



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



**NOTE: PLEASE PRINT OR TYPE.**

**1. FACILITY INFORMATION**

|  |   |   |                   |
|--|---|---|-------------------|
| FACILITY NAME<br>Nilo Trading LLC  |   |   |                   |
| ADDRESS<br>7500 Vulcan   | CITY<br>St. Louis   | STATE<br>MO   | ZIP CODE<br>63111 |
| NEAREST CITY OR TOWN   |   | COUNTY  |                   |
| TELEPHONE NUMBER (WITH AREA CODE)<br>636-544-5316  | ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)<br>314-396-2367 | FAX NUMBER (WITH AREA CODE)<br>NA                                   |                   |
| WEB SITE ADDRESS<br>nilotechcycling.com  |   | EMAIL ADDRESS (FOR GENERAL INQUIRIES)<br>justin@nilotechcycling.com |                   |
| NUMBER OF EMPLOYEES (FULL AND PART TIME)<br>2  | NUMBER OF VOLUNTEERS<br>0                                   | YEARS IN BUSINESS<br>3  |                   |
| OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS)<br>(current)<br>Chad Nilhas 60%<br>Justin Nilhas 40% |   |   |                   |

**2. CURRENT OWNER INFORMATION**

|   |   |                                |                   |
|---|---|--------------------------------|-------------------|
| OWNER (OTHER) NAME<br>Chad Nilhas                 | TITLE<br>owner                          |                                |                   |
| ADDRESS<br>3 Fern Dr.                             | CITY<br>St. Charles                     | STATE<br>MO                    | ZIP CODE<br>63304 |
| TELEPHONE NUMBER (WITH AREA CODE)<br>636-466-4664 | CELL PHONE NUMBER (WITH AREA CODE)<br>- | YEARS IN E-SCRAP BUSINESS<br>3 |                   |

**3. PERSON FILLING OUT THIS FORM**

|                       |                |
|-----------------------|----------------|
| NAME<br>Justin Nilhas | TITLE<br>owner |
|-----------------------|----------------|

**4. TYPE OF FACILITY**

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

|  |   |  |
|--|---|--|
| <input 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

Collector - we take and receive electronic waste.  
 Transporter - Nilo picks up materials from clients.  
 Demanufacturer - Small amount of demanufacturing materials to fit into categories for sale.  
 Reseller - sell the materials for recycling or parts.

**6. EXPLANATION OF FACILITY OPERATIONS**

PLEASE GIVE DETAILED STEPS.

1. Acquire electronic waste by purchasing and donations.
2. Separate and categorize the types of materials.
3. Sell or dispose of materials.

**7. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMAUFACTURING?**YES  NO 

IF "NO," OR IF ONLY A PORTION IS DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS?

 Resell 90 %  Export \_\_\_\_\_ %
**8. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY SHREDDING?**YES  NO 

IF "YES," WHAT ITEMS ARE SHREDDED?

**9. SERVICES PROVIDED**

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 _____                       |

**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

- |   |   |  |
|---|---|--|
| <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 checked="" type="checkbox"/> Other <u>telecom</u> _____ |

**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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Battery Back-Up _____ | <input type="checkbox"/> Data Cartridge _____ | <input checked="" type="checkbox"/> PC and Digital Camera _____ |
| <input checked="" type="checkbox"/> Server _____          | <input type="checkbox"/> 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

- |  |  |  |
|--|--|--|
| <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 _____                       |

**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

- |   |   |   |
|---|---|---|
| <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>sometimes</u> _____ | <input type="checkbox"/> Other _____                  |

**14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS**

|  |                                       |   |
|--|---------------------------------------|---|
| EPA ID NUMBER, IF APPLICABLE<br>MOR000550236 | MO ID NUMBER, IF APPLICABLE<br>045168 | 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 type="checkbox"/> Other _____        |

**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 500 K \_\_\_\_\_ NO

Do you have other types of insurance? YES  NO

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

Commercial Truck Insurance - 250 K bodily injury (per person)  
500 K bodily injury (Per accident)  
100 K property damage

**16. END-USE MARKETS**

Approximately 10.00 % (by weight) of 110.00 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: JN 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<br>[Original Signature on file] | DATE<br>3-2-15 |
|---|----------------|

|                               |                |
|-------------------------------|----------------|
| PRINTED NAME<br>Justin Nilhas | TITLE<br>owner |
|-------------------------------|----------------|

|   |   |
|---|---|
| Mail completed copy to:<br>MISSOURI DEPARTMENT OF NATURAL RESOURCES,<br>HAZARDOUS WASTE PROGRAM,<br>P.O. BOX 176, JEFFERSON CITY, MO 65102-0176<br>PHONE: 800-361-4827 or 573-751-3176<br>FAX: 573-526-5268 | <b>FOR OFFICE USE ONLY</b><br>DATE RECEIVED<br><b>MAR 06 2015</b> |
|---|---|

**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<br><b>Didion Orf Recycling</b>   |                           |  |                          |
| ADDRESS<br><b>206 Didion Dr.</b>   | CITY<br><b>St. Peters</b> | STATE<br><b>MO</b>   | ZIP CODE<br><b>63376</b> |
| TELEPHONE NUMBER (WITH AREA CODE)<br><b>636-397-6060</b>   |                           | ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)<br><b>800-466-6560</b> |                          |
| WHICH RECYCLING STANDARD DOES THIS FACILITY USE?<br><input checked="" type="checkbox"/> Institute of Scrap Recycling Industries <input checked="" type="checkbox"/> EPA's Responsible Recycling (R2) Practices<br><input type="checkbox"/> Other _____ |                           |  |                          |
| LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.<br><b>Hard-drives, mother boards, power supply, Ram, Tv's, batteries (lead acid &amp; lithium), computers, telecom, floppy, CRTs, laptops</b>   |                           |  |                          |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| FACILITY NAME<br><b>Southern Metal Processing</b>   |                          |  |                          |
| ADDRESS<br><b>6400 S. Broadway</b>  | CITY<br><b>St. Louis</b> | STATE<br><b>MO</b>                                       | ZIP CODE<br><b>63111</b> |
| TELEPHONE NUMBER (WITH AREA CODE)<br><b>314-481-2800</b>  |                          | ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)<br><b>NA</b> |                          |
| WHICH RECYCLING STANDARD DOES THIS FACILITY USE?<br><input checked="" type="checkbox"/> Institute of Scrap Recycling Industries <input type="checkbox"/> EPA's Responsible Recycling (R2) Practices<br><input type="checkbox"/> Other _____ |                          |  |                          |
| LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.<br><b>steel, copper, printers, stainless steel, brass</b>  |                          |  |                          |

|  |      |   |          |
|--|------|---|----------|
| 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?<br><input type="checkbox"/> Institute of Scrap Recycling Industries <input type="checkbox"/> EPA's Responsible Recycling (R2) Practices<br><input type="checkbox"/> 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?<br><input type="checkbox"/> Institute of Scrap Recycling Industries <input type="checkbox"/> EPA's Responsible Recycling (R2) Practices<br><input type="checkbox"/> Other _____ |      |   |          |
| LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.   |      |   |          |