EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated 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

OKD987071370

BEST CLNRS
4921 NW 23RD
OKLAHOMA CITY , OK 73127
DONNA GAGE GEN MGR

INSTALLATION ADDRESS

2809 SW 74TH EXPWY
OKLAHOMA CITY ,OK 73159

EPA Form 8700-12B (6-90)

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

MAY 1 3 1992

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number (*Mark 'X' in the appropriate box*)

☐ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: OKD987071370

Name change

II. Name of Installation (*Include company and specific site name*)

BEST CLEANERS

III. Location of Installation (*Physical address not P.O. Box or Route Number*)

DA. 6/16/92

Street: 2809 SW 74

Street (continued):

City or Town: Okla City | State: OK | ZIP Code: 73159-

County Code: 109 | County Name: Okla

IV. Installation Mailing Address (*See instructions*)

Street or P.O. Box: 4921 NW 23

City or Town: Okla City | State: OK | ZIP Code: 73127-

V. Installation Contact (*Person to be contacted regarding waste activities at site*)

Name (last): Gage | (first): Donna

Job Title: General Mgr. | Phone Number (*area code and number*): 405-949-0575

VI. Installation Contact Address (*See instructions*)

A. Contact Address (Mailing): X | B. Street or P.O. Box: 4921 NW 23

City or Town: Okla City | State: OK | ZIP Code: 73127-

VII. Ownership (*See instructions*)

A. Name of Installation's Legal Owner: Pride Cleaners

Street, P.O. Box, or Route Number: 5101 College Blvd.

City or Town: Leawood | State: Kansas | ZIP Code: 66211-

RECEIVED JUN 1992 KCRA PROGRAMS BRANCH

Phone Number (*area code and number*): 913-491-0001

B. Land Type: D | C. Owner Type: D | D. Change of Owner Indicator: Yes ☐ No X | (Date Changed) Month Day Year

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

Please print or type with ELITE type (12 characters per inch)

ID – For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. Treater, Storer, Disposer (at installation)
   Note: A permit is required for this activity; see instructions.
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – indicate device(s)

   Type of Combustion Device
   - [ ] 1. Utility Boiler
   - [ ] 2. Industrial Boiler
   - [ ] 3. Industrial Furnace
   - [ ] 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner – indicate device(s)

   Type of Combustion Device
   - [ ] 1. Utility Boiler
   - [ ] 2. Industrial Boiler
   - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 – 261.24)*

1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (EPA hazardous waste number(s) for the EP Toxic contaminant(s))

(D001)	(D002)	(D003)	(D000)			
[ ]	[ ]	[ ]	[ ]			

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Donna Gase	Donna Gase General Mgr	4-4-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

EPA MAY 1991 RCRA PROGRAMS BRANCH

Notification of Regulated Waste Activity

Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

☐ A. First Notification ☒ B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: OKD987071370

II. Name of Installation *(Include company and specific site name)*

Best Cleaners

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 2809 SW 74th Expressway

Street (continued):

City or Town: Oklahoma City | State: OK | ZIP Code: 73159-

County Code: | County Name: Oklahoma

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 2809 SW 74th Expressway

City or Town: Oklahoma City | State: OK | ZIP Code: 73159-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(last)*: Williams | *(first)*: Lisa

Job Title: Manager | Phone Number *(area code and number)*: 405-682-3508

VI. Installation Contact Address *(See Instructions)*

A. Contact Address: Location ☐ Mailing ☒

B. Street or P.O. Box: 4921 NW 23rd

City or Town: Oklahoma City | State: OK | ZIP Code: 73127-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: Pride Cleaners

Street, P.O. Box, or Route Number: 5101 College Blvd Suite 200

City or Town: Leawood | State: KS | ZIP Code: 66211-

Phone Number *(area code and number)*: 913-491-0001

B. Land Type: ☐ | C. Owner Type: ☒ | D. Change of Owner Indicator: Yes ☐ No ☐ | (Date Changed) Month Day Year

RCRA 9/05/91

R.V. 6/25/91 DA. 7.8.91

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

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VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

[X] 1. Generator (See Instructions)
- [X] a. Greater than 1000kg/mo (2,200 lbs.)
- [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- [ ] c. Less than 100 kg/mo (220 lbs.)

[ ] 2. Transporter (Indicate Mode in boxes 1-5 below)
- [ ] a. For own waste only
- [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. Other - specify

[ ] 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
- [ ] a. Generator Marketing to Burner
- [ ] b. Other Marketers
- [ ] c. Burner - Indicate device(s) - Type of Combustion Device
  - [ ] 1. Utility Boiler
  - [ ] 2. Industrial Boiler
  - [ ] 3. Industrial Furnace

[ ] 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- [ ] a. Generator Marketing to Burner
- [ ] b. Other Marketer
- [ ] c. Burner - Indicate device(s) - Type of Combustion Device
  - [ ] 1. Utility Boiler
  - [ ] 2. Industrial Boiler
  - [ ] 3. Industrial Furnace

[ ] 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. EP Toxic *(D000)*	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
[ ]	[ ]	[ ]	[ ]	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[illegible]	[illegible]	4-3-91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

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 ->	OKD987071370	06/22/1990
FACILITY NAME ->	COMET CLNRS	
MAILING ADDRESS ->	SW 74TH EXPWY 2809 OKLAHOMA CITY	OK 73159
INSTALLATION ADDRESS ->	2809 SW 74TH EXPWY OKLAHOMA CITY	OK 73159

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202

ATTN: RCRA INFORMATION MANAGEMENT SECTION (6H-HI)

TO:

COMET CLNRS
WILLIAMS LISA MGR
SW 74TH EXPWY 2809
OKLAHOMA CITY OK 73159

BEST CLEANERS INC.

