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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 (W10006096242)

Contact Person: D. H. PAUL

Telephone Number: 414-593-3151

Location Address: 201 MAIN ST.

CARFIELD 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.)

 3176.094unds
- 2. What is the total amount of hazardous waste you shipped off your property during the reporting period?
- 3. Where was the hazardous waste sent when it was shipped off of your property? (Attach additional sheet if needed)

Name Type of Facility (if known) (City & State)

1. ASKLAND CHEM. (0 - TROMSPORTER WIDESSESSING MILWAUKES WIS.

2.

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

Hame (1f known)

Location (City & State)

1.

2.

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Netural 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

(if known) Location (C' by & State)

1. ASHLAND CHEM. Co. WIDOS 3684196 MILWHUKEE 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 usete did you dispose of at your facility during the reporting period?
- 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 OF SITE ONE.
- 11. How much hazardous waste did you actually have at your facility site on December 31, 1982? (525, 2) pounds

"I certify under penalty of lew 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

Signature & litle

2/9/33 Date Signed

Attachment BZ:dlw/1283Q

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GENERATOR (SHIPPER) SECTION Manufest Number Company Name EPA Identification No. I'O Box or Street Address City, State, Zip Code Telephone Number Date Copy Received W M P P Y **US EPA** Shipping Weight (Pounds) US EPA Shipping Weight (Pounds) Phy. Phy. Waste Code State Waste Code State Date Shipped Exception Codes TRANSPORTER SECTION Company Name EPA Identification No. Transaction Code P.O. Box or Street Address Trans. City, State ... Lop Code Telephone Number Code Type ADD 1 Add Copy 1 Record to Raw Date Accepted 0 Manifest Fin. ADD 3 Add Copy 3 Record to Raw Manifest File. S 2nd Transporter Company Name EPA Identification No. CHG 1 Change Existing Copy 1 Record on Rew Manifest File. Date Accepted CHG 3 Change Existing Copy 3 Record on Raw Manifest File. HAZARDOUS WASTE FACILITY SECTION CHG Y Change Existing Record on Year T. Date File. Facility Name EPA Identification No. DEL 1 Delete Existing Copy 1 Record. P.O. Box of Street.Address: DEL 3 Delote Existing Copy & Record. City, State Zip Code Telephone Number DEL Y Delete Existing Year To Date Record. Date Accepted ASM 1 Copy 3 is missing; create it from existing copy 1 data; copy year to date file if complete. Alternate Hazardona Waste Facility Name EPA Identification No. ASM 3 Copy 1 is missing; create it from existing copy 2 data; copy year to date file if complete Date Accepted ਅਯ'ਰਰ

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GENERATOR ANNUAL HAZARDOUS WASTE REPURT WISCONSIN STATUTES 144

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

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DOOG OHT : I Ma; KFIEL	96. 4FG	242 1 CO INC		i L	EPA ID N Facility Contact Mailing Mailing Locat'on County:	Name: WIDO Name: ROM Person: Q. H Address: PO City: QA K Address: CO FONC: I e Number: 414	DOWNIE DE LAC	53065 T.	
	١.	How much site on	hazard January	ous waste did 1, 1983?	you actua	lly have at yo	our facility	poi	ınds
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	4.	Where wa (Attach	s the ha	zardous wast al sheet if	e sent when	n it was shipp	ed off of yo	ur property	7
		Name 1. ASHLA 2.	IND CHE	Type of Fact		E.P.A. 10 No.	Locat (City 8 89196 Mi		Wıs.
	5.	How much facility	hazardo during	us waste did the reporting	you receiv period?	e from others	at your	Co. pou	nds
	6.	Who did y during th	ou rece	ive hazardous ting period?	waste fro	m when you red ditional sheet	ceived it at t if newded)	your facil	ity
		Name		EPA ID	Number	Location (Ci	ty & State)		
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EPA ID NUMBER WIROGOGGZ42

