1

EPA U.S. E... ON ... PROTECTION AGE...

NOTIFICATION OF ... RDOUS WASTE

INSTALLATION'S EPA I.D. NO.	HWG 04435 Sm Q
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

RECEIVED ... 6 1985 ... AGEMENT

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: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F MOD076963669 1		850926

I. NAME OF INSTALLATION

International Auto Repair

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 5550 Fyler

CITY OR TOWN: 4 St. Louis — ST. MO — ZIP CODE 63139

510 St. Louis

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 SAME AS Above

CITY OR TOWN: 6 SAME AS Above — ST. MO — ZIP CODE 63139

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 Eichhorn Ronald Pres. — PHONE NO. (area code & no.): 314-353-0994

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 William Ronald Eichhorn

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL, M = NON-FEDERAL — M

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. 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 I.D. Number in the space provided below.

- [x] A. FIRST NO... ...FICATION (complete item C)

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

IX. DESCRIPTION ...

Please go to the reverse ...

444257

RCRA RECORDS

EPA Form 8700-12 (6-85)

CONTINUE ON REVERSE)

I.D. – FOR OFFICIAL USE ONLY

W

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 which 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.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D004)

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
William Ronald Eichhorn	Pres.	9/23/85

EPA Form 8700-12 (6-85) REVERSE

Please type with at ITS [illegible] Date 12/31/86

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.: HWG 04435 Sm Q

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

RECEIVED SEP 26 1985 WASTE MANAGEMENT PROGRAM

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 be[illegible] If you did not receive a preprinted la[illegible] means a si[illegible]erated, tr[illegible] trans- p[illegible] refer to [illegible] NOTIFI- C[illegible]n. The in[illegible] by law (S[illegible]tion and F[illegible]

Received from Chet 4/11/86

Data Made Corrected

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F MOD 076963669 T/A C. 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 850926

I. NAME OF INSTALLATION

International Auto Repair

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 5550 Fyler

CITY OR TOWN: 4 St. Louis ST.: Mo. ZIP CODE: 63139

III. LOCATION OF INSTALLATION

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PHONE NO. (area code & no.): 314-353-0994

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M

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- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

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

IX. DESCRIPTION OF HAZARDOUS WASTES

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

Used Lacquer Thinner Mixed with Paint.

RECEIVED
SEP 26 1985
WASTE MANAGEMENT PROGRAM

I.D. — FOR OFFICIAL USE ONLY

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.

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D001					
7	**8**	**9**	**10**	**11**	**12**

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- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

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SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
William Ronald Eichhorn	Pres.	9/23/85

DETACH A

DETACH A

EPA Form 8700-12 (6-85) REVERSE

EPA ID NUMBER: MOD076963669

NAME: International Auto Repair

STREET ADDRESS: 5550 Fyler

CITY: St. Louis STATE: Mo. ZIP CODE: 63139

ADDRESS COMMENT:

COUNTY NAME: St. Louis COUNTY CODE: 189

****

INDIAN LAND: _ CONG DISTRICT CODE: __ FACILITY OWNER TYPE: M

PREV SITE ID NUMBERS: (1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

****

SOURCE INDICATOR: 1 PERMIT INDICATOR: __ SOURCE ATTRIBUTE 1: ~~[illegible]~~ N

SOURCE ID NUMBER: _____ PERMIT NUMBER: _____

SOURCE FACILITY NAME: _____

SOURCE FACILITY STREET: _____

SOURCE FACILITY CITY. _____ STATE: __ ZIP CODE: _____

****

COMMENTS: _____

_____

_____

****

PLEASE PROVIDE ANY MAILING ADDRESS, OWNER, OR OPERATOR INFORMATION ON THE BACK OF THIS FORM.

REQUESTED BY: ~~A Griddine~~ C Dawkins DATE: 1-10-86

ACTIONS TAKEN

FACILITY International Auto Repair EPA ID: MOD

ACTION	DATE	BY (Initials)
Notif received and ID # requested	1-10-86	cd
ID# " and sent to		