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-OT

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

United States Environmental Protection Agency

Date Received (For Official Use Only)
RECD. IOWA SEC.
JUL 23 1993

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

☐ A. First Notification ☒ 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: NORTHEAST COUNTY ROAD

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 370

City or Town: POSTVILLE

State: IA

ZIP Code: 52162-0370

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

Name (*last*): TRENT

(*first*): JESSE

Job Title: EH&S SPECIALIST

Phone Number (*area code and number*): 319-864-7321

VI. Installation Contact Address (*See Instructions*)

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box:

City or Town:

State:

ZIP Code:

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: ALLIEDSIGNAL INC

Street, P.O. Box, or Route Number: 101 COLUMBIA ROAD PO BOX 1139

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: P

D. Change of Owner Indicator: Yes ☒ No ☐

(Date Changed) Month Day Year: 12 01 91

R00330192
RCRA RECORDS CENTER

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

OSA No. 0240-EPA-07

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 (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
   - [ ] 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 Markerer
   - [ ] 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		X

(List specific EPA hazardous waste number(s) for the EP Toxic 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				
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
Jesse Trent	JESSE TRENT - E,H,&S SPECIALIST	JULY 16, 1993

XI. Comments

NOTE EXTRA PAGE WITH ADDITIONAL EP TOXIC NUMBERS

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

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

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

XI. Comments

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

RCRIS Data entered by Jim Johnson on 7/30/93

AARP/SEE RCRA/IOWA

RCRIS DATA ENTRY COPY

change made in FINDS 7/29/93 SBrott DPA

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

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

United States Environmental Protection Agency

Date Received (For Official Use Only)
REC'D. IOWA SEC.
JUL 23 1993

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

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: IAD073489288

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

ALLIED SIGNAL LAMINATE SYSTEMS

change

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

Street: NORTHEAST COUNTY ROAD 1 1/2 MI

Street (continued): E OF HWY 52 + 18 INTERSECTION

change

City or Town: POSTVILLE

State: IA ZIP Code: 52162-

County Code: 005 County Name: ALLAMAKEE

CALLED MR. TRENT 7/27/93 JDJ AARP/SEE RCRA/IOWA

IV. Installation Mailing Address (*See instructions*)

Street or P.O. Box: PO BOX 370

change

City or Town: POSTVILLE

State: IA ZIP Code: 52162-0370

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

Name (*last*): TRENT (*first*): JESSE

change

Job Title: EH&S SPECIALIST Phone Number (*area code and number*): 319-864-7321

VI. Installation Contact Address (*See instructions*)

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box:

City or Town: State: ZIP Code:

VII. Ownership (*See instructions*)

change

A. Name of Installation's Legal Owner: ALLIED SIGNAL INC

Street, P.O. Box, or Route Number: 101 COLUMBIA ROAD PO BOX 1139

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: P

D. Change of Owner Indicator: Yes ☒ No ☐ (Date Changed) Month 12 Day 01 Year 91

EPA Form 8700-12 (01-90) Previous edition is obsolete

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Form Approved OMB No. 2050-0028 Expires 10-31-91
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 (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
   - [ ] 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		X

(List specific EPA hazardous waste number(s) for the EP Toxic 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				
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
Jesse Trent	JESSE TRENT - E,H,&S SPECIALIST	JULY 16, 1993

XI. Comments

NOTE EXTRA PAGE WITH ADDITIONAL EP TOXIC NUMBERS

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Form Approved. OMB No. 2050-0028. Expires 10-31-91
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)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☐ 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
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   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. 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)*	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
☐	☐	☐	X	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
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

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