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 ➤ [illegible]

C & S AUTO REBUILD INC
68[illegible] GREENWOOD NORTH
SEATTLE WA 98[illegible]3

INSTALLATION ADDRESS ➤ 68[illegible] GREENWOOD NORTH
SEATTLE WA 98[illegible]3

EPA Form 8700-12B (4-80)

[redacted]

99. EPA/STATE HAZARDOUS WASTE I.D.#

W A D 0 6 7 1 2 8 0 1 7

(a) ☐ RCRA/STATE
(b) ☒ STATE ONLY
(c) ☐ SMALL QUANTITY
(d) ☐ NON REGULATED
(e) ☐ ONE TIME ONLY
(f) ☐ EMERGENCY
(g) ☐ OTHER _____

INIT: DSA
DATE: 8/84
EPA: 9-4
ACK: 2020
COPY: ✓
REGION: NW

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504
(206) 459-6300/6305/6306

DATE IN TO DEPARTMENT

'84 AUG 29 A7:44
ECOLOGY
OLYMPIA, WA

DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION

☐ B. REVISED NOTIFICATION (enter current I.D.# in upper left)

revisions effective: MO. ____ / DAY ____ / YR. ____

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

— —

2.B. SIC CODE(S)

PRIMARY: 7531 SECONDARY: OTHER:

3. NAME OF COMPANY

C & S AUTO REBUILD INC.

RECEIVED
SEP - 4 1984
WASTE MANAGEMENT BRANCH

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

6805 GREENWOOD NORTH

CITY OR TOWN: SEATTLE
STATE: WN
ZIP CODE: 98103 –

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

SAME

CITY OR TOWN:
STATE:
ZIP CODE: –

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

KING 033

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

B. ☐ UNDERGROUND INJECTION

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)
(1) ☐ TREATMENT
(2) ☐ STORAGE
(3) ☐ DISPOSAL
(4) ☐ WE ACCEPT OFF-SITE WASTES

D. ☒ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

(1) Mode(s) of Transport YOU Operate

(a) ☒ HIGHWAY (b) ☐ AIR (c) ☐ RAIL
(d) ☐ WATER (e) ☐ OTHER _____

8. CONTACT PERSON

NAME (last): SMITH (first): GARY

TITLE: VICE PRES.

PHONE NO. (area code & number): 206 – 784 – 3388

9. OWNERSHIP (Legal Owner(s) of this Installation)

DIXON J SMITH

10. TYPE OF OWNERSHIP (enter letter code in box)

P

ECL-812 3
ECY 030-5 (3/84)

9-13

11. WASTE IDENTIFICATION

A. NUMBER LINER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	WEIGHT	E. CODE
1	Spent Lacquer Thinner and Paint	F 0 0 3 0 0 1 F 0 0 5 ~~U 0 0~~ 2	2 2 50		P
2					
3					
4					
5					
6					
7					
8					
9					
10					

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. ☐ Batch Frequency ~~70 days~~ QUANTITY 4 0 0 WEIGHT P CODE

B. ☐ PER MONTH QUANTITY 19 0 WEIGHT P CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

A.____ ☐ NOTIFICATION FORM
B.____ ☐ PART A PERMIT FORM FOR TSD FACILITIES
C.____ ☐ BIOLOGICAL TEST PROCED.
D.____ ☐ GENERATOR ANNUAL REPORT FORM
E.____ ☐ CHEMICAL TEST PROCED.
F.____ ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G.____ ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H.____ ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I.____ ☐ OTHER (specify)____

15. 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.

SIGNATURE:	OFFICIAL TITLE (Print)	DATE SIGNED:
Gary Smith	Vice Pres.	8/21/84
PRINTED NAME: Gary Smith		