



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



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

| | | | |
|--|-------------------|--|------------------------------------|
| 1. FACILITY NAME Didion Orf Recycling | | ADDRESS 206 Didion Dr. | |
| CITY St. Peters | STATE MO | ZIP CODE 63376 | TELEPHONE NUMBER (636) 397-6060 |
| 2. OWNER (OTHER) NAME Adam Orf | | TITLE Operations Manager | |
| TELEPHONE NUMBER (636) 397-6060 | CELL PHONE NUMBER | | FAX NUMBER (636) 278-1165 |
| WEB SITE ADDRESS www.didionorfrecycling.com | | E-MAIL ADDRESS adamorf@centurytel.net | |

3. PERSON FILLING OUT THIS FORM:
Adam Orf

SECTION A: GENERAL COMPANY INFORMATION

| | | |
|--|---------------------------|---------------------------------|
| 4. NEAREST CITY OR TOWN St. Peters | COUNTY St. Charles | |
| 5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Dean and Susan Orf | | |
| 6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 30 | NUMBER OF VOLUNTEERS 0 | YEARS IN E-SCRAP BUSINESS 10 |

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.

Dismantling Equipment, Data Destruction

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.

When material is brought into our facility or picked up from a customer, material is sorted and graded before weighted. After material is graded and sorted, material is weighted in an itemized fashion with weights visible to the customer. After the weighing process and payment for material, component materials are placed in their specific gay lord boxes. CRT Monitors and Televisions are pelletized and shrinkwrapped with cardboard in between each layer, no more than three tiers high. After a pallet is complete it is weighted and dated then inventoried and placed in storage. Broken CRT's are not accepted at our facility. Whole units like PC towers, servers, and laptops, are pelletized and taken to the dismantling area of our facility. In this area units are stripped down to component level and all items are recycled. Hard drives, that are not physically destroyed are sent to Sims Recycling Solutions, for military grade hard drive wipe.

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

| | | |
|--|--|--|
| 10. DO YOU PROCESS EQUIPMENT AND COMPONENTS BY DEMANUFACTURING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | IF "NO," OR IF ONLY A PORTION ARE DEMANUFACTURED, WHAT DO YOU DO WITH THE EQUIPMENT AND COMPONENTS? <input type="checkbox"/> RESELL _____% <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 <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 <u>0.10</u> <input checked="" type="checkbox"/> Router _____ <input checked="" type="checkbox"/> Scanner <u>0.10</u> <input checked="" type="checkbox"/> Speakers <u>0.10</u> <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 <u>0.10</u> <input checked="" type="checkbox"/> Cellular Telephone _____ <input checked="" type="checkbox"/> Corded Telephone <u>0.10</u> <input checked="" type="checkbox"/> Cordless Telephone <u>0.10</u> <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 <u>0.10</u> <input checked="" type="checkbox"/> Fax Machine <u>0.10</u> <input checked="" type="checkbox"/> Photocopier <u>0.10</u> <input checked="" type="checkbox"/> Multifunction Machine <u>0.10</u> <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 | MISSOURI IDENTIFICATION NO., IF APPLICABLE 1758963-1 | 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 checked="" type="checkbox"/> Building Permit <input checked="" type="checkbox"/> Business Permit <input checked="" 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 checked="" type="checkbox"/> Transportation/Licensure <input checked="" type="checkbox"/> Zoning Permit <input type="checkbox"/> Other _____ | | |
| SECTION C: END-USE MARKETS | | |
| 21. Approximately ____% (by weight) of _____ 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 _____

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.

Asset Insurance

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

12/15/2010

PRINTED NAME

Adam Orf

TITLE

Operations Manager