PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☑ Show to whom and date delivered ..... ___¢
   - ☐ Show to whom, date, and address of delivery .. ___¢
2. ☐ RESTRICTED DELIVERY ___¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $ ___

3. ARTICLE ADDRESSED TO: MR. G.W. Kamis
Owens Illinois Inc. Clarion PA
P.O. BOX 150 Grand Ave
Clarion, PA 16214

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☐ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
P311559631

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

6. DATE OF DELIVERY

POSTMARK
CLARION, PA JUL 26 1982 USPO

6. ADDRESSEE'S ADDRESS (*Only if requested*)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

P 311 559 631

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO MR. G.W. Kamis
Owens Illinois Inc. Clarion PA
STREET AND NO.
P.O. BOX 150 Grand Ave
P.O., STATE AND ZIP CODE
Clarion, PA 16214

POSTAGE				$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE			¢
	OPTIONAL SERVICES	SPECIAL DELIVERY		¢
		RESTRICTED DELIVERY		¢
		RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
			SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
			SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES				$
POSTMARK OR DATE				

PS Form 3800, Apr. 1976

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 23 1982

Certified Mail
Return Receipt Requested

Mr. G.W. Kamis
Plant Manager
Owens Illinois Inc. Clarion Plt. 17
P.O. Box 150 Grand Ave
Clarion, PA 16214

Re: EPA Identification Numbers
Facility Location: Grand Ave.
Clarion, PA 16214

Dear Mr. Kamis:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number PAT-00-062-0047 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number PAD-00-062-0047 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3AW32). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely,

Shirley D. Bulkin

Shirley D. Bulkin
Environmental Protection Specialist
RCRA Permic & Pesticides Section

cc: Mr. Gary Galida
PA Dept. of Enviornmental Resources

F	DUP		7		
1	2	13 14	15	16	19 20 23

FACILITY OWNER'S NAME

F	DUP		7		
1	2	13	14	15	16 19 20 23

F	DUP	3	8	
1	2	13	14	15 16

OWNER TYPE	ACTIVITY CODE				TRANSPORT MODE										FAC. STAT.	PERM. STAT.	CLOSURE DATE
	GEN	TRANS	TSD	UIC	AIR	RAIL	ROAD	WATER	OTHER								
				5													
56	57			60	61				65	66				70	71	72	73 78

TYPE NEW PERMIT NUMBER TYPE OLD PERMIT NUMBER

F	DUP		9			
1	2	13 14	15	16 17	18 30	31 32 33 45

TYPE NEW PERMIT NUMBER TYPE OLD PERMIT NUMBER

F	DUP		9			
1	2	13 14	15	16 17	18 30	31 32 33 45

TYPE NEW PERMIT NUMBER TYPE. OLD PERMIT NUMBER

F	DUP		9			
1	2	13 14	15	16 17	18 30	31 32 33 45

DATE NOTIFICATION ACKNOWLEDGEMENT SENT DATE INTERIM STATUS ACKNOWLEDGEMENT SENT

F	DUP		0		
1	2	13 14	15	16 21	22 27

COMMENTS

F	DUP		C	
1	2	13 14	15	16

EPA Form 2800-16 (5-80)

EPA

ENVIRONMENTAL HAZARDOUS WASTE DAT
FACILITY INVENTOR

OWENS ILLINOIS INC.

CARD CODE	FACILITY IDENTIFICATION NUMBER	TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME
F	PAT000620047	3	1					
1	2 – 13	14	15	16	17 – 22	23	24 – 29	30

FACILITY CONTACT NAME/POSITION

F	DUP		2		
1	2 – 13	14	15	16	45

MAILING ADDRESS

F	DUP		3		
1	2 – 13	14	15	16	45

MAILING CITY / STATE

F	DUP		4			
1	2 – 13	14	15	16	40	41 – 42 – 43

FACILITY ADDRESS

F	DUP		5		
1	2 – 13	14	15	16	45

FACILITY CITY / STATE

F	DUP		6			
1	2 – 13	14	15	16	40	41 – 42 – 43