U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.: OHD004460457

I. NAME OF INSTALLATION: D-CON COMPANY INC THE

I. INSTALLATION MAILING ADDRESS: 12155 FISHER N E
ALLIANCE, OH 44601

I. LOCATION OF INSTALLATION: 12155 FISHER N E
ALLIANCE, OH 44601

NEDO State

000386 AUG 14 80

OR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: T/A C 3 1

APPROVED

DATE RECEIVED (yr., mo., & day): 80 08 14

NAME OF INSTALLATION: -CON

. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 12155 FISHER AVE NE

CITY OR TOWN: ALLIANCE ST.: OH ZIP CODE: 44601

US EPA RECORDS CENTER REGION 5

424793

I. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: SAME

CITY OR TOWN: SAME ST. ZIP CODE

/. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): PATTEN HARMON S PLT MGR

PHONE NO. (area code & no.): 216-821-0622

. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: STERLING DRUG INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

I. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

II. FIRST OR SUBSEQUENT NOTIFICATION

rk "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. his is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: OHD004460457

. DESCRIPTION OF HAZARDOUS WASTES

ase go to the reverse of this form and provide the requested information.

AUG 13 1980

A Form 8700-12 (6-80)

CONTINUE ON REVERSE

W CAD004460457 T/A C 2 1

ESCRIPTION OF HAZARDOUS WASTES (continued from front)

ZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous :te from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

ZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from cific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

)MMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical subınca your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P001	U220				
37	38	39	40	41	42
43	44	45	46	47	48

ISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary ɔspitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

HARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed azardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

:ERTIFICATION

:ertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all 'ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, ɔelieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-'tting false information, including the possibility of fine and imprisonment.

NATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
Harmon S. Patten (signature) Harmon S. Patten	Plant Manager	8-11-80

DETACH