EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ PAD 07 705 7495

Million Al & Son Body Shop Inc.
395 Ivyland Road
Warminster, PA 18974
Attn: Arleen Gilbert, Sect

INSTALLATION ADDRESS ➤ 395 Ivyland Road
Warminster, PA 18974

4/18/84

EPA Form 8700-12B (4-80)

GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Facilities Management Section

APR 13 1984

U.S. EPA, Region III

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a prep label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct inforr in the appropriate section below. If the l complete and correct, leave Items I, II, a below blank. If you did not receive a prep label, complete all items. "Installation" m single site where hazardous waste is gene treated, stored and/or disposed of, or a porter's principal place of business. Please to the INSTRUCTIONS FOR FILING NO CATION before completing this form. information requested herein is required b *(Section 3010 of the Resource Conservatio Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C ~~A~~

INSTALLATION'S EPA I.D. NUMBER: F PAD077057495 T/A C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 840413

I. NAME OF INSTALLATION

AL million + Son Body Shop Inc.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 395 Ivyland Rd.

CITY OR TOWN: 4 Warminster

ST.: Pa

ZIP CODE: 18974

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 SAME AS Above

CITY OR TOWN: 6

ST.:

ZIP CODE:

BUCKS 017

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 Gilbert Arleen SECT.

PHONE NO. *(area code & no.)*: 215-674-0333

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 ALFONSO MILLION

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

F = FEDERAL
M = NON-FEDERAL

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

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] 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.

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 W | T/A C 1

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
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, veterinar 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.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and a attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the informatior I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sul mitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Alfonso Million	AL MILLION, PRES	4-9-84

EPA Form 8700-12 (6-80) REVERSE

Send to:
EPA Region 3 JOAN HENRY (3HW32)
~~P.O. Box 1480~~ 6TH & WALNUT
Philadelphia, PA 19106

ER–WM–119: 9/88

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Waste Management

GEN

Inspection Report/Data Entry

Million, Al & Son Body Shop

Site I.D. # PAD 017 705 749 15 — Telephone # 215-674-033

Site Name Al Million + Son Auto Body — Operator Name Al Million + S

Address 395 Lawlins Rd. Warminster, Pa. 18974 — Address Warminster, Pa.

Municipality Warminster Twp. — County Bucks

Responsible Official Arleen Gilbert — Title Corp. Secy

Person Interviewed Arleen Gilbert — Title Corporate Secy.

Inspector Jack Walter — Time 1:00

Date	Inspection Date	Inspection Type	Facility Type	Inspector I.D. #	# Violatio
	05 09 89	01	07	2154	00

Comment

Sample # Low — Sample # High

Monitoring Points Sampled

INSPECTION TYPE

- 01 Routine
- 02 Spill Response
- 03 Remedial Action
- 04 Follow Up
- 05 Crit Stage
- 06 Sample Only
- 07 Permitting
- 08 Superfund
- 09 Ground Water
- 10 Survey
- 11 Part B
- 12 Complaint
- 13 Withdrawn
- 14 Closure
- 15 Post Closure
- 16 Form 4
- 17 Form 4 w/sample
- 50 Record Rev
- 99 Other

FACILITY TYPE

Municipal
- 01 Municipal Waste Landfill
- 02 Construction/Demolition Landfill
- 03 Processing
- 04 Incinerator
- 05 Surface Application

Residual
- 06 Landfill
- 07 Demolition
- 08 Processing
- 09 Incinerator
- 10 Surface Application
- 11 Surface Impoundment
- 12 Surface Injection Well

Hazardous
- 01 Disposal
- 02 Treatment
- 03 Storage
- 04 Transporter
- 05 Permit by Ru
- 06 Generator
- 07 SQG
- 08 RRR
- 09 Other
- 50 Superfund

ER–WM–300: Rev. 3/88

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

Hazardous Waste Inspection Report
Generators – Part B

1–No Violation Observed 2–Not Applicable 3–Not Determined 4–Non-Compliance

Status 1	2	3	4	REQUIREMENT	Chapter Citation 75.262
X				Hazardous waste determination, copies available	(b)
X				Identification number	(c)(1)
X				Hazardous waste shipments offered only to licensed transporters	(c)(4)
X				Authorization received from TSD facility for wastes shipped off-site	(d)
X				PA manifest used for intrastate shipments	(e)(2)
	X			Disposer state manifest or EPA format manifest used for out-of-state shipments	(e)(3)
X				Manifests filled out properly and completely	(e)(7)
X				Manifests routed properly and within time limits (7 days)	(e)(14) or (15)
X				Proper U.S. DOT shipping containers or packages	(f)(1)(i)
X				Shipping containers marked and labeled according to U.S. DOT	(f)(1)(ii)
X				Containers of 110 gal. or less marked with required PA label	(f)(1)(iii)
X		X		Placards offered to transporter	(f)(2)
X				Wastes accumulated on-site for less than 90 days	(g)(1)(i)
X				Wastes stored in proper containers and properly marked and labeled	(g)(1)(ii)
X				Containers managed in accordance with 75.265(q)(1)–(9)	(g)(1)(iii)
X				Containers clearly marked with accumulation date and visible for inspection	(g)(1)(iv)
X				Records retained at designated location for 20 years	(h)
X				Quarterly reports submitted to the Department	(i)
X				Exception reporting procedures followed	(j)
X				Hazardous waste disposal plan, if required	(l)
X				Spill reporting procedures followed	(m)(1)
X				Preparedness, Prevention and Contingency Plan and implemented	(m)(5)
	X			Special requirements followed for international shipments	(o)
X				On the job or classroom personnel training program [75.265(f)]	(g)(1)(6)
X				Drum accumulation area inspected weekly as per 75.265(q)(5)	(g)(1)(iii)

ER–WM–300: Rev. 12/88

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

Hazardous Waste Inspection Report
Generators – Part A

Date of inspection 5-9-89 Time start 1:00 Time finish 2:00

Name of inspector Rob Winter

Company, installation name Al Million & Son Auto Body

Location 395 Swyfard Rd. Warminster Pa

County Bucks Municipality Warminster Tw

Identification number PAD 077057495

Name of responsible official Arlen Gilbert

Title Corporate Secretary

Mailing address 395 Swyfard Rd Warminster Pa.

Area code and telephone number 215-674-0333

Name of person interviewed Arlen Gilbert

Title Corporate Secretary

Mailing address *(if different from above)*

Area code and telephone number 215-674-0333

1. Current waste handling method:

a.	☐ On-site	☐ treatment,	☐ storage,	☐ disposal	☐ PBR
b.	☐ On-site	☐ use,	☐ reuse,	☐ recycle,	☐ reclaim
c.	☑ Off-site	☐ treatment,	☐ storage,	☑ disposal	
d.	☑ Off-site	☐ use,	☐ reuse,	☐ recycle,	☑ reclaim

2. Amount of hazardous waste produced:

a. <100 kg./mo.

b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
D001, F003	Delaware Containers	No. 11th Ave. & Valley
F005	Co., Inc.	Coatesville, Pa 193

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

Hazardous Waste Inspection Report
Comments — Part C

Date of Inspection 5-9-89 Identification Number PAD 070570574

Company, Installation Name A.C. Million + Son Auto Body

County Bucks Municipality Warminster Twp

Hazco International transport the D.O.T. Fed. Regs. regarding the disposal of the designated facility.

The paint filters are to be analyzed as to whether they are hazardous or not. They are to be collected and stored in 55 G. drums immersed in H2O.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Arlen Gilbert Date 5-9-89

Inspector (signature) [illegible] Date 5-9-89