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

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	Not on P.O.
I. NAME OF INSTALLATION	NON-HANDLER ACTIVE I.D. # 7 28 DEC 1984
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	COPY NOV 26 1984 WMD-RAIU EPA, REGION V.

RECEIVED 28 DEC 1984

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

EPA Region 5 Records Ctr.
324281

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F ILD 980996763 T/A 1	A	84 11 26

I. NAME OF INSTALLATION

Freeman United Coal Mining Co ~~mpany~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 P O Box 100	4 West Frankfort	IL	62896

RECEIVED
JAN 24 1985
IEPA-DLPC

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 SOUTH OF RTE 34 E	6 Benton	IL	62812

FRANKLIN
055

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 Grosskopf John Environmental Engr	618-932-2164

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Freeman United Coal Mining Co ~~mpany~~

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL; M = NON-FEDERAL — ~~M~~ P

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.

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

12-14-84 PE

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.

I.D. – FOR OFFICIAL USE

W

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.)*

PCB's

- [ ] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 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
W. H. Mullins	Vice President Engineering	November 19, 1984

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EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

NPO
Freeman United Coal Mining Company
Orient #5 Mine
Logan, Illinois 62856

COPY

PLEASE PLACE LABEL IN THIS SPACE

IN FILE 3

Rural Logan, Illinois

NON-HANDLER ACTIVE I.D. #
CODE T
03 JAN 1986

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

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COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F ILD 980 996 763 | APPROVED: A | DATE RECEIVED (yr., mo., & day): 85 10 24

055 0055002 Franklin Co.
Freeman United Coal Mng

I. NAME OF INSTALLATION

FREEMAN UNITED COAL MNG CO ORIENT NO 5

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P O BOX 100

CITY OR TOWN: 4 Logan WEST FRANKFORT | ST. IL | ZIP CODE 62896

RECEIVED
OCT 24 1985
U.S. EPA, REGION V

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 S OF RTE 34 E APP 1-1/2 MI

CITY OR TOWN: 6 Logan | ST. IL | ZIP CODE 62856

FRANKLIN
055

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 Grosskopf John Sr. Environ Engr | PHONE NO. (area code & no.): 618-932-2164

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Freeman United Coal Mining Company

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): P

F - FEDERAL
M - NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION
NON-HANDLER ACTIVE I.D. #
C. TREAT/STORE/DISPOSE
B. TRANSPORTATION (complete item VII)
D. UNDERGROUND INJECTION

RECEIVED
JAN 23 1986

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.

12/29/85

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

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

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-85) CONTINUE ON REVERSE

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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. X001	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.

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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.)

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D004)

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
W. H. Mullins	W. H. Mullins, Vice President Engineering	10/21/85