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

TXD068994755 03/20/95

DECIBEL PRODUCTS
8635 STEMMONS FREEWAY
DALLAS , TX 75247
DAVID LINER SFTY ENV COORD

INSTALLATION ADDRESS

8635 STEMMONS FREEWAY
DALLAS ,TX 75247

EPA Form 8700-12A (6-90)

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

Form approved. OMB No. 2050-0028. Expires 10-31-91

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 1 0 1995

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: TXD068994755

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

Decibel Products

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

Street: 8635 Stemmons Freeway

Street (continued):

City or Town: Dallas | State: TX | ZIP Code: 75247-

County Code: | County Name: DALLAS

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: Same

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

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

Name *(last)*: LINER | *(first)*: David

Job Title: SAFETY ENVIRO CO. | Phone Number *(area code and number)*: 214-819-4290

VI. Installation Contact Address *(See Instructions)*

A. Contact Address: Location [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: The Allen Group

Street, P.O. Box, or Route Number: 25101 Chagrin Blvd

City or Town: Beachwood | State: OH | ZIP Code: 44122-5619

Phone Number *(area code and number)*: 216-765-5800

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

Continue on reverse

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
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.)
   - [X] 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
D008	D007	F005	F003	F001	
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
		2/7/95

XI. Comments

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

file

received 4/18

April 2, 1990

RECEIVED

APR 3 1990

EPA Region VI
Freedom of Information Officer

Freedom of Information Office
Jarva Durham
U.S. EPA, Region 6
1445 Ross Ave.
Dallas, Texas 75202
FAX No.: (214) 655-2142

Dear Jarva:

Pursuant to the Freedom of Information Act, I would like to review the EPA RCRA and CERCLIS files for the following sites:

RCRA

Glidden Coatings & Resins - SCM TXD: 050859503
1900 Josey Lane Carrollton, Tx

Storm Vulcan Inc TXD: 093516680
2225 Burbank Dallas, Tx

CERCLIS

General Motors Parts Division [redacted]
8635 Stemmons Freeway Dallas, Tx.

Mary Kay Cosmetics Manufacturing TXD: 980809917
1330 Regal Row Dallas, Tx.

Please contact me at (214) 247-7575 at your convenience to arrange a date and time to review these files.

Sincerely,

MAXIM ENGINEERS, INC.

Sharon Valverde

Sharon Valverde
Environmental Scientist
Environmental Services

#1
6H
1117
4-17

Maxim
2342 Fabens
Dallas Tx 75229

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

6

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

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 TXD068994755 T/A 21 C

APPROVED:

DATE RECEIVED (yr., mo., & day): 800818

000265

I. NAME OF INSTALLATION

GENERAL MOTORS PARTS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P.O. BOX 47111

CITY OR TOWN: 4 DALLAS ST.: TX ZIP CODE: 75247

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 8635 STEMMONS FREEWAY

CITY OR TOWN: 6 DALLAS ST.: TX ZIP CODE: 75247

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 DAWSON WAYNE SR ENGINEER

PHONE NO. *(area code & no.)*: 313-635-5474

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 G.M.P.D. ASSOCIATES LTD.

DETACH

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

F = FEDERAL
M = NON-FEDERAL

M (56)

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

- [X] A. GENERATION (57)
- [ ] B. TRANSPORTATION *(complete item VII)* (58)
- [X] C. TREAT/STORE/DISPOSE (59)
- [ ] D. UNDERGROUND INJECTION (60)

Delete 9/8/82 per letter & telecon w/ Burnette & Sorchevich 8/30/82

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR (61)
- [ ] B. RAIL (62)
- [ ] C. HIGHWAY (63)
- [ ] D. WATER (64)
- [ ] E. OTHER *(specify)*: (65)

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

Please go to the reverse of this form and provide the requested information.

I.D. — FOR OFFICIAL USE ONLY															
S														T/A	C
W	T	X	D	0	6	8	9	9	4	7	5	5		2	1
1	2												13	14	15

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
7	**8**	**9**	**10**	**11**	**12**

DETACH

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**
¢25000					
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. SEE ATTACHMENT "A"

31	32	33	34	35	36
U057	U075	U080	U159	U161	U210
37	**38**	**39**	**40**	**41**	**42**
U220	U226	U229	U239	U002	U054
43	**44**	**45**	**46**	**47**	**48**
U070	U112	U122	U154	U160	U223

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.)*

☒ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☒ 3. REACTIVE (D003) ☒ 4. TOXIC (D000)

X. CERTIFICATION

DETACH

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
	MANAGER - PDC G.M. SIMMONS	7/21/80

ATTACHMENT A

TXD068994755

SUPPLEMENTARY DETAIL TO SECTION C - COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES

The commercial chemical products identified by the code numbers listed in Section C (as listed in Subpart D, Section 261.33) are not, by generic name, purchased, manufactured, or used in formulating any other commercial chemical product by General Motors Parts Division. However, these chemicals are known to be present in various proportions in some of our distributable products which have been or may be handled by General Motors Parts Division in the course of our business and which have been or may become subject to storage and/or disposal.

If you have any questions or comments concerning this matter, please notify the installation contact shown in Section IV of the form.

RECEIVED
AUG 18 1980
6AEP

Part A, Permit Process --- Internal Checklist

ID Number TYD06 8994755 Inst Name GM

Refer to Form No:	PHASE ONE Interim Regulatory Requirements	Indicate by your initials: Yes	No	Valid Prmlg Date?
1	T/S/D Facility? (~~If No, return to respondent.~~)	___	___	
3	Form 1 received?	___	___	
1	Form 3 received?	___	___	
1 & 3	Postmarked on or before November 19, 1980?	___	___	___
3	Date of operation entered?	___	___	
3	Date of operation on or before November 19, 1980?	___	___	___
Notif. record	Notifier?	___	___	
"	Notified on or before August 18, 1980?	___	___	
1	Form 1, XIII B signed?	___	___	
3	Form 3, IX B Signed?	___	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___

1 & 3 Core items missing? If Yes, indicate which items:

Facility name___; location___; mail address___; operator info___;

certification___; process info___; waste info___; owner___; sigs___.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:

Maps___; photos___; drawings___; lat/long___.

Other observations and comments:

Received Date Stamp

(Stamp forms also)

Log out/Log in on reverse side.

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
File	Paul	9/8/82

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD

5023-101

GPO 643-16-80979-1 385-299

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W TXD068994755 T/A 1	W DUP T/A 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	22000	P	S01	
2	D002				Incl. Above
3					
4					
5					
6					
7					
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23					
24					
25					
26					

2 Copies

Warehousing & Distribution
Division of General Motors Corporation

August 30, 1982

Texas Department of Health
1100 West 49th Street
Austin, TX 78756

RE: TDH #65017, EPA #TXD068994755 - Dallas
" 71012 EPA #TXD041129032 - Houston
" 65018 EPA #TXD074880436 - Dallas T&C

Enclosed, please find a revised copy of page 3 of 5 of the Part A RCRA application. At this time we are requesting deletion of the original listed wastes and quantities. These wastes were originally listed due to a misunderstanding of the regulations.

General Motors Warehousing and Distribution Division hereby requests that the status of the above referenced facility be changed from full TSDF to Small Quantity Generator. In addition, we request that we retain our EPA ID number for future use should the nature of our operations change.

If I can be of further assistance, please contact me at 313-635-6614.

