U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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).*

INSTALLATION'S EPA I.D. NO.	OHD074552258
I. NAME OF INSTALLATION	SHERWIN-WILLIAMS CO THE*
II. INSTALLATION MAILING ADDRESS	601 CANAL RD CLEVELAND, OH 44113
III. LOCATION OF INSTALLATION	601 CANAL RD CLEVELAND, OH 44113

Cuy. NEDO

000874 AUG 18 80

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F T/A 3 C 1		800818

I. NAME OF INSTALLATION

THE SHERWIN-WILLIAMS COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 601 CANAL ROAD	4 CLEVELAND	OH	44113

US EPA RECORDS CENTER REGION 5

558996

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 601 CANAL ROAD	6 CLEVELAND	OH	44113

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 JAMES J GADWOOD PLANT MANAGER	216-566-2862

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 THE SHERWINS-WILLIAMS COMPANY

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

C. INSTALLATION'S EPA I.D. NO.: OHD074552258

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

18 AUG 1980