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

Form Approved. OMB No 2050-0028 Expires 9 30 88
GSA No 0246 EPA OT

EPA
MoDNR

COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

Comments

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)	
MOD046500161 (T/A C 1)			510 ST LOUIS

I. Name of Installation

Jefferson Metal Stampings Inc

II. Installation Mailing Address

Street or P.O. Box: 1526 North Jefferson Avenue

City or Town	State	ZIP Code
St. Louis	MO	63106

III. Location of Installation

Street or Route Number: 1526 North Jefferson Avenue

City or Town	State	ZIP Code
St. Louis	MO	63106

IV. Installation Contact

Name and Title (last, first, and job title)	Phone Number (area code and number)
Robert Ross,	314 231 6536

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership (enter code)
THOMAS MUELLER	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)*
  - [ ] a.
  - [ ] b.
  - [ ] c.
- [ ] 7. Specific Who Fi

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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

ID - For Official Use Only

C W

X. Description of Hazardous Wastes (continued from front)

A. **Wastes from Nonspecific Sources (F-List).** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C

WASTE ID #	F002			
AMOUNT AND FREQUENCY	125 lbs B	lbs	lbs	lbs

B **Wastes from Specific Sources (K-List).** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number enter the monthly generation amount in pounds and frequency code A, B or C

WASTE ID #				
AMOUNT AND FREQUENCY	lbs	lbs	lbs	lbs

C. **Commercial Chemical Product Wastes (U and P Lists).** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A B or C.

WASTE ID #				
AMOUNT AND FREQUENCY	lbs	lbs	lbs	lbs

D. (Reserved)

E. **Characteristics of Nonlisted Hazardous Wastes.** Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

	1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)
AMOUNT AND FREQUENCY	lbs	lbs	lbs

4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND FREQUENCY	lbs	lbs	lbs	lbs

MISSOURI REQUIRED INFORMATION

MO Generator ID Number _____

Principle Business Activity _____

S.I.C. Code (leave blank if uncertain) ☐☐☐☐

Check this box if you generate/accumulate less than a regulated quantity ☐

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
Robert J Rossi	General Manager	1/9/90