Form Approved. OMB No. 2050-0028. Expires 10-31-87
GSA No. 7540-GEA-GT

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

93.288

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

MAR 19 1993

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

ILD 984 914 796

[X] A. First Notification [ ] B. Subsequent Notification (complete item C)

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

EROCKFORD COLLISION

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

Street: 2201 HARRISON AVE

Street (continued):

City or Town: ROCKFORD

State: IL ZIP Code: 61109-

County Code: | County Name: WINNEBAGO

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: 2201 HARRISON AVE

City or Town: ROCKFORD

State: IL ZIP Code: 61109-

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

Name (last): VERONA (first): NICHOLAS P.

Job Title: MANAGER Phone Number (area code and number): 815-398-4003

VI. Installation Contact Address (See instructions)

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

B. Street or P.O. Box: 2201 HARRISON AVE

City or Town: ROCKFORD

State: IL ZIP Code: 61109-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: RUSSELL J VERONA

Street, P.O. Box, or Route Number: 175 SHADOW RIDGE LANE

City or Town: ROCKFORD

State: IL ZIP Code: 61107-

B. Change of Owner (Date Changed)...

RECEIVED MAR 12 1993 IEPA/DLPC

MAR. 8 '93 11:55 815 398 3363 PAGE.001

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Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-01

ID - For Official Use Only

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 (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
   - [X] 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. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace

5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace

2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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. EP Toxic (D000)
X			X

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)): D008, D039

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
D008	D039				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
Nicholas P. Verona	Nick Verona - Manager	03/08/93

XI. Comments

MAR 8 '93 11:56 815 398 3363 PAGE.005

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

Form Approved. OMB No. 2050-0028, Expires 10-31-97
CSA No. 2348-EPA-07

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

93.280

United States Environmental Protection Agency

Date Received (For Official Use Only)

MAR 19 1993

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: ILD984914796

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

E ROCKFORD COLLISION

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

Street: 2201 HARRISON AVE

Street (continued):

City or Town: ROCKFORD | State: IL | ZIP Code: 61109-

County Code: 201 | County Name: WINNEBAGO

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: 2201 HARRISON AVE

City or Town: ROCKFORD | State: IL | ZIP Code: 61109-

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

Name (last): VERONA | (first): NICHOLAS P.

Job Title: MANAGER | Phone Number (area code and number): 815-398-4003

VI. Installation Contact Address (See instructions)

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

B. Street or P.O. Box: 2201 HARRISON AVE

City or Town: ROCKFORD | State: IL | ZIP Code: 61109-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: RUSSELL J VERONA

Street, P.O. Box, or Route Number: 175 SHADOW RIDGE LANE

City or Town: ROCKFORD | State: IL | ZIP Code: 61107-

RECEIVED MAR 12 1993 EPA/DLPC

APR 06 1993

B. Legal Type | C. Owner Type | D. Change of Owner (Date Changed)...

MAR 8 '93 11:55 815 398 3363 PAGE.001

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

Form Approved. OMB No. 2050-0028, Expires 10-31-91
GSA No. 0246-EPA-GT

ID - For Official Use Only

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

How much?

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))			
X			X	D008	D039		

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
D008	D039				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
X Nicholas P. Verona	Nick Verona - Manager	03/08/93

XI. Comments

MAR 8 '93 11:55 815 398 3363 PAGE.002

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

4/5/93

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon

Sharon J. Kiddon
Environmental Protection Specialist

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