



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME Advanced Distribution		ADDRESS 2608 Gravois Road	
CITY High Ridge	STATE MO	ZIP CODE 63049	TELEPHONE NUMBER (636) 677-1600
2. OWNER (OTHER) NAME Oran Ray Van Beter		TITLE Owner	
TELEPHONE NUMBER (636) 677-1600	CELL PHONE NUMBER (314) 603-5210	FAX NUMBER (636) 677-1600	
WEB SITE ADDRESS www.advcomputers.net		E-MAIL ADDRESS ray@advcomputers.net	

3. PERSON FILLING OUT THIS FORM:
Oran Ray Van Meter

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN High Ridge	COUNTY Jefferson	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Oran Ray Van Meter Jan.2000 to Present		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 2	NUMBER OF VOLUNTEERS 1	YEARS IN E-SCRAP BUSINESS 2

7. SERVICES THIS FACILITY PROVIDES (CHECK ALL THAT APPLY)

Broker Collector Charity/Service Demanufacturer Government
 Refurbisher/Reseller Transporter Other _____

Attach a detailed explanation of each.

8. LIST E-CYCLING EQUIPMENT USED.
2000 Int. 18 Foot box Truck with lift gate, Warehouse Pallet Jacks and shelving, Drill Press for Hard Drive destruction, Scale for weights, Various test equipment for repair and refurbishing of Computers and electronics, including Soldering and De-Soldering Irons.

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
Primarily a refurbisher of computers for resale. We purchase out-dated PC's from Missouri State Surplus and receive drop-of and trade-in PC's from the general public at our High Ridge, Jefferson County facility. Inbound PC's are evaluated and tested for eventual refurb and resale, or De-Manufactured and dismantled by separating all internal components into different receptacles for resale to registered downstream e-scrap vendors. Working CRT Monitors (Black) are tested and resold with refurbished PC's in our facilities Dedicated Sales Area Showroom. non working and White CRT Monitors are palletized with cardboard between layers, shrink wrapped, and transported to registered downstream recyclers. We estimate that 80% of inbound materail is refurbished and sold from our Sales floor. The remaining 20% is De-Manufactured, sorted, sold, and delivered to Registerd Recyclers.

PLEASE RETURN THIS ORIGINAL TO Missouri Department of Natural Resources – Hazardous Waste Program P.O. Box 176 Jefferson City, Missouri 65102-0176 (573) 751-3176	OFFICE USE ONLY DATE RECEIVED MAR 20 2012
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10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO," OR IF ONLY A PORTION ARE DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS? <input checked="" type="checkbox"/> RESELL <u>80</u> % <input type="checkbox"/> EXPORT _____ %	
11. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF "YES," WHAT ITEMS ARE SHREDDED?	
12. WHAT OTHER SERVICES DOES THIS FACILITY PROVIDE? (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> HARD DRIVE ERASURE/DESTRUCTION (SECURE DATA DESTRUCTION)		<input checked="" type="checkbox"/> PALLETIZING AND PICKUP	
<input checked="" type="checkbox"/> PRODUCT TRACKING THROUGH FINAL DISPOSITION		<input type="checkbox"/> OTHER _____	
13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Monitor <u>10.00</u>	<input checked="" type="checkbox"/> CD/CDRW Drive _____	<input checked="" type="checkbox"/> Desktop CPU _____	<input checked="" type="checkbox"/> DVD Drive _____
<input checked="" type="checkbox"/> Floppy Drive _____	<input checked="" type="checkbox"/> Hard Drive _____	<input checked="" type="checkbox"/> Laptop _____	<input checked="" type="checkbox"/> Modem _____
<input checked="" type="checkbox"/> Notebook _____	<input checked="" type="checkbox"/> Printer _____	<input checked="" type="checkbox"/> Router _____	<input checked="" type="checkbox"/> Scanner _____
<input checked="" type="checkbox"/> Speakers _____	<input checked="" type="checkbox"/> Zip Drive _____	<input type="checkbox"/> Other _____	
If there is a collection fee, please indicate the amount on the line next to each item.			
14. TYPES OF POCKET PC'S ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Battery back-up _____	<input checked="" type="checkbox"/> Data Cartridge _____	<input checked="" type="checkbox"/> PC and digital camera _____	<input checked="" type="checkbox"/> Server _____
If there is a collection fee, please indicate the amount on the line next to each item.			
15. TYPES OF COMMUNICATION DEVICES ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Answering Machine _____	<input checked="" type="checkbox"/> Cellular Telephone _____	<input checked="" type="checkbox"/> Corded Telephone _____	<input checked="" type="checkbox"/> Cordless Telephone _____
<input checked="" type="checkbox"/> Pager _____	<input type="checkbox"/> Other _____		
If there is a collection fee, please indicate the amount on the line next to each item.			
16. OTHER TYPES OF EQUIPMENT ACCEPTED (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/> Adding Machine _____	<input checked="" type="checkbox"/> Fax Machine _____	<input checked="" type="checkbox"/> Photocopier _____	<input checked="" type="checkbox"/> Multifunction Machine _____
<input checked="" type="checkbox"/> Television <u>15.00</u>	<input type="checkbox"/> Other _____		
If there is a collection fee, please indicate the amount on the line next to each item.			
SECTION B: COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS			
17. EPA IDENTIFICATION NO., IF APPLICABLE MOR000541573	MISSOURI IDENTIFICATION NO., IF APPLICABLE 044292	RESOURCE RECOVERY CERTIFICATION NO., IF APPLICABLE	
18. HAS YOUR COMPANY EVER BEEN INSPECTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. FEDERAL, STATE AND LOCAL ENVIRONMENTAL LAW COMPLIANCE HISTORY. ATTACH THE FOLLOWING INFORMATION 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			
20. ATTACH DOCUMENTATION OF ALL REQUIRED PERMITS			
<input type="checkbox"/> Air Permit	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Business Permit	<input checked="" type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Missouri Hazardous Waste Management Facility Part I Permit	<input type="checkbox"/> Hazardous and Solid Waste Amendments Part II Permit	<input type="checkbox"/> Storm Water Permit	<input type="checkbox"/> Transportation/Licensure
<input type="checkbox"/> Resource Recovery Certification	<input type="checkbox"/> Solid Waste Permit	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Zoning Permit			
SECTION C: END-USE MARKETS			
21. Approximately <u>0</u> % (by weight) of _____ tons per year of all equipment received is landfilled or incinerated for disposal. Attach handling and processing documentation, including the demanufacturing and disposition process and reuse/recycling end markets documentation (examples: landfill receipts, brokering contracts, recycler contracts, etc).			
22. DO YOU EXPORT, OR BROKER FOR EXPORT, WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT		
23. DO YOU EXPORT, OR BROKER FOR EXPORT, NON-WORKING USED EQUIPMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach documentation showing that your company obtained consent from the importing country through the U.S. EPA, Region 7 Director.			
24. Attach documentation from your downstream vendors showing their management procedures and their respective downstream vendors.			

SECTION D: RISK MANAGEMENT

25. DO YOU HAVE A CLOSURE PLAN?

Yes No

Attach a copy of the plan.

26. DO YOU HAVE GENERAL LIABILITY INSURANCE?

Yes No Amount of Coverage 73,200

Attach a copy of the policy.

27. DO YOU HAVE OTHER TYPES OF INSURANCE?

Yes No

List the type and amount of coverage and attach a copy of the policy.

Auto policy for 2000 Box Truck

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

3/20/2012

PRINTED NAME

Oran Ray Van Meter

TITLE

Owner