2500

MOODY-DAY COMPANY, INC.
DALLAS TX

TXD981902877
RC NT VOL 01

478A.TXD981902877 0001
MOODY-DAY COMPANY, INC.
DALLAS, TX 75207

000000034648 HZ/RC/NT

478A.TXD981902877 0001

2501

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 →

TXD981902877

INSTALLATION ADDRESS →

MOODY DAY COMPANY INC.
HINK SUSAN SERV. DPT.
1919 S INDUSTRIAL BLVD.
DALLAS 75207

EPA Form 8700-12B (4-80)

2502

073170

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

Form ... roved OMB No. 2050-0028, Expires 9-30-88. GSA No. 0245-EPA-01

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*).

For Official Use Only

Comments: 19297

Installation's EPA ID Number: TXD 98-190-2877 (T/A C 1)

Approved | Date Received (yr. mo. day): 115 / DALLAS

I. Name of Installation

MOODY-DAY COMPANY, INC

II. Installation Mailing Address

Street or P.O. Box: PO BOX 10526

City or Town: DALLAS | State: TX | ZIP Code: 75207

III. Location of Installation

Street or Route Number: 1919 S. INDUSTRIAL BLVD

City or Town: DALLAS | State: TX | ZIP Code: 75207

IV. Installation Contact

Name and Title (*last, first, and job title*): HINK, SUSAN SERV. DPT

Phone Number (*area code and number*): 214 631 6460

V. Ownership

A. Name of Installation's Legal Owner: H I SERVICE ENTERPRISES

B. Type of Ownership (*enter code*): P

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 (*enter 'X' and mark appropriate boxes below*)
  - [ ] 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 EPA REGION VI 1987 JUL 30 PM 1:4 HAZARDOUS WASTE PROGRAMS BRANCH

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

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

Continue on reverse

2503

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
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 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
Leonard W. Shipley	Leonard W Shipley, Controller	12/21/86

EPA Form 8700-12 (Rev. 11-85) Reverse

1-12-87

9563 16NHC