Jefferson Cou
Doe Run Co. - Herculaneum (HW)

wmp

JOHN ASHCROFT
Governor

G. TRACY MEHAN III
Director

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

Division of Energy
Division of Environmental Quality
Division of Geology and Land Survey
Division of Management Services
Division of Parks, Recreation, and Historic Preservation

DIVISION OF ENVIRONMENTAL QUALITY
ST. LOUIS REGIONAL OFFICE
10805 Sunset Office Drive, Suite 100
St. Louis, MO 63127-1017
314-822-0101
Fax No. 314-822-0943

RECEIVED
'92 FEB 20 PM 2 05
HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF NATURAL RESOURCES

February 19, 1992

Mr. James M. Lanzafane
Environmental Superintendent
Doe Run Co. - Smelting Division
881 Main Street
Herculaneum, MO 63048
(314) 933-3143

LOW #92-SL.006

Dear Mr. Lanzafane:

On February 13, 1992, Mr. Mike Struckhoff of my staff conducted a resource recovery inspection at Doe Run Company - Smelting Division, Herculaneum, Missouri. The inspection was conducted to assess compliance with regulations pursuant to the Missouri Hazardous Waste Management Law. It covered records and practices related to your facility's resource recovery operation and was conducted under the authority granted by Section 260.75(9) and 260.377 RSMo.

A violation noted during the inspection, along with recommendations that the inspector has determined will correct this violation is listed below:

1. Failure to meet the operating conditions of the resource recovery certification, in violation of 10 CSR 25-9.020(3). The Doe Run Company certification requires that hazardous waste, upon arrival at the facility, must be input into the resource recovery process and recovered within 24 hours. Copies of the daily logs reviewed during the inspection indicated that two shipments of waste for manifest numbers 33 and 34 (attached), had not been processed during the 24-hour period. As you stated during the inspection, you believe that this was a recording mistake on your part, and that the wastes of these two shipments have actually been processed within 24 hours. Doe Run must process hazardous waste within 24 hours of receiving the waste. If for some reason this cannot be accomplished, the facility must inform the Department in writing of when this waste was received, when the waste was actually processed, and the reason why it could not be processed within a 24-hour period. A copy of this letter should be retained at the Doe Run facility.

In order to document that corrective actions have been taken, you are requested to submit a written response no later than March 20, 1992. Your response should describe steps taken to correct the violation noted above. Please direct the response to Mr. Struckhoff. You should also forward a copy of your response and supporting documentation to Mr. Bruce Martin, Chief - Hazardous Waste Enforcement, Waste Management Program, P.O. Box 176, Jefferson City, Missouri 65102.

40326073
Superfund

Printed on recycled paper

It is the purpose of this letter to persuade you to take all necessary action to comply with the Missouri Hazardous Waste Management Law. Failure to achieve timely resolution of the violations may result in the referral for enforcement action by the Waste Management Program.

Should you have any questions, or wish to discuss this matter, please contact Mr. Struckhoff at (314) 822-0101.

Sincerely,

ST. LOUIS REGIONAL OFFICE

Robert S. P. Eck

Robert S. P. Eck
Regional Director

RSPE/MS/sh

Enclosures

c: WMP
Southeast Regional Office

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEMTREC
1-800-424-9300
DEPT OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MOD059200839 — Manifest Document No. 00342

2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address: The Doe Run Company, HC 1, Box 1395, Boss, MO 65440-9501

4. Generator's Phone (314) 626-4813

A. Missouri Manifest Document Number: 00342 [redacted]

B. G.S.I. (Gen. Site Address)

5. Transporter 1 Company Name: Beelman Truck Company

6. US EPA ID Number: ILD097814325

C. MO. Trans. ID: H1429

D. Transporter's Phone: 618-768-4413

7. Transporter 2 Company Name

8. US EPA ID Number

E. MO. Trans. ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: The Doe Run Company, 881 Main Street, Herculaneum, MO 63048

10. US EPA ID Number: MOD006266373

G. State Facility's ID: RR0419

H. Facility's Phone: 314-479-5311

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, NA9189, ORME, NOS K069 Emission dust from secondary smelter	30	DT	24740	P	EPA WASTE CODE K069; STATE
b.					EPA WASTE CODE; STATE
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above	K. Handling Code (Facility Use Only) Interim	Final	Comments
a. K069 Emission control dust from secondary smelter		T01	
b.			
c.			
d.			

15. Special Handling Instructions and Additional Information

Material is designated for use, reuse, recycle, or reclaim.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: John F. Sr. John — Signature — Month Day Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. — Date

Printed/Typed Name — Signature — Month Day Year

TSDF FINAL COPY — PART 4

THIS COPY IS TO BE RETAINED BY THE DESIGNATED FACILITY.

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

DAILY LOG

(to be filled out for each manifested waste recieved)

Date: 1-28-92 Time: 8:56

Manifest number: 003242-0032
(see shaded portion of manifest right hand Item A)

Common name: Secondary smelter baghouse dust

EPA Hazardous Waste Number(s): K069
(usually found under Item 11 of manifest consisting of letter and 3 digit code)

Waste Description: RQ, Hazardous waste solid, NA9189, ORME, NOS, K069 emissions dust from secondary smelter
(usually found under Item 11 a.)

Estimated or manifest reported weight or volume: 34680 P (pounds)
T (tons)
(usually found under Items 12, 13, and 14)

Method of Handling: T50 (federal), T04 (Missouri)

Place material introduced: Railcar/truck unloader

Start of processing: 8:45 A.M.

