

02 07-83

EC-67-7-10
(K 10.81)

HAZARDOUS WASTE REPORT

WISCONSIN STATUTES 144

Reporting Period: January 1, 1982 - December 31, 1982

Please complete all applicable portions of this form and return it to the appropriate District office indicated on the attached map.

Facility Name: *ROMORT MFG CO*EPA ID Number: *WID006096242*Contact Person: *D. H. PAUL*Telephone Number: *414-583-3151*Location Address: *201 MAIN ST.
OAKFIELD WI 53065*County: *FOND DU LAC*

1. What is the total amount of hazardous waste originally generated at your facility during the reporting period? (Include only wastes actually created by your manufacturing processes or use of materials. Exclude wastes received from others and wastes coming from your hazardous waste treatment process or storage operations.) *317 1/2 pounds*
2. What is the total amount of hazardous waste you shipped off your property during the reporting period? *265 1/2 pounds*
3. Where was the hazardous waste sent when it was shipped off of your property? (Attach additional sheet if needed)

Name	Type of Facility	E.P.A. ID No. (if known)	Location (City & State)
1. <i>ASHLAND CHEM. CO - TRANSPORTER</i>		<i>WID053689196</i>	<i>MILWAUKEE WIS.</i>
2.			

4. How much hazardous waste did you receive from others at your facility during the reporting period? *(0.0) pounds*
5. Who did you receive hazardous waste from when you received it at your facility during the reporting period? (Attach additional sheet if needed)

Name	EPA ID Number (if known)	Location (City & State)
1.		
2.		

FE3 9/82

De
Natural

6. What transporters were used during the reporting period when hazardous waste was shipped either to or from your facility? (Attach additional sheet if needed)

Name	EPA ID Number (if known)	Location (City & State)
1. ASHLAND CHEM. CO.	(WIDC053689196)	MILWAUKEE WIS.
2.		

7. How much hazardous waste was treated at your facility during the reporting period? 0.0 pounds

8. List in general terms the kinds of treatment processes used at your facility during the reporting period.

9. How much hazardous waste did you dispose of at your facility during the reporting period? ~~2451.0~~ pounds 0.0

10. List in general terms the kinds of disposal techniques (including discharge to municipal treatment works) used at your facility during the reporting period.

TRANSPORTED OFF SITE ONLY

11. How much hazardous waste did you actually have at your facility site on December 31, 1982? 525.0 pounds

"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."

DONALD H. PAUL
Name (print or type)

Donald H. Paul, Pres.
Signature & Title

2/9/83
Date Signed

Attachment
BZ:d1w/12830

WJW
2/11/83

Prepared By

Date Prepared

Comments: (not legible)

MTG CO - W-2006096242

GENERATOR (SHIPPER) SECTION

Company Name

EPA Identification No.

P.O. Box or Street Address

City, State, Zip Code

Telephone Number

US EPA Waste Code	Shipping Weight (Pounds)	Phy. State
1		
2		
3		

US EPA Waste Code	Shipping Weight (Pounds)	Phy. State
4		
5		
6	0.0	

Date Shipped
M M D D Y Y

Exception Codes

Manifest Number
11213

Date Copy Received
M M D D Y Y

TRANSPORTER SECTION

Company Name

EPA Identification No.

P.O. Box or Street Address

City, State, Zip Code

Telephone Number

Date Accepted

M M / D D / Y Y

2nd Transporter Company Name

EPA Identification No.

Date Accepted

M M / D D / Y Y

HAZARDOUS WASTE FACILITY SECTION

Facility Name

EPA Identification No.

P.O. Box or Street Address

City, State, Zip Code

Telephone Number

Date Accepted

M M / D D / Y Y

Alternate Hazardous Waste Facility Name

EPA Identification No.

Date Accepted

M M / D D / Y Y

Transaction Code

Transaction Type
C, H, G, L

Trans. Code

Transaction Type

ADD 1 Add Copy 1 Record to Raw Manifest File.

ADD 3 Add Copy 3 Record to Raw Manifest File.

CHG 1 Change Existing Copy 1 Record on Raw Manifest File.

CHG 3 Change Existing Copy 3 Record on Raw Manifest File.

CHG Y Change Existing Record on Year T Date File.

DEL 1 Delete Existing Copy 1 Record.

