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.	~~IAD005277678~~
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	AMANA REFRIGERATION INC ~~MAIN ST~~ AMANA, IA ~~52203~~
III. LOCATION OF INSTALLATION	~~MAIN ST~~ ~~AMANA, IA 52203~~

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).*

000023

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AUG 22 PM '80
RWMS

DETACH

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COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F IAD000610436 3 1		800801

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3

CITY OR TOWN	ST.	ZIP CODE
4		52204

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN	ST.	ZIP CODE
6 MIDDLE AMANA	IA	52307

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 RETTIG LEONARD CHIEF ENG CONST	319-622-5511

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 AMANA REFRIGERATION INC

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))*

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

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

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

C. INSTALLATION'S EPA I.D. NO.: IAD005277678

IX. DESCRIPTION OF HAZARDOUS WASTES

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

R00003012
RCRA Records Center

I.D. – FOR OFFICIAL USE ONLY

W I A D 0 0 9 6 1 0 4 3 6 2 1

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
F002	F005	F017	F018		
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
U002	U184	U223	U229	U238	
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.)*

[X] 1. IGNITABLE (D001) [X] 2. CORROSIVE (D002) [X] 3. REACTIVE (D003) [X] 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
G. M. Tolbert	G. M. Tolbert Senior Vice President-Treasurer	7/30/80

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

GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	~~IAD005227678~~
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	AMANA REFRIGERATION INC ~~MAIN ST~~ AMANA, IA ~~52203~~
III. LOCATION OF INSTALLATION	~~MAIN ST~~ ~~AMANA~~, IA 52203

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).*

0000239

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AUG 1 4 PM '80

DETACH A

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COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F IAD000610436 3 1		800801

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3

CITY OR TOWN	ST.	ZIP CODE
4		52204

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN	ST.	ZIP CODE
6 MIDDLE AMANA	IA	52307

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 RETTIG LEONARD CHIEF ENG CONST	319-622-5511

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 AMANA REFRIGERATION INC

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))*

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

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

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

C. INSTALLATION'S EPA I.D. NO.: IAD052776 78

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

[redacted] J A D 0 0 0 6 1 0 4 3 6

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
F002	F005	F017	F018	F003	
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 fro 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
U002	U184	U223	U229	U238	
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, veterinar 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.)*

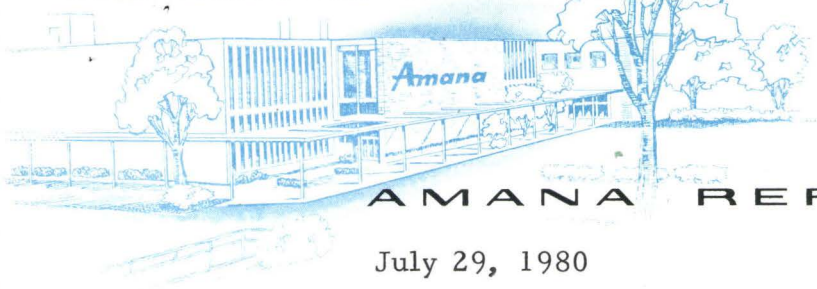
- [X] 1. IGNITABLE (D001)
- [X] 2. CORROSIVE (D002)
- [X] 3. REACTIVE (D003)
- [X] 4. TOXIC (D009)

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
G. M. Tolbert	G. M. Tolbert Senior Vice President-Treasurer	7/30/80

FREEZERS • REFRIGERATOR/FREEZERS • R[illegible]NDITIONERS
CENTRAL SYSTEM AIR CONDITIONING AND [illegible]ING
DEHUMIDIFIERS • STOR-MOR® COMPACTOR
Radarange® MICROWAVE OVENS
RANGES • COOKTOPS • WALL OVENS



AMANA REFRIGERATION, INC.

AMANA, IOWA 52204

July 29, 1980

United States Environmental Protection Agency
Region VII
P. O. Box 15606
Kansas City, Missouri 64106

Re: Notification of Hazardous Waste Activity
Amana Refrigeration, Inc., Amana, Iowa

Gentlemen:

On July 16, 1980, the above referenced notification was transmitted to your office. In making that mailing we neglected to use the correct envelope and, in addition, placed the wrong pre-printed label on the notification form.

We are enclosing herewith a complete, corrected notification for your use. Please disregard the one previously submitted.

Very truly yours,

AMANA REFRIGERATION, INC.

Leonard Rettig

Leonard A. Rettig
Chief Engineer-Construction

LAR/rl

Enclosure

Backed by a Century-Old Tradition of Fine Craftsmanship

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.

I. NAME OF INSTALLATION: AMANA REFRIGERATION, INC.

II. INSTALLATION MAILING ADDRESS: AMANA, IOWA 52204

III. LOCATION OF INSTALLATION:

EPA - REGION VII
P.O. BOX 15606
KANSAS CITY, MO 64106

no listing for Middle IA on file

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JUL 22 3 04PM '80

INSTRUCTIONS: If you received a preprinted [illegible] at left. If any of the [illegible] incorrect, draw a line [illegible] correct information [illegible] below. If the label is [illegible] Items I, II, and III [illegible] receive a preprinted [illegible] "installation" means a [illegible] 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

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COMMENTS: HWNS

INSTALLATION'S EPA I.D. NUMBER: F 1 (T/A C 1) — APPROVED — DATE RECEIVED (yr., mo., & day): 800722

I. NAME OF INSTALLATION

AMANA REFRIGERATION, INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3

CITY OR TOWN: 4 AMANA — ST.: IA — ZIP CODE: 52204

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN: 6 MIDDLE — ST.: IA — ZIP CODE: 52307

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 RETTIG LEONARD CHIEF ENG. CONST.

PHONE NO. (area code & no.): 319-622-5511

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 AMANA REFRIGERATION, INC.

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))

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

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

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

C. INSTALLATION'S EPA I.D. NO.: IAD005277678

IX. DESCRIPTION OF HAZARDOUS WASTES

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

FOR OFFICIAL USE ONLY

S												T/A	C
W													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
F002	F005	F017	F018		
7	8	9	10	11	12

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31	32	33	34	35	36
U002	U184	U223	U229	U238	
37	38	39	40	41	42
43	44	45	46	47	48

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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.)*

XX 1. IGNITABLE (D001) XX 2. CORROSIVE (D002) XX 3. REACTIVE (D003) XX 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
Wayne Fiddinger	SENIOR VICE PRESIDENT – MANUFACTURING	7-16-80

DETACH