Sincerely,

Bernadette B. Sorchevich

B. B. SORCHEVICH
Environmental Control
Facilities and Planning

BBS/sm
Enclosure

6060 West Bristol Road, Flint, Michigan 48554

Warehousing & Distribution
Division of General Motors Corporation

Inter-Organization Letter

RECEIVED

TXD 068994755

DEC 12 2 01 PM '83

EPA
REGION VI

To: See Below — Location:

From: Mr. J. W. Cagle — Location: Flint, MI

Subject: Delegation of Authority to Sign Permit Applications Under EPA Permit Programs — Date: November 17, 1983

RECEIVED 6AW-HF
DEC 16 1983

DEC 16 1983
HAZARDOUS MATERIALS BRANCH

TO: ALL PARTS PLANT MANAGERS
PDC MANAGERS AT THE FOLLOWING LOCATIONS:
03, 04, 07, 08, 09, 10, 11, 14, 19,
20, 26, 30, 32, 40, 42, 44, 46, 87

As a result of recently promulgated revisions to regulations governing certain permit programs of the Clean Water Act, Safe Drinking Water Act, and the Resource Conservation and Recovery Act, you are hereby designated as the duly authorized representative for your facility. As provided under 40CFR 122.22, 144.32, 233.6, and 270.11 of the "Environmental Permit Regulations" you are authorized to sign all permit applications, all reports required by permits and other information requested by EPA or a corresponding state or municipal agency, submitted for the following programs:

1. National Pollutant Discharge Elimination System (NPDES) of the Clean Water Act (40CFR 122).

2. Underground Injection Control Program of the Safe Drinking Water Act (40CFR 144).

3. Dredge or Fill (404) Program of the Clean Water Act (40CFR 233).

4. Hazardous Waste Permit Program of The Resource Conservation and Recovery Act (40CFR 270).

In the absence of the individual occupying the designated position due to vacation, illness, or other reasons, the individual temporarily responsible for the operation of the facility or activity will become the duly authorized representative.

As in the past, all matters relative to environmental permits, reports, questionnaires, etc., are to be routed through the Environmental Control Group-Flint Central Office for review and submittal to the appropriate agency. Any questions should be directed to Mr. Wayne K. Dawson - Supervisor, Environmental Control at 8-545-5474.

J. W. Cagle
General Manager

OK
File Only

JWC/sm

DEC 13 1983

cc: EPA Regional Administrator

6W-PS

PDC IDENTIFICATION LIST

03	-	5801 North Lindbergh Blvd., Hazelwood, Missouri
04	-	7600 Metro Blvd., Edina, Minnesota
07	-	8635 Stemmons Freeway, Dallas, Texas
08	-	4060 Motors Industrial Way, Doraville, Georgia
09	-	11575 Reading Road, Sharonville, Ohio
10	-	4355 Kearney Street, Denver, Colorado
11	-	2600 South 25th Avenue, Broadview, Illinois
14	-	1800 Parkway Drive, Parkway Ind. Center, Hanover, Maryland
19	-	15005 S.W. Tualatin Valley Hwy. Beaverton, Oregon
20	-	14141 Alondra Bvd., Santa Fe Springs, Califorinia
26	-	8206 Phillips Highway, Jacksonville, Florida
30	-	4807 Wakeforest Street, Houston, Texas
32	-	505 Blue Hill Drive, Westwood, Massachusetts
40	-	Progress Drive & Winks Lane, Bensalem, PA
42	-	555 Vista Blvd., Sparks, Nevada
44	-	36667 Schoolcraft, Livonia, MI
46	-	385 Nordhoff Place, Englewood, New Jersey
87	-	50000 Ecorse Road, Willow Run, MI

9/8/82

~~8/9/82~~ TXD 06 8 99 4753

Sorchevich said they store for less than 90 days and generate only small quantities of waste. The GM warehouses ~~are~~ store returned merchandise and some of the merchandise may have to be disposed of. At that ~~time~~ of disposal it then becomes a waste. Sorchevich said they don't have storage (501) as defined in the regs and requested removal.

(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F TXD068994755

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affi it in the designated space. Review the inform ation carefully; if any of it is incorrect, cro through it and enter the correct data in th appropriate fill-in area below. Also, if any c the preprinted data is absent *(the area to th left of the label space lists the informatio that should appear)*, please provide it in th proper fill-in area(s) below. If the label complete and correct, you need not complet Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete a items if no label has been provided. Refer t the instructions for detailed item descri tions and for the legal authorizations und which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	MARK 'X' NO	MARK 'X' FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GMC WHS & DISTRIB. DIV. - DALLAS

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 DAWSON WAYNE SR. ENGINEER	313 635 5474

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 6060 W. BRISTOL RD.

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 FLINT	MI	48554

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 8635 STEMMONS FREEWAY

B. COUNTY NAME

DALLAS

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 DALLAS	TX	75247	

MAR 1981

6AEP

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 5013 (specify) STORAGE - AUTO PARTS	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 GMC WHSG. & DISTRIBUTION DIV. FLINT

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 313 635 5474

E. STREET OR P.O. BOX: 6060 W. BRISTOL ROAD

F. CITY OR TOWN: B FLINT

G. STATE: MI

H. ZIP CODE: 48554

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N ~~N/A~~	D. PSD (Air Emissions from Proposed Sources): 9 P ~~N/A~~
B. UIC (Underground Injection of Fluids): 9 U ~~N/A~~	E. OTHER (specify): 9 ~~N/A~~ (specify)
C. RCRA (Hazardous Wastes): 9 R ~~N/A~~	F. OTHER (specify): 9 ~~N/A~~ (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

FACILITY UTILIZATION IS PRIMARILY FOR STORAGE AND WHOLESALE DISTRIBUTION OF MOTOR VEHICLE PARTS AND ACCESSORIES.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
	L. B. Kalush	

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F T X D 0 6 8 9 9 4 7 5 5 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	8 0 1 1 1 9	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

C 8 — YR. 6 6 — MO. 0 7 — DAY 0 1 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

[ ] 2. NEW FACILITY *(Complete item below.)*

YR. — MO. — DAY — FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C — DUP — T/A — C I

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
~~X-1~~	~~S 0 3~~	~~600~~	~~G~~		5				
~~X-2~~	~~T 0 3~~	~~20~~	~~E~~		6				
1	S 0 1	1440.000	G		7				
2					8				
3					9				
4					10				

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
~~X-1~~	~~K 0 5 4~~	~~900~~	~~P~~	~~T 0 3 D 8 0~~	
~~X-2~~	~~D 0 0 2~~	~~100~~	~~P~~	~~T 0 3 D 8 0~~	
~~X-3~~	~~D 0 0 1~~	~~100~~	~~P~~	~~T 0 3 D 8 0~~	
~~X-4~~	~~D 0 0 2~~				*included with above*

CONTINUE ON PAGE 3

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S20704

EPA I.D. NUMBER (enter from page 1): TXD068994955 3

FOR OFFICIAL USE ONLY: DUP | DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
20-22	23 - 26	27 - 34	35	36 - 37 / 38 - 39 / 40 - 41 / 42 - 43	
401	U002	28800.000	P	S01	
401	U054				Incl. Above
401	U057				Incl. Above
401	U070				Incl. Above
401	U075				Incl. Above
401	U080				Incl. Above
401	U112				Incl. Above
401	U122				Incl. Above
401	U154				Incl. Above
401	U159				Incl. Above
401	U160				Incl. Above
401	U161				Incl. Above
401	U210				Incl. Above
401	U220				Incl. Above
401	U223				Incl. Above
401	U226				Incl. Above
401	U229				Incl. Above
401	U239				Incl. Above
19					
20					
21					
22					
23					
24					
25					
26					

CONTINUE ON REVERSE

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

TXD068994755 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground—level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
32 49 25 N	096 52 32 W

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
GMPD ASSOCIATES LTD.	214 522 8320

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
2001 McKINNEY	DALLAS TEXAS	TX	75201

