OMB#: 2050-0175 Expires 12/31/2003

MAIL THE COMPLETED FORM TO: The appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**
1. Reason for Submittal (See instructions on page 23) CHECK CORRECT BOX(ES)	**Reason for Submittal:** ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application. ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____). ☐ As a component of the Hazardous Waste Report.
2. Site EPA ID Number (See instructions on page 24)	**EPA ID Number:** IAR000502187
3. Site Name (See instructions on page 24)	**Name:** Vetter Equipment Company
4. Site Location Information (See instructions on page 24)	**Street Address:** 2310 Iowa Avenue, P.O. Box 27 **City, Town, or Village:** Onawa **State:** Ia **County Name:** Monona **Zip Code:** 51040
5. Site Land Type (See instructions on page 24)	**Site Land Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. Sell and Service Case IH equipment B. C. D.
7. Site Mailing Address (See instructions on page 24)	**Street or P. O. Box:** same **City, Town, or Village:** **State:** **Country:** **Zip Code:**
8. Site Contact Person (See instructions on page 25)	**First Name:** Gary **MI:** **Last Name:** Prell **Phone Number:** 7124231069 **Phone Number Extension:**
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	**A. Name of Site's Legal Owner:** Glen & Julie Vetter **Date Became Owner (mm/dd/yyyy):** Feb 22, 2000 **Owner Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other **B. Name of Site's Operator:** Dave Madsen **Date Became Operator (mm/dd/yyyy):** Feb 22, 2000 **Operator Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

For #6, it should be 811310 - called the secretary & she said they service equipment

RCRIS data entered by CJones on 03/10/03

R00411318
RCRA RECORDS CENTER

OMB#: 2050-0175 Expires 12/31/2003

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 25 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - ☐ a. Small Quantity On-site Burner Exemption
  - ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities NA per Cindy Jones

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
d. Lamps	☐	☐
e. Other (specify) _____	☐	☐
f. Other (specify) _____	☐	☐
g. Other (specify) _____	☐	☐

☐ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

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

11. Description of Hazardous Wastes (See instructions on page 31) NA per Cindy

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

yes

no

OMB#: 2050-0175 Expires 12/31/2003

EPA ID No.

E[redacted]Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled a[redacted]ur site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

[redacted]0039						
[redacted]						
[redacted]						
[redacted]						
[redacted]						

12. Comments (See instructions on page 31)

13. 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. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Dave Madsen	Dave Madsen Manage	2-6-03

OMB#: 2050-0175 Expires 12/31/2003

MAIL THE MPLETED FORM TO: ppropriate State or egional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	

1. ason for Submittal (instructions on 23)

RK CORRECT BOX(ES)

Reason for Submittal:

- [X] To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- [ ] To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).
- [ ] As a component of a First RCRA Hazardous Waste Part A Permit Application.
- [ ] As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____).
- [ ] As a component of the Hazardous Waste Report.

2. te EPA ID Number (instructions on page

EPA ID Number: __ __ __ __ __ __ __ __ __ __ __ __

3. e Name (See ctions on page 24)

Name: Vetter Equipment Company

4. ite Location rmation (See uctions on page 24)

Street Address: 2310 Iowa Avenue, P.O. Box 27

City, Town, or Village: Onawa | State: Ia

County Name: Monona | Zip Code: 51040

5. te Land Type (See uctions on page 24)

Site Land Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

6. rth American Industry ssification System (CS) Code(s) for the (See instructions on 24)

A. Seed and Service Case IH equipment | B.

C. | D.

7. te Mailing Address instructions on page

Street or P. O. Box: same

City, Town, or Village:

State:

Country: | Zip Code:

8. Site Contact Person (See instructions on page 25)

First Name: Gary | MI: | Last Name: Prell

Phone Number: 7124231069 | Phone Number Extension:

9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)

