

UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address
   MIKE CROOKER
   GENERAL SERVICES ADMINISTRATION
   4300 GOODFELLOW
   ST. LOUIS, MO  63120
   "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"   (314) 263-3001

8. Transporter 1 Company Name
   MIDWEST SANITARY SERVICES
   ILD053980 272
   4349 SOUTHPORT ROAD
   PEORIA, IL  61615
   ITD 000 805 812
   9. Designated Facility Name and Site Address
   PDC #1
   4349 SOUTHPORT ROAD
   PEORIA, IL  61615
   10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
   a. RQ, HAZARDOUS WASTE SOLID, NOS. 9, NA3077,
      PILOT (D008)

12. Containers
   No. Type Total Quantity
   001 CM 0015 Y

13. Unit Of Wt/Vol
   I. Waste No.
   A. EPA HW Number
   D 009
   000 327
   B. EPA HW Number
   000 327
   C. EPA HW Number
   000 327
   14. Handling Codes for Wastes Listed Above
   K.

J. Additional Description for Materials Listed Above
   SHOOTING RANGE SAND/LEAD
   WMDS #30352
   15. Special Handling Instructions and Additional Information
   MAIL TO: SCS ENGINEERS, ATTN: DAVID BREWER
   24 HR. EMG:
   10401 HOLMES RD, STE. 400
   KANSAS CITY, MO  64131

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Date
Month Day Year
10 05 02

17. Transporter 1 Acknowledgement of Receipt of Materials
   Printed/Typed Name
   Chris Andrews
   Signature
   Chris Andrews
   Date
   04 08 03

18. Transporter 2 Acknowledgement of Receipt of Materials
   Printed/Typed Name
   Don Crochet
   Signature
   Don Crochet
   Date
   04 08 03

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
   Printed/Typed Name
   Duane Gray
   Signature
   Duane Gray
   Date
   04 01 03

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1981, Chapter 111.12, Section 1004 and 1021 that this information be authenticated by the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Certification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR
Fingerprint Analysis

Scale Ticket 1070762  Sample No. 49

Destination
Landfill  Stabilization  Solidification/Landfill  WWT

Physical Characteristics:
State: solid  semi-solid  liquid  solid/liquid
Odor: strong  mild  none
Color
pH

Acceptance status:
Conforms  Does not Conform
Accepted  Rejected

Flashpoint: °F  N/A
Water Reactivity:
Generate gasses
Temperature change
Soluble  Insoluble  Slight

Comments

Analyst
Peoria Disposal Company
SCALE TICKET

Customer: 388649 SCS ENGINEERS

Permit: 10030359 SHOOTING RANGE SAND

Job type: TREATMENT

Prod Cd: H. HAZ

Hauler: 58 MIDWEST SANITARY SER

Load ticket:

Schedule:

Manifested

Quantity: 15

Non-Manifested

Quantity:

In

Time: 3:18 PM

Date: 04/10/03

Out

Time: 4:01 PM

Date: 04/10/03

Weight: 56,780

Net: 30,990

Disposal Charges: $-
Extra Charges: $-

Cash Collected: $0.00

Total Charges: $0.00

Color: GRN

Penetrometer: 

Paint Filter: 

PH: 

Truck-Id: 

Driver Signature: 

Custodian: 

Rate: 

Amount: 

Volume Info:

Manifest Number: 10420442

Rejected Units: 

Wastes on-board: 

General Information:

SKU: 1070762

Customer Copy

Peoria, IL 61612-9071
(309) 699-0760
Appendix D
October 4, 2002

David Hempleman, P.E.
SCS ENGINEERS
10401 Holmes Rd., Suite 400
Kansas City, MO  64131

Dear Mr. Hempleman:

We have reviewed your application dated October 2, 2002 requesting approval to discharge up to 700 gallons of wastewater to the Metropolitan St. Louis Sewer District for treatment. This wastewater is generated from the wash down of walls and floors at the General Service Administration building 105 located at 4300 Goodfellow, St. Louis, Missouri. We understand that the wash down is related to remediation of the former shooting range area.

Based on the analytical results, this wastewater meets MSD Ordinance 8472 standards and is approved for discharge into a sanitary sewer on site subject to 0.5 micron filter treatment for lead, as indicated in your application. This approval is valid for 30 days from the date of this letter.

You must be certain the waste is discharged into a sanitary or combined sewer inlet only. This letter does not authorize any discharge to a separate storm sewer, or to any watercourse, as any such discharge would be in violation of state and federal laws. Please notify me at the number below when the discharge is to commence.

This discharge has been approved based upon the information and sample analysis you provided, and is subject to the conditions stated above. This approval may be revoked by the District at any time if any of the information is found to be incorrect, or if the conditions of this approval are violated. Also, if the discharge causes any operational or maintenance problem within the District's collection or treatment system, or results in violations of any conditions of the District's NPDES permit, SCS Engineers and the property owner, U.S. General Service Administration, will be considered responsible for damages.