DEL 3 Delete Existing Copy 3 Record.

DEL Y Delete Existing Year To Date Record.

ASM 1 Copy 3 is missing; create it from existing copy 1 data; copy year to date file if complete.

ASM 3 Copy 1 is missing; create it from existing copy 3 data; copy year to date file if complete.

GENERATOR ANNUAL HAZARDOUS WASTE REPORT
WISCONSIN STATUTES 144

11-109440
RECEIVED
MAR 1984

SD HDQRS

Reporting Period: January 1, 1983 - December 31, 1983

Please complete all applicable portions of this form and return it to the appropriate District office indicated on the attached map.

ID006096242 1 20 01 L
MONT MFG CO INC
01 MAIN ST
OAKFIELD WI 53069

EPA ID Number: WID006096242
Facility Name: ROMPET MFG CO.
Contact Person: D. H. PAUL
Mailing Address: PO BOX 575
Mailing City: OAKFIELD WI, 53065
Location Address: 201 MAIN ST.
County: FOND DU LAC
Telephone Number: 414-569-3151

1. How much hazardous waste did you actually have at your facility site on January 1, 1983? 531 pounds

2. What is the total amount of hazardous waste originally generated at your facility during the reporting period? (Include only wastes actually created by your manufacturing processes or use of materials. Exclude wastes received from others and wastes coming from your hazardous waste treatment process or storage operations.)
1414
- 525
889
531 L.H.
1414 pounds

3. What is the total amount of hazardous waste you shipped off your property during the reporting period? 1208 pounds

4. Where was the hazardous waste sent when it was shipped off of your property? (Attach additional sheet if needed)

Name	Type of Facility	E.P.A. ID No.	Location (City & State)
1. ASHLAND CHEM. CO - TRANSPORTER		<u>WID053689196</u>	MILWAUKEE WIS.
2.			

5. How much hazardous waste did you receive from others at your facility during the reporting period? 0 pounds

6. Who did you receive hazardous waste from when you received it at your facility during the reporting period? (Attach additional sheet if needed)

Name	EPA ID Number	Location (City & State)
1. NA		
2.		

EPA ID NUMBER W1DQ06096292

7. What transporters were used during the reporting period when hazardous waste was shipped either to or from your facility? (Attach additional sheet if needed)

Name	EPA ID Number	Location (City & State)
1. ASHLAND CHEM CO.	<u>W1D05368996</u>	MILWAUKEE WIS.
2.		

8. How much hazardous waste was treated at your facility during the reporting period? 2 pounds

9. List in general terms the kinds of treatment processes used at your facility during the reporting period.

NA

10. How much hazardous waste did you dispose of at your facility during the reporting period? 266 pounds

11. List in general terms the kinds of disposal techniques (including discharge to municipal treatment works) used at your facility during the reporting period.

TRANSPORTED OFF SITE ONLY

12. How much hazardous waste did you actually have at your facility site on December 31, 1983? 266 pounds

"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."

DONALD H. PAUL
Name (print or type)

Donald H. Paul, President
Signature & Title

3/5/84
Date Signed

Attachment
BZ:hf/3361P-4

P102060

4-85

WU005096262 1 20 01 M 10

D H PAUL PHOU MGR

ROMUPT MFG CO INC

PO BOX 575

OAKFIELD

WI 53065

WU006096262 1 20 01 L 10

ROMUPT MFG CO INC

201 MAIN ST

OAKFIELD

WI 53065

I. TYPE OF HAZARDOUS WASTE REPORT

PART A. GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31.

1984

PART B. FACILITY QUARTERLY REPORT

This report for period ending (Check one)

☐ 1. March 31

☐ 3. Sept. 30

☐ 2. June 30

☐ 4. Dec. 31

1985

LEAVE BLANK - DNR USE ONLY

MAY 06 1985

Y Y M M D D

INSTRUCTIONS: There may be a preprinted label attached to this report form. If any of the information on the label is incorrect, draw a line through and supply the correct information in the appropriate section below. If the label is complete and correct, leave sections II, III, IV, V and VI below blank. Section VII. Certification, must be completed regardless that other sections are left blank. If there is not a preprinted label, complete all sections. "Facility" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by Chapter NR 181, Wis. Adm. Code.

