Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0029 Expires 9-30-9[illegible]

Please refer to the *Instructions for Filling Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

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Date Received (For Official Use Only)

APR 22 1997

1430655457

PROGRAM MANAGEMENT BRANCH

U.S. EPA - REGION 5

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

[X] A. First Notification

[ ] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: ILR000003173158

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

TURKS COLLISION SERVICE

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

Street: 8018 NORTH UNIVERSITY

Street *(Continued)*:

City or Town: PEORIA | State: IL | Zip Code: 61615-

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County Code: 143 | County Name: PEORIA

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 8018 NORTH UNIVERSITY

City or Town: PEORIA | State: IL | Zip Code: 61615-

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

Name *(Last)*: TURK | *(First)*: GARY

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 309-692-5102

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [ ] Mailing [ ] Other [ ]

B. Street or P.O. Box: 8018 NORTH UNIVERSITY

City or Town: PEORIA | State: IL | Zip Code: 61615-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: ROGER DORAZIO

RECEIVED APR 24 1997 RCRA RECORDS ROOM Waste, Pesticides & Toxics Division U.S. EPA - REGION 5

Street, P.O. Box, or Route Number: 2335 N. LINCOLN LAKE DR

City or Town: COAL CITY | State: IL | Zip Code: 60416

Phone Number *(Area Code and Number)*: 815-592-7541

B. Land Type: P | C. Owner Type: P | D. Change of Owner Indicator: Yes [ ] No [X] | (Date Changed) Month / Day / Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expi
GSA No. 02

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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)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 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 Activit

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

IX. Description of Hazardous 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 contamina
[X]	[ ]	[ ]	[ ]	

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
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

X. Certification

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

Signature	Name and Official Title *(Type or print)*	Date Signed
Gary Turk	Gary Turk President	4/10/97

XI. Comments

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