2	T 0 4	2,000 000	U		8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

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

Biological Treatment - 2,000 gallons per day capacity.
Biotreater effluent to be discharged into the Chicago Metropolitan Sanitary System.

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

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

 CONTINUE ON PAGE 3

Continued from page 2.

NOTE: Photocopy this page before 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 I L D 0 2 4 9 2 1 0 7 4 T/A 3 C 1

FOR OFFICIAL USE ONLY: W DUP T/A 2 C 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	U 1 4 0	See Note 1. 2664	P	S 0 4 T 0 4	
2	U 1 5 4	" 2664	P	S 0 4 T 0 4	
3	U 1 5 9	" 2664	P	S 0 4 T 0 4	
4	U 1 6 1	" 2664	P	S 0 4 T 0 4	
5	U 2 2 0	" 2664	P	S 0 4 T 0 4	
6	U 2 3 9	" 2664	P	S 0 4 T 0 4	
7		Note 1. We do not maintain any processing or manufacturing facility that			
8		would generate fixed quantities of wastes, hazardous or otherwise. Our			
9		accumulated wastes represents primarily contaminated run-off from our loading			
10		operations, the chemical composition of which will vary due to differences			
11		in our through-put activity, accidental spills, leaks and any other factor that			
12		could affect the system.			
13		We estimate that our annual quantity of waste generated to be approximately			
14		3000 gallons distributed randomly across those products listed, all dissolved			
15		in water at a total concentration of less than Three percent.			
16	U 0 0 2	~~See Note 2.~~ 2664	P	S 0 4 T 0 4	
17	U 0 3 1	" 2664	P	S 0 4 T 0 4	
18	U 1 1 2	" 2664	P	S 0 4 T 0 4	
19		Note 2. These products are not listed above because they are listed as			
20		Ignitable Hazards which would not retain their flammable characteristics			
21		under accumulated conditions, i.e., very low concentrations in aqueous			
22		solutions in the pond.			
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

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

ontinued from the front.

V. DESCRIPTION OF HAZARDOUS WASTES (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)*

I L D Ø 2 4 9 2 1 Ø 7 4 | T/A 3 | 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).* F6 A/55

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).* F6 A/56

VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
4 1 4 5 5 0 N 5ØØ	Ø 8 7 5 Ø 2 2 W 22Ø

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
	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
John Gerza Vice President	John Gerza	November 17, 1980

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

I.D.# ILD 982421014

Facility Name Great Lakes Terminal & Transport Corp.

|__| ACKNOWLEDGEMENT SENT

Reviewer U. Banerjee

INTERNAL CHECKLIST

Date Review Started 3-13-87

1. Interim Regulatory Requirements Copy

A. (1) FORM 1 MISSING |__|

(2) FORM 3 MISSING |__|

B. POSTMARK after NOVEMBER 19, 1980 |__| Valid |__|

C. (1) DATE of OPERATION MISSING |__|

(2) DATE of OPERATION after NOVEMBER 19, 1980 |__|

D. (1) NOTIFIED after AUGUST 18, 1980 |__| Valid |__|

(2) NONNOTIFIER |__|

E. (1) FORM 1, XIII B SIGNATURE MISSING |__|

(2) FORM 3, IX B SIGNATURE MISSING |__|

2. A. TSDF |__|

B. NONREGULATED |__|

C. UNSURE |__|

D. UNKNOWN FACILITY (missing name and address on Form 3) |__|

E. NEW FACILITY |__|

F. CORE ITEM(S) MISSING |__| N/A DH

G. NONCORE ITEM(S) MISSING |__|

H. OTHER |__|

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER	CHECK IF ITEM MISSING
II. First Application	
*1. Existing Facility Date (on or before November 19, 1980)	
OR	
*2. New Facility Date (after November 19, 1980)	
III. Processes	
*A. Process Code	
*B. Process Design Capacity-Amount	
*1. Amount	
*2. Unit of Measure	
IV. Description of Hazardous Wastes	
*A. EPA Hazardous Waste Number	ok
*B. Estimated Annual Quantity	
*C. Unit of Measure	
*D. Processes	
*1. Process Codes	ok
*2. Process Description (If no code is shown)	
V. Facility Drawing	
VI. Photographs	
VII. Facility Geographic Location Latitude	
Latitude	
Longitude	

I.D.# ILD 024921074

Reviewer's Initial U.B

I.D.# ILD024921074

Facility Name Great Lakes Terminal & Transport Corp.