II. FACILITY'S EPA I.D. NUMBER

TA

F

III. NAME OF FACILITY

1

IV. FACILITY MAILING ADDRESS

C

Street or P.O. Box

3

C

City or Town

State

Zip Code

4

V. LOCATION OF FACILITY

C

Street or Route

County

5

FOND DU LAC

C

City or Town

State

Zip Code

6

VI. FACILITY CONTACT

C

Name (First, Last) and Position Title

Telephone Number

2

414-583-3151

VII. 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.

Name (Print or Type)

DONALD H. PAUL

Official Title

PROD. MGR.

Signature

Donald H. Paul

Date Signed

5/22/85

P102060

W100060962*2

1 20 01 L 10

ROMPT MFG CO INC
201 MAIN ST
OAKFIELD

WI 53065

HAZARDOUS WASTE FACILITIES REPORT FORM
Required under Chapter 144, Wis. Stats.
Form 4430-3

1-85

GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31

1984

LEAVE BLANK DNR USE ONLY

Please read the attached instructions, and provide all applicable information on both sides of this form. This form must be completed, signed, and returned to the appropriate district office within 30 days. All answers on this page MUST BE IN POUNDS.

	A. Ignitables (pounds)	B. Halogated Solvents and Toxic Solvents (pounds)	C. Heavy Metals (pounds)	D. Toxic Wastes (Other Than Those Listed in B & C (pounds)	E. Corrosives (pounds)	F. Reactive (pounds)	G. Acute H.W., Toxic Products and Intermediates (pounds)	Totals
1. Amount of hazardous waste on-site at beginning of the reporting period.	0	206						206
2. Amount of hazardous waste generated on-site during the reporting period.	357	2350						2707
3. Amount of hazardous waste received from other facilities during the reporting period. (List for Sites on Page 2.)	0	0						0
4. Total. Add lines 1, 2 and 3 for each column.	357	2556						2913
5. Amount of hazardous waste shipped off-site during the reporting period. (List transporters used on Page 2.)	0	2418						2418
6. Amount of hazardous waste recycled on-site during the reporting period.	0	0						0
7. Total amount of hazardous waste that was treated on-site during the reporting period.	0	0						0
a. Amount of hazardous waste treated by treatment code								
b. Amount of hazardous waste treated by treatment code								
c. Amount of hazardous waste treated by treatment code								
8. Total amount of hazardous waste disposed on-site during the reporting period.								
a. Amount of hazardous waste disposed by disposal code								
b. Amount of hazardous waste disposed by disposal code								
9. Amount of hazardous waste still on-site at end of the reporting period.	357	138						495

5. Hazardous waste received from others. (List facilities.) Attach additional sheet if needed.

Facility Name	EPA I.D. Number	City	State
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

6. Transporters used to ship hazardous waste. (List transporters.) Attach additional sheet if needed.

Transporter Name	EPA I.D. Number	City	State
(1) ASHLAND CHEM. CO.	WID053689196	MILWAUKEE	WI
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

WALD H. PAUL

Wald H. Paul

Date Signed

3/23/85

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

INSTALLATION'S EPA I.D. NO. **W1D0060 42**

I. NAME OF INSTALLATION
ROMONT HED CO INC

II. INSTALLATION MAILING ADDRESS
301 NORTH OAKFIELD, MI 48065

III. LOCATION OF INSTALLATION
301 NORTH OAKFIELD, MI 48065

000165 AUG 20 88

FOR OFFICIAL USE ONLY

COMMENTS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (m, mo, & yr)
W1D0060 42		800818

NAME OF INSTALLATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX
PO Box 575

CITY OR TOWN **ST.** **ZIP CODE**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY OR TOWN **ST.** **ZIP CODE**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) **PHONE NO. (area code & no.)**

D H PAUL PROP MGR															414 583 3151									
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--	--	--	--	--	--

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

W E MACLEACHRAN																								
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. TYPE OF OWNERSHIP F - FEDERAL M - NON-FEDERAL M		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) <input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND STORAGE																						
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

II. FIRST OR SUBSEQUENT NOTIFICATION

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

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.
W1D0060 42

DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

AUG 18 1980

WW1000609-42

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

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

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

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

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

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

31 U228	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 listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

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

☐ 1. IGNITABLE
(2001)☐ 2. CORROSIVE
(2002)☐ 3. REACTIVE
(2003)☐ 4. TOXIC
(2004)

X. CERTIFICATION

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

SIGNATURE

NAME & OFFICIAL TITLE (Type or Print)

DATE SIGNED

W.E. MacEachran

W.E. MAC EACHRAN PRES.