			3	
1.	What transport was shimmed ei	ers were used during the ther to or from your fac	e reporting period wh :11ity? (Attach addit	en hazardous waste ional sheet if needed
	Name	EPA ID Number	Location (City &	State)
	1. ASHLAND C	HEM CO. WIDO5368	ALMAUKE	E Wis.
	2.			
8.	How much hazard reporting period	ious waste was treated a od?	t your facility during	ng the nounds
9.	List in general during the repo	terms the kinds of tre	atment processes used	at your facility
		NA		
10.	How much hazard during the repo	ous waste did you dispo rting period?		14 14 Has bounds
11.	municipal treat	terms the kinds of disment works) used at you TRANSPORTED OF	r facility during the	luding discharge to reporting period.
12.	How much hazard site on Decembe	ous weste did you actua r 31, 1983?	lly have at your fact	11ty 266 pounds
	with the information the information complete. I am	r penalty of law that I ation submitted in this uiry of those individual, I believe that the sul aware that there are soluding the possibility	and all attached doc is immediately respon immitted information i ignificant penalties	uments and that sible for obtaining s true, accurate and for submitting false
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Attachment BZ:hf/3361P-4 State of Wisconsin Department of Natural Resources HAZARDOUS WASTE FACILITIES REPORTING FORM Chapter 144, Wis. Stats.

Plo2060 4-64

Descript of Park	Dralls
DONALD H. PAUL	Otticial Title PROD. MGR. Date Signed 2/22/85
that based on my .noury of those individuals immediately remo	possible for obtaining the information, I believe that the submitted information possible for submitting false information, including the possibility of fine and
ertify under penalty of law, that I have personally examined and	d am familiar with the information submitted in this and all attached document
CERTIFICATION	<u> </u>
Name (First, Last) and Position Title	Trisphere Number 4 1 4 5 8 3 7 3 1 3
FACILITY CONTACT	
<u></u>	
City or Town	State Zap Code
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Street or Route	County
LOCATION OF PACILITY	
City or Town	State Zip Code
Street or P.O. Box	
V. FACILITY MAILING ADDRESS	
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II. NAME OF FACILITY	
TA :	
I. FACILITY'S EPA I.D. NUMBER	
basing. Section VII. Certification, must be completed regardless the tions. "Facility" means a single site where hazardous waste is gen- penserators or facilities before completing this form. The information	hat other sections are left blank. If there is not a preprinted label, complete all negated, treated, stored, or dispused of. Please refer to the specific instructions ion requested herein is required by Chapter NR 181, Wis. Adm. Cods.
and suitely the currect information in the appropriate section below	his report form. If any of the information on the label is incorrect, draw a line to ow. If the label is complete and correct, leave sections II, III, IV, V and VI bel
OARFIELD #1 53065	TAY 0 6 1985 Y Y M M D D
ROMUPT HEY CO INC	LEAVE BEANK - DNR USE DNLY
WINDOOU90242 1 20 01 L 10	This report for period ending (Check one) 1. March 31 3. Sept. 30
ROMUPT MES CO INC PO MUX 575	PART B: FACILITY QUARTERLY REPORT
	This report is for the year ending Dec. 31.

P102060

ROMUPT MEG CO INC	L 10	GEN	RATOR ANNU	AL REPORT	1.46	06.00	`.	, and the second
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. Ignitablee (pounds)	B. Halogenated Solvente and Tenic Solvente ipusades	C. Heavy Metals (pounds)	Toxic Wastes Other Than Those Listed in B & C (pounds)	E. Corresives (possels)	F. Reactives (pounds)	G. Acute H.W., Toole Products and Intermediates iposades	Totale
Amount of hazardous wasts on-site at beginning of the reporting period.	0	206						206
2. Amount of hexardous wasts generated on-site during the reporting period.	357	23:0						2707
3. Amount of heardone 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.	357	2556						2913
Amount of hearrisus wests shipped off-site during the reporting period. (List transporters used on Page 2.)	1 23 W	2418						2418
6. Amount of honordone waste recycled on-elle during the reporting period.	10	0						0
7. Total amount of henordous waste that was treated an-alto during the reporting period.	- 0	4						0
a. Amount of hazardous waste treated by treatment code			4.00					
b. Amount of bearedous weste treated by treatment code								
e. Amount of honordous waste trusted by treatment code		i dike						
8. Total amount of baserdons waste disposed on-site during the reporting period.								
a. Amount of heardons waste disposed by disposed sode							 	
b. Amount of heardons waste disposed by disposal code								
9. Amount of hexardous wests still on site at end of the reserving period.	75	131						105

