



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



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

| | | | |
|--|---|---|-------------------|
| FACILITY NAME Meredith Used Car Sales & Recycling LLC | | | |
| ADDRESS 207 East 2 nd Street | CITY Montrose | STATE MO | ZIP CODE 64770 |
| NEAREST CITY OR TOWN Montrose, Mo | | COUNTY Henry | |
| TELEPHONE NUMBER (WITH AREA CODE) (660) 693-2334 | ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) | FAX NUMBER (WITH AREA CODE) (660) 693-2386 | |
| WEB SITE ADDRESS www.meredithsrecycling.com | | EMAIL ADDRESS (FOR GENERAL INQUIRIES) meredith_recycling_64770@yahoo.com | |
| NUMBER OF EMPLOYEES (FULL AND PART TIME) 10 | NUMBER OF VOLUNTEERS 0 | YEARS IN BUSINESS 18 | |

OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS)
Roy Meredith started Meredith Used Car Sales & Recycling in 1996. He has operated the business continuously throughout the business' lifespan.

2. CURRENT OWNER INFORMATION

| | | | |
|---|------------------------------------|---|-------------------|
| OWNER (OTHER) NAME Roy Meredith | TITLE owner | | |
| ADDRESS 207 East 2 nd Street | CITY Montrose | STATE MO | ZIP CODE 64770 |
| TELEPHONE NUMBER (WITH AREA CODE) 6606932334 | CELL PHONE NUMBER (WITH AREA CODE) | YEARS IN E-SCRAP BUSINESS 6606932386 | |

3. PERSON FILLING OUT THIS FORM

| | |
|-----------------------------|------------------------------|
| NAME Roy Meredith, owner | TITLE Roy Meredith, 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 type="checkbox"/> Demanufacturer | <input type="checkbox"/> Government | <input type="checkbox"/> Refurbisher/Reseller |
| <input type="checkbox"/> Transporter | <input type="checkbox"/> Other _____ | |

5. E-CYCLING EQUIPMENT USED

LIST ALL EQUIPMENT
Normal hand tools, such as screw driver, wire cutters, pliers, etc.

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

Electronic waste will be collected and/or purchased from the public. Items will be sorted and prepared for shipment. Some items (such as towers and servers) will be demanufactured for the purpose of further separating components. Other items (such as monitors, tvs, laptops, cellphones) will be collected and shipped as whole units; no demanufacturing processes will occur. All focus materials will be sold to an end-market that is R2/Rios certified.

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

IF "NO," OR IF ONLY A PORTION IS DEMAUFACTURED, 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 _____
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 <u>\$10.00</u> | <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 _____ |

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 \$0.30 Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

| | | |
|--|---------------------------------------|---|
| EPA ID NUMBER, IF APPLICABLE MOR000548552 | MO ID NUMBER, IF APPLICABLE 044999 | 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 checked="" 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 checked="" type="checkbox"/> Storm Water Permit |
| <input checked="" type="checkbox"/> Transportation/Licensure | <input type="checkbox"/> Zoning Permit | <input checked="" type="checkbox"/> Other <u>salvage and dealers license</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 \$1,000,000.0 NO

Do you have other types of insurance? YES NO

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

Work Comp MEM 2006941-00

16. END-USE MARKETS

Approximately 0.00 % (by weight) of 3.00 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? YES NO INITIALS: _____

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 PROCEDURE.

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 7/30/2014 |
|---|-------------------|

| | |
|------------------------------|----------------|
| PRINTED NAME Roy Meredith | TITLE Owner |
|------------------------------|----------------|

| | |
|---|--|
| 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 JULY 30 2014 |
|---|--|

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
Didion-Orf Recycling

| | | | |
|-----------------------------|--------------------|-------------|-------------------|
| ADDRESS 206 Didion Drive | CITY St. Peters | STATE MO | ZIP CODE 63376 |
|-----------------------------|--------------------|-------------|-------------------|

| | |
|---|---|
| TELEPHONE NUMBER (WITH AREA CODE) (636) 397-6060 | ALTERNATE TELEPHONE NUMBER (WITH AREA CODE) (800) 466-6560 |
|---|---|

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.
Circuit boards, disk drives, hard drives, rechargeable batteries. Whole monitors, tv's, cell phones, laptops.

FACILITY NAME

| | | | |
|---------|------|-------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
|---------|------|-------|----------|

| | |
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