OKLAHOMA TANK SERVICE INC
MOORE OK

OKD065423071
RC NT VOL 01

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OKLAHOMA TANK SERVICE INC
MOORE, OK 73160

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Entered 6/4/82

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY MAINTENANCE FORM

CARD CODE | FACILITY IDENTIFICATION NUMBER | TRANS CODE | CARD NOTIFICATION APPROVAL | DATE NOTIFIED | PERMIT APPLICATION APPROVAL | DATE PART A PERMIT REC'D | NOTIFICATION ACKNOWLEDGEMENT | PART A CONFIDENTIALITY | CLOSURE DATE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | FACILITY CONTACT NAME POSITION | AREA CODE CONTACT TELEPHONE NUMBER | PARENT ID NUMBER | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | MAILING ADDRESS | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | MAILING CITY | STATE | ZIP CODE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | DISTRICT CODE | RIVER BASIN CODE | LATITUDE | LONGITUDE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | SIC | NEW SIC | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | SIC | NEW SIC | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | SIC | NEW SIC | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | FACILITY OPERATOR NAME | OWNER | ACTIVITY CODE: GEN, TRANS, TSD | TRANSPORT MODE: UIC, AIR, RAIL, ROAD, WATER, OTHER | OWNER OPER NO | TYPE | EXISTENCE DATE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | TYPE | PERMIT NUMBER | TYPE | NEW PERMIT NUMBER | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | TYPE | PERMIT NUMBER | TYPE | NEW PERMIT NUMBER | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | TYPE | PERMIT NUMBER | TYPE | NEW PERMIT NUMBER | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | TYPE | PERMIT NUMBER | TYPE | NEW PERMIT NUMBER | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | DATE NOTIFICATION ACKNOWLEDGEMENT SENT | DATA INTERIM STATUS ACKNOWLEDGEMENT SENT | INTERIM STATUS ACKNOWLEDGEMENT # | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | OPERATOR PHONE | OPERATOR STREET | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | OPERATOR CITY | OPER STATE | OPERATOR ZIP CODE | INDIAN LAND | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | FACILITY OWNER NAME | OWNER PHONE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | FACILITY OWNER STREET | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | FACILITY OWNER CITY | OWNER STATE | OWNER ZIP CODE | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | PROCESS CODE | AMOUNT | UNIT | NEW PROCESS CODE | NEW AMOUNT | NEW UNIT | M

CARD CODE | FACILITY IDENTIFICATION NUMBER | PROCESS CODE | AMOUNT | UNIT | NEW PROCESS CODE | NEW AMOUNT | NEW UNIT | M

CARD F6 COLUMN 55 DRAWING INDICATOR

CARD F6 COLUMN 56 PHOTOGRAPH INDICATOR

CARD F9 COLUMN 50 MAP INDICATOR

CARD F9 COLUMN 51 NATURE OF BUSINESS

CARD F2 COLUMN 68 RCRA MODIFY CONSTRUCT

CARD F2 COLUMN 69 RCRA COMMERCIAL

CARD F2 COLUMN 70 RCRA NON REGULATED

State Board of Health

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Oklahoma
State Department of Health
1000 Northeast 10th Street
Post Office Box 53551
Oklahoma City, Oklahoma 73152

Commissioner
JOAN K. LEAVITT, M.D.

May 26, 1982

OKD065423071
OKLAHOMA TANK SERVICE INC
WILL HIGGINGBOTHAM MGR
PO BOX 94281
OKLAHOMA CITY OK 73143

Dear Sir:

State Rules and Regulations for Industrial Waste Management require that each generator of hazardous waste notify EPA and obtain an identification number. The State regulations also require that each generator submit a disposal plan to this office (Industrial Waste Division) for approval.

If your facility has met both of these requirements, you may disregard this letter. However, if your facility generates hazardous waste and has an EPA ID number but does not have a disposal plan filed with this office, you must comply with State Regulations and submit a disposal plan for approval.