8/11/86

EPA Form 8700-12 (5-85) REVERSE

F 001 spent non-halogenated solvents & sludge from recovery - from degreasing

1.228 tick to withane

WIDU06096242 1 20 71 10 L

ROMONT WFG CO INC
201 MAIN ST
OAKFIELD

41 53065

GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31

1985



3-10-86

Please read the attached instructions, and provide all applicable information on both sides of this form. This form must be completed, signed, and returned to the appropriate district office within 30 days. All answers on this page MUST BE IN POUNDS.

	A. Ignitables (pounds)	B. Halogenated Solvents and Toxic Solvents (pounds)	C. Heavy Metals (pounds)	D. Toxic Wastes Other Than Those Listed in B & C (pounds)	E. Corrosives (pounds)	F. Reactives (pounds)	G. Acute H.W. Toxic Products and Intermediates (pounds)	Total
1. Amount of hazardous waste on-site at beginning of the reporting period.	357	138						495
2. Amount of hazardous waste generated on-site during the reporting period.	1487	1272						2759
3. Amount of hazardous waste received from other facilities during the reporting period. (List facilities on Page 2.)	0	0						0
4. Total. Add lines 1, 2 and 3 for each column.	1844	1410						3254
5. Amount of hazardous waste shipped off-site during the reporting period. (List transporter used on Page 2.)	1130	509						1639
6. Amount of hazardous waste recycled on-site during the reporting period.	0	0						0
7. Total amount of hazardous waste that was treated on-site during the reporting period.	0	0						0
a. Amount of hazardous waste treated by treatment code								
b. Amount of hazardous waste treated by treatment code								
c. Amount of hazardous waste treated by treatment code								
8. Total amount of hazardous waste disposed on-site during the reporting period.								
a. Amount of hazardous waste disposed by disposal code								
b. Amount of hazardous waste disposed by disposal code								
9. Amount of hazardous waste still on-site at end of the reporting period.	714	901						1615

EPA I.D. Number

City

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

5. Transporters used to ship hazardous waste. (List transporters.) Attach additional sheet if needed.

- | Transporter Name | EPA I.D. Number | City | State |
|---------------------------------|---------------------|----------------|------------|
| (1) <u>ASHLAND CHEMICAL Co.</u> | <u>W10053689196</u> | <u>MUNSTER</u> | <u>IN.</u> |
| (2) _____ | _____ | _____ | _____ |
| (3) _____ | _____ | _____ | _____ |
| (4) _____ | _____ | _____ | _____ |
| (5) _____ | _____ | _____ | _____ |
| (6) _____ | _____ | _____ | _____ |
| (7) _____ | _____ | _____ | _____ |
| (8) _____ | _____ | _____ | _____ |
| (9) _____ | _____ | _____ | _____ |
| (10) _____ | _____ | _____ | _____ |

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.

Name (Print or type)

DONALD H. PAUL

Signature and Title

Donald H. Paul

Plant Mgr.

Date Signed

3/6/84

JUL 24 1985

WID000096242 1 20 01 10 M
D H P JUL PROP MGR
HOMONY WFO CO INC
PO BOX 575
OAKFIELD WI 53065

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31.

1985

PART B: FACILITY QUARTERLY REPORT

This report for period ending (Check one)

- ☐ 1. March 31 ☐ 2. Sept. 30
☐ 3. June 30 ☐ 4. Dec. 31

1985

LEAVE BLANK - DNR USE ONLY

DE 8/6/85
YYMMDD

INSTRUCTIONS: There may be a preprinted label attached to this report form. If any of the information on the label is incorrect, draw a line through and supply the correct information in the appropriate section below. If the label is complete and correct, leave sections II, III, IV, V and VI below blank. Section VII, Certification, must be completed regardless that other sections are left blank. If there is not a preprinted label, complete all sections. "Facility" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by Chapter NR 101, Wis. Adm. Code.

