FILE NAME: Marley (MAR)

DATE: 1976

DOC#: MAR006

DOCUMENT DESCRIPTION: Industrial Waste Survey

DD:

1976 INDUSTRIAL WASTE SURVEY

OMB NO. 158-576002
APPROVAL EXPIRES: 9/30/77

. GENERATOR:

Business Name: The Marley Cooling Tower Company No. of Employees: 300
Business Address: 6333 Strawberry Lane (City) Louisville (Zip) 40214
County: Jefferson Business Phone: 368-2538 (Area Code) 502
Person Completing Form: W. W. Jones Title: Plant Manager

. HAULERS AND/OR COLLECTORS USED BY GENERATOR:

A. Business Name: Industrial Disposal Company
Business Address: 958 Logan Street (City) Louisville (State) Ky.
(County) Jefferson (Zip) 40204 (Business Phone) 582-3329 (Area Code) 50
B. Business Name: _____
Business Address: _____ (City) _____ (State) _____
(County) _____ (Zip) _____ (Business Phone) _____ (Area Code) _____
C. List any additional haulers or collectors on separate sheet and attach.
D. YES ____ NO X Generator hauls all, or part of their own wastes.

. DISPOSAL AND/OR PROCESSING FACILITIES USED FOR DISPOSAL OF GENERATORS WASTE:

A. Business Name: _____
Business Address: _____ (City) _____ (State) _____
(County) _____ (Zip) _____ (Business Phone) _____ (Area Code) _____
_____ Land Disposal _____ Liquid Waste Treatment
_____ Incinerator _____ Other (specify)
B. Business Name: _____
Business Address: _____ (City) _____ (State) _____
(County) _____ (Zip) _____ (Business Phone) _____ (Area Code) _____
_____ Land Disposal _____ Liquid Waste Treatment
_____ Incinerator _____ Other (Specify)
C. List any additional disposal and/or treatment facilities on separate sheet and attach.

TREATMENT AND/OR DISPOSAL FACILITIES OWNED BY GENERATOR OF WASTE:

A. YES ____ NO X Lagoons or ponds. Capacity (total combined) _____
Location: _____
B. YES ____ NO X Recovery and/or regeneration systems (describe on separate sheet)
C. YES ____ NO X Biological and/or chemical treatment (describe on separate sheet)
D. YES ____ NO ____ Other (describe on separate sheet)

STORAGE FACILITIES OWNED OR USED BY GENERATOR:

A. YES ____ NO X Storage facilities on site. (If yes, describe waste & type storage)
B. Maximum quantity stored _____ (tons or gals.)
C. Frequency of transfer to storage area: _____
D. Frequency of transfer from storage area: _____
E. Method of transfer from storage area: _____

ADDITIONAL INFORMATION:

A. YES X NO ____ Would you like to see regional waste treatment and/or disposal facilities established in Kentucky?
B. YES X NO ____ Is confidential status required?
C. YES X NO ____ My company has waste types included in Part VII. If yes, complete VII.
D. YES X NO ____ My company is willing to respond to the questions in this survey.
E. YES X NO ____ The information given represents 1975 data (if no, state method or year
F. To the best of my knowledge, the information given in this survey report is true, correct and complete.

W. W. Jones — SIGNATURE
Plant Manager — TITLE
11/4/76 — DATE

MARDEP000468

VII. WASTE CATEGORIES

		GENERATED		STATE				WITH OTHER WASTES		BY GENERATOR						DISPOSAL SYSTEMS AND QUANTITIES						
		YES	NO	GAS	LIQUID	SLUDGE	SOLID	YES	NO	Chemical Oxid.-Red.	Chemical Neutralization	Recovery-Regeneration	Chemical Precipitation	Concentration	Biological Oxidation	LIQUID/SEMI-LIQUID WASTE PROCESSING PLANT (gal/yr.)	DISCHARGE TO WASTE WATER TREATMENT SYSTEMS (gal/yr.)	LAGOONS OR PONDS (gal/yr.)	LANDFILLING (tons/yr.)	INCINERATION (tons/yr.)	LAND SPREADING (tons/yr.)	MARPOL 73/78
1. Acids:	H_2SO_4																					
	HCl																					
	HNO_3																					
Pl. 1.	Other (Specify)	X			X			X			X						25					
2. Alkalis:	KOH																					
	NaOH																					
	Other (Specify)																					
3. Inorganic Chemicals:	Mercury Compounds																					
	Phosphorous "																					
	Other (Specify)																					
4. Organic Chemicals:	Plastics PVC																		50			
	Solvents																					
	Resins																1,000					
	Paints																					
	Other (Specify)																1,000					
5. Petroleum Products:	(Specify)																					
6. Pesticides:	(Specify)																					
7. Poisonous Compounds:	(Specify)																					
8. Chlorinated Compounds:	Solvents																					
	PCB																					
	Other (Specify)																					
9. Toxic Metals:	Pb																					
	Hg																					
	Other (Specify)																					
10. Gases:	H_2S																					
	Other (Specify)																					
11. Radioactive (low level)	Iodine-131																					
	Other (Specify)																					
12. Biological/ Pathogenic	(Specify)																					
	(Specify)																					