IX. OWNER 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert A. Reed	R A Reed	12/11/80

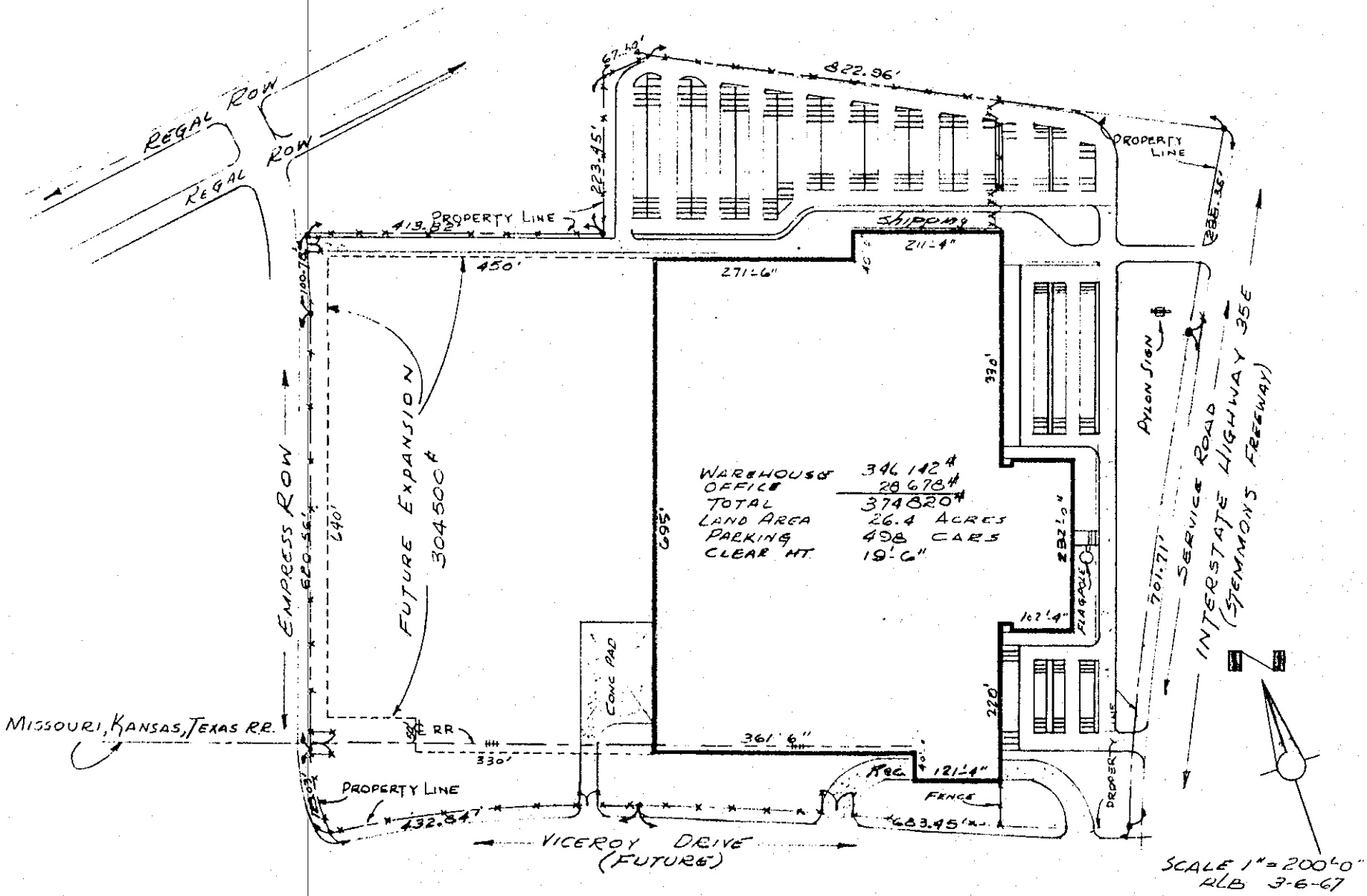
X. OPERATOR CERTIFICATION

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.

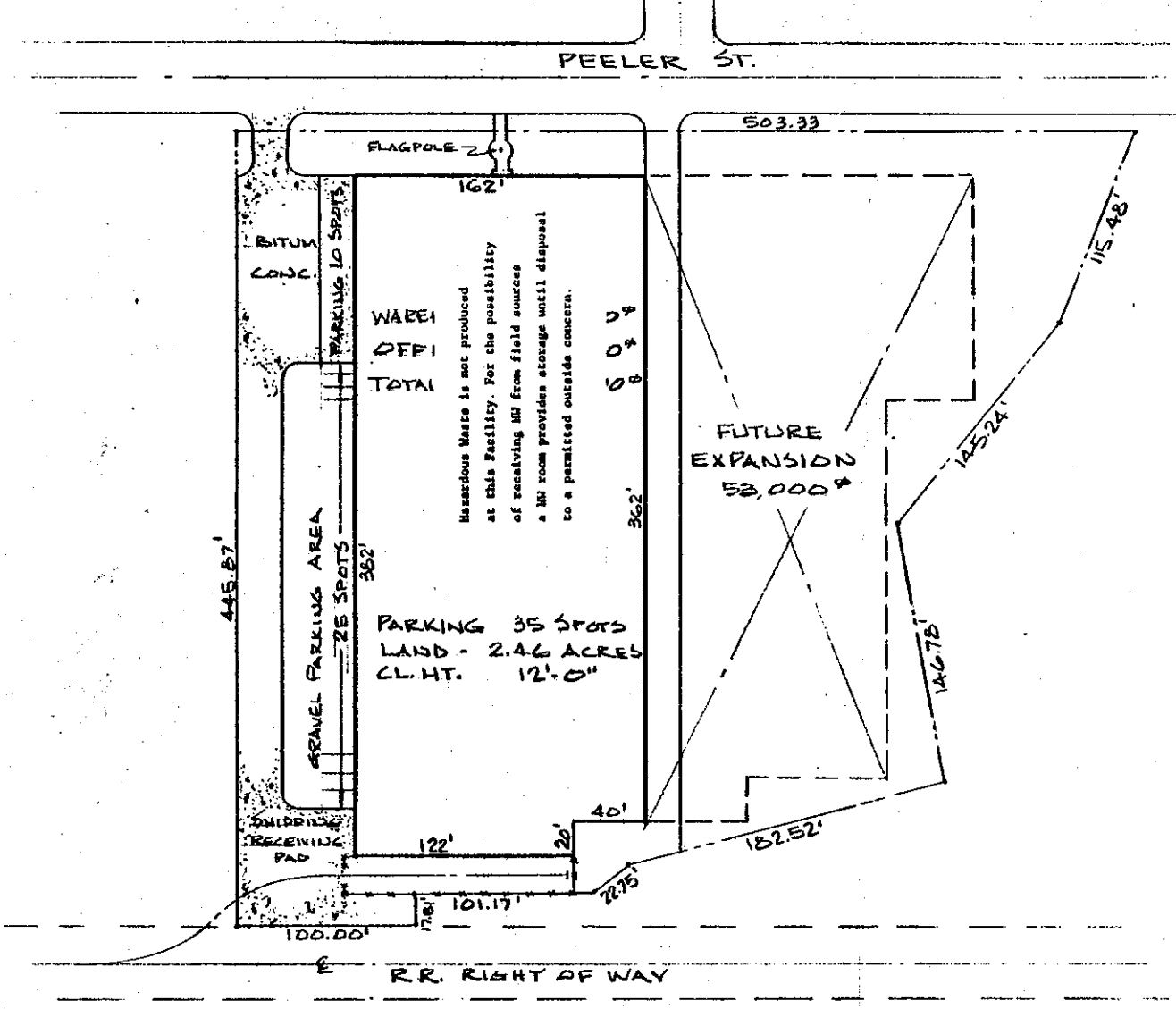
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
	X. [illegible]	

