SMALL QUANTITY GENERATOR

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

Form Approved OMB No. 2000-0098
GSA No. 0246-EPA-OT Expiration Date 12/31/86

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

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

INSTALLATION'S EPA I.D. NUMBER: MOD981124308

APPROVED

DATE RECEIVED (MO. DAY YR.)

I. NAME OF INSTALLATION: MIDWEST HANGER CO

II. INSTALLATION MAILING ADDRESS

STREET OR NO. BOX: 4312 CLARY BLVD

CITY OR TOWN: KANSAS CITY | ST.: MO | ZIP CODE: 64130

RECEIVED DEC 9 1985 WASTE MANAGEMENT

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 4312 CLARY BLVD

CITY OR TOWN: KANSAS CITY | ST.: MO | ZIP CODE: 64130

095 Jackson

IV. INSTALLATION CONTACT

NAME AND TITLE (Last, First, & Job Title): JONES STEVE EXECUTIVE VP

PHONE NO. (Area Code & No.): 816.923.7000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: CARL O JONES

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VI. TYPE OF INSTALLATION (enter "F" or "M")

F = FEDERAL
M = NON-FEDERAL

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

- [X] A. GENERATION
- [ ] 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
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. SUBSEQUENT NOTIFICATION

Enter "X" in the appropriate box to indicate if this is your first notification, or if this is not your first notification, enter the EPA I.D. number below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (see Item C)

C. INSTALLATION'S EPA I.D. NO.: MOD981124308

R00340182
RCRA RECORDS CENTER

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

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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	2	3	4	5	6
D001					
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 that 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.)

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D006)

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
Steve Jones	STEVE JONES EXECUTIVE VP	12/5/85

DETACH

DETACH

EPA Form 8700-12 (6-85) REVERSE