(Unloader operator should call you when truck has unloaded at the Unloader.)

Finished processing: 05:15 pm on 2/5/92

(The sinter plant operator or group leader will record this time in the sinter plant log book.)

WHEN FORM IS COMPLETED RETURN TO ENVIRONMENTAL DEPARTMENT FOR RECORD RETENTION AS SOON AS POSSIBLE.

NOTE: Inadvertently put date of call rather than date of finish

Jim Langfeme
2/13/92

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEMTREC
1-800-424-9300
DEPT OF NATURAL RESOURCES
314-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MOD059269989 Manifest Document No. [illegible]

2. Page 1 of 1

Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address The Doe Run Company
HC 1, Box 1395
Boss, MO 65448-9581

4. Generator's Phone (314) 626-4813

A. Missouri Manifest Document Number 00 32 42 [redacted] [illegible]

B. G.S.I. (Gen. Site Address)

C. MO. Trans. ID H1429

D. Transporter's Phone 618-768-4413

5. Transporter 1 Company Name: Beelman Truck Company

6. US EPA ID Number: ILD038781483 25

7. Transporter 2 Company Name

8. US EPA ID Number

E. MO. Trans. ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
The Doe Run Company
881 Main Street
Herculaneum, MO 63048

10. US EPA ID Number: MOD006266373

G. State Facility's ID: RR0419

H. Facility's Phone: 314-479-5311

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, NOS(K069, ORM-E, NOS) K069 Emission dust from secondary smelter	001	DT	24,000	P	EPA WASTE CODE 9 / STATE K069
b.					EPA WASTE CODE / STATE
c.					EPA WASTE CODE / STATE
d.					EPA WASTE CODE / STATE

J. Additional Descriptions for Materials Listed Above — Enter Items 12, 13.

		HANDLING CODE (FACILITY USE ONLY) INTERIM	FINAL	COMMENTS
a. K069 Emission control dust from secondary smelter	a.		T04	[illegible]
b. [illegible] 750 (federal)	b.	(MISS[illegible]		
c.	c.			
d. [illegible]	d.	[illegible]		

15. Special Handling Instructions and Additional Information
Material is designated for use, reuse, recycle, or reclaim.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

GENERATOR — Printed/Typed Name: John E. St. John — Signature: [illegible] — Month / Day / Year: [illegible]

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: Wayne Lowell — Signature: [illegible] — Date: Month / Day / Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month / Day / Year

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. — Printed/Typed Name: [illegible] — Signature: [illegible] — Date: Month / Day / Year

TSDF FINAL COPY — PART 4

THIS COPY IS TO BE RETAINED BY THE DESIGNATED FACILITY.

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

DAILY LOG

(to be filled out for each manifested waste recieved)

Date: 1-28-92 Time: 1:35 p.m

Manifest number: 003242-0034
(see shaded portion of manifest right hand Item A)

Common name: Secondary smelter baghouse dust

EPA Hazardous Waste Number(s): K069
(usually found under Item 11 of manifest consisting of letter and 3 digit code)

Waste Description: RQ, Hazardous waste solid, NA9189, ORME, NOS, K069 emissions dust from secondary smelter
(usually found under Item 11 a.)

Estimated or manifest reported weight or volume: 34,900 P (pounds)
T (tons)
(usually found under Items 12, 13, and 14)

Method of Handling: T50 (federal), T04 (Missouri)

Place material introduced: Railcar/truck unloader

Start of processing: 1:45 p.m

(Unloader operator should call you when truck has unloaded at the Unloader.)

Finished processing: 05:15 pm on 2/5/92

(The sinter plant operator or group leader will record this time in the sinter plant log book.)

WHEN FORM IS COMPLETED RETURN TO ENVIRONMENTAL DEPARTMENT FOR RECORD RETENTION AS SOON AS POSSIBLE.

NOTE! Inadvertently put date of call rather than date of finished processing

Lois Langfame
2/13/92

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEMTREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-751-3176

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MOD059300003 — Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
The Doe Run Company
HC 1, Box 1395
Boss, MO 65443-9531

4. Generator's Phone (314) 626-4813

A. Missouri Manifest Document Number 00 3 2 4 2 [redacted]

B. G.S.I. (Gen. Site Address)

5. Transporter 1 Company Name: Beelman Truck Company

6. US EPA ID Number: ILD 0 9 7 8 1 5 3 2 3

C. MO. Trans. ID: H1429

D. Transporter's Phone: 618-768-4413

7. Transporter 2 Company Name

8. US EPA ID Number

E. MO. Trans. ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
The Doe Run Company
881 Main Street
Herculaneum, MO 63048

10. US EPA ID Number: MOD 0 7 3 7 5 7 5 5 7 7

G. State Facility's ID: RRG419

H. Facility's Phone: 314-479-5311

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers — Number — Type — 13. Total Quantity — 14. Unit Wt/Vol. — I. Waste No.

a. RQ, HAZARDOUS WASTE SOLID, NA9189, ORME, NOS K069 Emission dust from secondary smelter — Number: 23 — Type: DT — Total Quantity: 25620 — Unit Wt/Vol.: P — EPA WASTE CODE: K069 — STATE: K069

b. — EPA WASTE CODE — STATE

c. — EPA WASTE CODE — STATE

d. — EPA WASTE CODE — STATE

J. Additional Descriptions for Materials Listed Above

a. K069 Emission control dust from secondary smelter

b.

c.

d.