II. FACILITY'S EPA I.D. NUMBER

TA

III. NAME OF FACILITY

V. FACILITY MAILING ADDRESS

Street or P.O. Box

City or Town

State

Zip Code

LOCATION OF FACILITY

Street or Route

County

City or Town

State

Zip Code

FACILITY CONTACT

Name (First, Last and Position Title)

Telephone Number

I. 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 accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature (Print or Type)

DONALD H. PAUL

Official Title

Prop. Mgr.

Date

Date Signed

8/6/85

8/6/85

WID000097242 1 20 01 10
D H PAUL PROD INC
HOMONY WIS CO INC
PO BOX 575
OAKFIELD WI 53065

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31. (Enter Year)

1986

PART B: FACILITY QUARTERLY REPORT

This report is for the quarter ending (Check one and enter year)

1. March 31

3. Sept. 30

2. June 30

4. Dec. 31

1987

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6888

APR 21 1987

JUN 9 1987

YYMMDD

INSTRUCTIONS: There may be a preprinted label attached to this report form. If any of the information on the label is incorrect, draw a line through it and enter the correct information in the appropriate section below. If the label is complete and correct, leave sections II, III, IV, V and VI below blank. Section VII, Certification, must be completed even if the other sections are left blank. If there is not a preprinted label, complete all sections. "Facility" means a single site where hazardous waste is generated, treated, stored, or disposed. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by Chapter NR 181, Wis. Admin. Code.

II. FACILITY EPA ID NUMBER

T/A

III. FACILITY NAME

IV. FACILITY MAILING ADDRESS

Street or P.O. Box

City or Town

State

Zip Code

V. FACILITY LOCATION

Street or Route

County

City or Town

State

Zip Code

VI. FACILITY CONTACT

Name (First, Last) and Title

Telephone Number

VII. 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 (Print or Type)

Title (Print or Type)

Donald H. Paul
General Manager

PROD. MGR.
Date Signed 4/20/87

WILCO6006242 1 20 01 L 10

Hazardous Waste Generator Report Form
Required under Chapter 144, Wis. Stats.
Form 4430-3 1-85

LEAVE BLANK DNR USE ONLY

APR 21 1992
DNRREPORT REG CO INC
201 MAIN ST
OAKFIELD

WI 53065

GENERATOR ANNUAL REPORT

This report is for the year ending Dec. 31

1986

Please read the attached instructions, and provide all applicable information on both sides of this form. This form must be completed, signed, and returned to the appropriate district office within 30 days. All answers on this page MUST BE IN POUNDS.

	A Ignitables (pounds)	B. Halogenated Solvents and Toxic Solvents (pounds)	C. Heavy Metals (pounds)	D. Toxic Wastes Other Than Those Listed in B & C (pounds)	E. Corrosives (pounds)	F. Reactives (pounds)	G. Acute H.W., Toxic Products and Intermediates (pounds)	Totals
1 Amount of hazardous waste on-site at beginning of the reporting period.	714	901						1615
2 Amount of hazardous waste generated on-site during the reporting period.	2751	1318						4069
3 Amount of hazardous waste received from other facilities during the reporting period. (List facilities on Page 2.)	0	0						0
4 Total Add lines 1, 2 and 3 for each column.	3465	2219						5684
5 Amount of hazardous waste shipped off-site during the reporting period. (List transporters used on Page 2.)	3465	2219						5684
6 Amount of hazardous waste recycled on-site during the reporting period.	0	0						0
7 Total amount of hazardous waste that was treated on-site during the reporting period.	0	0						0
a Amount of hazardous waste treated by treatment code								
b Amount of hazardous waste treated by treatment code								
c Amount of hazardous waste treated by treatment code								
8 Total amount of hazardous waste disposed on-site during the reporting period.								
a Amount of hazardous waste disposed by disposal code								
b Amount of hazardous waste disposed by disposal code								
9 Amount of hazardous waste still on-site at end of the reporting period.	0	0						0

3. Hazardous waste received from others. (List facilities.) Attach additional sheet if needed.

Facility Name	EPA ID Number	City	State
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

4. Transporters used to ship hazardous waste. (List transporters.) Attach additional sheet if needed.

Transporter Name	EPA ID Number	City	State
(1) ASHLAND CHEMICAL CO	W1005368996	MILWAUKEE	WIS.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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.

DONALD H. PAUL
Name (Print or Type)
Donald H. Paul

Signature Date

Date *11/17/96*