



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



**NOTE ▶ PLEASE EITHER PRINT OR TYPE**

**FACILITY INFORMATION**

1. FACILITY NAME Midwest Wholesalers, Inc.		ADDRESS 140 State Hwy. T	
CITY Branson	STATE MO	ZIP CODE 65616	TELEPHONE NUMBER (417) 348-1400
2. OWNER (OTHER) NAME Gary C. DeCloud		TITLE President	
TELEPHONE NUMBER (417) 348-1400	CELL PHONE NUMBER (417) 353-3860	FAX NUMBER (417) 348-1400	
WEB SITE ADDRESS mwincrecycling.com		E-MAIL ADDRESS midwestwholesalers@yahoo.com	

3. PERSON FILLING OUT THIS FORM:  
Gary C. DeCloud

**SECTION A: GENERAL COMPANY INFORMATION**

4. NEAREST CITY OR TOWN Branson	COUNTY Taney	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Gary C. DeCloud		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 6	NUMBER OF VOLUNTEERS 0	YEARS IN E-SCRAP BUSINESS 8

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.

- Forklifts
- Pallet Jacks
- Hard Drive Eraser
- Wire Stripper
- Elect. Pallet jacks
- 3- Box Trucks

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.

Pick up & recycle all electronic equipment including computers, monitors, TV's, etc.

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	<b>OFFICE USE ONLY</b>
	DATE RECEIVED  DEC 20 2012

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>5</u> % <input checked="" 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 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 _____ <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 _____		
<b>If there is a collection fee, please indicate the amount on the line next to each item.</b>		
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 _____		
<b>If there is a collection fee, please indicate the amount on the line next to each item.</b>		
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 _____		
<b>If there is a collection fee, please indicate the amount on the line next to each item.</b>		
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>10.00</u> <input type="checkbox"/> Other _____		
<b>If there is a collection fee, please indicate the amount on the line next to each item.</b>		
<b>SECTION B: COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS</b>		
17. EPA IDENTIFICATION NO., IF APPLICABLE MOR000516229	MISSOURI IDENTIFICATION NO., IF APPLICABLE 040152	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 checked="" type="checkbox"/> Business Permit <input 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"/> Resource Recovery 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 _____		
<b>SECTION C: END-USE MARKETS</b>		
21. Approximately <u>0</u> % (by weight) of <u>0</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIST WHAT COUNTRIES ARE YOUR PRIMARY MARKETS FOR USED EQUIPMENT Pakistan	
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 2,000,000.00

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.

1. Truck
2. Auto
3. Building
4. Workman's Comp.

**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

12-17-12

PRINTED NAME

Gary DeCloud

TITLE

President