K. HANDLING CODE (FACILITY USE ONLY) — INTERIM — FINAL — COMMENTS

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

Material is designated for use, reuse, recycle, or reclaim.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: John E. St. John — Signature — Month — Day — Year

GENERATOR

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month — Day — Year

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month — Day — Year

TRANSPORTER

19. Discrepancy Indication Space

FACILITY

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 — Date

Printed/Typed Name — Signature — Month — Day — Year

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

TSDF FINAL COPY — PART 4

THIS COPY IS TO BE RETAINED BY THE DESIGNATED FACILITY

DAILY LOG

(to be filled out for each manifested waste recieved)

Date: 1-30-92 Time: 8:25 A.M

Manifest number: 003242 - 0035
(see shaded portion of manifest right hand Item A)

Common name: Secondary smelter baghouse dust

EPA Hazardous Waste Number(s): K069
(usually found under Item 11 of manifest consisting of letter and 3 digit code)

Waste Description: RQ, Hazardous waste solid, NA9189, ORME, NOS, K069 emissions dust from secondary smelter
(usually found under Item 11 a.)

Estimated or manifest reported weight or volume: 35,500 P (pounds)
T (tons)
(usually found under Items 12, 13, and 14)

Method of Handling: T50 (federal), T04 (Missouri)

Place material introduced: Railcar/truck unloader

Start of processing: 8:50 A.M

(Unloader operator should call you when truck has unloaded at the Unloader.)

Finished processing: 07:30pm on 1/30/92

(The sinter plant operator or group leader will record this time in the sinter plant log book.)

WHEN FORM IS COMPLETED RETURN TO ENVIRONMENTAL DEPARTMENT FOR RECORD RETENTION AS SOON AS POSSIBLE.

ESTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

HAZARDOUS WASTE MANIFEST

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEMTREC
1-800-424-9300
DEPT OF NATURAL RESOURCES
314-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. MDD059238938 — Manifest Document No.

2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
The Doe Run Company
HC 1, Box 1395
Boss, MO 65448-9531

4. Generator's Phone (314) 626-4813

A. Missouri Manifest Document Number 0032.42[redacted]

B. G.S.I. (Gen. Site Address)

5. Transporter 1 Company Name: Beelman Truck Company

6. US EPA ID Number: ILD037281482

C. MO. Trans. ID: H1429

D. Transporter's Phone: 618-768-4413

7. Transporter 2 Company Name

8. US EPA ID Number

E. MO. Trans. ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
The Doe Run Company
381 Main Street
Herculaneum, MO 63048

10. US EPA ID Number: MDD066265637

G. State Facility's ID: RR0419

H. Facility's Phone: 314-479-5311

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. RQ, HAZARDOUS WASTE SOLID, NA3139, ORM-E, NOS K069 Emission dust from secondary smelter	30	DT	22,500	P	EPA WASTE CODE K069 / STATE K069
b.					EPA WASTE CODE / STATE
c.					EPA WASTE CODE / STATE
d.					EPA WASTE CODE / STATE

J. Additional Descriptions for Materials Listed Above

	K. Handling Code (Facility Use Only) Interim	Final	Comments
a. K069 Emission control dust from secondary smelter		T/C/I	[illegible]
b.			
c.			
d.			

15. Special Handling Instructions and Additional Information

Material is designated for use, reuse, recycle, or reclaim.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: John [illegible] — Signature: [illegible] — Month 11 Day 2 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name: WAYNE LUTHER — Signature: [illegible] — Month 11 Day 20 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials — Date

Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. — Date

Printed/Typed Name — Signature — Month Day Year

GENERATOR

TRANSPORTER

FACILITY

TSDF FINAL COPY — PART 4

THIS COPY IS TO BE RETAINED BY THE DESIGNATED FACILITY.

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

DAILY LOG

(to be filled out for each manifested waste recieved)

Date: 1-30-92 Time: 2:00

Manifest number: 003242 - 0036
(see shaded portion of manifest right hand Item A)

Common name: Secondary smelter baghouse dust

EPA Hazardous Waste Number(s): K069
(usually found under Item 11 of manifest consisting of letter and 3 digit code)

Waste Description: RQ, Hazardous waste solid, NA9189, ORME, NOS, K069 emissions dust from secondary smelter
(usually found under Item 11 a.)

Estimated or manifest reported weight or volume: 33400 P (pounds)
_____ T (tons)
(usually found under Items 12, 13, and 14)

Method of Handling: T50 (federal), T04 (Missouri)

Place material introduced: Railcar/truck unloader

Start of processing: 1:50 pm

(Unloader operator should call you when truck has unloaded at the Unloader.)

Finished processing: 07:30 pm on 1/30/92

(The sinter plant operator or group leader will record this time in the sinter plant log book.)

WHEN FORM IS COMPLETED RETURN TO ENVIRONMENTAL DEPARTMENT FOR RECORD RETENTION AS SOON AS POSSIBLE.

THE
DOE RUN
COMPANY
SMELTING DIVISION

GARY BOYER
VICE PRESIDENT SMELTING
AND GENERAL MANAGER

January 20, 1992

Mr. Joe Davis
Missouri Department of Natural Resources
Waste Management Program
P. O. Box 176
Jefferson City, Missouri 65102

Re: Facility Summary Report

Mr. Davis,

Enclosed you will find our Facility Summary Report for the fourth quarter of 1991.