If you have any questions, please call me at (314) 436-8742.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Roland A. Biehl
Environmental Associate Engineer

Pc: Bernie Rains
APPLICATION FOR SPECIAL DISCHARGE APPROVAL

I. WASTEWATER SOURCE IDENTIFICATION:
Site name: General Service Administration
Premise Address: Building 105, 4300 Goodfellow
City: St. Louis State: MO Zip: 63147
Owner: U.S. General Service Administration
Contact person: Michael P. Crocker
Title: Director
Phone: 314-263-3001 Fax: 314-263-9099

II. APPLICANT (mailing information):
Applicant name: David Hempleman, P.E
Title: Project Manager
Company name: SCS Engineers
Mailing address: 10401 Holmes Rd Suite 400
City: Kansas City State: MO Zip: 64131
Phone: 816-941-7510 Fax: 816-941-5025

III. A. MATERIAL TO BE DISCHARGED (check all applicable boxes):
1. Wastewater description/location: Water resulting from washdown of walls and floors
2. Process/activity generating wastewater: Remediation of former shooting range

3. Physical and chemical composition: List all constituents, and known or potentially present regulated contaminants below.
   □ See separate listing enclosed, and/or □ See analytical results enclosed, and/or □ Material Safety Data Sheet enclosed.

<table>
<thead>
<tr>
<th>Description</th>
<th>Range</th>
<th>Unit</th>
<th>Description (continued)</th>
<th>Range</th>
<th>Unit</th>
</tr>
</thead>
</table>

4. Is this wastewater from a process subject to EPA’s categorical standards in 40 CFR Subchapter N?
   □ Yes □ No

   a. If yes, the applicable standards are in: 40 CFR Part________, Subpart________ □ Existing source □ New source

5. Does this wastewater contain polychlorinated biphenyls, asbestos or radioactive material?
   □ Yes □ No

   a. If yes, describe: Analyses attached: 5.6 mg/L Aroclor 1260 (PCB)

6. Representative sample: □ Laboratory results attached, and/or □ Sample provided (1/2 gallon minimum, clear container)

   a. Sample collection point/location: Open top storage vessels, collection method: hand dipping-composite
   b. Sampler's name/Co.: Brett Engard SCS Engineers Sample date/time: 9-11-02 9:00 a.m.
   c. Attach chain of custody as available

7. Discharge will occur over the following time period: □ < 30 days □ ≥ Two years □ Other: < 24 hrs

   a. Expected total volume of wastewater to be discharged over the time period above: 700 Gallons
   b. Proposed discharge volume: 700 Gallons, at a frequency of: □ One time □ Daily □ Weekly □ Monthly

   □ Once/three months □ Once/six months □ Other:

8. Pretreatment of wastewater prior to discharge: □ None □ Yes, describe: Water will be filtered using

   0.5 um mesh filters prior to discharge

   a. If yes, attach site plan, pretreatment system schematic, and design specifications.

9. Wastewater from a remediation project under: □ Superfund/CERCLA □ RCRA □ Voluntary program □ UST □ Not applicable

   a. If from a remediation project, briefly describe the past and present utilization of the property: Ammunition manufacturing and testing facility

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III. B. MATERIAL FROM UNDERGROUND STORAGE TANK SOURCE

☑ Not applicable (go to Section IV.)

Please answer the following questions if you are requesting to discharge wastewater associated with an underground storage tank system.

1. a. Wastewater from: □ Inside UST(s) □ UST system pit □ Excavation outside UST system pit □ Monitoring well
   □ Groundwater remediation system

   b. UST project involves wastewater from: □ UST(s) closed in place □ UST(s) removed □ Remediation □ Upgrade
   □ Maintenance activities □ Well monitoring □ Other, explain:

   c. If wastewater is from a closure project, how long has UST(s) been out of service: _____ years

2. a. State assigned UST site identification number: ______________________ □ Not applicable

   b. Number of USTs affected: ______ □ Unknown

   c. For the UST(s) involved, their state identification number(s): ______________________ □ Not applicable

   d. Service Station Identification Number, as applicable: ______________________

3. Tank content/former contents: □ Gasoline □ #2 diesel □ Used oil □ Unknown □ Other: ______________________

IV. DISCHARGE LOCATION

1. ☑ On-site. Describe proposed point of entry to sewer and the discharge rate (must be a sanitary or combined sewer): Basement
   Sewer inlet at < __ gpm/min __________________________ Note: Rate of discharge must not surcharge sewer line.

2. □ Haul to MSD Bissell Point Hauled Waste Receiving Station at 10 E. Grand, St. Louis, MO.

   a. Transporters Name: ______________________ and MSD Hauler ID Number: ______________________

   b. Hazardous Waste Certification:

      For wastewater which is hauled to MSD's Bissell Point Hauled Waste Receiving Station, I hereby certify that to the best of my knowledge and belief, the above hauled waste is not classified as a RCRA "hazardous waste" as defined by the MDNR in 10 CSR 25 or USEPA in 40 CFR Part 261.

   Applicant name (print): ______________________

   Signature: ______________________ Date: ______________________

V. APPLICANT SIGNATURE AND CERTIFICATION:

This application must be signed by the applicant: either the source contact, or a contractor or agent directly responsible for site activities.

I hereby certify that I am directly responsible for activities at the site regarding the wastewater to be discharged, and to the best of my knowledge and belief, based on appropriate inquiry, the information in this application is true, complete, and accurate. The samples or analyses submitted are representative of the materials to be discharged. If granted approval to discharge, I agree to abide by the MSD Ordinances, and all applicable federal, state and local regulations. I agree to pay the costs of any pre-approval analyses performed by MSD and to pay any applicable disposal charges for the volume and strength of the wastes discharged.

Applicant name (print): David E. Hempleman

Signature: ______________________ Date: 10-2-02

FOR MSD USE ONLY:

File Name: ______________________ ID No.: ______________________ Sample Point No.: ______________________

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<table>
<thead>
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<th>TEST METHOD</th>
<th>PARAMETER/TEST DESCRIPTION</th>
<th>SAMPLE RESULT</th>
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* In Description = Dry Wgt.
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* In Description = Dry Wgt.