 CONTINUE ON PAGE 5

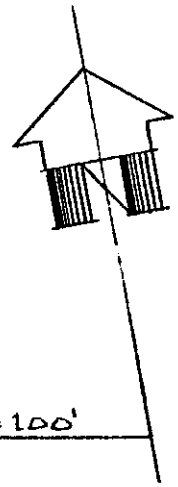
6 - Receiving Truck Spots
12 - Shipping Truck Spots + 30' Will Call
6 - Rail Spots @ 55'



PLOT PLAN
DALLAS, TEXAS. # 07



2-Receiving Truck Spots
2-Shipping Truck Spots



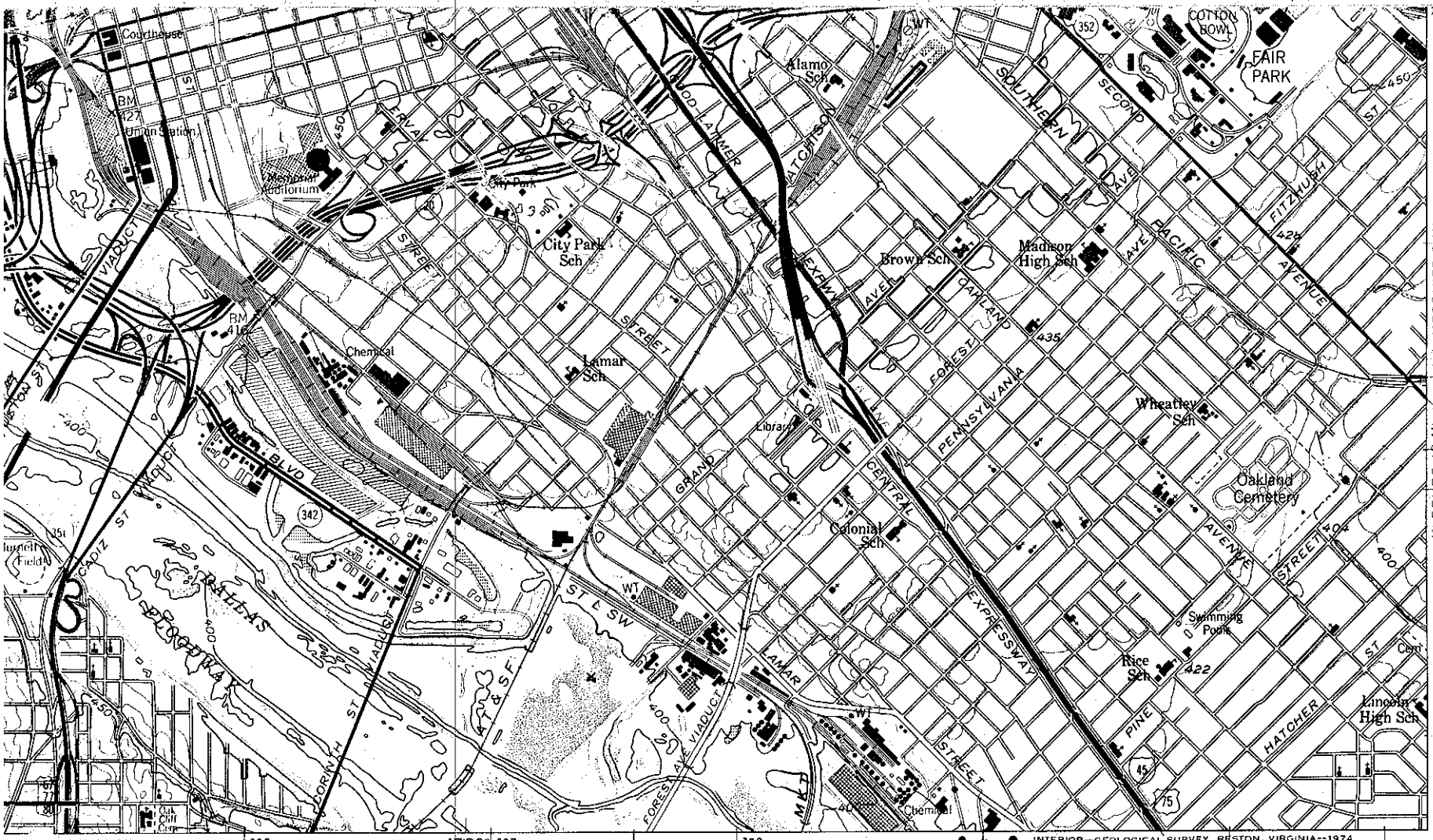
SCALE 1" = 100'

PLOT PLAN

G.M.T & C. DALLAS, TEXAS

REV. # 1-23-80
G.R. BENNETT
7-28-78

Bachman Lake
LOVE FIELD MUNICIPAL AIRPORT
Parking Area
Bachman Filtration Plant
Substation
St Francis Ch
Park Cities Filtration Plant
Brook Hollow Country Club
Water Tank
Grauwyler Park
North Temple
St Luke Ch
Knight Sch
Williams Sch
Westminster Ch
Lovers Lane Ch
Longfellow Sch
Inwood Ch
Polk Sch
North Park Ch
Central Ch
Maple Lawn Sch
Rusk Jr High Sch
Pilot Institute for the Deaf
Drive-in Theater
Knights Branch
Bachman Branch
Fairfax Park
Flipper Park
Bradfield
LOVE FIELD
MISSOURI
KANSAS
TEXAS
DRIVE
DENTON
HARRY HINES
BURBANK
BLVD
LOVEDALE
ELM
FORK
CROSSING
MOCKINGBIRD
LANE
UNIVERSITY
LOVERS
BLUFF VIEW
LEMMON
AVENUE
SHORECREST
LAKEPATHWAY
ROPER
DALLAS
MAPLE
HUDNALL
AVE
STREET
ROAD
RD
CEDAR
ARMS
DOLLWAY
BLVD
GAINESVILLE 11 MI
DENTON 11 MI
BM 441
BM 484
BM 462
BM 472
BM 443
BM 463
BM 472
3635
3634
3633
50'
441
446
497
526
539
549
545
559
491
496
463
444
450
413
410
405
406
354
71
77
183
96° 52' 32" W
32° 49' 25" N
03' 545"
45' 46"
DALLAS TX
C.W. TRC