Should you have any questions, please feel free to contact me at (314) 933-3143.

Sincerely,

James M. Lanzafame
Environmental Facilitator

881 MAIN ST., HERCULANEUM, MO 63048
TELEPHONE 314-479-5311

file name hswstsum.cov

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

DOE RUN CO., THE
CONTACT: JAMES M. LANZAFAME
881 MAIN STREET
HERCULANEUM MO 63048
*
EPA ID=MOD006266373 MO ID=RR0419

FACILITY SUMMARY REPORT
PART I

FACILITY'S EPA I.D. NUMBER	FACILITY'S MISSOURI I.D. NUMBER
M·O·D·0·0·6·2·6·6·3·7·3	R·R·0 4 1 9

NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
- ☐ 9-30-___ (YEAR)
- ☒ 12-31-91 (YEAR)
- ☐ 3-31-___ (YEAR)
- ☐ 6-30-___ (YEAR)

2. PAGE 1 OF 2

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME ☒ SAME AS LABEL

4. FACILITY CONTACT PERSON (NAME) ☒ SAME AS LABEL — TELEPHONE NUMBER: (314) 933-3143

5. MAILING ADDRESS	CITY	STATE	ZIP CODE
881 Main St	Herculaneum	MO	63048

6. PLANT SITE ADDRESS ☐ SAME AS LABEL	CITY	STATE	ZIP CODE

7. NAME OF PARENT FIRM: See Comment 8A — OFFICE USE ONLY

SECTION C - COMMENTS

8.

8A. The Doe Run Company is a partnership of:

Doe Run Investment Holding Corporation
Leadco Investment, Inc.
St. Joe Minerals Corporation

SECTION D - CERTIFICATION STATEMENT

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.

PRINT NAME	SIGNATURE	DATE
	Gary E. Ware	1/17/92

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

FACILITY SUMMARY REPORT
PART II

BEFORE COPYING FORM, ENTER THE FACILITY NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME: Doe Run Co., The

FACILITY'S EPA ID NUMBER: M.O.D.0.0.6.2.6.6.3.7.3

FACILITY'S MISSOURI I.D. NUMBER: R.R.0.4.1.9

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION E - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
- ☐ 9-30-___ (YEAR)
- ☒ 12-31-91 (YEAR)
- ☐ 3-31-___ (YEAR)
- ☐ 6-30-___ (YEAR)

2. PAGE 2 OF 2

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION F - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME: The Doe Run Company Buick Resource Recovery Facility

4. IMPORTANT: IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX ☐

5. GENERATOR'S U.S.EPA I.D. NUMBER: M O D 0 5 9 2 0 0 0 8 9

6. GENERATOR'S ADDRESS: HCl, Box 1395 CITY: Boss, STATE: Mo. ZIP CODE: 65440-9501

7. GENERATOR'S MISSOURI I.D. NUMBER: 0 0 3 2 4 2

SECTION G - WASTE IDENTIFICATION
(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE	8. DESCRIPTION OF WASTE	9. DOT HAZARD CODE	10. EPA HAZARDOUS WASTE NUMBER		11. TOTAL AMOUNT OF WASTE	12. UNIT OF MEAS.	13. SPECIFIC GRAVITY	14. HANDLING CODE INTERIM	14. HANDLING CODE FINAL
1	Emission Control Dust from Secondary Smelter	1 5	K 0 6 9		214,660	P			T 0 4
2									
3									
4									
5									
6									
7									
8									

SECTION H - COMMENTS

15.

LINE: HTMR

THE
DOE RUN
COMPANY
SMELTING DIVISION

GARY BOYER
VICE PRESIDENT SMELTING
AND GENERAL MANAGER

August 8, 1991

Mr. Kurt Hilsenbeck
Missouri Department of Natural Resources
Waste Management Program
P. O. Box 176
Jefferson City, MO 65102

Re: Generator's Hazardous Waste Summary Report

Mr. Hilsenbeck:

Enclosed you will find our Generator's Hazardous Waste Summary Report for the second quarter of 1991.

Should you have any questions, please feel free to contact me at (314) 933-3143.

Sincerely,

James M. Lanzafame

James M. Lanzafame
Environmental Facilitator

881 MAIN ST., HERCULANEUM, MO 63048
TELEPHONE 314-479-5311

MISSOURI DEPAR[illegible]N[illegible]OF NATURAL RESOURCES - WASTE [illegible]EMENT PROGRAM
P.O. BOX 176 [illegible] 751-3176
JEFFERSON CITY, MISSOURI 65102

GENERATOR'S HAZARDOUS WASTE REPORT SUMMARY SHEET

PART I
OFFICE USE ONLY

NOTE ▸ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

Regardless of whether any off-site shipment occurred, as a registered generator of hazardous waste, you must complete, sign, and transmit this form to the Department of Natural Resources.

