Form must be returned	by :	May	15,	2000
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\*\*\* SEND NO MONEY NOW

Enter Corrections Belows

Return to: SYLVIA ROSENBAUM

DNR-SOUTHEAST REGION

PO BOX 12436

MILWAUKEE, WI 53212

414-263-8678

For Questions Call:

SYLVIA ROSENBAUM

414-263-8678

License # 03203

FID# 246004330

Facility Information.

816-391-6000 COOK COMPOSITES & POLYMERS CO MICHAEL GROMACKI, DIR ENV/REG/S COOK COMPOSITES & POLYMERS CO 919 E 14TH AVE NORTH KANSAS CITY MO 64116

Telephone No:

Facility Name:
Contact (Title): DIRECTOR - QUALITY SAFETY ENVIRONMENT

Licensee:

Address: 820 EAST 14TH AVENUE

NORTH KANSAS CITY, MO 64116

HW Treatment - Incinerator Non Commercial The period of this license is OCTOBER 1, 2000 through SEPTEMBER 30, 2001.

II. Application for license renewal to operate a Chs. NR500-590 or NR 600-685 Wis. Admin. Code facility or transportation service in compliance with s.289.31 Stats. and/or s.291.23 stats.

Check here ( ) if the above named facility does not intend to renew this license. Then complete Section III and return to the DNR office shown above. If you are applying for renewal, complete or correct the information below: (use additional sheets if needed):

Site Location: SE 1/4 OF NE 1/4 OF SECTION 35, T11N, R21E, Ozaukee Address: RAILROAD ST Township/City: SAUKVILLE WIS

County

Commercial ( ) or Non-commercial ( ) Please check one.

Hazardous Waste Transportation Services Provided: YES ( ) NO (✗) Please check one. 3.

Process Codes/Amounts:

SO3 - Waste Pile

TO3, < 60 (E) GAL, HR SOLVENT (FOO3)

180(E) GAL, HR ESTERIFICATION WATER (DOC)

PROCESS AMOUNTS

PROCESS CODES

TREATMENT STORAGE T01 - Tank T03 - Incinerator S01 - Container S02 - Tank

TO4 - Other

UNITS

B - Acres C - Cu.Yds. U - Gal/Day E - Gal/Hr

G - Gallons

P - Pounds

III. I hereby certify that the information provided is true and accurate to the best of my knowledge and belief.

Signature W

5-12-2000 Date

## INSTRUCTIONS

Use of this form is required by the Department under NR500.06, Wis. Adm. Code, for any application for licensing of a solid waste facility regulated under Ch. NR502, Wis. Adm. Code, and s. 289.31, Stats. The Department will not consider your application unless you complete and submit this form.

Information provided on this form is intended to be used in implementing the solid waste and hazardous waste management regulatory program, and personally identifiable information is not expected to be used by the Department for any other purpose.

This form should be completed and returned to the address provided at the top of the reverse side of this form. If you have questions, please contact the person whose name and phone number appear in the top right corner on the reverse side of this form.

When making corrections on the form, please be sure to line out the information being corrected and clearly write the new information next to the lined-out information.

## SECTION I. Facility Information

All owners/operators of transport services and facilities must review the facility information and make corrections if necessary.

## SECTION II. License Renewal Application

Owners/operators of transport services and facilities who apply for license renewal must review the information in this section and make corrections as needed. Owners/operators of transport services or facilities which are no longer in operation or do not intend to renew their license, must check the box in Section II and complete Section III.

## SECTION III. License Renewal Application Certification

Owners/operators of transport services and facilities must certify this form by signing and dating in this section.