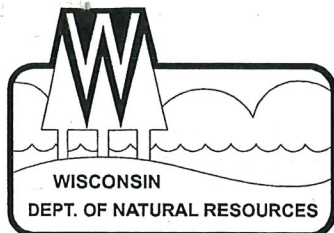


→ Bureau - WA/3



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Tommy G. Thompson, Governor  
George E. Meyer, Secretary  
Gloria L. McCutcheon, Regional Director

Southeast Region  
Milwaukee Service Center  
2300 N. Dr. ML King Drive, PO Box 12436  
Milwaukee, Wisconsin 53212-0436  
Telephone 414-263-8500  
FAX 414-263-8716  
TDD 414-263-8713

February 28, 2001

FID # 246004330  
HW/LIC

Michael Gromacki, Director - Quality/Safety/Environment  
PO Box 419389  
Kansas City, MO 64141-6389

RE: Revised Draft Closure Plan  
Cook Composites & Polymers Co. - Saukville, WI

Dear Mr. Gromacki:

WDNR has completed the review of the Cook Composites & Polymers Co. (CCP) October 21, 2000, draft revised closure plan. WDNR requests that CCP make the following revisions to the closure plan, and provide clarifications to the following concerns. WDNR looks at these changes as being a class 1 plan modification. CCP shall submit a revised closure plan within 30 days of the date of this letter, which addresses the requested changes and clarifications.

WDNR also reviewed the closure plan contained in the CCP May 1999, revised feasibility and plan of operation report (FPOR), as well as the closure plan contained in the July 1986, originally approved CCP FPOR.

Requested Revisions and Concerns

1. CCP shall explain what they mean when they state on Page 1 of the revised closure plan that only one tank will be cleaned, closed and eliminated from service. On Page 3, *Closure of Tanks*, CCP states that each tank will be flushed three times sprayed with a portable spray system to internally rinse them.
2. CCP shall explain what testing will be performed on the waste solutions used to clean the tanks. CCP shall also explain what testing will be performed on the tanks.
3. CCP states on Page 3, under *Closure of the Incinerator*, that during the cleaning and decontamination process, any possible contamination in the holding tank area and the on the incinerator concrete floors are treated. At recent meetings, CCP has explained that the construction of the MPPE unit will take place in the holding tank area. Assuming that the MPPE unit will not be able to be moved once the MPPE unit has been constructed, CCP shall decontaminate the floor of the holding tank room before starting construction of the MPPE unit. CCP shall also keep a record of spills on the containment floor during this construction

→ Bureau SHWM - WA/B



Quality/Safety/Environment  
PO Box 419389  
Kansas City, MO 64141-6389  
816/391-6324

February 12, 2001

Mr. Pat Brady  
Hazardous Waste Management Section  
Bureau of Solid Waste Management  
Wisconsin Department of Natural Resources  
4040 N. Richards Street  
P.O. Box 12436  
Milwaukee, WI. 53212

recd 2-12-01

246004330

HW/NOTIF

**RE: Hazardous Waste Annual Report (BHWM Form 8700-13B)**

Cook Composites and Polymers Co.  
Saukville, Wisconsin  
EPA ID# WID980615439

Dear Mr. Brady:

Enclosed please find the Hazardous Waste Annual Report (BHWM Form 8700-13B) for the reporting year ending December 31, 2000. The report includes Part A Generator Report and Part B Facility Report.

If there are any questions, please contact me at 816-391-6324.

Sincerely,  
**Cook Composites and Polymers Co.**

  
John Bauer  
Environmental Engineer

Enclosures: As stated

CC: Michael Lotman - Plant Manager

c (original to Madison)

<b>HAZARDOUS WASTE REPORT</b>  Use this form as a cover for all required reports.	<b>I. TYPE OF HAZARDOUS WASTE REPORT</b> <input checked="" type="checkbox"/> <b>PART A: GENERATOR ANNUAL REPORT</b>	
	THIS REPORT IS FOR THE YEAR ENDING DEC. 31. <b>2000</b>	
	<b>PART B: FACILITY ANNUAL REPORT</b> THIS REPORT FOR YEAR ENDING DEC. 31.	
	<b>PART C: UNMANIFESTED WASTE REPORT</b> THIS REPORT IS FOR A WASTE RECEIVED (See no. 6 yr.)	

**II. INSTALLATION'S EPA I.D. NUMBER**

EWID980615439

**III. NAME OF INSTALLATION**

LOOK COMPOSITES AND POLYMERS CO

**IV. INSTALLATION MAILING ADDRESS**

 STREET OR R.O. BOX: 370 BOX 419389  
 CITY OR TOWN: KANSAS CITY, MO  
 STATE: MO, ZIP CODE: 64141

**V. LOCATION OF INSTALLATION**

 STREET OR ROUTE NUMBER: 340 RAILROAD ST  
 CITY OR TOWN: SAUKVILLE, WI  
 STATE: WI, ZIP CODE: 53080

**VI. INSTALLATION CONTACT**

 NAME (last and first): LOTMAN MICHAEL  
 PHONE NO. (area code & no.): 414-268-3300

