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

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*).

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

NOTE: Return completed forms to the address above.

DATE RECEIVED (FOR OFFICIAL USE ONLY)
REC'D IRSP. BR.
AUG 01 1996

NOTIFICATION OF REGULATED WASTE ACTIVITY

I. [X] A. First Notification [ ] B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number: MOR000008300

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

BRISTOL STEEL

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

Street: 3117 BIG BEND BLVD

Street (Continued):

City or Town: MAPLEWOOD | State: MO | ZIP Code: 63143-

County Code: 189 | County Name: ST LOUIS

IV. Installation Mailing Address (See Instructions.)

Street or P.O. Box: 25 FUNSTON ROAD

City or Town: KANSAS CITY | State: KS | ZIP Code: 66115-

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

Name (last): MORRISON | (first): BRUCE

Job Title: OSC | Phone Number (area code and number): 913-551-5003

VI. Installation Contact Address (See Instructions.)

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

B. Street or P.O. Box:

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

VII. Ownership (See Instructions.)

A. Name of Installation's Legal Owner: SUNNEN CORPORATION

Street, P.O. Box, or Route Number: 7910 MANCHESTER AVENUE

City or Town: ST LOUIS | State: MO | ZIP Code: 63143-

Phone Number (area code and number): 314-781-2100

B. Land Type: | C. Owner Type: | D. Change of Owner: Indicator Yes [ ] No [ ] (Date Changed) Month Day Year

MO 780-1154 (11-93) EPA 8700-12/MDNR HWG-1 CONTINUE ON REVERSE

RCRIS data entered
BY
ON ENT'D AUG 0 1 1996

R00033375
RCRA Records Center

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

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
   - [X] 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 Fuel Activities

1. Off-Specification Used Oil 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
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. Toxicity Characteristic *(D000)*	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))
[ ]	[ ]	[ ]	[ ]	

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
F027					
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
Bruce A. Morrison	BRUCE A. MORRISON	3-20-96

XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED) | S.I.C. CODE

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

XII. Comments

***Note:** Mail completed form to the* MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.

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Street (Continued):

City or Town: MAPLEWOOD | State: MO | ZIP Code: 63143-

County Code: | County Name:

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Job Title: OSC | Phone Number *(area code and number)*: 913-551-5003

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City or Town: ST LOUIS | State: MO | ZIP Code: 63143-

Phone Number *(area code and number)*: 314-781-2100

B. Land Type: [ ]

C. Owner Type: [ ]

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

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  - [ ] c. Burner - Indicate device(s)

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Bruce A. Morrison	BRUCE A. MORRISON	3-20-96

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