STATE OF MISSOURI
FACSIMILE TRANSMITTAL SHEET

DATE 5-27-94

TO	FROM
Janice Snyder EPA Region VII	Linda HAWKINS MO DNR - HWP
FAX NUMBER 913 551 7063	FAX NUMBER 314 751 7869

RE Request for ID numbers for:

SPECIAL INSTRUCTIONS/REMARKS

1. Security Equipment Co. &
2. Conlon Group Syndicate Bldg

Thanks

ANY PROBLEMS WITH TRANSMITTAL, CALL 314 751 3176

TOTAL NUMBER OF PAGES (INCLUDING TRANSMITTAL SHEET) 5

MO 999-0012 (12-90)

443217
RCRA RECORDS

RCRA FILE COPY
MO0000335984
DOCUMENT # 1

MAY-27-1994 09:15 DNR/ HAZARDOUS WASTE

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

EEL 6/3/93

RECEIVED MAY 18

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF NATURAL RESOURCES

SEND TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS

C C

INSTALLATION'S EPA ID NUMBER	APPROVED	DATE RECEIVED YR. MO. DAY
C F M0000335984 T/A C 1		19 11S

I. NAME OF INSTALLATION

SECURITY EQUIPMENT CORPORAT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C 3 330 SUN VALLEY CIRCLE

CITY OR TOWN — STATE

C 4 FENTON — MO 6

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C 5 SAME

CITY OR TOWN — STATE

C 6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE) — TELEPHONE NUMB

C 2 NANCE LARRY PRES — 314343

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER — B. TYPE OF OWNERSHIP

C R NANCE LARRY — P

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

- [X] 1a. GENERATOR
- [ ] 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' & 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' & mark appropriate boxes below)
  - [ ] a. GENERATOR MARKETING TO BURNER
  - [ ] b. OTHER MARKETER
  - [ ] c. BURNER
- [ ] 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

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 I.D. NUMBER

RECEIVED FROM 314 638 9320 07.21.1993 14:52 P. 2

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C/W

DESCRIPTION OF HAZARDOUS WASTE

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

WASTE I.D. NO.	F002	F003		
AMOUNT AND FREQUENCY	300 lbs. B	300 lbs. B	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 so your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.				
AMOUNT AND FREQUENCY	lbs.	lbs.	lbs.	lbs.

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

WASTE I.D. NO.				
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 installi 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 frequ 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

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____

PRINCIPAL BUSINESS ACTIVITY Manufacturing Tear Gas and Red Pepper Personal Defense Weapons

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) 2869

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY [X]

XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attach documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, includi the possibility of fine and imprisonment.

SIGNATURE	NAME AND OFFICIAL TITLE (TYPE OR PRINT)	DATE
Gary D. Nance		