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)
☒ QUARTERLY ☐ ANNUAL (NON-GENERATOR)
(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
☐ 9-30- ___ (YEAR) ☐ 12-31- ___ (YEAR)
☐ 3-31- ___ (YEAR) ☒ 6-30- 91 (YEAR)

3. PAGE 1 OF 2

SECTION B - GENERATOR IDENTIFICATION

4. GENERATOR'S NAME: THE DOE RUN COMPANY

5. GENERATOR'S USEPA I.D. NUMBER: M O D 0 0 6 2 6 6 3 7 3

6. GENERATOR CONTACT PERSON (NAME): James M. Lanzafame

TELEPHONE NUMBER: (314)933-3143

7. GENERATOR'S MISSOURI I.D. NUMBER: 0 0 1 1 7 6

8. MAILING ADDRESS: 881 Main Street
CITY: Herculaneum
STATE: MO
ZIP CODE: 63048

9. PLANT ADDRESS: 881 Main STreet
CITY: Herculaneum
STATE: MO
ZIP CODE: 63048

10. NAME OF PARENT FIRM: The Doe Run Company is a wholly owned subsidiary of Fluor Corporation.

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

11. [X] SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

12. [ ] REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department.

13. [ ] REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

14.

Per telephone conversation with Kurt Hilsenbeck of the Waste Management Program on August 4, 1988, neither manifest or Safety-Kleen invoice is required for quantities of Safety-Kleen solvent less than 1000kkg per month.

SECTION E - CERTIFICATION STATEMENT

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.

PRINT NAME	SIGNATURE	DATE
Gary E. Boyer	Gary Boyer	August 8, 1991

MISSOURI DEPART[illegible] NATURAL RESOURCES - WASTE [illegible]AGEMENT PROGRAM
P.O. BOX 176 [illegible]14, [illegible]51-3176
JEFFERSON CITY, MISSOURI 65102

GENERATOR'S HAZARDOUS WASTE REPORT SUMMARY SHEET

PART II
OFFICE USE ONLY

NOTE ▸ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

Entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. Separate sheets must be completed for each facility utilized.

SECTION F - REPORT IDENTIFICATION

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
☐ 9-30- ___ (YEAR) ☐ 12-31- ___ (YEAR)
☐ 3-31- ___ (YEAR) ☒ 6-30- 91 (YEAR)

2. PAGE 2 OF 2

3. GENERATOR'S MISSOURI I.D. NUMBER 0 0 1 1 7 6

SECTION G - FACILITY IDENTIFICATION

4. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)
Safety-Kleen Corporation

5. FACILITY'S EPA I.D. NUMBER
M O D 0 9 5 4 8 6 3 1 2

6. FACILITY SITE ADDRESS
4526 Towne Court

7. FACILITY'S MISSOURI I.D. NUMBER
H H 0 0 2 3

CITY	STATE	ZIP CODE
St. Charles	MO	63303

SECTION H - WASTE IDENTIFICATION

LINE	8. DESCRIPTION OF WASTE	9. DOT HAZARD CODE	10. EPA HAZARDOUS WASTE NUMBER		11. PREVIOUSLY REPORTED (SEE INST.)	12. TOTAL AMOUNT OF WASTE	13. UNIT OF MEAS.	14. SPECIFIC GRAVITY	15. HANDLING CODE
1	Ignitable solvent	D 8	D 0 0 1			4359	P		T 0 4
			F 0 0 2						
2	used for parts cleaning MS								
3									
4									
5									
6									
7									
8									
9									
10									

SECTION I - TRANSPORTATION SERVICES UTILIZED

	16. COMPANY NAME	17. MISSOURI ID NO.	18. USEPA I.D. NUMBER
a	Safety-Kleen Corporation	H 0 0 2 3	M O D 0 9 5 4 8 6 3 1 2
b		H	
c		H	
d		H	

SECTION J - COMMENTS

19.
Used Safety-Kleen 105 solvent MS is recycled per distillation process per Safety-Kleen, St. Charles, MO.

safety-kleen CORP. DUNS NO. 05106-0408 FOR SERVICE CALL TRANSPORTE

FED. ID NO. 39-6090019

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123 314-441-0104 LUCIOUS BOWEN

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
91- 14	03	3502

GENERATOR
5-160-03-7072-1 LDR ON FILE
DOE RUN CO
881 MAIN ST
HERCULANEUM MO 63048

cc Jim Langfane

BILL TO
220-2200 PP
5-160-03-0396
DOE RUN CO
ATTN ACCTS PAYABLE
PO BOX 500
VIBURNUM MO 65566

MANIFEST NUMBER XXXXX

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAY
4/9/91	6	74	XXXX	T	A		856.81	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT
09	1600	83974-8	314-479-5311	N8	NO	723	001	.06725	.06725	.0672

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM WEEKS	CHANGE SCHEDULE DATE	REMARKS 0340
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
301-55958	65.75	4.42	70.17	02			PO EXP 12-31-91
303-37650	74.00	4.98	78.98	04			PO EXP 12-31-91
303-67315	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-89798	74.00	4.98	78.98	04			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91
TOTAL SERVICE SECTION	519.00	34.90	553.90				

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	0000
MACHINE CONDITION & CLEANLINESS	☐
LAMP ASSEMBLY CONDITION	☐
	YES
DECALS IN PLACE AND LEGIBLE	☐
FUSIBLE LINK INSTALLED	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐
MACHINE PROPERLY GROUNDED	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	
MOD006266373	001176	26-250-364

HAZARDOUS WASTE INFORMATION

CONTAINERS: PAILS NO DW	SSPW TANKS DW	16 GAL. NO DW	30 GAL. NO DW	TOTAL LBS OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		1	7	647	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA D001) (ERG #27)
					Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA F002) (ERG #60)
					Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA D002) (ERG #60)

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month

220 lbs. to 2,200 lbs./month X

Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MOD095486312
STATE ID NO. MH-0023

