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

Please refer to the instructions for Filing 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

Date Received (For Official Use Only)

RECEIVED MAR 20 1997 PROGRAM MANAGEMENT BRANCH Waste Division REGION 5

REC'D MAR 11 1997

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: ILR000003593 1

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

BEVERLY Photo

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

Street: 719 W ALGONQUIN SUITE C

Street (continued):

City or Town: ARLINGTON ~~HTS~~ Heights | State: IL | ZIP Code: 60005-

County Code: 031 | County Name: COOK

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): WINKLER | (first): BERT

Job Title: MANAGER | Phone Number (area code and number): 847-981-0867

VI. Installation Contact Address (See instructions)

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box: SAME

City or Town | State | ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: WEBER

Street, P.O. Box, or Route Number: 719 ALGONQUIN RD

City or Town: ARLINGTON HTS | State: IL | ZIP Code: 60005-

Phone Number (area code and number): -

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EPA Form 8700-12 (01-90) Previous edition is obsolete

Continue on reverse

ILR000003593 1

Ch 3/20/97

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

Form Approved. OMB No. 2050-0039

For Official Use Only

VII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

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)

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
D011					
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 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
T Beverly	T. Beverly, President	2-26-97

XI. Comments

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

```
*****************************************************************************
*                     RCRIS: Assign ID Number Input Screen                  *
*****************************************************************************
* Handler Name      :  BEVERLY PHOTO                                        *
*                                                                           *
* Location Street1 :  719 W ALGONQUIN STE C                                 *
*          Street2 :                                                        *
* Location City    :  ARLINGTON HTS                                         *
* Location State   :  IL                                                    *
* Location Zip Code:  60005                                                 *
*                                                                           *
* County Code      :  031                                                   *
* County Name      :  COOK                                                  *
*                                                                           *
*                                                                           *
* ID Number        :  ILR000035931                                          *
*                                                                           *
*                                                                           *
*****************************************************************************
* Enter-Assign ID #    F2-ID # Assign Menu      F3-Exit     F5-Clear Screen  *
* F6-Print   F8-Help   F9-Back to Search View   F11-Notification Add/Update  *
*****************************************************************************
```