**VII. TRANSPORTATION SERVICES USED (for Part A reports only)**

 List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.  
 OHD009865625 TXD980623979  
 MOD095038998 MOD095073196  
 NYD000708271  
 WTD981552425  
 OKD981588791

**VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)**

A. COST ESTIMATE FOR FACILITY CLOSURE		B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)	
\$	110,564	\$	

**IX. 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.

 MICHAEL GROMACKI      *Michael Gromacki*      2-12-2001  
 A PRINT OR TYPE NAME      B SIGNATURE      C DATE SIGNED

**GENERATOR ANNUAL REPORT—PART A**

**ON SITE TREATMENT, STORAGE OR DISPOSAL:** Leave items XI and XII blank. enter in item XIII "on site." Enclosure also completed BHWB FORM 8700-13B  
**OFF SITE SHIPMENTS:** Enter data on the facility to which the shipments were made in items XI to XIII. Use separate sheets for each receiving.

**X. GENERATOR'S EPA I.D. NO.**

G W I D 9 8 0 6 1 5 4 3 9 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

**XI. FACILITY'S EPA I.D. NO.**

**XIII. FACILITY'S ADDRESS** (street or P.O. box, city, state, & zip code)

ON-SITE

**XII. FACILITY NAME** (specify)

**XIV. WASTE IDENTIFICATION**

1	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE												
			1	2	3	4	5	6	7	8	9	10			
1	FLAMMABLE LIQUID SOLVENTS USE IN THE MANUFACTURE OF POLYESTER RESINS	D001	1	9	5	6	4	1	5	P					
2	ESTERIFICATION WATER GENERATED DURING MANUFACTURE OF POLYESTER RESIN	D001 D002	4	9	1	8	3	3	2	P					
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

**XV. COMMENTS** (enter information by line number—see instructions)

GENERATOR ANNUAL REPORT - PART A

ON SITE TREATMENT, STORAGE OR DISPOSAL: Leave items XI and XII blank, enter in item XII on file. Enclosure also completed BHWI FORM 8700-138  
 OFF SITE SHIPMENTS: Enter data on the facility to which the shipments were made in items XI to XIII. Use separate sheets for each receiving.

X. GENERATOR'S EPA I.D. NO.

AWID980W15439

XI. FACILITY'S EPA I.D. NO.

AD006971481912

XIII. FACILITY'S ADDRESS (street or P.O. box, city, state, & zip code)

309 AMERICAN CIRCLE  
 EL DORADO, AR. 71750

XII. FACILITY NAME (specify)

EVSECO, INC.

XIV. WASTE IDENTIFICATION

A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER (see instructions)				D. AMOUNT OF WASTE
	1	2	3	4	
1. GYROL SCRUBBER SOLUTION (CAUSTIC SOLUTION, GYROLS)	00	01	02	03	2075P
2. FILTER BAGS GENERATED FROM HAZ WASTE INCUBATOR	DP	01	FO	03	2826P
3. WASTE RESIN SOLUTION (OFF-SPEC, OUNTED PRODUCT)	D0	01	11	11	51660P
4. WASTE RESIN REMAIN SAMPLES - (RESIN SOLUTION SAMPLE GOUTHERS) INTERSTATE SLUDGE FROM INCUBATOR OPERATION	D0	01	FO	05	748P
5. SOLIDIFIED RESIN - NEW HAZ	00	01	01	03	28491P
6. ORGANIC PEROXIDE SOLUTION (OUNATED RIM) (MINERAL SPIRITS TERTIAL PEROXIDE)	D0	01	01	03	106P
7. WASTE MERCURY (BROKEN THERMOMETERS)	D0	01	01	09	114P
8.					
9.					
10.					
11.					
12.					

XV. COMMENTS (enter information by line number - see instructions)

**GENERATOR ANNUAL REPORT - PART A**

**ON SITE TREATMENT, STORAGE OR DISPOSAL:** Leave items XI and XII blank, enter in item XIII "on site." Enclosure also completed BHWB FORM 8700-13B  
**OFF SITE SHIPMENTS:** Enter data on the facility to which the shipments were made in items XI to XIII. Use separate sheets for each receiving.