Many EPA notifiers do not generate hazardous waste at this time, but would like to retain their EPA ID number for protection in the event of future generation of hazardous waste. These notifiers are categorized as "protective filers".

In order to obtain "protective filer" status you need to sign the bottom of this letter and send one copy to this office and one copy to EPA, attention Linda Thompson, 1201 Elm Street, Dallas, Texas, 72570. However, if your facility does not generate hazardous waste and you do not desire "protective filer" status for your facility, you need to notify this office and EPA of your desire to delist.

If you have any questions, please call this office at (405) 271-5338 and ask to speak to an Environmental Specialist.

Very truly yours,

Donald A. Hensch

Donald A. Hensch, P.E., Director
Industrial Waste Division

Please retain our facility's EPA ID number for protective filer status.

Ron Miller General Manager
Signature

DAH/sh

RECEIVED
JUN 01 1982
HAZARDOUS MATERIALS DIVISION

Part A, Permit Process --- Internal Checklist

ID Number OKD 06 542 3071 Inst Name OKLAHOMA TANK SERVICES INC

Refer to Form No:	PHASE ONE Interim Regulatory Requirements	Indicate by your initials: Yes	No	Valid Prmlg Date?
1	T/S/D Facility? (If No, return to respondent.)	___	___	
3	Form 1 received?	___	___	
1	Form 3 received?	___	___	
1 & 3	Postmarked on or before November 19, 1980?	___	___	___
3	Date of operation entered?	___	___	
3	Date of operation on or before November 19, 1980?	___	___	___
Notif. record	Notifier?	___	___	
"	Notified on or before August 18, 1980?	___	___	
1	Form 1, XIII B signed?	___	___	
3	Form 3, IX B Signed?	___	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___

1 & 3 Core items missing? If Yes, indicate which items:

Facility name___; location___; mail address___; operator info___;

certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:

Maps___; photos___; drawings___; lat/long___.

Other observations and comments:

Received Date Stamp

(Stamp forms also)

Log out/Log in on reverse side.

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
ORIG NOT FILED. QCAUDIT	QC	04/01/81

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD

5023-101

GPO 442-10-60879-1 300-000

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

FROM: Oklahoma Tank Service, Inc.
Box 94281
Oklahoma City, Ok. 73143

OKD-06-542-3071

RECEIVED
JAN 06 1981
6AEP

EPA Region VI
Attn: 6 AEP
1201 Elm Street
First International Bldg.
Dallas, Texas 75270

NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

DETACH ALONG THIS LINE

PHOTOCOPY

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	State Haulers License # is 3037
I. NAME OF INSTALLATION	Oklahoma Tank Service Co, Inc.
II. INSTALLATION MAILING ADDRESS	Box 94281 Oklahoma City, Ok. 73143 PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	3401 S. Interstate 35 & Service Road Moore, Oklahoma 73160

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).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F OKD065423071 21		810106

000004

I. NAME OF INSTALLATION

Oklahoma Tank Service, Inc.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: PO Box 94281

CITY OR TOWN	ST.	ZIP CODE
Oklahoma City,	Ok	73143

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 3401 S. Interstate 35 & Service Rd.

CITY OR TOWN	ST.	ZIP CODE
Moore,	OK	73160

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
Will Higginbotham Mgr.	405-799-3331

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: Bill Higginbotham

DETACH

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))*

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

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

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

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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

JAN 06 1981

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

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

IX. DESCRIPTION OF HAZARDOUS WASTES

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

CONTINUE ON REVERSE

PHOTOCOPY

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	O	K	D	0	6	5	4	2	3	0	7	1	2	1
1	2										13		14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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

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

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific 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

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

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

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

49	50	51	52	53	54

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

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

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 fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Ron Miller	Ron Miller, General Manager	12-30-80

EPA Form 8700-12 (6-80) REVERSE