ILD 005 071 972

file

State of Illinois
ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

RECEIVED
SEP 23 1994
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

217/785-8604

CERTIFIED# P036051834

September 20, 1994

RECEIVED
WMD RECORD CENTER
OCT 11 1994

USEPA -- Region 5
Information Management Section
Attn: Sharon Kiddon HRM-7J
77 West Jackson Boulevard
Chicago, Illinois 60604-3590

Dear Ms. Kiddon:

I am submitting the following name changes for entry into RCRIS. This information was obtained during RCRA inspections conducted by IEPA during FY 1994.

EPA ID #

ILD005071972 **CHANGE NAME FROM:** NORTH STAR PACKAGING Changed in RCRIS - 10/6/94
TO: WALTON-MARCH

ILD005214341 **CHANGE NAME FROM:** STEWART-WARNER CORP. Changed in RCRIS - Sh
TO: ENTERPRISE DEVELOPMENT CO.

ILD004159596 **CHANGE NAME FROM:** GORDON CLAUD S. CO Changed in RCRIS - Sh
TO: WATLOW GORDON

ILD043915982 **CHANGE NAME FROM:** INSCERCO - Changed - Sh
TO: MAILCRAFTERS

ILD007979859 **CHANGE NAME FROM:** IDEAL UNIFORM RENTAL SERVICE
TO: QUALATEX SERVICES - Changed - Sh

ILD981796394 **CHANGE NAME FROM:** IMC FERTILIZER INC.
TO: RIVERVIEW FS INC. - Changed - Sh

ILD075632497 **CHANGE NAME FROM:** CARTHAGE PRECISION ELECTRICITY
TO: METHODE ELECTRONICS - Changed - Sh

I have enclosed copies of the latest inspection reports for the sites.

Please contact me when these changes have been made in RCRIS.

I have not received confirmation from my last letter sent to you in April, therefore, I am sending this letter to you certified to ensure that delivery has been made.

If you have any questions concerning the above information, please call.

Sincerely,

Jan Hopper

Jan Hopper
Field Operations Section
Division of Land Pollution Control
Bureau of Land

JEH:jeh

Attachments

GLB

Illinois Environmental Protection Agency
Division of Land Pollution Control

RCRA INSPECTION REPORT

USEPA #: IL D005071972 old	IEPA #: 0970505034
Facility Name: WALTON-MARCH (NORTH STAR PACKAGING)	Phone #: 708/831-2200
Street Address: 1620 OLD DEERFIELD RD.	County: LAKE
City: HIGHLAND PARK	State: IL / Zip: 60035
Region: MAYWOOD	Inspection Date: 5/23/94 From: 10:35 AM To: 11:30 AM
Weather: PARTLY CLOUDY, 70° F	

TYPE OF FACILITY

Notified As: G-3	Regulated As: G-3
LDF? NO HPV? NO (Yes or No)	90-Day F/U Required?: YES ____ NO ✓

TYPE OF INSPECTION

CEI: ✓ Sampling: ____ Citizen Complaint: ____ Closed: ____ Other: ____

CME/O&M: ____ Record Review: ____ Follow-Up to Inspection of: ____ Withdrawal: ____

NON-REGULATED STATUS

SQG: ✓ Claimed Nonhandler: ____ Other (Specify in Narrative): ____

PART A

Notification Date: 6/27/88, from (initial) or (subsequent) Notification.

Initial Part A Date: ___/___/___ Amended: ___/___/___

Part A Withdrawal requested: ___/___/___ Approved by (US)(IL) EPA: ___/___/___

PART B PERMIT APPLICATION N/A

Part B Permit Submitted: Y or N ___/___/___ Final Permit Issued: ___/___/___

ENFORCEMENT N/A

Has the firm been referred to -- USEPA: Y or N ___/___/___

Illinois Attorney General: Y or N ___/___/___ County State's Attorney: Y or N ___/___/___

ORDERS ISSUED N/A

CACO: ___/___/___ CAFO: ___/___/___ Consent Decree: ___/___/___

Federal Court Order: ___/___/___ State Court Order: ___/___/___ IPCB Order: ___/___/___

TSD FACILITY ACTIVITY SUMMARY N/A

Activity by Process Code	On Part A?	Activity Conducted Prior to 1980?	Was Activity Ever Done?	Closed	Being done at Time of Insp.?	Exempt per 35 IAC, Sec.	On Annual Report 19	19	19

RECEIVED
JUL 27 1994
IEPA-DLPC

IL 532-1834

12/3/93 per Cell new Owner

0970505034

DEC 07 1993

OWNER & NAME

RECEIVED NOV 30 1993

RECEIVED JAN 04 1994

(For Official Use Only)

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

EPA Regulated Waste Activity

United States Environmental Protection Agency

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

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

C. Installation's EPA ID Number: IL000507197 2

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

NORTH STAR PACKAGING

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

Street: 1620 OLD DEERFIELD ROAD

Street (continued):

City or Town: HIGHLAND PARK | State: IL | ZIP Code: 60035

County Code: | County Name: LAKE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: PO BOX 340