4921 N.W. 23rd • Oklahoma City, Oklahoma 73127 Telephone Area 405-949-0533

JUNE 6, 1990

Oklahoma State Dept. of Health
Environmental Health Finance Office
1000 Northeast 10th Street
P.O. Box 53551
Oklahoma City, Okla. 73152

Dear Sirs,

We are requesting EPA Numbers for 3 of our locations. Eclosed are the forms that were sent to us to fill out. If any further information is needed please advise.

Thank You.

RECEIVED
JUN 13 1990
HAZARDOUS WASTE
PROGRAMS BRANCH

Sincerely,

Roy Whittington,
Regional Manager.

RECEIVED
JUN 08 1990
ENV. HEALTH
FINANCIAL OFFICE

HYDROCARBON RECYCLERS, INC. (HRI)

2549 NEW YORK
WICHITA, KS. 67219
(316) 267-5742

RECEIVED
JUN 13 1990
HAZARDOUS WASTE PROGRAMS BRANCH

DRY CLEANER HAZARDOUS WASTE PROFILE SHEET

Date 4-30-90

GENERATOR INFORMATION

Name of Company Comet Cleaners EPA ID #
Address (mail) 2809 SW 74th Expressway Okla City
Address (shipping) 2809 SW 74th Expressway Okla City
State Oklahoma Zip Code 73159
Phone 405-682-3508 Manager Lisa Williams

WASTESTREAM INFORMATION

DOT Shipping Name Waste Perchlorethylene
Hazard Class ORM-A RQ 100 UN or NA 1897
EPA Hazardous Waste # F002
Dry Cleaning Solvent Used* Perchlorethylene
Type of Filter/cartridge Used
Regular ✓ Jumbo ___ Split jumbo ___
On site reclamation None ___ by still ✓ by sparger ___
Forms of hazardous waste Cartridges ✓ Muck ___ Stillbottoms ___ Solvent ___
Average rate of production/mo. Cartridges 7 Muck (gal.) ___ Stillbottoms (gal.) ___
Solvent (gal.) ___

REQUIREMENTS

(1) Cartridges are to be stored in separate containers from still bottoms or muck.
(2) Drums are to be kept in acceptable condition (See Drum Condition Letter).
(3) Solids and trash in still bottoms and muck drums or in cartridge drums will be billed at incineration prices. Waste of any kind other than perchloroethylene related waste cannot be mixed with cartridges or with still bottoms and muck.
(4) Lids on drums are to be kept tightly closed when waste is not being added to the drums.
(5) All drums containing hazardous waste are to have a properly filled out hazardous waste label and an ORM-A label.
(6) Drums that are picked up will be billed as full drums, for example 10 regular cartridges/drum, 4 jumbo splits/drum, or 2 jumbos/drum.

CERTIFICATION AND AGREEMENT

I certify that the above information is correct to the best of my knowledge. I realize that if there is a significant variation between the information provided in the questionaire and the wastestream received by HRI special costs to my company and special procedures may be necessary for proper handling of the waste. I agree to see that the above listed requirements are followed.

Generator Representative [signature] Date 5-24-90

cps: Sales manager Customer File

* Be sure to indicate if the drycleaning solvent used is not pure perchloroethylene, i.e. Valclene or safety solvent. Pricing and handling will vary from the normal price schedule for perchloroethylene waste.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only. 22/90

OMB No. 2050-0028, Expires 10-30-91
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

RA. 6.27.90

MS 6.29.90

For Official Use Only

Comments

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
OKD987071370		

027 Cleveland

I. Name of Installation

Comet Cleaners

II. Installation Mailing Address

Street or P.O. Box: SW 74th Expressway 2809

City or Town	State	ZIP Code
Oklahoma City	OK	73159

III. Location of Installation

Street or Route Number: 2809 SW 74th Expressway

City or Town	State	ZIP Code
Oklahoma City	OK	73159

IV. Installation Contact

Name and Title (*last, first, and job title*)	Phone Number (*area code and number*)
Williams Lisa Mgr.	4056823508

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership (*enter code*)
Pride Best Cleaners	Corp.

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel (*enter 'X' and mark appropriate boxes below*)
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (*or On site Burner*) Who First Claims the Oil Meets the Specification

RECEIVED JUN 13 1990 HAZARDOUS WASTE PROGRAMS BRANCH

Rec'd 6/13/90

VII. Waste Fuel Burning: Type of Combustion Device (*enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.*)

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation (*transporters only – enter 'X' in the appropriate box(es)*)

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other (*specify*)

IX. 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 ID Number in the space provided below.

- [X] A. First Notification
- [ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

ID - For Official Use Only														
C W													T/A	C 1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific 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 sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
F002					
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
F002					
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted 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)*

XI. 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	Name and Official Title *(type or print)*	Date Signed
Roy Whittington	Roy Whittington Regional Mgr	5-24-90

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.