Reviewer U. Banerjee

Date Review Started 3-13-81

|__| ACKNOWLEDGEMENT SENT

N/

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING |__|

(2) FORM 3 MISSING |__|

B. POSTMARK after NOVEMBER 19, 1980 |__| Valid |__|

C. (1) DATE of OPERATION MISSING |__|

(2) DATE of OPERATION after NOVEMBER 19, 1980 |__|

D. (1) NOTIFIED after AUGUST 18, 1980 |__| Valid |__|

(2) NONNOTIFIER |__|

E. (1) FORM 1, XIII B SIGNATURE MISSING |__|

(2) FORM 3, IX B SIGNATURE MISSING |__|

2. A. TSDF |__|

B. NONREGULATED |X|

C. UNSURE |__|

D. UNKNOWN FACILITY (missing name and address on Form 3) |__|

E. NEW FACILITY |__|

F. CORE ITEM(S) MISSING |__|

G. NONCORE ITEM(S) MISSING |__|

H. OTHER |__|

RECORD OF COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:	FROM:	DATE
		TIME

SUBJECT

Facility I.D.#/ Facility Name

SUMMARY OF COMMUNICATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES
TO:

EPA Form 1300-6 (7-72) REPLACES EPA HQ FORM 5300-3 WHICH MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER	CHECK IF ITEM MISSING
II. Pollutant Characteristics	
*III. Name of Facility	
IV. Facility Contact	
V. Facility Mailing Address	
A. Street or P.O. Box	
B. City or Town	
C. State	
D. Zip Code	
VI. Facility Location	
*A. Street, Route Number	
B. County Name	
*C. City or Town	
*D. State	
E. Zip Code	
F. County Code (if known)	
VII. SIC Codes (other than Process and Hazardous Waste codes)	
VIII. Operator Information	
*A. Name	
*B. Is the name listed in VIII-A also the owner	
C. Status of operator	
D. Phone	
*E. Street or P.O. Box	
*F. City or Town	
*G. State	
H. Zip Code	

I.D.# ILD 024921074

Reviewer's Initial U.B

FORM 1 (EPA FORM 3510-1)

	CHECK IF ITEM MISSING
IX. Indian Land	
X. Existing Environmental Permits	
XI. Map	
XII. Nature of Business	
XIII. Certification	
A. *1. Name	
2. Official Title	
*B. Signature	
*C. Date Signed	

Comments:

*Form 1 is missing

D.# ILD0249107 4

Reviewer's Initial UB

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER		CHECK IF ITEM MISSING
II.	First Application	
	*1. Existing Facility Date (on or before November 19, 1980)	
	OR	
	*2. New Facility Date (after November 19, 1980)	
III.	Processes	
	*A. Process Code	
	*B. Process Design Capacity-Amount	
	*1. Amount	
	*2. Unit of Measure	
IV.	Description of Hazardous Wastes	
	*A. EPA Hazardous Waste Number	ok
	*B. Estimated Annual Quantity	
	*C. Unit of Measure	
	*D. Processes	
	*1. Process Codes	ok
	*2. Process Description (If no code is shown)	
V.	Facility Drawing	
VI.	Photographs	
VII.	Facility Geographic Location Latitude	
	Latitude	
	Longitude	

I.D.# ILD 024921074

Reviewer's Initial

FORM 3 (EPA 3510-3)

		CHECK IF ITEM MISSING
VIII.	Facilty Owner	
*1.	Name of Facility's Legal Owner	|__|
2.	Phone	|__|
*3.	Street or P.O. Box	|__|
*4.	City or Town	|__|
*5.	State	|__|
6.	Zip Code	|__|
IX.	Owner Certification	
*A.	Name	|__|
*B.	Signature	|__|
*C.	Date Signed	|__|
X.	Operator Certification	
*A.	Name	|__|
*B.	Signature	|__|
*C.	Date	|__|

Comments:

*Form 3 is missing |__\|

I.D.# ILD024921074

Reviewer's Initial W.B

ILD002492107

APR 03 1981

5AHMM

Mr. Nick Topavich
Plant Superintendent
Great Lakes Terminal and Transport
Corporation
Argo Terminal Company
3900 West 71st Street
Bedford Park, Illinois 60501

Dear Mr. Topavich:

Thank you for your letter of February 10, 1981, in which you requested comments on your proposed program to recycle hazardous waste for energy recovery.

