MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM

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

CC

	INSTALLATION'S EPA ID NUMBER	T/A	C	APPROVED	DATE RECEIVED YR.	MO.	DAY	
CF	MOD985771716		1					189 ST LOUIS

I. NAME OF INSTALLATION

C O L O R A R T I N C.

II. INSTALLATION MAILING ADDRESS

	STREET OR P.O. BOX NUMBER	CITY OR TOWN	STATE	ZIP CODE
C3	10300 WATSON RD			
C4		CRESTWOOD	MO	63127

III. LOCATION OF INSTALLATION

	STREET AND NUMBER	CITY OR TOWN	STATE	ZIP CODE
C5	111 ORECO ROAD			
C6		CRESTWOOD	MO	63116

IV. INSTALLATION CONTACT

	NAME AND TITLE (LAST, FIRST, AND JOB TITLE)	TELEPHONE NUMBER
C2	KEN MIETERS MNGR	314965 0890

V. OWNERSHIP

	A. NAME OF INSTALLATION'S LEGAL OWNER	B. TYPE OF OWNERSHIP (ENTER CODE)
CR	COLOR ART INC	P

IV. 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 *(ent*
  - [ ] A. GENERATOR MARKETING TO BURNER
  - [X] B. OTHER MARKETER

B. USED OIL FUEL ACTIVITIES

- [ ] 6. OFF-SPECIFICATION USED OIL FUEL *(enter 'X' & mark appropriate boxes below)*
  - [ ] a. GENERATOR MARKETING TO BURNER
  - [ ] b. MARKETER
  - [ ] c. USED OIL FUEL MARKETER *(OR ON-SITE BURNER)*
  - [ ] d. CLAIMS THE OIL MEETS THE SPECIFICATION

446415
RCRA RECORDS

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DEC 15 1989
MISSOURI DEPARTMENT OF NATURAL RESOURCES

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
- [X] 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

ID - FOR OFFICIAL USE ONLY															
C W														T/A	C 1

X. DESCRIPTION OF HAZARDOUS WASTE

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 I.D. NO.	D001			
AMOUNT AND FREQUENCY	lbs.	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 I.D. NO.				
AMOUNT AND FREQUENCY	lbs.	lbs.	lbs.	lbs.

C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles 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 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.

	X	1. IGNITABLE (D001)		2. CORROSIVE (D002)		3. REACTIVE (D003)
AMOUNT AND FREQUENCY	500 lbs.	B	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 Printing

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

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE 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 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
X Terry Cattani	X Purchasing Manager	X 12/13/89

MO 780-1164 (8-88)