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

Form Approved OMB No. 158-S79016
EPA No. 0246-EPA-OT

EPA

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.	MOD092357821
I. NAME OF INSTALLATION	WHITE RODGERS DIV
II. INSTALLATION MAILING ADDRESS	9797 REAVIS RD ST LOUIS, MO 63123
III. LOCATION OF INSTALLATION	9797 REAVIS RD ST LOUIS, MO 63123

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F MOD092357821 T/A 3 C 1		800826

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3

CITY OR TOWN: 4 | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN: 6 | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 KNOWLES LOREN M SPECIAL PROJ

PHONE NO. *(area code & no.)*: 314-577-1300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 EMERSON ELECTRIC COMPANY

DETACH

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

M (36)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION (37)
- [ ] B. TRANSPORTATION *(complete item VII)* (38)
- [ ] C. TREAT/STORE/DISPOSE (39)
- [ ] D. UNDERGROUND INJECTION (40)

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate*

- [ ] A. AIR (61)
- [ ] B. RAIL (62)
- [ ] C. HIGHWAY (63)
- [ ] D. WATER (64)
- [ ] E. OTH (65)

R00081233
RCRA Records Center

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of h
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided

- [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.

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	M	O	D	0	9	2	3	5	7	8	2	1	2	1
1	2											13	14	15

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
F001	F002	F003	F007		
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.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

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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.

DETACH

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Loren M. Knowles	LOREN M. KNOWLES SPECIAL PROJECTS Mgr	8/14/80

Handler

WHITE-RODGERS

August 26, 1980

Environmental Protection Agency
Region VII
P. O. Box 15606
Kansas City, MO 64106

Gentlemen,

Please excuse the late filing of the enclosed "Notification of Hazardous Waste Activity" form.

White-Rodgers is not in the habit of being delinquent in such matters, nor will it be in the future. But this time there was a misunderstanding between this writer and Corporate as to responsibilities, based mostly upon my having only recently been assigned these tasks.

Sincerely,

Loren M. Knowles

Loren M. Knowles
Special Projects Manager

LMK/cb

Enclosure

EMERSON®

WHITE-RODGERS DIVISION
EMERSON ELECTRIC CO.
9797 REAVIS ROAD
ST. LOUIS, MISSOURI 63123
TEL. (314) 577-1300