Please be advised that while the burning of waste solvents in a boiler primarily to recover energy is exlcuded under 40 Code of Federal Regulations (CFR) Paragraph 261.6(a), transportation and storage prior to energy recovery are not excluded under Paragraph 261.6(b). If the primary purpose is not energy recovery, then the boiler unit is subject to the 40 CFR Parts 264 and 265, Subpart O Incinerator Standards.

The United States Environmental Protection Agency indicated on page 7667 of the January 23, 1981, Federal Register that it could promulgate standards soon that will address "thermal treatment" processes which do not come under the definition of incineration. The burning in a boiler of a hazardous waste that contains toxic substances could possibly be subject to the "thermal treatment" standards if and when they are promulgated.

Enclosed with this letter are the referenced Federal Registers. If you have any questions, please contact Mr. Greg Weber of my staff at 312/886-3730.

Sincerely,

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

5AHMD:WMB:G.WEBER:C.MITCHELL:4/2/81

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

MAR 22 1982

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Nick Tepavich
Great Lakes Terminal & Transport Corp
P.O. Box 361
Argo, Illinois 60501

RE: Interim Status Acknowledgement USEPA ID No. ILD024921074
FACILITY NAME: Great Lakes Terminal & Transport Corp

Dear Mr. Tepavich:

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

OK Rob Boone
3-19-82

GREAT LAKES TERMINAL AND TRANSPORT CORPORATION

ARGO TERMINAL COMPANY

8800 WEST 71st STREET
BEDFORD PARK, ILL. 60501

PHONE
735-0586
AREA CODE 312

MAILING ADDRESS
P. O. BOX 361
ARGO, ILLINOIS

March 18, 1982

EPA Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

RECEIVED
WASTE MANAGEMENT BRANCH
EPA, REGION V

Re: EPA ID Number ILD024921074 2mB
Hazardous Waste
Permit Application

GTSD, PA

Gentlemen:

On November 18, 1980, Great Lakes Terminal and Transport Corp. submitted EPA Form 3510-1 (6-80) General Information and EPA Form 3510-3 (6-80) Hazardous Waste Permit Application, Part A, for its Bedford Park, Illinois facility.

This early in the RCRA program and not being completely versed with the regulations, we elected to submit application for a Hazardous Waste Permit to gain interim status because we receive and ship some of the products listed in Subpart D Paragraph 261.33 (f) of RCRA section 3001 listed under commercial chemical products.

Our business can be best described as a bulk chemical storage facility for industrial solvents. We conduct no manufacturing or processing functions of any kind, there by generating no related wastes.

After thorough internal review and with the aid of outside legal counsel, we have concluded that our operation cannot be defined as a Hazardous Waste activity and as such, we request that our application for a Hazardous Waste Permit be withdrawn at this time.

Yours very truly,
GREAT LAKES TERMINAL &
TRANSPORT CORP.

John Gerza

John Gerza
Vice President

RECEIVED
4/28/82

JG/dc

March 18, 1982

EPA Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Re: EPA ID Number
ILD024921074
Hazardous Waste
Permit Application

Gentlemen:

On November 18, 1980, Great Lakes Terminal and Transport Corp. submitted EPA Form 3510-1 (6-80) General Information and EPA Form 3510-3 (6-80) Hazardous Waste Permit Application, Part A, for its Bedford Park, Illinois facility.

This early in the RCRA program and not being completely versed with the regulations, we elected to submit application for a Hazardous Waste Permit to gain interim status because we receive and ship some of the products listed in Subpart D Paragraph 261.33 (f) of RCRA section 3001 listed under commercial chemical products.

Our business can be best described as a bulk chemical storage facility for industrial solvents. We conduct no manufacturing or processing functions of any kind, there by generating no related wastes.

After thorough internal review and with the aid of outside legal counsel, we have concluded that our operation cannot be defined as a Hazardous Waste activity and as such, we request that our application for a Hazardous Waste Permit be withdrawn at this time.

Yours very truly,

GREAT LAKES TERMINAL &
TRANSPORT CORP.

John Gerza
Vice President

JG/dc

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

REPLY TO ATTENTION OF:
5AHWM

JAN 13 1981

Dear Owner/Operator of a Hazardous Waste
Treatment, Storage or Disposal Facility:

As you know, November 19, 1980, marked the day when the Federal hazardous waste management regulations became effective. Since that time my staff, in conjunction with State personnel, has been actively inspecting hazardous waste treatment, storage and disposal facilities to determine the status of compliance with Federal Interim Status Standards. Our objective in implementing this program is to achieve compliance with the law in the least burdensome manner to the regulated community. One way to achieve this objective is to share with the regulated community on a periodic basis our experience to date in evaluating compliance. Our hope is that this information will be a helpful guide to insuring your compliance.

