



NOTE ▶ PLEASE EITHER PRINT OR TYPE

FACILITY INFORMATION

1. FACILITY NAME WITS		ADDRESS 647 E Holly	
CITY Saint Louis	STATE MO	ZIP CODE 63147	TELEPHONE NUMBER 314-382-1650
2. OWNER (OTHER) NAME Angela Haas		TITLE President	
TELEPHONE NUMBER 314-382-1650	CELL PHONE NUMBER 217-597-9594	FAX NUMBER 314-382-1730	
WEB SITE ADDRESS http://witsinc.org		E-MAIL ADDRESS ahaas@witsinc.org	

3. PERSON FILLING OUT THIS FORM:

Angela Haas

SECTION A: GENERAL COMPANY INFORMATION

4. NEAREST CITY OR TOWN Saint Louis	COUNTY Saint Louis City	
5. OWNERSHIP HISTORY (CURRENT AND FORMER OWNERS) Not for profit -Charity 501c3		
6. NUMBER OF EMPLOYEES (FULL- AND PART-TIME) 12	NUMBER OF VOLUNTEERS 25	YEARS IN E-SCRAP BUSINESS 7

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.

At this time only power and hand tools are used to recycle and demanufacture

9. GIVE A DETAILED EXPLANATION OF THE FACILITY OPERATIONS.

WITS collects electronics through special community events, business and organization partnerships and through open door drop offs. We also offer pickup services. We use our own vehicles and trucks to transport the electronics to our recycling facility. Some Terminal monitors and all televisions are transported through private local vendor to our facility in Danville il. Once the materials arrive at our facility we inventory for working or nonworking status. Since we accept all consumer and business electronics, WITS focuses on the working equipment for testing and reuse. Non-working equipment is palletted and wrapped and set aside for scrapping.

All items demanufactured are places in separate boxes or bins and sent to other reusers or remanufacturers. Hard drives which are non-reusable are taken apart and demanufactured at our facility. Drives which are reusable are locked up in a secure area where qualified or certified technicians use DOD and NIST standard software to wipe the drives. All other software is send to ACT sheltered workshop where they are either cleaned or repackaged and donated or sold to other nonprofits and families in need. Working computers and electronics after testing are donated or sold for very low prices to local and national groups and communities.

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

MAR 13 2009

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>5</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 <u>5</u> <input checked="" type="checkbox"/> Modem _____ <input checked="" type="checkbox"/> Notebook <u>5</u> <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 _____		
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 _____ <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 _____		
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 _____ <input checked="" type="checkbox"/> Fax Machine _____ <input checked="" type="checkbox"/> Photocopier _____ <input checked="" type="checkbox"/> Multifunction Machine _____ <input checked="" type="checkbox"/> Television <u>10-20</u> <input checked="" type="checkbox"/> Other <u>small appliances</u>		
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 n00068003	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 type="checkbox"/> Building Permit <input type="checkbox"/> Business Permit <input 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 type="checkbox"/> Transportation/Licensure <input type="checkbox"/> Zoning Permit <input type="checkbox"/> Other _____		
SECTION C: END-USE MARKETS		
21. Approximately <u>0</u> % (by weight) of <u>2000-2500</u> 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 1 million

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.

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

11-24-08

PRINTED NAME

Angela Haas

TITLE

President