City or Town: HIGHLAND PARK | State: IL | ZIP Code: 60035

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

Name (last): LONSDALE | (first): MARNIE

Job Title: ENVIRON. COOR. | Phone Number (area code and number): 708-831-2200

VI. Installation Contact Address (See instructions)

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

B. Street or P.O. Box: PO BOX 340

City or Town: HIGHLAND PARK | State: IL | ZIP Code: 60035

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: CONAIR CORP

Street, P.O. Box, or Route Number: PO BOX 340

City or Town: HIGHLAND PARK | State: IL | ZIP Code: 60035

Phone Number (area code and number): - -

B. Land Type: P | C. Owner Type: P | D. Change of Owner (Indicate): Yes [X] No [ ] | (Date Changed) Month: 11 Day: 01 Year: 93

2A

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

A. Hazardous Waste Activity

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

   Mode of Transportation
   - 1. Air
   - 2. Rail
   - 3. Highway
   - 4. Water
   - 5. Other (specify)
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity. See instructions.
4. Used Oil Fuel Activities
   - a. Waste Fuel
   - b. Generator Marketing to Burner
   - c. Other Marketers
   - d. Burner (indicate type of Industrial Furnace)
     - 1. Utility Boiler
     - 2. Small Quantity Generator
     - 3. Industrial Boiler
     - 4. Industrial Furnace

     (Indicate Type of Combustion Devices)
     - 1. Utility Boiler
     - 2. Industrial Boiler
     - 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Fuel Activities

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

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

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D004-D043)
[ ]	[X]	[ ]	[ ]

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

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

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

1.	2.	3.	4.	5.	6.

X. Certification

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

Signature	Name and Official Title (type or print)	Date Signed
Gary Walton	GEN'L MGR.	11/22/93

XI. Comments

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

2A

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

12/29/93

REPLY TO THE ATTENTION OF:

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon

Sharon J. Kiddon
Environmental Protection Specialist

Printed on Recycled Paper

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

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

United States Environmental Protection Agency
Washington, DC 20460

88.7029

EPA Notification of Hazardous Waste Activity

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

For Official Use Only

Comments: N

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
ILD005071972 (T/A C 1)	A	880627

RECEIVED JUN 20 1988 IEPA-DLPC

I. Name of Installation

WALTON-MARCH, INC.

II. Installation Mailing Address

Street or P.O. Box: PO BOX 340

City or Town: HIGHLAND PARK — State: IL — ZIP Code: 60035

III. Location of Installation

Street or Route Number: 1620 OLD DEERFIELD RD

City or Town: HIGHLAND PARK — State: IL — ZIP Code: 60035

IV. Installation Contact

Name and Title *(last, first, and job title)*: LONSDALE MARNIE QA — Phone Number *(area code and number)*: 3128312200

V. Ownership

A. Name of Installation's Legal Owner: DRACKETT COMPANY — B. Type of Ownership *(enter code)*: P

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

A. Hazardous Waste Activity

a. Generator — [X] 1b. Less than 1,000 kg/mo.

[ ] 2. Transporter

[ ] 3. Treater/Storer/Disposer

[ ] 4. Underground Injection

[ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*

- [ ] a. Generator Marketing to Burner
- [ ] b. Other Marketer
- [ ] c. Burner

B. Used Oil Fuel Activities

[ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*

- [ ] a. Generator Marketing to Burner
- [ ] b. Other Marketer
- [ ] c. Burner

[ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

RECEIVED JUN 27 1988

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

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

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

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

IX. First or Subsequent Notification

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

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

C. Installation's EPA ID Number:

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

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

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

1	2	3	4	5	6
F001					
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

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

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

- [X] 1. Ignitable *(D001)*
- [X] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [ ] 4. Toxic *(D000)*

XI. Certification

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

Signature	Name and Official Title *(type or print)*	Date Signed
William J Bremer	William J. Bremer Operations Manager	6/10/85

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

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

United States Environmental Protection Agency
Washington, DC 20460

88.7029

EPA Notification of Hazardous Waste Activity

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

For Official Use Only

Comments: N

AUG 15 1988 COPY

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
ILD005071972 (T/A C 1)	A	880627

RECEIVED JUN 20 1988 IEPA-DLPC

I. Name of Installation

WALTON & MARCH, INC.

II. Installation Mailing Address

Street or P.O. Box: PO BOX 340

City or Town: HIGHLAND PARK — State: IL — ZIP Code: 60035

III. Location of Installation

Street or Route Number: 1620 OLD DEERFIELD RD

City or Town: HIGHLAND PARK — State: IL — ZIP Code: 60035

IV. Installation Contact

Name and Title *(last, first, and job title)*: LONSDALE MARNIE QA

Phone Number *(area code and number)*: 312 831 2200

V. Ownership

A. Name of Installation's Legal Owner: DRACKETT COMPANY

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

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

A. Hazardous Waste Activity

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

B. Used Oil Fuel Activities

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

JUN 27 1988

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

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

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

[ ] A. Air [ ] B. Rail [ ] C. Highway [ ] D. Water [ ] E. Other *(specify)* 097 - LAKE

IX. First or Subsequent Notification

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

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

C. Installation's EPA ID Number 8/11/88 GB

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

Continue on reverse

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

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

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

1	2	3	4	5	6
F 0 0 1					
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

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

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

- [X] 1. Ignitable *(D001)*
- [X] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [ ] 4. Toxic *(D000)*

XI. Certification

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

Signature	Name and Official Title *(type or print)*	Date Signed
William J Bremer	William J. Bremer Operations Manager	6/10/88

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

AUG 08 1988

5HS-JCK-13

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief
Information Section
RCRA Program Management Branch