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Required under Chapter 144, Wis. State.

GENERATOR ANNUAL REPORT

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HOHONT THU CO INC			1 0 -
PQ 80A 575	This report is fer the ye	er ending Dec. 31.	1,0,8,5
OAKFIELU HI 53065	PART B:	PACILITY QUARTERLY	REPORT
	This report for paried o	nding (Check - one)	
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and supply the correct information in the appropriate section below. I	the lebel is complete and co	reset, leave earlines [1, 11]	IV V and VI below
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ions. "Facility" means a single site where baserdous waste is general	ed, treated, stored, or dispes	ed of. Please refer to the spi	eife instructions for
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I. PACILITY'S EPA I.D. NUMBER			
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I. CENTIFICATION			
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Submission of of up to \$25.0 Code. Form 4430-1	R ANNUAL OR FACILITY QUARTERLY HAZARDOUS WASTE. Har One of this form is mandatory. Failure to submit this form may result in a forferment to 00 00 pursuant to Chapter 144. Wis Scata, and Chapter NR 181, Wis. Adul. Key. 2-87
MIDUCON97242 1 20 41 4 10	I TYPE OF HAZARDOUS WASTE REPORT
D H PAUL PRUD THE HOHOHT TIEG CO ITIC PO HOA 575	This report is for the year ending Dac. 31. (Enter Year)
DAFFIELD WI SUUS	PART B: FACILITY QUARTERLY HEPORT
	This report is for the quarter ending (Check - one and enter year)
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	2. June 30 4 Dec. 31
RUPORT AFG CO INC	LEAVE BLANK - DNN USE ONLY
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CERTIFICATION	
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POTENT AFG CO I 4C

CAMPTIFLE

WILLIAMS

Required under Chapter 144, Wis. Stats.

GENERATOR ANNUAL REPORT

OAMFIELD

WI 53065

This report is for the year ending Dec. 31

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Please reed 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 Solventa and Toxic Solventa (pounds)	C. Heavy Metals (pounds)	D. Togic Wastes Other Than These Listed in B & C (prends)	E. Correctives (pounds)	P. Reactives (pounds)	G. Acute H.W., Toxic Products and Intermediates (pounds)	Totals
Amount of hazardous waste on-site at beginning of the reporting period.	714	901						1615
Amount of heardrus weste generated on-site during the reporting period.	275/	1318						4069
Amount of heardous waste received from other facilities during the reporting period. (List facilities on Page 3.)	0	0						0
Total Add lines 1, 2 and 3 for each column.	3465	2219						5684
Amount of heardons waste shipped off-site during the reporting period. (List transporters used on Page 2.)	5765	2219						5684
3. Amount of hospidous waste recycled en-site during the reporting period.	0	0						0
7. Total amount of hannedous waste that was treated as site during the reporting period.	0	0						0
a Amount of hamardous waste treated by treatment code								
b Amount of heserdous waste treated by treatment code								
c. Amount of heserdous waste treated by treatment code								
8. Total amount of hazardous waste disposed so-site during the reporting paried.	3)					
a. Amount of hazardous wests disposed by disposed code								
b. Amount of beautifus wests disposed by disposed e-do		Part of the second of the seco						
9 Amount of hecardons waste still co-obs at end of the reporting period.	-0	. 0						0