



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



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME All Points Recycling, LLC			
ADDRESS 800 West 10th ST	CITY Cassville	STATE MO	ZIP CODE 65625
NEAREST CITY OR TOWN Cassville		COUNTY Barry	
TELEPHONE NUMBER (WITH AREA CODE) (417) 847-4258	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (417) 847-4249	FAX NUMBER (WITH AREA CODE) (417) 847-4249	
WEB SITE ADDRESS www.allpointsrecycling.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) leslie@allpointsrecycling.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 12	NUMBER OF VOLUNTEERS 0	YEARS IN BUSINESS 10	

OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS)

All PPoints Recycling, LLC, is a recycling company that was opened in April of 2006. All Points started as a brokerage business with the two owners, Brenda Fletcher and Leslie Smith, brokering recycled materials nationwide.

In June of 2008, All Points Recycling opened a processing facility in Cassville, Missouri. The processing facility is currently staying extremely busy with nine different pieces of processing equipment.

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME Brenda Fletcher		TITLE Owner	
ADDRESS 1603 Main St.	CITY Cassville	STATE MO	ZIP CODE 65625
TELEPHONE NUMBER (WITH AREA CODE) 417-847-4248	CELL PHONE NUMBER (WITH AREA CODE) 417-847-7071	YEARS IN E-SCRAP BUSINESS 1	

3. PERSON FILLING OUT THIS FORM

NAME Co-Owner, Director of Sales and Marketing	TITLE Co-Owner, Director of Sales and Marketing
---	--

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 type="checkbox"/> Demanufacturer	<input type="checkbox"/> Government	<input type="checkbox"/> Refurbisher/Reseller
<input checked="" type="checkbox"/> Transporter	<input checked="" type="checkbox"/> Other <u>Recycler</u>	

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT

Hand tools
Drill
Forklift
Truck

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

The scrap will come into the facility then will be separated in to the proper been. After it is sorted the scrap will be broken down and taken apart then placed into different boxes. It will then be recycled domesticity.

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 100 % 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.

Hard Drive Erasure/Destruction (Secure Data Destruction) Palletizing and Pickup
 Product Tracking Through Final Disposition Other Disassembling

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 10.00 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 \$10.00 Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE MOR000553198	MO ID NUMBER, IF APPLICABLE 045463	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 \$2,000,000.00 NO

Do you have other types of insurance? YES NO

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

Contents coverage on the plant, auto/truck/trailer ins, building ins., workman's comp ins.

16. END-USE MARKETS

Approximately 0.00 % (by weight) of 0.00 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: LDS 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 1-7-16
---	----------------

PRINTED NAME Leslie Smith	TITLE VP, Director of Sales and Marketing
------------------------------	--

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 JAN 11 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
eSCO

ADDRESS 2111 S.8th st	CITY Rogers	STATE AR	ZIP CODE 72758
--------------------------	----------------	-------------	-------------------

TELEPHONE NUMBER (WITH AREA CODE) (479) 270-3556	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (479) 899-6443
---	---

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.

All E-waste scrap, boards, hard drives, printers, PC units, monitors, TV's, all electronics, wires, cell phones, office phones
eSCO is certified to take e-waste, e-scrap items.

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.

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.