



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME MRC Recycling		ADDRESS 2007 Southern Expressway	
CITY Cape Girardeau	STATE MO	ZIP CODE 63703	TELEPHONE NUMBER (573) 335-2020
2. OWNER (OTHER) NAME Tony Krieg		TITLE Owner	
TELEPHONE NUMBER (314) 200-9017	CELL PHONE NUMBER (314) 200-9017	FAX NUMBER (314) 200-9017	
WEB SITE ADDRESS www.midwrc.net		E-MAIL ADDRESS info@midwrc.net	

3. PERSON FILLING OUT THIS FORM:
Ryan Wilkey

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN Jackson, MO	COUNTY USA	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Tony Krieg and Jeff Porter have owned MRC Recycling for 11 years.		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 1	NUMBER OF VOLUNTEERS N/A	YEARS IN E-SCRAP BUSINESS 11

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.
No equipment is used at this location as it is used for drop-off and retail center

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.
Collection, assessment, and retail of electronics and appliances. Material from this facility is shipped to our level 4 facility in Park Hills, Missouri to be demanufactured to component level.

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 16 2013

10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input type="checkbox"/> YES <input checked="" 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) <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 _____ <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 _____ <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 MOR000533174	MISSOURI IDENTIFICATION NO., IF APPLICABLE 043500	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 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 _____		
SECTION C: END-USE MARKETS		
21. Approximately <u>1</u> % (by weight) of <u>300</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 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 2 mil

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 million dollar pollution insurance policy
Workers Compensation

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

1/10/2013

PRINTED NAME

Tony Krieg

TITLE

Co-owner