**X. GENERATOR'S EPA I.D. NO.**

GWID980615439

**XI. FACILITY'S EPA I.D. NO.**

ARD981057870

**XIII. FACILITY'S ADDRESS (street or P.O. box, city, state, & zip code)**

1007 VULCAN RD  
 HASKELL BENTON, AR. 72015

**XII. FACILITY NAME (specify)**

RINECO

**XIV. WASTE IDENTIFICATION**

1	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE				
			13	14	15	16	
1	WASTE RESIN SOLUTION (NON-HAZ EPOXY EMULSION) - OFF SPEC, OUTDATED		2	8	4	7	P
2	WASTE RESIN SOLUTION (ALKYD AND MODIFIED ALKYL RESIN - OFF SPEC, OUTDATED PRODUCT)	D001					2414P
3	WASTE RESIN SOLUTION (WATER SOLUBLE ALKYL) - NON HAZ.						890P
4	WASTE EMULSION (UNSATURATED POLYESTER EMULSION) - NON-HAZ.						9479P
5	WASTE DIISOCYANATE (MDI) - NON-PCRA						500P
6	WASTE RESIN SOLUTION (OFFSPEC, OUTDATED)	D001					3120P
7	INTERFACE SLUDGE FROM INCINERATOR	D001 F003					6800P
8	RESIN RETAIN SAMPLES (RESIN, SAMPLE CONTAINERS)	D001					1200P
9	WASTE RESIN SOLUTION (OUTDATED, OFFSPEC PRODUCT)	D001					20361P
10	WASTE LEAD NAPHTHANATE, MINERAL SPIRITS	D001 D008					150P
11	WASTE METHYL ETHYL KETONE PEROXIDE	D001 U160					10P
12	FILTER BAGS GENERATED FROM INCINERATOR OPERATION	D001 F003					2000P

**XV. COMMENTS (enter information by line number - see instructions)**

GENERATOR ANNUAL REPORT - PART A

ON SITE TREATMENT, STORAGE OR DISPOSAL: Leave items XI and XII blank, enter in item XII "on site." Enclosure also completed BHWI FORM 8700-13B  
 OFF SITE SHIPMENTS: Enter data on the facility to which the shipments were made in items XI to XIII. Use separate sheets for each receiving.

X. GENERATOR'S EPA I.D. NO.

GA 17 D 9 8 0 6 1 5 4 3 9

XIII. FACILITY'S ADDRESS (street or P.O. box, city, state, & zip code)

1007 VULCAN RD.  
 HASKELL BENTON, AR. 72015

XI. FACILITY'S EPA I.D. NO.

ARD 9 B 1 0 5 7 8 7 0

XII. FACILITY NAME (specify)

RIUECO

XIV. WASTE IDENTIFICATION

A. DESCRIPTION OF WASTE

1 COD WAT. LIQUID

B. EPA HAZARDOUS WASTE NUMBER (see instructions)

20011009

D. AMOUNT OF WASTE

50 P

XV. COMMENTS (enter information by line number - see instructions)

GENERATOR ANNUAL REPORT - PART A

ON SITE TREATMENT, STORAGE OR DISPOSAL: Leave items XI and XII blank, enter in item XIII "on file." Enclosure also completed BHWI FORM 8700-138  
 OFF SITE SHIPMENTS: Enter data on the facility to which the shipments were made in items XI to XIII. Use separate sheets for each receiving.

X. GENERATOR'S EPA I.D. NO.

W I D 9 8 0 6 1 5 4 3 9

XI. FACILITY'S EPA I.D. NO.

K Y D 9 8 5 0 7 3 1 9 6

XIII. FACILITY'S ADDRESS (street or P.O. box, city, state, & zip code)

1837 CHAR CAL RD.  
 CALVERT CITY, KY 40029

XII. FACILITY NAME (specify)

LWD, INC

XIV. WASTE IDENTIFICATION

LINE NUMBER	DESCRIPTION OF WASTE	EPA HAZARDOUS WASTE NUMBER (see instructions)		D. AMOUNT OF WASTE
		1	2	
1	WASTE FILTER BAGS FROM INVERTOR OPERATOR	D001	F003	901P
2	WASTE RESIN SOLUTION (CONTAINED, OFF-SPEC (PRODUCED))	D001		54758P
3	INTERFACIAL SLUDGE FROM INVERTOR OPERATOR	D001	F003	22253P
4	RESIN SOLUTION -ACRYLIC RESIN OFF-SPEC, OBTAINED	D001	D035	1501P
5	RAW MATERIAL LIQUIDS -NON HAZ.			697P
6	SOLIDIFIED RESIN -NON-HAZ.			38120P
7	ACETOACETIC ESTER RESIN -NON HAZ.			3578P
8				
9				
10				
11				
12				

XV. COMMENTS (enter information by line number - see instructions)



**HAZARDOUS WASTE REPORT**

Use this form as a cover for all required reports.

**I. TYPE OF HAZARDOUS WASTE REPORT.**

PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31,

PART B: FACILITY ANNUAL REPORT

THIS REPORT FOR YEAR ENDING DEC. 31,

PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE RECEIVED (OUR NO. & YR)

**II. INSTALLATION'S EPA I.D. NUMBER**

EWID 980615439

**III. NAME OF INSTALLATION**

LOK COMPOSITES AND POLYMERS CO

**IV. INSTALLATION MAILING ADDRESS**

STREET OR P.O. BOX

Box 419389

CITY OR TOWN

KANSAS CITY

**V. LOCATION OF INSTALLATION**

STREET OR ROUTE NUMBER

340 RAILROAD ST

CITY OR TOWN

SAUKVILLE

**VI. INSTALLATION CONTACT**

NAME (last and first)

LOTHMAN MICHAEL

**VII. TRANSPORTATION SERVICES USED (for Part A reports only)**

List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

**VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)**

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

**IX. 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

line and imprisonment.

A PRINT OR TYPE NAME

MICHAEL GROMACKI

B SIGNATURE

*Michael Gromacki*

C DATE SIGNED

2-12-2001