US EPA RECORDS CENTER REGION 5
418014

Please print or type with ELITE type (12 charac' er inch) in the unshaded areas only

Approved OMB No. 2050-0029 Expires 10-31-99
GSA No. 0246-EPA-QT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)
JUL 30 1997
FAX 7-17-97
DEPARTMENT OF

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

[X] A. Initial Notification
[ ] B. Subsequent Notification (Complete Item C)
C. Installation's EPA ID Number: IND005253513

II. Name of Installation (Include company and specific site name)

Dygert Seating, Inc.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: 1010 Eisenhower
Street (Continued):
City or Town: Goshen
State: In
Zip Code: 46526 –
County Code: 039
County Name: Elkhart

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: Same
City or Town:
State:
Zip Code: –

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last): Gaskill
(First): Gregg
Job Title: Purchasing Dir
Phone Number (Area Code and Number): 219 – 262 – 4675

VI. Installation Contact Address (See Instructions)

A. Contact Address Location [ ] Mailing [x]
B. Street or P.O. Box: PO Box 847
City or Town: Elkhart
State: In
Zip Code: 46515 –

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: David Dygert
Street, P.O. Box, or Route Number: PO Box 847
City or Town: Elkhart
State: In
Zip Code: 46515 –
Phone Number (Area Code and Number): 219 – 262 – 4675
B. Land Type: P
C. Owner Type: P
D. Change of Owner Indicator: Yes [ ] No [ ]
(Date Changed) Month Day Year

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VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
X				n a

B. Listed Hazardous Wastes. *(See 40 CFR 261-31, 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F003	F005	D001	F002		
7	8	9	10	11	12

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
n a					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
[signature]	David Dygert / owner	7/23/97

XI. Comments

Property owner is Innkeepers of Goshen Inc. The building was leased by Dygert Seating Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*