A. Name of Site's Legal Owner: Glen & Julie Vetter | Date Became Owner (mm/dd/yyyy): Feb 22, 2000

Owner Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

B. Name of Site's Operator: Dave Madsen | Date Became Operator (mm/dd/yyyy): Feb 22, 2000

Operator Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

OMB#: 2050-0175 Expires 12/31/2003

EPA ID No. | | | | | | | | | | | | |

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. **Generator of Hazardous Waste (Choose only one of the following three categories.)**
   - ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo) of non-acute hazardous waste, or
   - ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs /mo) of non-acute hazardous waste; or
   - ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

   In addition, indicate other generator activities. (Mark all that apply)
   - ☐ d. United States Importer of Hazardous Waste
   - ☐ e. Mixed Waste (hazardous and radioactive) Generator

For items 2 through 6, mark all that apply.

- ☐ 2. **Transporter of Hazardous Waste**
- ☐ 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- ☐ 4. **Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 5. **Exempt Boiler and/or Industrial Furnace**
  - ☐ a. Small Quantity On-site Burner Exemption
  - ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. **Underground Injection Control**

B. Universal Waste Activities NA per Cindy Jones

1. **Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):**

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
d. Lamps	☐	☐
e. Other (specify) _____	☐	☐
f. Other (specify) _____	☐	☐
g. Other (specify) _____	☐	☐

- ☐ 2. **Destination Facility for Universal Waste** Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

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

11. Description of Hazardous Wastes (See instructions on page 31) NA per Cindy

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

~~D059~~						

OMB#: 2050-0175 Expires 12/31/2003

EPA ID No.

E[redacted]Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled a[redacted]ur site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

[redacted]0039						
[redacted]						
[redacted]						
[redacted]						
[redacted]						

12. Comments (See instructions on page 31)

13. **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. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Steve Madsen	Steve Madsen Manager	2-6-03

CASE

NAPA

Vetter Equipment - Napa # 2
2310 Iowa Avenue
PO Box 27
Onawa, Iowa 51040

Phone 712 423 1069 Vetter
Phone 712 423 2505 Napa
Fax 712 423 3018 Vetter & Napa

We have 4 page(s) to send, including this cover page.
If you experience problems with this facsimile transmittal, please contact us.

Date 2-6-03

To Cindy Jones Fax # 9135517 ~~947~~ 844

From Sandy

Comments:

Let me know if I need to do anything else.

Sandy

Confirmation Report - Memory Send

Time : Jan-06-2003 11:17am
Tel line :
Name :

Job number	:	835
Date	:	Jan-06 10:51am
To	:	917124233018
Document pages	:	050
Start time	:	Jan-06 10:51am
End time	:	Jan-06 11:17am
Pages sent	:	050
Status	:	OK

Job number : 835 *** SEND SUCCESSFUL ***

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VII
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

FAX COVER SHEET
AIR RCRA TOXICS DIVISION (ARTD)

TO: ~~[illegible]~~ Gary Prell
PHONE #: ~~[illegible]~~ 712-423-1069 FAX #: 712-423-3018
FROM: Cindy Sehnert-Jones
PHONE #: 913-551-7075 FAX #:
SUBJECT: Notification of Regulated Waste Activity - the form is on pages 45-47.

TOTAL PAGES INCLUDING COVER: 48!

COMMENTS: If you have any questions, feel free to contact me!

RECYCLE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

FAX COVER SHEET
AIR RCRA TOXICS DIVISION (ARTD)

TO: ~~[illegible]~~ Gary Prell

PHONE #: ~~641-682-1717~~ 712-423-1069 FAX #: 712-423-3018

FROM: Cindy Sehnert-Jones

PHONE #: 913-551-7075 FAX #:

SUBJECT: Notification of Regulated Waste Activity - the form is on pages 45-47.

TOTAL PAGES INCLUDING COVER: 48!

COMMENTS: If you have any questions, feel free to contact me!

RECYCLE
PAPER CONTAINS RECYCLED FIBERS

317 989 2103

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