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GENERAL (Read the "G	iener	al Ins	tructions'	before starting.)	GENERAL INSTR	υζτι	ONS	13 14
I. EPA I.D. NUMBER			L'H	トレトトトリル	it in the designated space,	een p Revie	rovid w the	ed, ann 1 inforr
R. FACILITY NAME				et and the section of	througi it and enter the appropriate fill-in area be	orrec ow. A	ticia:	1 2017 ( 1 2017 (
FACILITY		Ņ	//	//////	the preprinted data is absended to the second secon	nt (th ts the	e are > info	∙a to •ti ormatic
V. MAILING ADDRESS PLA	ICE	LĄ	BEL IN	THÌS SPẠCE	that should appear), please proper fill-in area(s) belo	prov w. If	ride i the	it in ti labei
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VI FACILITY	$\backslash$	$\mathcal{A}$	//	71111,	must be completed regard items if no label has been	provi	Com ded.	Refer
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INSTRUCTIONS: Complete A through J to determine w questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	hetha al fo to e instr	er yol rm lii ach q uctio	u need to sted in the uestion, y ns. See als	submit any permit application parenthesis following the que ou need not submit any of the p, Section D of the instruction	n forms to the EPA. If you ans stion. Mark "X" in the box in se forms. You may answer "no s for definitions of <b>bold-faced</b>	wer "' the th " if y term:	yes" t ird co our ac s	to any olumr ctivity
SPECIFIC QUESTIONS	YES	MAR	K 'X' FORM ATTACHED	SPECIFIC G	UESTIONS	YES	MAR NO	K 'X'
A. Is this facility a publicly owned treatment works				B. Does or will this facility include a concentrated	(either existing or proposed) animal feeding operation or			
(FORM 2A)		X		equatic animal production discharge to waters of the	n facility which results in a U.S.? (FORM 2B)	19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	X			D. Is this a proposed facility in A or B above) which	( lother than those described will result in a discharge to		x	
A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FOR F. Do you or will you inject	M 2D) It at this facility industrial or	25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	x			municipal effluent below taining, within one que	the lowermost stratum con- arter mile of the well bore,		x	
G. Do you or will you inject at this facility any produced	28	29	30	underground sources of d	rinking water? (FORM 4)	31	32	33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-	 			H. Do you or will you mjec cial processes such as m	ining of sulfur by the Frasch			
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		X		tion of fossil fuel, or rec (FORM 4)	overy of geothermal energy?		X	
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which is	34	35	36	J. Is this facility a propose	ed stationary source which is	37	38	39
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons				instructions and which w	vill potentially emit 250 tons			
Clean Air Act and may affect or be located in an	X			Air Act and may affect of area? (FORM 5)	or be located in an attainment	43	X	45
III. NAME OF FACILITY		1 - 1	- 42 					
skip	1 1 		· · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
15 16 - 29 30 IV. FACILITY CONTACT						69		
A. NAME & TITLE (last, fir	st, &	title)			. PHONE (area code & no.)			
2 PA.U.L. S.CH.A.EF.ER. PLA.	<u>Γ. Ν.</u>	<u> </u>	MAN	<u>AGER</u> , <u>4,1</u>	4 2.8.4 5.5.4.1	_	national and the second se	
V. FACILITY MAILING ADDRESS								
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B. CITY OR TOWN	<u></u>	1		C.STATE D. ZIP COI				
<u>4 P.O.R.T. WASHINGTON</u>				$\underbrace{WI}_{41} \underbrace{5.3.0.7}_{47}$	事			
VI. FACILITY LOCATION								
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B. COUNTY NAME D.Z.A.U.K.E.E		-		70				
B. COUNTY NAME B. COUNTY NAME O.Z.A.U.K.E.E. C. CITY OR TOWN		: 			DE F. COUNTY CODE			

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C. THIRD		D. FOURTH	
7 2 8 9 1 (specif.)	2899 (speci	67	
VIII. OPERATOR INFORMATION			
	A. NAME		B. Is the name li Item VIII-A a
PAUL SCHAEFER			
(4) 146 (2010) (2010			55 66
F = FEDERAL M = PUBLIC (other than federal o	r state) (specify)	y.)	HONE Jarea code & no.)
S = STATE O = OTHER (specify) P = PRIVATE	P	A 41 15 6 -	4 28 4 5.54
E. STREET OR P.O. B	ox		
RAILROAD STREET	<u></u>		
F. CITY OR TOWN	G.STATE H. Z	IP CODE IX. INDIAN	LAND
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A. NPDES (Discharges to Surface Water) D.	I I I I I I I I I I I I I I I I I I I		
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B. UIC (Underground Injection of Fluids)	E. OTHER (specify)		
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3 13 17 16 July 16 Jul			
C. RCRA (Hazardous Wastes)	E. OTHER <i>(specify)</i>	ter en	
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D-80 The landfill is	supplied by U	nited Waste o:	f Milwaukee	
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is DOO1 (non-listed -	ignitable)			$\frac{d^{2}}{dt} = dt$
IV. DESCRIPTION OF HAZARDOUS WASTE	S dials number from	to app Extended D for an		
A. EPA HAZARDOUS waste Noticen - Enter the handle hazardous wastes which are not listed in 40 tics and/or the toxic contaminants of those hazardo	<ul> <li>four-digit number from</li> <li>CFR, Subpart D, enter the bus wastes.</li> </ul>	40 CFR, Subpart D for ea four-digit number(s) from	ch listed hazardous waste you win 1 40 CFR, Subpart C that describes	Thandle, It you the characteris-
B. ESTIMATED ANNUAL QUANTITY – For each hasis For each characteristic or toxic contaminant	listed waste entered in colum	nn A estimate the quantity	of that waste that will be handle	ed on an annual
which possess that characteristic or contaminant.			Of all the non-nated watere,	Will be nonuloc
C. UNIT OF MEASURE - For each quantity entered codes are:	in column B enter the unit	t of measure code, Units o	f measure which must be used and	the appropriate
AN ANA PRENCHIGHTINHT OF MEACHIDE	CODE	METRIC UNIT OF M		.e
POUNDS.	Р т	KILOGRAMS		
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EPA Form 3510-3 (6-80)

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V FACILITY DRAWING					•
All existing facilities must include in the space provided or	n page 5 <mark>a scale</mark> drawi	ng of the facility <i>(see instruct</i>	ions for more	detail).	
VI. PHOTOGRAPHS	1	and the second			
All existing facilities must include photographs (ae	rial or ground—leve	<li>disposal areas (see instruction)</li>	ll existing st ctions for m	ructures; exis <i>ore detail</i> ].	sting storage,
VII. FACILITY GEOGRAPHIC LOCATION	Stage, treatment of	disposal dieds foor monthe			
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VIII. FACILITY OWNER	Listed in Section VII	Los Form 1. "General Inform	action'' place	an "X" in the	box to the left and
skip to Section IX below.	s insteu in Section VII	For Form 1, General Inform			
B. If the facility owner is not the facility operator as	listed in Section VIII	on Form 1, complete the fo	llowing items	:	× .
	UITY'S LEGAL OW	NFR		2. PHON	E NO. (area code & no.)
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E H. H. Robertson Company	<del>.</del>	•.		<u>112</u>	
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I certify under penalty of law that I have personally	v examined and am	familiar with the inform	ation submit	tted in this ar	nd all attached
documents, and that based on my inquiry of those	individuals immed	ately responsible for obta	nining the in	formation, I	believe that the
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A NAME (print or type)	B. SIGNATURE		1	C. DATE SIG	NED
Russell L. Cerk					
X, OPERATOR CERTIFICATION					
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