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
	3		613	BRUSH ASSY,FLO/TH	11.30	EA				

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 553.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES

x SLC As Agreed
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE
TRANSPORTER

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
91- 16	03	52456

314-441-0104 LUCIOUS BOWEN
LDR ON FILE 220-2200 PP

MANIFEST NUMBER XXXXX

GENERATOR
5-160-03-7072-1
DOE RUN CO
881 MAIN ST
HERCULANEUM MO 63048

BILL TO
5-160-03-0396
DOE RUN CO
ATTN ACCTS PAYABLE
PO BOX 500
VIBURNUM MO 65566

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
4/8/91	6174	XXXX		T	A		822.87	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	160	083974-8	314-479-5311	NO	NO	723	001	.06725	.06725	.0672

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (MTHS. MTHS.)	CHANGE SCHEDULE DATE (MO. DAY)	REMARKS 0305
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
174-07222	.00	.00	.00	04			
174-35907	52.25	3.51	55.76	04			PO EXP 12-31-91
301-55958	65.75	4.42	70.17	02			PO EXP 12-31-91
303-67315	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91
TOTAL SERVICE SECTION	423.25	28.45	451.70				

GENERATOR USA EPA ID NO. MOD006266373
GENERATOR STATE ID NO. 001176
26-250-3640

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	PO
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION

"This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

CONTAINERS: PAILS NO. DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL LBS OR GAL	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO
		3	5	565	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG #27)	
					RC Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D021) (ERG #60)	PRODUCT NO 609
					RC Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D035, D040) (ERG #60)	PRODUCT NO 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month ____
220 lbs. to 2,200 lbs./month ____
Greater than 2,200 lbs./month ____

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW Tanks 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MOD095486312
STATE ID NO. MM-0023

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
3			613	BRUSH ASSY,FLO/TH	☐	11.30	EA				
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____
INV. # ____ AMOUNT $ ____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)
TOTAL DUE 451.70

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name

IN EVENT OF EMERGENCY CALL

SAFETY-KLEEN

777 Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408

FOR SERVICE / TRANSPORT

FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
91- 18	03	696709

314-441-0104 LUCIOUS BOWEN
LDR ON FILE 220-2200 PF

GENERATOR

5-160-03-7072-1
DOE RUN CO
681 MAIN ST
HERCULANEUM MO 63048

Lou Zatone

BILL TO

5-160-03-0356
DOE RUN CO
ATTN ACCTS PAYABLE
PO BOX 500
VIBURNUM MO 65566

MANIFEST NUMBER: XXXXX

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5/2/91	0174	XXXX		T	A		1561.77	2.27

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		D.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	160083974-8		314-479-5311	NO	NO	623	001	.06725	.06725	.06725

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM WEEKS	CHANGE SCHEDULE DATE	REMARKS 0292
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
301-55958	65.75	4.42	70.17	02			PO EXP 12-31-91
303-37650	74.00	4.98	78.98	04			PO EXP 12-31-91
303-67315	65.75	4.42	70.17	02			PO EXP 12-31-91
303-60169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-89798	74.00	4.98	78.98	04			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91
TOTAL SERVICE SECTION	519.00	34.90	553.90				

GENERATOR USA EPA ID NO.: MOD006266373
GENERATOR STATE ID NO.: 001176
26-250-3640

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

HAZARDOUS WASTE INFORMATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CONTAINERS: PAILS NO. DW	SSPW TANKS NO. DW	16 GAL. NO. DW	30 GAL. NO. DW	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
		1	7	647	Waste Petroleum Naphtha, Combustible Liquid UN1255 (EPA D001 D018, D039) (ERG #27)	
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA F002 F004 D005 D007, D008 D022) (ERG #60)	PRODUCT NO. 609
					RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA D006, D007 D008, D018 D021 D027, D028, D040) (ERG #60)	PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

- 0 to 220 lbs./month
- 220 lbs. to 2,200 lbs./month
- Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW Tanks 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MOD095486312
STATE ID NO. HH-0023

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	NET GROSS	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

AUDITING
MAY 1991

PAYMENT RECEIVED SECTION

CASH ☐
CHECK NUMBER
TOTAL RECEIVED
APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X _____
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name _____

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 553.90

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

IN EVENT OF EMERGENCY CALL 1-800-669-5740 or 1-708-888-4660 (24 hours)

Safety-Kleen

Elgin, Illinois 60123

TRANSPORTER

SERVICE WEEK	SERVICE TERRITORY	NUMBER
91- 22	03	041235

SHIPTO

5-160-03-7072-1
DOE RUN CO
881 MAIN ST
HERCULANEUM MO 63048

314-441-0104 LUCIOL BOLIN
LOR ON FILE 220-2200 PP

MANIFEST NUMBER XXXXX

BILL TO

5-160-03-0396
DOE RUN CO
ATTN ACCTS PAYABLE
PO BOX 500
VIBURNUM MO 65566

PRICES EFFECTIVE 04/21/91

SERVICE DATE	SALESMAN'S NO.	SALES SPECIAL ST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5/29/91	1674	XXXX		T	A		2011.20	651.70

BUSINESS CODE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	160033974-8		314-479-5311 NO	NO	623	001	.06725	.06725	.06725

