



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



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME EPC, Inc.			
ADDRESS 4025 Lakefront Court	CITY Earth city	STATE MO	ZIP CODE 63045
NEAREST CITY OR TOWN Earth City		COUNTY St. Louis	
TELEPHONE NUMBER (WITH AREA CODE) (314) 344-0096	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (314) 974-4286	FAX NUMBER (WITH AREA CODE) (314) 344-0071	
WEB SITE ADDRESS www.epcusa.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) dave.beal@epcusa.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 42	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 10	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Cornerstone Industrial fund I L L C			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME EPC, Wholly-owned Subsidiary of CSI Leasing	TITLE		
ADDRESS 3941 Harry S Truman Blvd	CITY St. Charles	STATE MO	ZIP CODE 63301
TELEPHONE NUMBER (WITH AREA CODE) 636-443-1999	CELL PHONE NUMBER (WITH AREA CODE) 314-974-4286	YEARS IN E-SCRAP BUSINESS 10	

3. PERSON FILLING OUT THIS FORM

NAME Vice President	TITLE Vice President
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4. TYPE OF FACILITY

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

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

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT
See attached

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

See attached

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 70 % Export _____ %**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES NO

IF "YES," WHAT ITEMS ARE SHREDDED?

Hard Drives and other data bearing devices

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: MOR000519801
MO ID NUMBER, IF APPLICABLE: _____
RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE: _____

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 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 checked="" type="checkbox"/> Other <u>Recycling Permit</u>

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 _____ NO

Do you have other types of insurance? YES NO

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

16. END-USE MARKETS

Approximately 1.00 % (by weight) of 1,539.70 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: dwb 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: 2/16/16

PRINTED NAME: David W. Beal TITLE: Vice President

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: FEB 16 2016

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 Wallach Iron and Metal			
ADDRESS 6670 St. Charles Rock Road	CITY St. Louis	STATE MO	ZIP CODE 63133
TELEPHONE NUMBER (WITH AREA CODE) (314) 389-1129		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	

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.
Steel, Aluminum, Transformers, Motors

FACILITY NAME Total Metal Recycling			
ADDRESS 2684 Missouri Ave	CITY Granite City	STATE IL	ZIP CODE 62040
TELEPHONE NUMBER (WITH AREA CODE) (618) 877-0585		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	

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.
Printed Circuit Boards, Copper, Yokes, Lead Acid Batteries, Power Supplies, Shredded Hard Drives, CD-ROMs

FACILITY NAME The Doe Run Company - Resource Recycling			
ADDRESS 18594 Highway KK	CITY Boss	STATE MO	ZIP CODE 65440-9501
TELEPHONE NUMBER (WITH AREA CODE) (573) 626-4813		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	

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.
CRT Glass

FACILITY NAME Shaw Brothers Co., Inc.			
ADDRESS 510 Pearl St.	CITY New Albany	STATE IN	ZIP CODE 47150
TELEPHONE NUMBER (WITH AREA CODE) (812) 949-5050		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	

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.
Plastic

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FACILITY NAME
Lamptraker - Waste Management

ADDRESS: 109 Twenty Nine Court
CITY: Williamston STATE: SC ZIP CODE: 29697

TELEPHONE NUMBER (WITH AREA CODE): (864) 847-7700
ALTERNATE TELEPHONE NUMBER (WITH AREA CODE):

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.
Fluorescent Lights

FACILITY NAME
Call2Recycle - Inmetco

ADDRESS: 1 Inmetco Drive
CITY: Ellwood City STATE: PA ZIP CODE: 16117

TELEPHONE NUMBER (WITH AREA CODE): (724) 758-5515
ALTERNATE TELEPHONE NUMBER (WITH AREA CODE):

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.
Rechargeable Batteries

FACILITY NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER (WITH AREA CODE) ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)

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.

FACILITY NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER (WITH AREA CODE) ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)

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.