478A.TXR000020487 0001
SEARS NO. 1057
DALLAS, TX 75240

$000210426 HZ/RC/NT

478A.TXR000020487 0001

T 4 8 7

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 Biennial 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: TXR000020487 09/21/98

INSTALLATION ADDRESS:
SEARS NO 105716427
3333 BEVERLY RD A2-242A
HOFFMAN ESTATES , IL 60179
DAWN JESS ENV PROJ MGR

13131 PRESTON RD
DALLAS ,TX 75240

EPA Form 8700-12A (1/98)

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

(For Official Use Only)

EP 1 6 1998

3W9-16-98

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

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: TXR000020487

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

SEARS #1057/6427

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

13131 PRESTON RD

City or Town: DALLAS State: TX Zip Code: 75240-

County Code: 113 County Name: DALLAS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: 3333 BEVERLY RD A2-242A

City or Town: HOFFMAN ESTATES State: IL Zip Code: 60179-

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

Name (Last): JESS (First): DAWN

Job Title: ENV PROJECT MGR Phone Number (Area Code and Number): 847-286-8616

VI. Installation Contact Address (See instructions)

A. Street Address ☐ B. Street or P.O. Box ☒

City or Town: State: Zip Code: -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: SEARS ROEBUCK & CO

Street, P.O. Box, or Route Number: 3333 BEVERLY RD

City or Town: HOFFMAN ESTATES State: IL Zip Code: 60179-

Phone Number (Area Code and Number): 847-286-2500

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes ☐ No ☒ (Date Changed) Month Day Year

RECEIVED SEP 2 1998

IF Delin

EPA Form 8700-12 (Rev. 10/09/96)

Hood geq'd 9/18/98

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

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)
   - ☐ 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. Boiler and/or Industrial Furnace
     - ☐ 1. Smelter Deferral
     - ☐ 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - ☐ 1. Utility Boiler
     - ☐ 2. Industrial Boiler
     - ☐ 3. Industrial Furnace
5. ☐ Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - ☐ a. Utility Boiler
   - ☐ b. Industrial Boiler
   - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Process
   - ☐ b. Re-refine

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. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X			X	D018	D039	D040	

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 a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Dawn A Jess	DAWN A JESS ENV PROJ MGR	8/19/98

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 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	TXR000020487 04/21/97
	SEARS NO 1067 [illegible] BEVERLY RD [illegible] HOFFMAN ESTATES, IL 60179 MARGARET WHITNEY ENV [illegible]
INSTALLATION ADDRESS	13131 PRESTON RD DALLAS, TX 75240

EPA Form 8700-12A (6-90)

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

Form Approved, OMB No. 2050-0028 Expires 9-30-88
EPA No. 2010-0004

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)
MAR 24 1997
4-3-97

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

[X] A. First Notification [ ] B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: TXR000020487

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

SEARS #1057

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

Street: 13131 PRESTON RD

Street (Continued):

City or Town: DALLAS | State: TX | Zip Code: 75240-

County Code: 113 | County Name: DALLAS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: 3333 BEVERLY ROAD D824C

City or Town: HOFFMAN ESTATES | State: IL | Zip Code: 60179-

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

Name (Last): WHITNEY | (First): MARGARET

Job Title: ENV PROJECT MGR | Phone Number (Area Code and Number): 847-286-8516

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location [ ] Mailing [X] Other [ ]

B. Street or P.O. Box: -

City or Town: | State: | Zip Code: -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: SEARS ROEBUCK AND CO

Street, P.O. Box, or Route Number: 3333 BEVERLY ROAD

City or Town: HOFFMAN ESTATES | State: IL | Zip Code: 60179-

Phone Number (Area Code and Number): 847-286-2500

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-83) Previous edition is obsolete. thead gaged

Continued on Reverse

KT 4-14-97

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

Form Approved. OMB No. 2050-0028 Expires 5-31-98
EPA No. 8700-12

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)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 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. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

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

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refiner

IX. Description of Hazardous 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. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
X				D018 D002

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 a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
MWhitney	MARGARET WHITNEY ENVIRONMENTAL PROJECT MGR	3/4/97

XI. Comments

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

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

VI

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. 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)*.

For Official Use Only

Comments

HAZARDOUS WASTE PROGRAMS BRANCH

NOV 24 1986

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
T/A C 1		

I. Name of Installation

PRESTON CHRYSLER + PLYMOUTH INC.

II. Installation Mailing Address

Street or P.O. Box: 13439 NO. PRESTON RD.

City or Town	State	ZIP Code
DALLAS TEXAS	TX	75240

III. Location of Installation

Street or Route Number: 13439 No. PRESTON RD

City or Town	State	ZIP Code
DALLAS TEXAS	TX	75240

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
PETTIT CHARLES	214 387 3900

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
MONTE B WHITE	P Corp.