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM	CHANGE SCHEDULE DATE	REMARKS 0371
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
301-55958	65.77	4.42	70.17	02			PO EXP 12-31-91
303-37650	74.00	4.98	78.98	04			PO EXP 12-31-91
303-67315	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-89798	74.00	4.98	78.98	04			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91
TOTAL SERVICE SECTION	519.00	34.90	553.90				

MACHINE SERVICE SECTION

PLEASE CHECK ABOVE OUTLETS

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER APPLIED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

GENERATOR USA EPA ID NO. MOD006266373

GENERATOR STATE ID NO. 001176

26-250-3640

HAZARDOUS WASTE INFORMATION

This is to certify that the documented materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CONTAINERS: SALES NO. DM	SERW TANKS NO.	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
		1	7	647	Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA D001 D018 D039) (ERG #27)
					RC Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA F002 F004 D006, D007, D008 D021) (ERG #60) — PRODUCT NO. 609
					RC Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA D006 D007 D008 D018, D021 D027, D039 D040) (ERG #60) — PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

- 0 to 220 lbs./month
- 220 lbs. to 2,200 lbs./month
- Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0. SERW TANKS 27 .16 Gal. 45 .30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MOD095486312
STATE ID NO. HH-0023

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: PRICE	PRICE	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

MAY 1991 AUDITING

PAYMENT RECEIVED SECTION

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

X
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 553.9

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

Print Name SVC As Agreed

IN EVENT OF EMERGENCY CALL 1-800-669-5740 or 1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Elgin, Illinois 60123

TRANSPORTER

314-441-0104 LUCIOL 80'

LDR ON FILE 220-2200 PF

91- 24	03	2166

MANIFEST NUMBER XXXXX

GENERATOR

5-160-03-7072-1
DOE RUN CO
681 MAIN ST
HERCULANEUM MO 63048
PRICES EFFECTIVE 04/21/91

BILL TO

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-22-91	6174	XXXX		T	A		1909.00	451.70

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	1600	B3974-8	314-479-5311	NO	NO	623	001	.06725	.06725	.06725

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM	CHANGE SCHEDULE DATE	REMARKS 0289
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
174-07222	.00	.00	.00	04			
174-35907	52.25	3.51	55.76	04			PO EXP 12-31-91
301-55958	65.75	4.42	70.17	02			PO EXP 12-31-91
303-67315	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91
TOTAL SERVICE SECTION	423.25	28.45	451.70				

MACHINE INSPECTION SECTION

PLEASE CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER APPLIED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	
MOD006266373	001176	26-250-3640

HAZARDOUS WASTE INFORMATION

"The U.S. certify that the below-listed materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

CONTAINERS: PAILS NO. DM	SSPW TANKS QT	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	
		3	5	565	Waste Petroleum Naphtha, Combustible Liquid UN1255 (EPA D001 D018 D039) (ERG #27)	
					RC Waste Compound, Cleaning Liquid Corrosive Material NA1760 (EPA F002 F004 D006 D007 D008 D022) (ERG #60)	PRODUCT NO. 606
					RC Waste Compound, Cleaning Liquid Corrosive Material NA1760 (EPA D006 D007 D008 D018 D021 D027 D039 D040) (ERG #60)	PRODUCT NO. 696

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month

220 lbs. to 2,200 lbs./month

Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MOD095486312
STATE ID NO. HH-0023

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES: 2 PRIOR	PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

AUDITING

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED | APPLY PAYMENT TO:

CHECK NUMBER

☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	
TOTAL DUE	451.70

IN THE EVENT OF DEFAULT SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

X _____ Print Name _____
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4550 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Elgin, Illinois 60123

TRANSPORT

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
91- 26	03	388966

314-441-0104 LUCIOUS BOWEN

S-16C-03-7072-1 LDR ON FILE 220-2200 PP

MANIFEST NUMBER XXXXX

GENERATOR

DOE RUN CO
881 MAIN ST
HERCULANEUM MO 63048
PRICES EFFECTIVE 04/21/91

BILL TO

G. Lanzafame

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 60 DAYS
6/26-91	6171	XXXX		T	A		1573.05	

BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
02	160237976-8		314-479-5311	MO	NO	623	001	.06725	.06725	.06725

MACHINE SERVICE SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM	CHANGE SCHEDULE DATE	REMARKS 0299
171-29677	42.25	2.84	45.09	02			PO EXP 12-31-91
301-55958	65.75	4.42	70.17	02			PO EXP 12-31-91
303-37660	74.00	4.98	78.98	04			PO EXP 12-31-91
303-67715	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80169	65.75	4.42	70.17	02			PO EXP 12-31-91
303-80170	65.75	4.42	70.17	02			PO EXP 12-31-91
303-89798	74.00	4.98	78.98	04			PO EXP 12-31-91
303-94429	65.75	4.42	70.17	02			PO EXP 12-31-91

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐
	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

TOTAL SERVICE SECTION				GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	
	519.00	34.90	553.90	MOD006266373	001176	26-250-3660

HAZARDOUS WASTE INFORMATION

I certify that the proper shipping names, classes, descriptions, packages, marks and labels are in proper condition for transportation according to the applicable regulations of the Department of Transportation

CONTAINERS: PAILS NO. DW	SSPW TANKS DW	16 GAL. NO. DW	30 GAL. NO. DW	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO.
		1	7	647	Waste Petroleum Naphtha Combustible Liquid, UN1268 (EPA D001 D018 D039) (ERG #27)	
					RC Waste Compound, Cleaning Liquid Corrosive Material NA1760 (EPA F002 F004 D002 D007 D001 D022) (ERG #60)	PRODUCT NO. 609
					RC Waste Compound, Cleaning Liquid Corrosive Material NA1760 (EPA D002 D007 D002 D018 D021 D027 D039, D040) (ERG #60)	PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month