24 000

1 MILE

4000 5000 6000 7000 FEET

1 KILOMETER

VAL 10 FEET
SEA LEVEL

AL MAP ACCURACY STANDARDS
COLORADO 80225, OR RESTON, VIRGINIA 22092
AND SYMBOLS IS AVAILABLE ON REQUEST

QUADRANGLE LOCATION

ROAD CLASSIFICATION

Heavy-duty
Light-duty
Medium-duty
Unimproved dirt

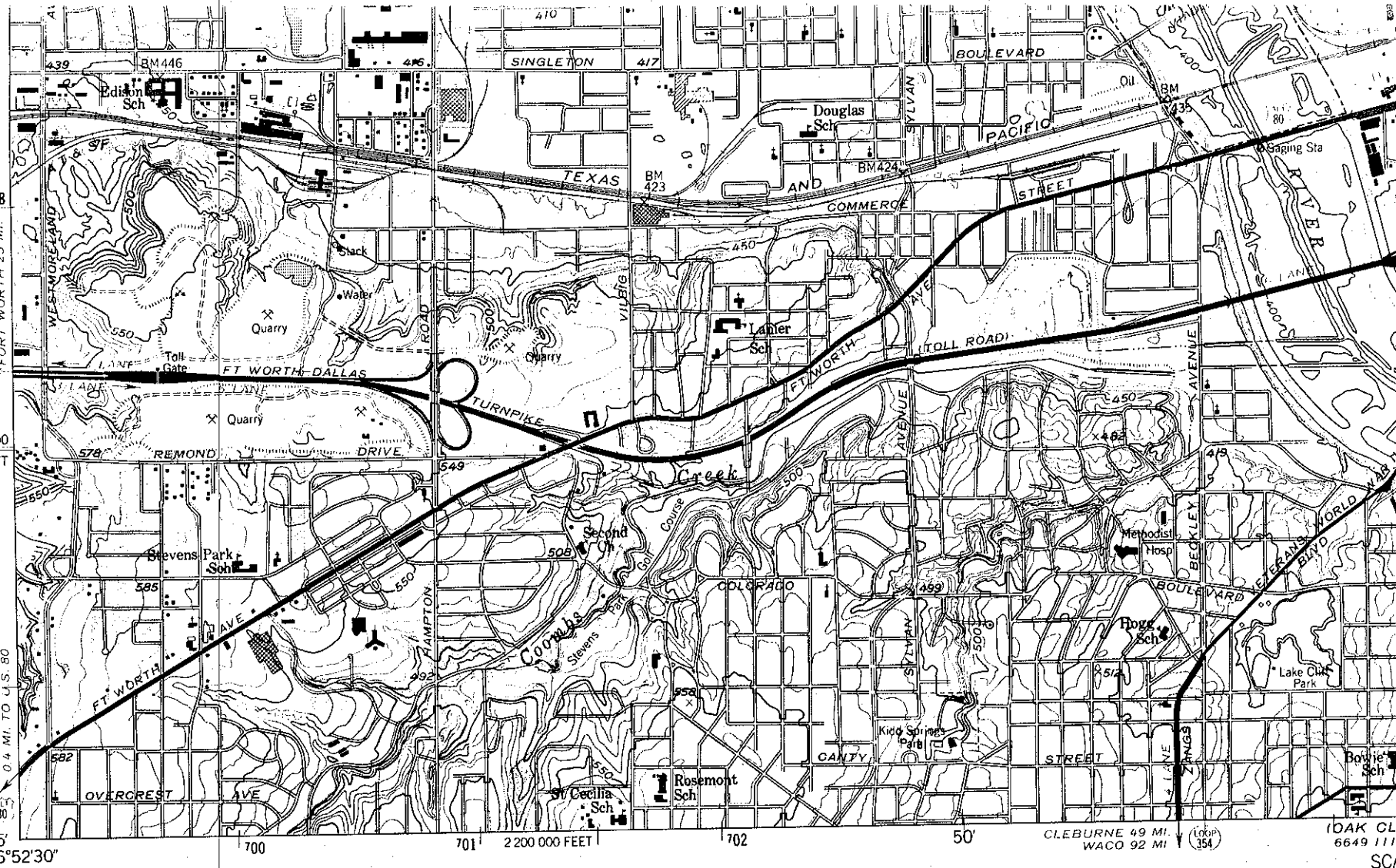
Interstate Route
U. S. Route
State Route

(HUTCHINS)
6649 II NW

DALLAS, TEX.

SE/4 CARROLLTON 15' QUADRANGLE
N3245—W9645/7.5

1958
PHOTOREVISED 1968 AND 1973
AMS 6649 IV SE-SERIES V882



Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

Culture and drainage in part compiled from aerial photographs taken 1952 and 1956. Topography from city of Dallas surveys 1954 and by planetable surveys 1958

Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, north central zone
1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

Red tint indicates areas in which only landmark buildings are shown

Revisions shown in purple compiled from aerial photographs taken 1968 and 1973. This information not field checked

