



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME Didion Orf Recycling, Inc.		ADDRESS 206 Didion Drive	
CITY St. Peters	STATE MO	ZIP CODE 63376	TELEPHONE NUMBER (636) 397-6060
2. OWNER (OTHER) NAME Luke Weaver		TITLE Electronics Manager	
TELEPHONE NUMBER (636) 397-6060	CELL PHONE NUMBER (618) 567-9728	FAX NUMBER (636) 278-1165	
WEB SITE ADDRESS www.didionorfrecycling.com		E-MAIL ADDRESS lweaver@didionorfrecycling.com	

3. PERSON FILLING OUT THIS FORM:
Luke Weaver

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN St. Peters	COUNTY St. Charles	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Susan and Dean Orf		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 35	NUMBER OF VOLUNTEERS 0	YEARS IN E-SCRAP BUSINESS 3

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.
Mechanical Degausser, testing equipment

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
Please see Didion Orf Recycling's FM management Plan for a detailed overview of how material passes through our facility. I have also attached work instructions for how material is handled at our facility. We are pursuing a Level 4.

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 JAN 02 2013

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>10</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)

HARD DRIVE ERASURE/DESTRUCTION (SECURE DATA DESTRUCTION) PALLETIZING AND PICKUP

PRODUCT TRACKING THROUGH FINAL DISPOSITION OTHER collection events

13. TYPES OF COMPUTERS AND PERIPHERALS ACCEPTED (CHECK ALL THAT APPLY)

Monitor 10.00 CD/CDRW Drive _____ Desktop CPU _____ DVD Drive _____

Floppy Drive _____ Hard Drive _____ Laptop _____ Modem _____

Notebook _____ Printer _____ Router _____ Scanner _____

Speakers _____ Zip Drive _____ 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)

Battery back-up _____ Data Cartridge _____ PC and digital camera _____ 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)

Answering Machine _____ Cellular Telephone _____ Corded Telephone _____ Cordless Telephone _____

Pager _____ 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)

Adding Machine _____ Fax Machine _____ Photocopier _____ Multifunction Machine _____

Television 0.40 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 MOR000513069	MISSOURI IDENTIFICATION NO., IF APPLICABLE 039932	RESOURCE RECOVERY CERTIFICATION NO., IF APPLICABLE R2-C2012-02516 RIOS-C2012-02518
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18. HAS YOUR COMPANY EVER BEEN INSPECTED?
 Yes 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

Air Permit Building Permit Business Permit Occupancy Permit

Missouri Hazardous Waste Management Facility Part I Permit Hazardous and Solid Waste Amendments Part II Permit

Resource Recovery Certification Solid Waste Permit Storm Water Permit Transportation/Licensure

Zoning Permit Other _____

SECTION C: END-USE MARKETS

21. Approximately 0 % (by weight) of 0 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?
 Yes No

LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT

23. 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.

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 6,000,000.00

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.

Pollution coverage- 1,000,000.00

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

12/17/2012

PRINTED NAME

Luke D Weaver

TITLE

Electronics Manager