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

A. Hazardous Waste Activity

- ☐ 1a. Generator ☐ 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

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.

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

C. Installation's EPA ID Number: TXD 057404287

① Used Motor oil
② Waste Petroleum Naptha
③ Waste Cleaning Compound

ID — For Official Use Only														
C													T/A	C
W														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
Charles L. Pettit	SERVICE ADMINISTRATOR	9/24/86

TEXAS WATER COMMISSION
P.O. Box 13087, Capitol Station
Austin, Texas 78711-3087

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID Number

Manifest Document No. 99822

2. Page 1 of 1

Information in the shaded areas is not required by federal law.

3. Generator's Name and Mailing Address
PRESTON CHRYSLER-PLY INC
13639 N PRESTON RD
DALLAS TEXAS

4. Generator's Phone (214) 387-9990

5. Transporter 1 Company Name
SAFETY-KLEEN CORP.

6. US EPA ID Number
052061

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
SAFETY-KLEEN CORP.
2150 EAST GRAUWYLER
IRVING, TEXAS 75061

10. US EPA ID Number
052061

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
a. NON-REGULATED LIQUID, NOS (COMBUSTIBLE LIQUID)	X	11	DM	55	P
b. WASTE COMPOUND CLEANING, CORROSIVE MATERIAL, NOS	X	2	DM	20	P
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
E-049-01-2024 4PT
99822
TRK 0196 MK 9639

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been granted a statutory or regulatory exemption from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: K. Carter Signature: [signature] Date: Month 7 Day 23 Year 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] Signature: [signature] Date: Month 7 Day 23 Year 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Date: Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Signature: Date: Month Day Year

EPA Form 8700-22 (Rev. 3-85) Previous edition is obsolete. White-Original Pink-TSD Facility Yellow-Transporter Green-Generator's first copy
TWC 0311 (Rev. 09-01-85)

TDH TDH

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

TDH 55006 ✓

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F TXD057404287 T/A C 1

APPROVED:

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

11-10-84 ack sent 11-5-84

I. NAME OF INSTALLATION

PRESTON CRYSLER PLYMOTH

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 13439 PRESTON ROAD

CITY OR TOWN: 4 DALLAS

ST.: TX

ZIP CODE: 75240

TEXAS DEPT OF HEALTH 1984 SEP 1 SOLID WASTE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 13439 PRESTON ROAD

CITY OR TOWN: 6 DALLAS

ST.: TX

ZIP CODE: 75240

Dallas Co. Code-113

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 MR JIM HENRY BODY SHOP MANAGER

PHONE NO. (area code & no.): 214-387-3900

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 MR GARY LAU

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

F = FEDERAL
M = NON-FEDERAL

M

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

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- Small quantity generator
- [ ] 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

Refer to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W

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
D001	F003	F005			
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, veterinary 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 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 & OFFICIAL TITLE *(type or print)*	DATE SIGNED
X Gary Lau	MR. GARY LAU VICE PRESIDENT	8-16-84

EPA Form 8700-12 (8-80) REVERSE

Send orginal to:

Mr. William Taylor, Chief
Hazardous Material Enforcement Section (GAW-HE)
U.S. EPA Region 6
1201 Elm Street
Dallas, TX 75270

and copy:

Mr. Cliff Hall P.E.
Texas Department of Health
Bureau of Solid Waste Management
1100 West 49th Street
Austin, TX 78756

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

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)

RECEIVED NOV 18 1993

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

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

C. Installation's EPA ID Number: TX0000063834

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

OKLAHOMA INSTALLATION CO.

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

Street: 13343 PRESTON ROAD

Street (continued): DILLARDS VALLEY VIEW

City or Town: DALLAS | State: TX | ZIP Code: 75240-

County Code: 113 | County Name: DALLAS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: PO BOX 740

City or Town: OWASSO | State: OK | ZIP Code: 74055-

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

Name (last): DILLMAN | (first): RANDY

Job Title: SAFETY DIRECTOR | Phone Number (area code and number): 918-272-1899

VI. Installation Contact Address (See instructions)

A. Contact Address Location: [ ] Site [X] Mailing

B. Street or P.O. Box:

City or Town: | State: | ZIP Code: -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: DILLARDS DEPT. STORES

Street, P.O. Box, or Route Number: 1600 CANTRELL

City or Town: LITTLE ROCK | State: AR | ZIP Code: 72201-

Phone Number (area code and number): 501-376-5251

B. Land Type: P

C. Owner Type: P

D. Change of Owner (Indicator): Yes [ ] No [X]

(Date Changed) Month Day Year

Type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0216 EPA 01

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)
   - [ ] 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
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. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic 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
D001	F005	F003			
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
Randy W. Dillman	Randy W. Dillman, V. P.	11-03-93

XI. Comments

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