Purple tint indicates extension of urban areas

MN
GN
1°11'
21 MILS
8°
142 MILS

UTM GRID AND 1973 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

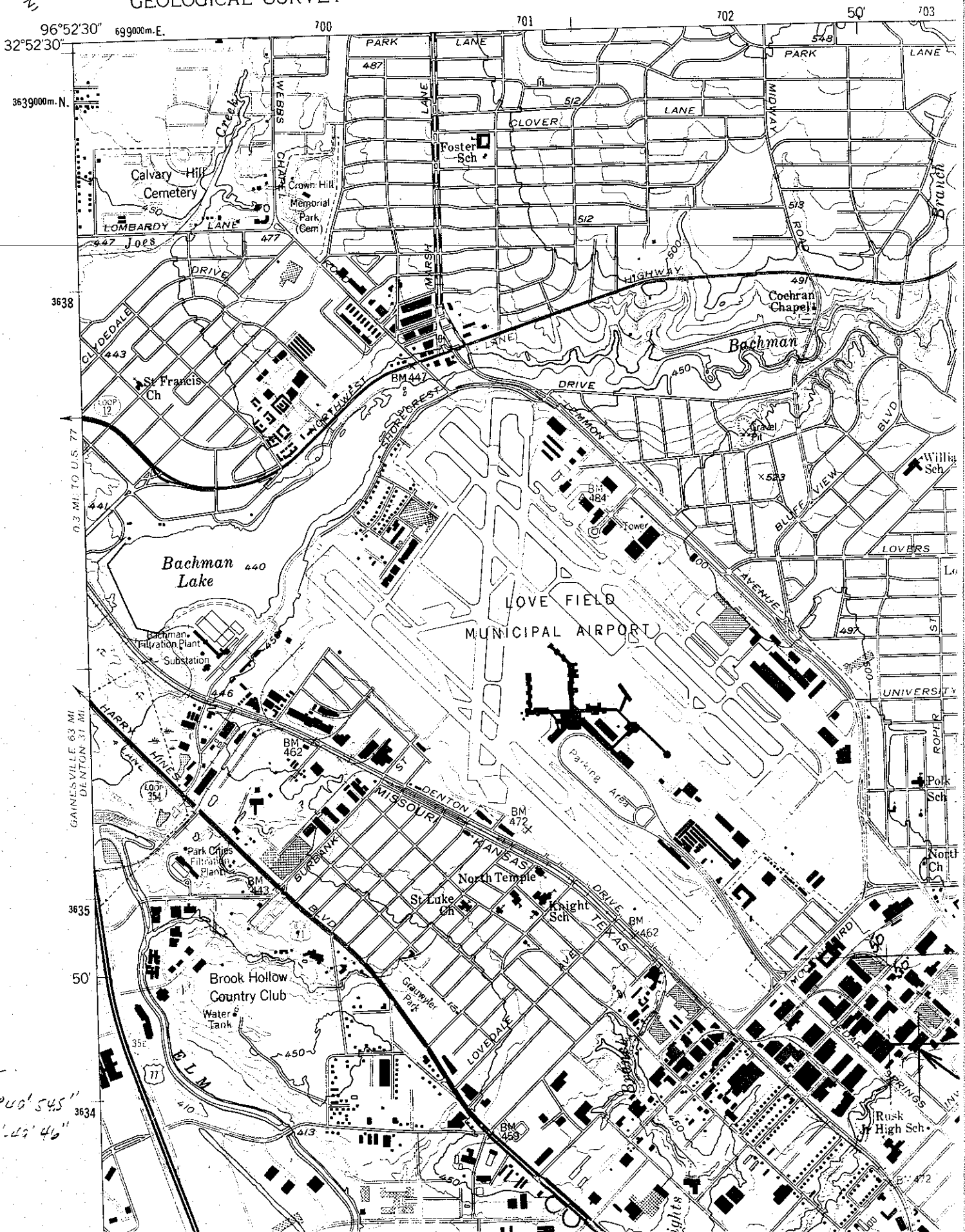
1 ½
1000 0 1000 2000
1 .5

CONTOUR
DATUM

THIS MAP COMPLIES WITH
FOR SALE BY U. S. GEOLOGICAL SURVEY, D
A FOLDER DESCRIBING TOPOGRAPHIC

6649 IV NW
(CARROLLTON)

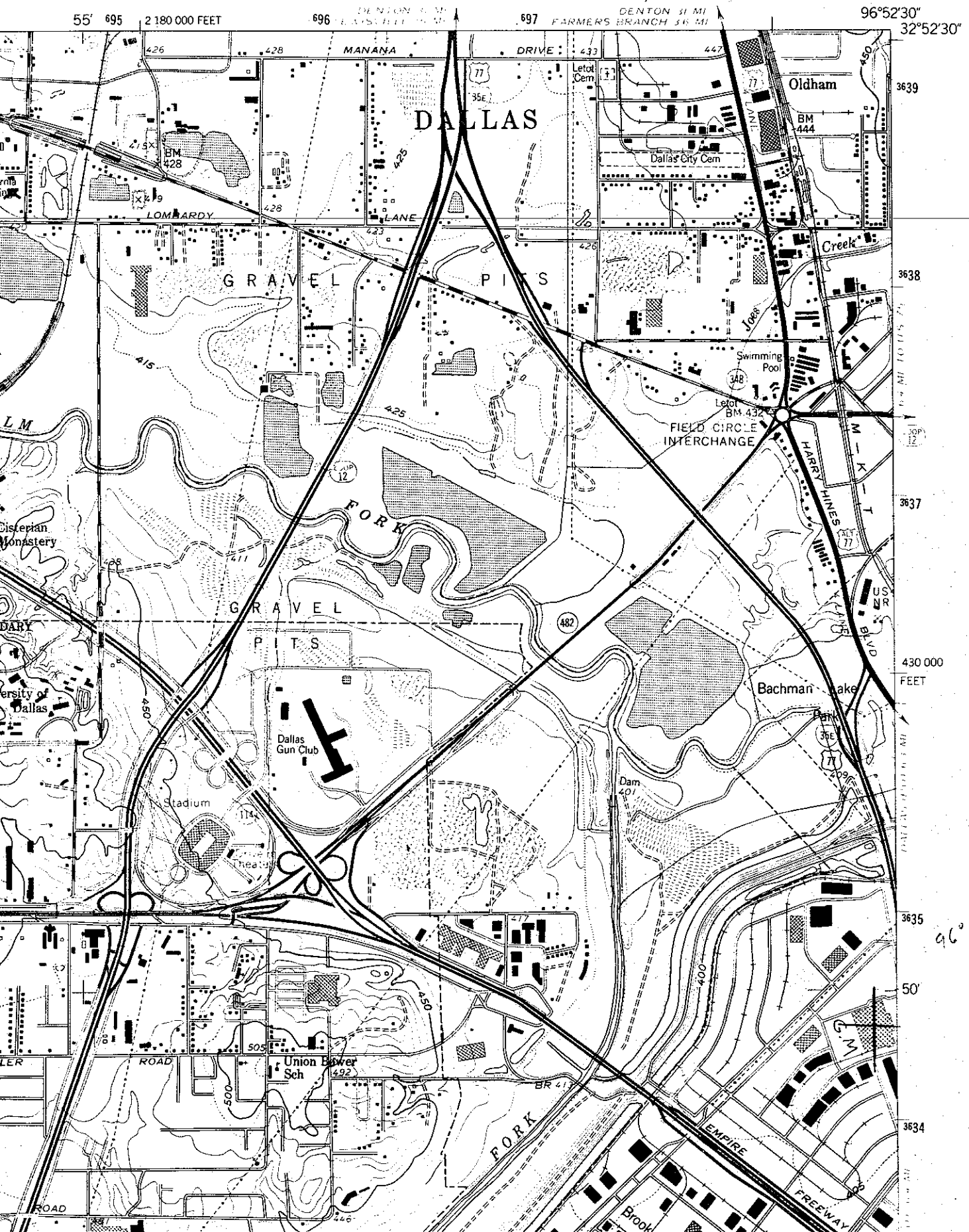
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



GMT
Long 96°40'54.5"
Lat - 47°49'46"

IRVING QUADRANGLE
TEXAS-DALLAS CO
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 CARROLLTON 15' QUADRANGLE

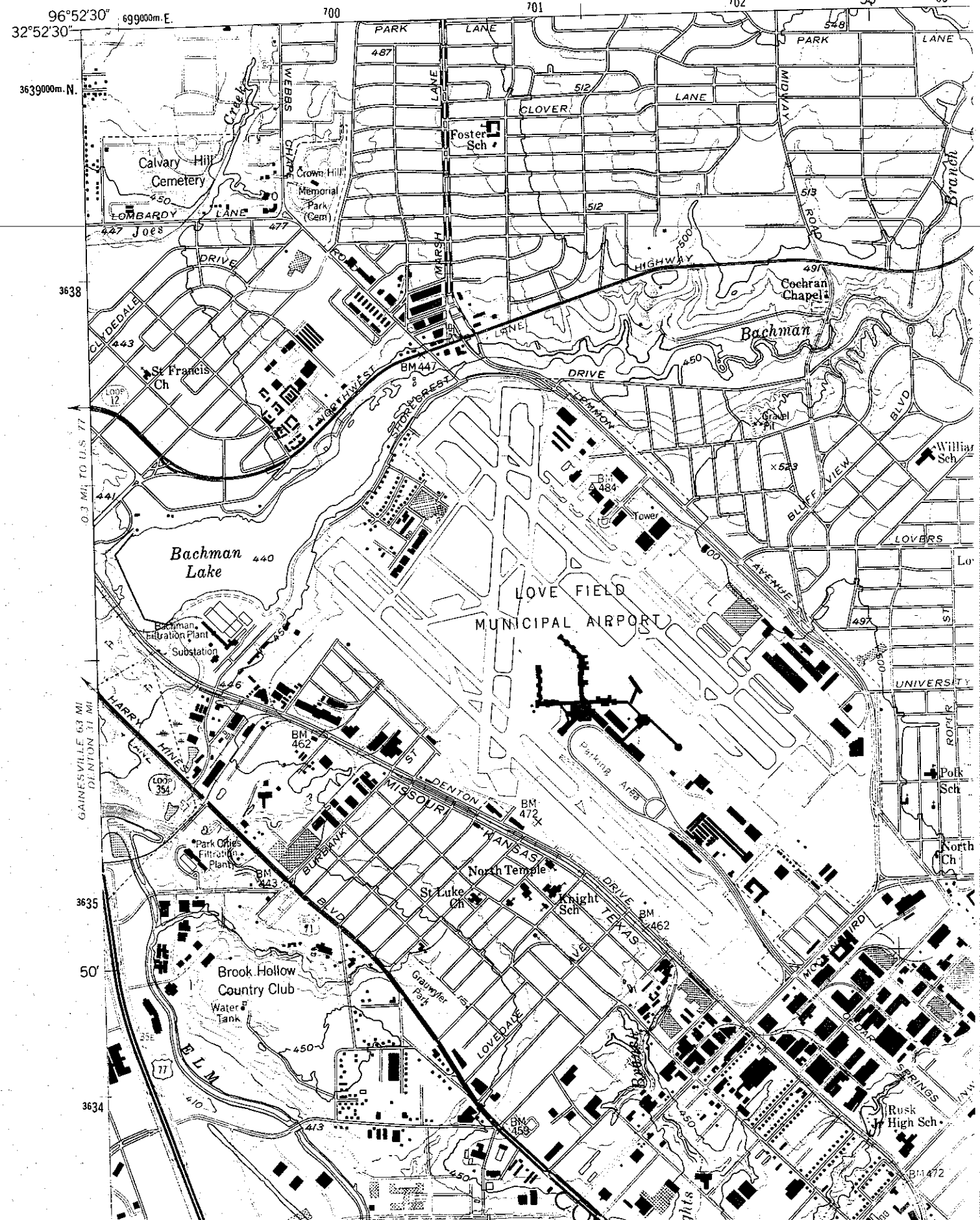
6649 IV NE (ADDISON)



96° 52' 31.5"

