

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



NOTE: PLEASE PRINT OR TYPE.

1. FACILITY INFORMATION

FACILITY NAME Finley River Recycling			
ADDRESS 1462 N Broadway	CITY Springfield	STATE Mo	ZIP CODE 65802-1776
NEAREST CITY OR TOWN Springfield		COUNTY Greene	
TELEPHONE NUMBER (WITH AREA CODE) 417-379-0718	ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	
WEB SITE ADDRESS FinleyRiverRecycling.com		EMAIL ADDRESS (FOR GENERAL INQUIRIES) nick@finleyriverrecycling.com	
NUMBER OF EMPLOYEES (FULL AND PART TIME) 1	NUMBER OF VOLUNTEERS 1	YEARS IN BUSINESS 0	
OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Filey River Recycling was Founded in 2018 by Nicholas Mesick.			

2. CURRENT OWNER INFORMATION

OWNER (OTHER) NAME Nicholas Mesick		TITLE Owner/Operator	
ADDRESS 1462 N Broadway	CITY Springfield	STATE MO	ZIP CODE 65802-1776
TELEPHONE NUMBER (WITH AREA CODE) 417-379-0718	CELL PHONE NUMBER (WITH AREA CODE) 417-379-0718	YEARS IN E-SCRAP BUSINESS 2	

3. PERSON FILLING OUT THIS FORM

NAME Nicholas Mesick, Owner/Operator	TITLE Nicholas Mesick, Owner/Operator
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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
Hand Drills, Pallet Jack, Forklift at off site operations, Secure Data Destruction and Analytic Software for Data Security.

RECEIVED

NOV 20 2018

Hazardous Waste Program
MO Depart. of Natural Resources

6. EXPLANATION OF FACILITY OPERATIONS

PLEASE GIVE DETAILED STEPS.

Finley River Recycling strives to prevent reusable materials from populating landfills by utilizing two processes; Re-using/ Refurbishing items that still have use, and demanufacturing end of life electronics for commodities. These two processes are detailed in steps below.

Demanufacture Process: Purchase, Pickup/Accept End of Life/Unwanted Electronics, Sort into like items, Inventory, Demanufacture, Sort by commodity, Scrap/Sell.

Reuse/Sell Process: Purchase, Pickup/Accept End of Life/Unwanted Electronics, Sort into like items, Inventory, Sell.

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 20 % 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 Certificates of Destruction

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 _____
- 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 _____
- Other _____

14. COMPLIANCE WITH OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY LAWS

EPA ID NUMBER, IF APPLICABLE	MO ID NUMBER, IF APPLICABLE	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE
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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 1,000,000 NO

Do you have other types of insurance? YES NO

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

General Aggregate \$1 2,000,000
Data Breach \$1 25,000

16. END-USE MARKETS

Approximately 0 % (by weight) of 1 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

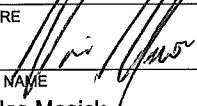
COMPLETE THE VENDOR INFORMATION FORM ATTACHED TO THIS FORM.

18. DO YOU AGREE TO ADOPT THE MISSOURI E-CYCLE STANDARDS' BEST MANAGEMENT PRACTICES AS YOUR STANDARD OPERATING PROCEDURES? INITIALS: NM 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 	DATE 11-15-2018
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PRINTED NAME Nicholas Mesick	TITLE Owner/Operator
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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
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DOWNSTREAM VENDOR INFORMATION			
Is your Downstream Vendor Information confidential?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (WITH AREA CODE)		ALTERNATE TELEPHONE NUMBER (WITH AREA CODE)	
WHICH RECYCLING STANDARD DOES THIS FACILITY USE?			
<input type="checkbox"/> Institute of Scrap Recycling Industries		<input type="checkbox"/> EPA's Responsible Recycling (R2) Practices	
<input type="checkbox"/> Other _____			
LIST THE MATERIALS THAT WILL BE SENT TO THIS FACILITY.			
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