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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)
REC'D. IOWA SEC.
FEB 07 1994

I. Installation's EPA ID Number (*Mark 'X' in the appropriate box*)

[X] A. First Notification [ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: ~~IAD984599290~~ IA0000111708

II. Name of Installation (*Include company and specific site name*)

J. N. FAUVER SERVICE CENTER

III. Location of Installation (*Physical address not P.O. Box or Route Number*)

Street: 6700 6th STREET S. W.

Street (continued):

City or Town: CEDAR RAPIDS | State: IA | ZIP Code: 52404 -

County Code: | County Name: LINN

IV. Installation Mailing Address (*See instructions*)

Street or P.O. Box: SAME

City or Town: | State: | ZIP Code: -

V. Installation Contact (*Person to be contacted regarding waste activities at site*)

Name (*last*): HACKER | (*first*): KEVIN

Job Title: SERVICE MANAGER | Phone Number (*area code and number*): 319 - 366 - 6346

VI. Installation Contact Address (*See Instructions*)

A. Contact Address: Location [X] Mailing [X]

B. Street or P.O. Box:

City or Town: | State: | ZIP Code: -

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: ALL IOWA BODY

Street, P.O. Box, or Route Number: 6738 6th ST. S. W.

City or Town: CEDAR RAPIDS | State: IA | ZIP Code: 52404 -

Phone Number (*area code and number*): - -

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

R00048756
RCRA Records Center

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

Form Approved. OMB No. 2050-0026. Expires 10-31-91
GSA No. 0246-EPA-OT

ID – For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (for On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 – 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
X	X		X	D001	D018	D039	D002

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Kevin Hacker	Kevin Hacker – Manager	2/02/94

XI. Comments

REC'D. IOWA SEC.
FEB 07 1994

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RCRIS data entered by Jim Johnson on 2/10/94. AARP/S RCRA/IOWA

RCRIS DATA ENTRY COPY

Assigned ID 2/10/94 N.R.

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EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only) REC'D. IOWA SEC. FEB 07 1994

I. Installation's EPA ID Number (*Mark 'X' in the appropriate box*)

[X] A. First Notification [ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: IAD981599296

II. Name of Installation (*Include company and specific site name*) IA0000111708

J. N. FAUVER SERVICE CENTER

III. Location of Installation (*Physical address not P.O. Box or Route Number*)

Street: 6700 6th STREET S.W.

Street (continued):

City or Town: CEDAR RAPIDS State: IA ZIP Code: 52404-

County Code: 113 County Name: LINN

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: SAME

City or Town: State: ZIP Code: -

V. Installation Contact (*Person to be contacted regarding waste activities at site*)

Name (*last*): HACKER (*first*): KEVIN

Job Title: SERVICE MANAGER Phone Number (*area code and number*): 319-366-6346

VI. Installation Contact Address (*See Instructions*)

A. Contact Address Location: X Mailing: X

B. Street or P.O. Box:

City or Town: State: ZIP Code: -

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: ALL IOWA BODY

Street, P.O. Box, or Route Number: 6738 6th ST. S.W.

City or Town: CEDAR RAPIDS State: IA ZIP Code: 52404-

Phone Number (*area code and number*)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
319-366-6346	P	P	Yes [ ] No [ ]			

FEB 08 1994

To JJ

Both are same address

CALLED MR HACKER 2/9/94 JDG AARP/SEE RCRA/IOWA

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
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   Mode of Transportation
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   - [ ] a. Generator Marketing to Burner
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     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
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   - [ ] b. Other Marketer
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1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
X	X		X	D001	D018	D039	D002

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
Kevin Hacker	Kevin Hacker – Manager	2/02/94

XI. Comments

REC'D. IOWA SEC.

FEB 07 1994

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FAUVER

J.N. Fauver Company
6700 6th Street S.W.
Cedar Rapids, IA 52404

CEDAR RAPIDS IA 524
PM
4 FEB
1994

U.S. Enviromental Protection Agency
RCRA Branch, IOwa Section
726 Minnesota Ave
Kansa City, Kansas 66101

ENV 004