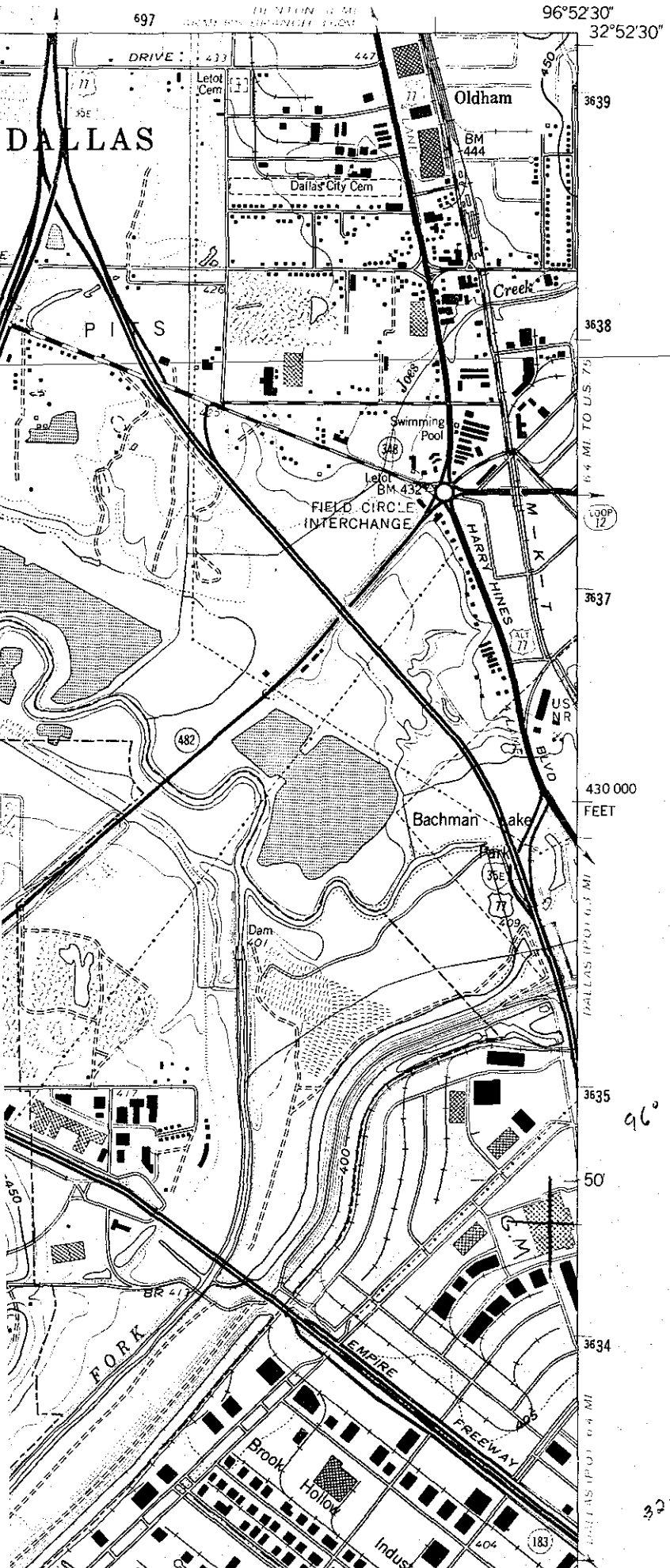
6649 I V NW
(CARROLLTON)

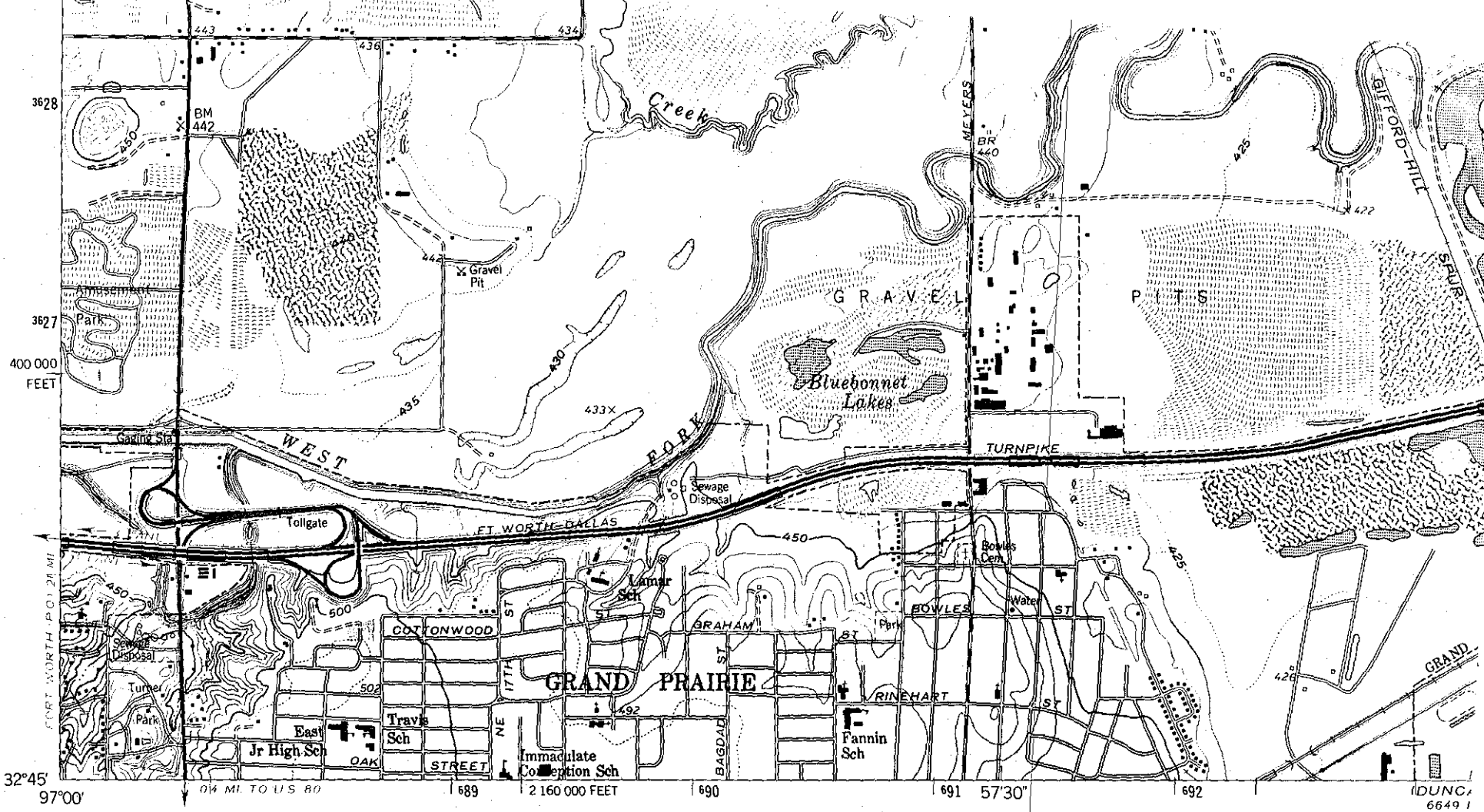
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



7.5 MINUTE SERIES (TOPOGRAPHIC)

SW/4 CARROLLTON 15' QUADRANGLE





Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

Topography from aerial photographs by photogrammetric methods
Aerial photographs taken 1956 . Field check 1959

Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, north central zone
1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

Red tint indicates areas in which only landmark buildings are shown

Revisions shown in purple compiled from aerial photographs taken 1968 and 1973. This information not field checked