220 lbs. to 2,200 lbs./month

Greater than 2,200 lbs./month

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35.0, SSPW Tanks 27, 16 Gal. 45, 30 Gal. 95

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4526 TOWNE CT ST CHARLES, MO 63303

USA EPA ID NO. MCD095486312
STATE ID NO. HH-0023

PRODUCTS SECTION

SOLD ON PREVIOUS SERVICES 2 PRIOR	1 PRIOR	LAST	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						
					☐						

PAYMENT RECEIVED SECTION

CASH ☐ TOTAL RECEIVED APPLY PAYMENT TO:
CHECK NUMBER
☐ TODAYS SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INV # _____ AMOUNT $ _____
INV. # _____ AMOUNT $ _____
INV # _____ AMOUNT $ _____

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS

TOTAL SERVICE AMOUNT (FROM ABOVE)

TOTAL DUE 553.90

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES

X _____ GENERATOR OR DESIGNATED REPRESENTATIVE SIGNATURE

PRINT NAME _____

IN EVENT OF EMERGENCY CALL
1-800-569-5740 or 1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

RESOURCE RECOVERY FACILITY CHECKLIST

Name of Facility: DOE RUN CO, HERCULANEUM SMELTER Date: 2-13-92

Address: 881 MAIN ST PHONE # (314) 933-3143

HERCULANEUM, MO 63048

RR #: RR0419 Mo. I.D. #: 001176 EPA I.D. #: MOD006266373 RR Classification: R2

Facility Representative: JAMES LANZAFAME ~~(314) 933-3143~~ Title: —

Facility Status: LQ Gen. — SQ Gen. X TSD — Trans. —

Is a copy of the certification maintained at the facility? Yes X No ___

Is this facility meeting the conditions of their certification? Yes ___ No X

If no, please elaborate. RECORD ON MANIFEST NUMBERS 33 & 34 INDICATED THAT WASTE HAD NOT BEEN PROCESSED IN 24 HRS. AS REQUIRED BY CERTIFICATION

Have any major or minor changes been made in the resource recovery operation? Yes ___ No X

Have the changes be approved? NA Yes ___ No ___

Are any major or minor changes planned? Yes ___ No X

Describe these changes ___

List the wastes that are recovered (indicate any land-ban wastes):

1. K069 (214,660 IN 12-31-91 QUARTER) 3. ___

2. D009 FACILITY IS CERTIFIED TO RECOVER BUT HAS NOT DONE SO 4. ___

If applicable, is the facility in compliance with the land-ban regulations? Yes ___ No ___

Does the facility generate, market, or burn hazardous waste fuels? Yes ___ No ___

If yes, is the facility complying with the hazardous waste fuel regulations? Yes ___ No ___

Are wastes accepted from off-site sources? Yes ___ No ___

If yes, please complete Section A. If no, proceed to Section B.

A. MANIFESTS 10 CSR 25-9.010(1)(D)3.

1. Shipments from off-site sources manifested ✓
2. Manifests properly completed by the generator NO LD NOTICE, NO TRANS #3
3. The owner/operator properly dated and signed manifests ✓
4. Generator's manifest copy returned within 30 days ✓
5. Manifest discrepancies noted and actions taken to resolve them ✓
6. Facility maintains their manifest copies for 3 years ✓
7. Time between generator and facility 10 days or less ✓

B. RECORDKEEPING AND REPORTING 10 CSR 25-9.010(1)(D)4. & 5.

8. Facility maintains a complete written operating record in accordance with 10 CSR 25-7.265(2)(E)1 and 40 CFR 264.73(b)(1) and (2) ✓
9. Facility has submitted quarterly report from DNR-MRF-1 ✓
10. Unmanifested shipments properly recorded ALL SHIPMENTS MANIFESTED
11. Facility constructed and operated according to plans ✓
12. If not, have modifications been approved NA

COMMENTS: ___

C. STORAGE 10 CSR 25-9.010(1)(D)6. & 7.

13. Storage in a secure enclosure NO STORAGE, DURATED & PROCESSED
14. Storage with proper waste confinement NA
15. Underground tanks and impoundments constructed with a leak detection system NA
16. Describe storage of waste and product at the facility, condition of containers, security, labeling, segregation, spill prevention, housekeeping, time of storage, etc. WASTE IS DUMP AND PROCESSED IN 24 HRS

E. ADDITIONAL OPERATING STANDARDS FOR R1 and R2 FACILITIES 10 CSR 25-9.010(1)(E)

17. Owner/Operator following approved quality control plan ✓
18. Daily log of hazardous waste received ✓
19. Daily log of inspections and maintenance ✓
20. Facility plans to continue operation for the next 6 months ✓
21. If not, facility has provided or will provide 30 days notice of closure or cessation of operation NA
22. Approved waste analysis plan being followed NO ANALYSIS PLAN NA
23. Records of analyses kept on file NA

Please describe items such as parameters of analysis, % of shipment analyzed, results of analysis, etc. WASTE IS ABOUT 55-60% LEAD

Please mark boxes as shown

✓ In compliance

■ In violation

Inspector's Signature [signature]

Title ___

Office ___

FORM RR-INSP (August 1, 1987)