



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
HOST SITE SELF-AUDIT



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME MIDWEST WHOLESALERS, INC.			
ADDRESS 140 STATE HWY. T	CITY BRANSON	STATE MO	ZIP CODE 65616
NEAREST CITY OR TOWN BRANSON		COUNTY TANEY	
TELEPHONE NUMBER (WITH AREA CODE) (417) 348-1400	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (417) 353-3860	FAX NUMBER (WITH AREA CODE) (417) 348-1400	
WEB SITE ADDRESS mwincrecycling.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) midwestwholesalers1@yahoo.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 1	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 17	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Gary DeCloud			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME GARY DECLOUD		TITLE PRESIDENT	
ADDRESS 140 STATE HWY. T	CITY BRANSON	STATE MO	ZIP CODE 65616
TELEPHONE NUMBER (WITH AREA CODE) 417-348-1400	CELL PHONE NUMBER (WITH AREA CODE) 417-353-3860	YEARS IN E-SCRAP BUSINESS 8	

3. PERSON FILLING OUT THIS FORM

NAME GARY DECLOUD	TITLE GARY DECLOUD
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4. TYPE OF FACILITY

CHECK ALL THAT APPLY. ATTACH A DETAILED EXPLANATION OF EACH.

<input type="checkbox"/> Broker	<input type="checkbox"/> Collector	<input type="checkbox"/> Charity/Service
<input type="checkbox"/> Demanufacturer	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Refurbisher/Reseller
<input type="checkbox"/> Transporter	<input type="checkbox"/> Other _____	

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT

1-BOBCAT
1-FORKLIFT
1-ELECTRIC PALLET JACK
1-MANUAL PALLET JACK
2-24' BOX TRUCKS

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

COLLECT AND RECYCLE E-WASTE

7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING?YES NO

IF "NO," OR IF ONLY A PORTION IS DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS?

 Resell 90 % Export 10 %**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

9. SERVICES PROVIDED

CHECK ALL THAT APPLY.

 Hard Drive Erasure/Destruction (Secure Data Destruction) Palletizing and Pickup
 Product Tracking Through Final Disposition Other _____**10. TYPES OF COMPUTER AND PERIPHERALS ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Monitor _____ CD/CDRW Drive _____ Desktop CPU _____
 DVD Drive _____ Floppy Drive _____ Hard Drive _____
 Laptop _____ Modem _____ Notebook _____
 Printer _____ Router _____ Scanner _____
 Speakers _____ Zip Drive _____ Other _____**11. TYPES OF POCKET PC'S ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Battery Back-Up _____ Data Cartridge _____ PC and Digital Camera _____
 Server _____ Other _____**12. TYPES OF COMMUNICATION DEVICES ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Answering Machine _____ Cellular Telephone _____ Corded Telephone _____
 Cordless Telephone _____ Pager _____ Other _____**13. OTHER TYPES OF EQUIPMENT ACCEPTED**

CHECK ALL THAT APPLY. IF THERE IS A COLLECTION FEE, PLEASE INDICATE THE AMOUNT ON THE LINE NEXT TO EACH ITEM

 Adding Machine _____ Fax Machine _____ Photocopier _____
 Multifunction Machine _____ Television _____ Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE MOR000513229	MO ID NUMBER, IF APPLICABLE 040152	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE
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Has your company ever been inspected? YES NO

ATTACH THE FOLLOWING

a. List of all federal, state or local environmental agency inquiries and enforcement actions during the past 5 years.

b. Reports to government agencies during the past 5 years

ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS

<input type="checkbox"/> Air Permit	<input type="checkbox"/> Building Permit	<input checked="" type="checkbox"/> Business Permit
<input type="checkbox"/> Hazardous and Solid Waste Amendments Part II Permit	<input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit	<input type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Resource Recover Certification	<input type="checkbox"/> Solid Waste Permit	<input type="checkbox"/> Storm Water Permit
<input type="checkbox"/> Transportation/Licensure	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Other _____

15. RISK MANAGEMENT

Do you have a Closure Plan? ATTACH A COPY OF THE PLAN YES NO

Do you have General Liability insurance? ATTACH A COPY OF THE POLICY YES Amount \$2,000,000.00 NO

Do you have other types of insurance? YES NO

LIST THE TYPE AND AMOUNT OF COVERAGE AND ATTACH A COPY OF THE POLICY.

16. END-USE MARKETS

Approximately _____% (by weight) of _____ tons per year of all equipment received is landfilled or incinerated for disposal.

ATTACH HANDLING AND PROCESSING DOCUMENTATION, INCLUDING DEMANUFACTURING AND DISPOSITION PROCESS AND REUSE/RECYCLING END MARKETS DOCUMENTATION (Examples: landfill receipts, brokering contracts, recycler contracts, etc.).

Do you export, or broker for export, working used equipment? YES NO

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT.

Do you export, or broker for export, non-working used equipment? YES NO

ATTACH DOCUMENTATION SHOWING THAT YOUR COMPANY OBTAINED CONSENT FROM THE IMPORTING COUNTRY THROUGH THE U.S. EPA, REGION 7 DIRECTOR.

17. CONFIDENTIALITY

Is your Downstream Vendor Information confidential? YES NO

COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.

18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES? INITIALS: GD YES NO

A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN A CERTIFICATION STATEMENT THAT INDICATES THE BUSINESS IS USING THE MOST BEST MANAGEMENT PRACTICES AS ITS STANDARD OPERATING PROCEDURES.

19. DISCLOSURE CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe 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. I am aware that I am responsible for updating this information in a timely manner and will operate within the constraints of Missouri environmental law and regulations.

SIGNATURE [Original Signature on File]	DATE 1-23-15
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PRINTED NAME Gary DeCloud	TITLE President
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Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM, P.O. BOX 176, JEFFERSON CITY, MO 65102-0176 PHONE: 800-361-4827 or 573-751-3176 FAX: 573-526-5268	FOR OFFICE USE ONLY
	DATE RECEIVED

DOWNSTREAM VENDOR INFORMATION

Is your Downstream Vendor Information confidential? YES NO

IF MARKED "NO" ABOVE, THIS SECTION MAY BE POSTED ON THE INTERNET. COMPLETE ONE SECTION BELOW FOR EACH RECYCLING FACILITY USED TO PROCESS MATERIAL. PLEASE SUBMIT ADDITIONAL PAGES IF NEEDED.

FACILITY NAME

ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (WITH AREA CODE)	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)
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WHICH RECYCLING STANDARD DOES THIS FACILITY USE?

Institute of Scrap Recycling Industries EPA's Responsible Recycling (R2) Practices

Other _____

LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.

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