During the course of our approximately 180 inspections conducted since November 19, 1980, it has become clear to us that many of the facilities which filed a Part A hazardous waste permit application were unaware of the need to comply with the Federal Interim Status Standards. You should note that civil and criminal liability can result from failure to comply with these standards. These standards are addressed in Chapter 40 of the Code of Federal Regulations, Part 265, which was originally published on May 19, 1980.

Our experience indicates that the most frequent violations of the Part 265 Federal Interim Status Standards for which we have issued compliance orders and imposed civil money penalties involve failure to comply with the requirements of Sections 265.13 - .16, 265.51 - .56, 265.73, and 265.17. These Sections deal with the requirements of a waste analysis, security, general inspection requirements, personnel training, arrangements with local authorities, contingency plans, emergency procedures, operating records and the management of containers. A detailed explanation of these requirements is offered on the Attachment to this letter. I urge you to review the Part 265 regulations with your staff, and to take all necessary steps to comply with them.

Our experience also indicates that a number of precautionary notifications were filed where the company was uncertain whether or not they were subject to these regulations. The November 19, 1980, Federal Register urged all facilities which have filed unnecessary notifications or permit applications to advise the USEPA Regional Office. If you are in the above category, please send this information to the following address:

RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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 → ILD029921074 REACKNOWLEDGEMENT

GREAT LAKES TERMINAL & TRANSPORT CO
P O BOX 361
ARGO IL 60501

INSTALLATION ADDRESS →

6800 WEST 71ST STREET
BEDFORD PARK IL 60501

EPA Form 8700-12A (4-80)

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

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

(R)

10 AUG 1982

Mr. John Gerza, Vice President
Great Lakes Terminal and Transport Corporation
P. O. Box 361
Argo, Illinois 60501

RE:- Withdrawal of Part A (Transfer Facility)
FACILITY NAME: Great Lakes Terminal and Transport Corporation
USEPA ID NO.: ILD 024 921 074

Dear Mr. Gerza:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of March 18, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility is a transfer facility as defined in 40 CFR Part 260.10. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

A transfer facility may store hazardous waste in containers, meeting the United States Department of Transportation packaging requirements for ten days or less without a permit (40 CFR Part 263.12). Please be advised that you must still comply with any applicable State and local requirements.

You will retain your USEPA Identification number, if the facility notified as a generator or transporter of hazardous waste.

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

Sincerely yours,

Karl J. Klepitsch, Jr.

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

Enclosure

cc: State of Illinois
Nick Tepavich, Plant Superintendent

D. Parker 8/10/82

RCRA ACTIVITIES

MR. JOHN GERZA, VICE-PRESIDENT
GREAT LAKES TERMINAL & TRANSPORT CORPORATION
PO BOX 361
ARGO, IL 60501

RE: Withdrawal of Part A
(Transfer Facility)
FACILITY NAME: GREAT LAKES TERMINAL & TRANS.
USEPA ID NO.: ILD 024921 074

Dear

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of March 18, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility is a transfer facility as defined in 40 CFR Part 260.10. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

A transfer facility may store hazardous waste in containers, meeting the United States Department of Transportation packaging requirements for ten days or less without a permit (40 CFR Part 263.12). Please be advised that you must [illegible] Company [illegible] applicable [illegible] laws [illegible] waste.
You will retain your USEPA Identification number; if you wish to withdraw your USEPA Identification number, please notify this Regional Office.

Please do not hesitate to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A, Transfer Facility" in all telephone contacts and correspondence.

Sincerely yours,

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

OK
DH
7/28/82

Enclosure

CC: STATE OF IL
CC: Nick Tepavich ~~above~~
plant superintendent (above address)

RECORD OF COMMUNICATION	☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE ☐ OTHER (SPECIFY) (Record of item checked above)	
TO: Nick Tepavich / John Benza	FROM: David Homer	DATE 8/13/81 TIME 2:30pm

SUBJECT

ILD024921074 Great Lakes Terminal & Transport

SUMMARY OF COMMUNICATION

1/2" bentonite lined lagoon

Will distribute the 3000 gal between the nine chemicals listed and assume 8 lbs/gal

