HARRISON

Please print or type with ELITE type (12 chara[illegible]r inch) in the unshaded areas only

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GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

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)*.

For Official Use Only

Comments

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F IA0 022384200 T/A C 1		

I. Name of Installation

WARNER Implement Co.

II. Installation Mailing Address

Street or P.O. Box: ~~BOX~~ ~~X2~~ BUS BROWN DRIVE

City or Town: WOODBINE | State: IA | ZIP Code: 51579

III. Location of Installation

Street or Route Number: BUS BROWN DRIVE

City or Town: WOODBINE | State: IA | ZIP Code: 51579

IV. Installation Contact

Name and Title *(last, first, and job title)*: Warner Gary | Phone Number *(area code and number)*: 712 647 2702

V. Ownership

A. Name of Installation's Legal Owner: Warner Implement Co. | B. Type of Ownership *(enter code)*: P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
- [ ] 7. Spec[illegible] Who[illegible]

R00412151
RCRA RECORDS CENTER

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. 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 ID Number in the space provided below.

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

C. Installation's EPA ID Number

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

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Continue on reverse

ID — For Official Use Only		
C	T/A	C
W		1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F004				
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 sources your installation handles. Use additional sheets if necessary.

none

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.

none

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 hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

None

49	50	51	52	53	54

E. 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 261.21 — 261.24)*

- [x] 1. Ignitable *(D001)*
- [ ] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [x] 4. Toxic *(D000)*

XI. 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 and Official Title *(type or print)*	Date Signed
	Gary Warner - Secretary	5/10/89

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MAY 15 1989
IOWA SECTION

safety-kleen corp.
777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

OMAHA, NE 681
PM
12 MAY
1989

NATIONAL
CHILDREN'S
DENTAL HEALTH WEEK

Bread Wagon 1880s
USA
25

U.S. EPA REGION VII
RCRA BRANCH
726 MINNESOTA AVENUE
KANSAS CITY, KS 66101