6/7/94 026870

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

C C

INSTALLATION'S EPA ID NUMBER | APPROVED | DATE RECEIVED YR. MO. DAY

C F: MOP000001195 T/A C 1

I. NAME OF INSTALLATION

ACCENT ADVERTISING

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C 3: 1221 CLAY

CITY OR TOWN | STATE | ZIP CODE

C 4: NORTH KANSAS CITY | MO | 64116

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C 5:

CITY OR TOWN | STATE | ZIP CODE

C 6:

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE) | TELEPHONE NUMBER

C 2: PAUL WEISHAR PRES. | 8168421860

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER | B. TYPE OF OWNERSHIP (ENTER CODE)

C R: Corporation/Partnersha | 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. TRANSFER/STORAGE FACILITY
- [ ] 4. [illegible]
- [ ] 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. [illegible]
  - [ ] b. [illegible]
  - [ ] c. [illegible]
- [ ] 7. SPEC[illegible] WHO[illegible]

453129

RCRA RECORDS

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

exp 7-28

ID - FOR OFFICIAL USE ONLY

C/W | T/A | C/1

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 nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

ASTE I.D. NO.				
MOUNT AND FREQUENCY	lbs.	lbs.	lbs.	lbs.

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.

ASTE I.D. NO.				
MOUNT AND FREQUENCY	lbs.	lbs.	lbs.	lbs.

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.

ASTE I.D. NO.				
MOUNT AND FREQUENCY	lbs.	lbs.	lbs.	lbs.

. (Reserved)

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.	900 lbs. R	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) NONE

PRINCIPAL BUSINESS ACTIVITY N/A

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
[signature]	PAUL J. WEISHARDT Pres	6/6/94

MO 780-1164 (5-88)