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

EPA Form 1300-6 (7-72) REPLACES EPA HQ FORM 5900-3 WHICH MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

ID Number ILD024921074 Inst Name Great Lakes Terminal + Transport Corp. 245

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials: Yes	No	Valid Trig Date?
1	T/S/D Facility? (If No, return to respondent.)	DB		
3	Form 1 received?	DB		
1	Form 3 received?	DB		
1 & 3	Postmarked on or before November 19, 1980?	DB		
3	Date of operation entered?	DB		
3	Date of operation on or before November 19, 1980?	DB		
Notif. record	Notifier?			
	Notified on or before August 18, 1980?			
1	Form 1, XIII B signed?	DB		
3	Form 3, IX B signed?	DB		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 1-28-81)

PHASE TWO

1	Unsure if regulated or non-regulated?			
3	New facility?			
1 & 3	Core items missing? If Yes, indicate which items:			

Facility name___; location___; mail address___; operator info___;

certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:

Maps___; photos___; drawings___; lat/long___.

Other observations and comments:

Received Date Stamp

(Stamp forms also)

Log out/Log in on reverse side.

FACILITY NAME	EPA ID NUMBER
GREAT LAKES TERMINAL & TRANSPORT CORP	ILD024921074

FACILITY OPERATOR

GREAT LAKES TERMINAL & TRANSPORT CORP

FACILITY OWNER

GREAT LAKES TERMINAL & TRANSPORT CORP

FACILITY LOCATION

8800 WEST 71ST STREET
BEDFORD PARK IL 60501

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
S04	800000.00000	G
T04	2000.00000	U

OK

KEY

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

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

REGION: 05 STATE: IL ILD024921074 GREAT LAKES TERMINAL & TRANSPORT CORP LAST UPDATE: 9/28/81

3800 WEST 71ST STREET
EXISTANCE DATE: 11/15/68 BEDFORD PARK IL 60501 CLOSURE DATE:
312/735/0586

COUNTY: COOK 031 DISTRICT: BASIN: LATITUDE: 414550.0 LONGITUDE: 0875022.0

FACILITY STATUS: 1 MODIFY/CONSTRUCT: COMMERCIAL: NON-REGULATED: OWNER TYPE: P FACILITY TYPE: GEN TSDF

MAILING ADDRESS	OWNER ADDRESS	OPERATOR ADDRESS
TEPAVICH NICK PLANT SUPT	GREAT LAKES TERMINAL & TRANSPORT CORP	GREAT LAKES TERMINAL & TRANSPORT CORP
P O BOX 361	P O BOX 361	P O BOX 361
ARGO IL 60501	ARGO IL 60501	ARGO IL 60501
	312/735-0586	312/735-0586

INDICATORS

CONFIDENTIALITY NOTIF : 0
CONFIDENTIALITY PART A : 0
NATURE BUSINESS IND : A
MAP STATUS IND : A
DRAWING STATUS IND : A
PHOTO STATUS IND : A
INDIAN LAND IND : N
OWNER/OPERATOR IND : Y

NOTIFICATION DATA

PERMIT STATUS:
NOTIFICATION RECEIVED: 8/18/80
NOTIFICATION ACKNOWLEDGED: 9/28/81
PART A RECEIVED: 11/18/80
(1) PART A ACKNOWLEDGED: 99/99/99
(2) PART A ACKNOWLEDGED:

PERMITS

TYPE	NUMBER
2	361164155
2	031808AAD

DESIGN CAPACITY

PROCESS	AMOUNT	UNIT
T04	800000.000	G
T04	2000.000	U

SIC CODES

5161

TRANSPORTATION

WASTE DESCRIPTION

WASTE CODE: D001	ESTIMATED AMOUNT:		MT	PROCESSES:	
WASTE CODE: U002	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: S04	T04
WASTE CODE: U031	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04
WASTE CODE: U112	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: S04	T04
WASTE CODE: U140	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04
WASTE CODE: U154	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04
WASTE CODE: U159	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: S04	T04
WASTE CODE: U161	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04
WASTE CODE: U220	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04
WASTE CODE: U239	ESTIMATED AMOUNT:	1.208	MT	PROCESSES: T04	S04

COMMENTS

PART A AMENDMENTS

Fac. Name GREAT LAKES TERMINAL & TRANS. I.D. # ILD002 4921024

Application

Date Received	Date of ADP Input	Filed (check)

Amendments

Date Received	Date of Tech Staff Approval (if necessary)	Date of ADP Input	Filed (check)