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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

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

Date Received (For Official Use Only)
REC'D. IOWA SEC.
OCT 30 1995

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

[ ] A. First Notification
[X] B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: IAD073489288

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

ALLIEDSIGNAL LAMINATE SYSTEMS

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

Street: 665 LYBRAND ST

Street *(Continued)*:

City or Town: POSTVILLE | State: IA | Zip Code: 52162-

County Code: | County Name: ALLAMAKEE

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: PO BOX 977

City or Town: POSTVILLE | State: IA | Zip Code: 52162-

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

Name *(Last)*: TRENT | *(First)*: JESSE

Job Title: HS&EQ MANAGER | Phone Number *(Area Code and Number)*: 319-364-4227

VI. Installation Contact Address *(See instructions)*

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

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: ALLIEDSIGNAL

Street, P.O. Box, or Route Number: 101 COLUMBIA ROAD

City or Town: MORRISTOWN | State: NJ | Zip Code: 07962-1139

Phone Number *(Area Code and Number)*: 201-455-4835

B. Land Type: P

C. Owner Type: O

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EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.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

RCRIS data entered
BY PCox AARP/SEE
ON 10/30/95

R00029046
RCRA Records Center

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Form Approved. OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

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)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] 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 Activities

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

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)): D007, D008, D035, D018

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
F003	F005	U002	U154	U220	U159
7	8	9	10	11	12
U122					

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
James W. Gilbert	James W. Gilbert General Manager	10-23-95

XI. Comments

MERCURY, D009, SHOULD ALSO BE INCLUDED UNDER PART IX.A.

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

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ALLIEDSIGNAL LAMINATE SYSTEMS

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James W. Gilbert	James W. Gilbert General Manager	10-23-95

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