Purple tint indicates extension of urban areas

(ARLINGTON) 6549 II NE

MN
GN
1°07' 20 MILS
8° 142 MILS

UTM GRID AND 1973 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

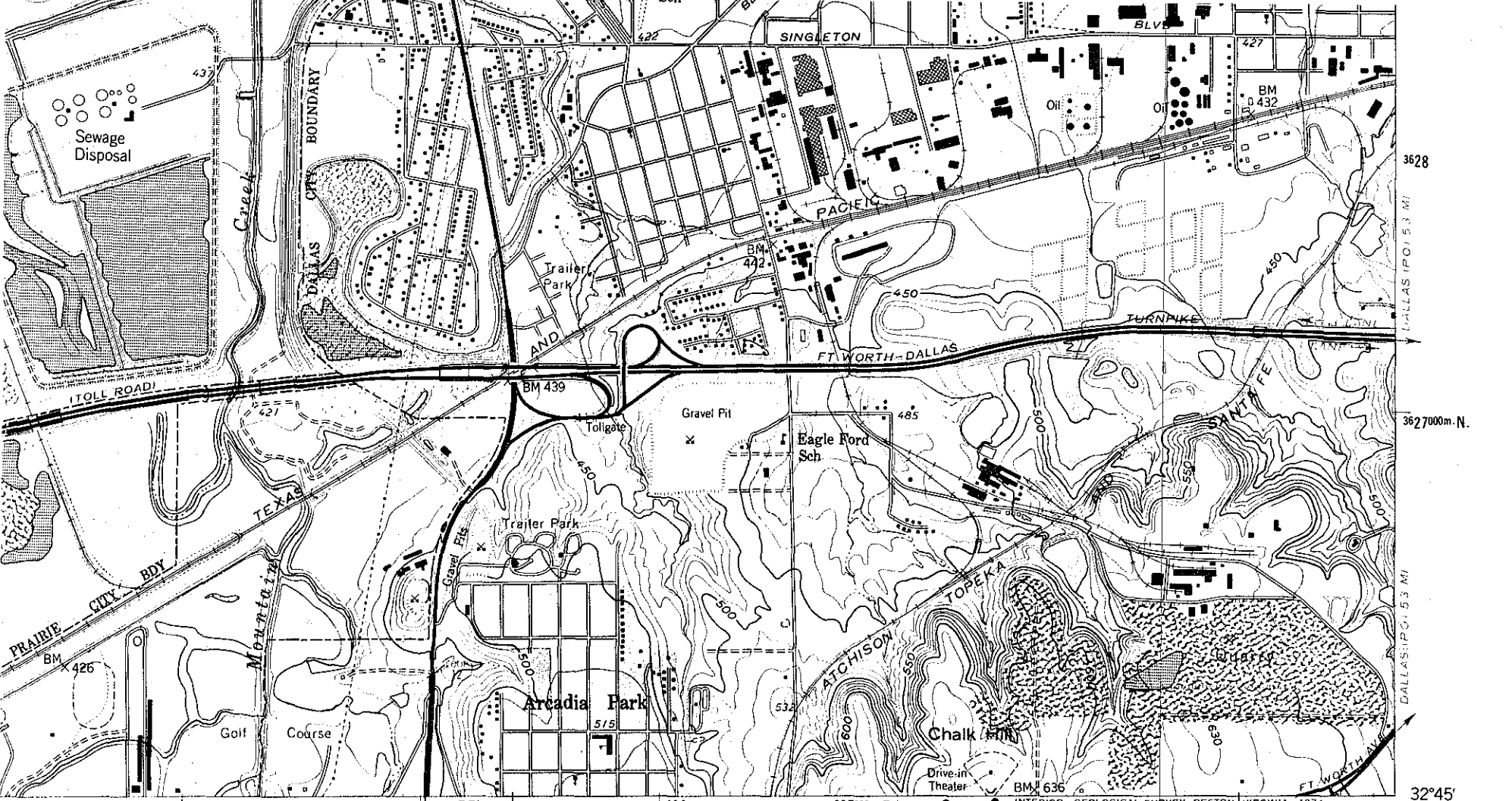
SCALE

1000 0 1000 2000

CONTOUR IN

DOTTED LINES REPRE
DATUM IS M

THIS MAP COMPLIES WITH NAT
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENV
A FOLDER DESCRIBING TOPOGRAPHIC MA



ANVILLE)
II NW

1:24 000

1 MILE

00 4000 5000 6000 7000 FEET

1 KILOMETER

ERVAL 10 FEET
ENT 5-FOOT CONTOURS
AN SEA LEVEL

ONAL MAP ACCURACY STANDARDS
R, COLORADO 80225, OR RESTON, VIRGINIA 22092
S AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Heavy-duty — Light-duty
Medium-duty — Unimproved dirt
Interstate Route — U.S. Route — State Route

QUADRANGLE LOCATION

ALLSTATE MAP STORES
1555 WEST MOCKINGBIRD LANE
DALLAS, 75235 214/638-4444

IRVING, TEX.

SW/4 CARROLLTON 15' QUADRANGLE
N3245—W9652.5/7.5

1959
PHOTOREVISED 1968 AND 1973
AMS 6649 IV SW-SERIES V882

Warehousing & Distribution
Division of General Motors Corporation

August 30, 1982

EPA Region VI
1201 Elm Street
Dallas, TX 75270

RE: EPA #TXD068994755

Enclosed, please find a revised copy of page 3 of 5 of the Part A RCRA application. At this time we are requesting deletion of the original listed wastes and quantities. These wastes were originally listed due to a misunderstanding of the regulations.

General Motors Warehousing and Distribution Division hereby requests that the status of the above referenced facility be changed from full TSDF to Small Quantity Generator. In addition, we request that we retain our EPA ID number for future use should the nature of our operations change.

If I can be of further assistance, please contact me at 313-635-6614.

Sincerely,

Bernadette B. Sorchevich

B. B. SORCHEVICH
Environmental Control
Facilities and Planning

BBS/sm
Enclosure

Coded 9/8/82
2 in col 70, card 2
$ TSD
$ FAC STAT
Remove Part A
Keyed 9/8/82

9/13/82

6060 West Bristol Road, Flint, Michigan 48554

Revised

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W T X D 0 6 8 9 9 4 7 5 5 — T/A: C: 1	W DUP — T/A: C: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	22000	P	S01	
2	D002				Incl. Above
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

General Motors Parts Division
General Motors Corporation
6060 West Bristol Road
Flint, Michigan 48554

FLINT
SEP-1'82
MICH.
U.S. POSTAGE
20
PB METER
PB 238351

C.P.A Region VI
1201 Elm Street
Dallas, Texas 75270

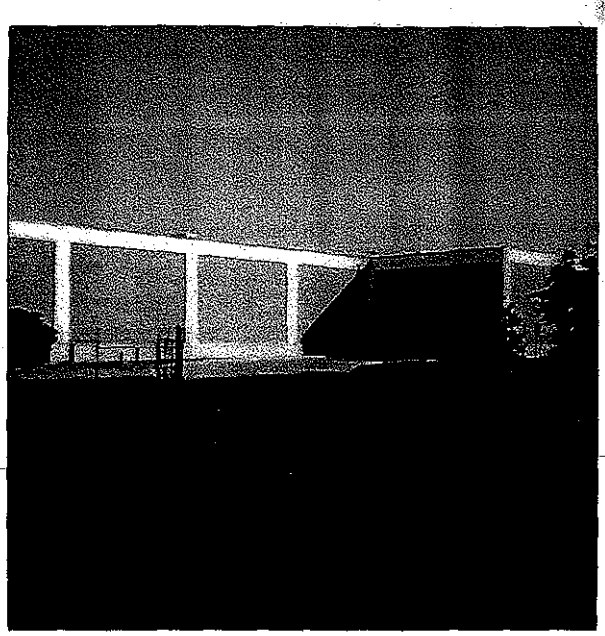
PC-6

General Motors Parts Division
General Motors Corporation
6060 West Bristol Road
Flint, Michigan 48554

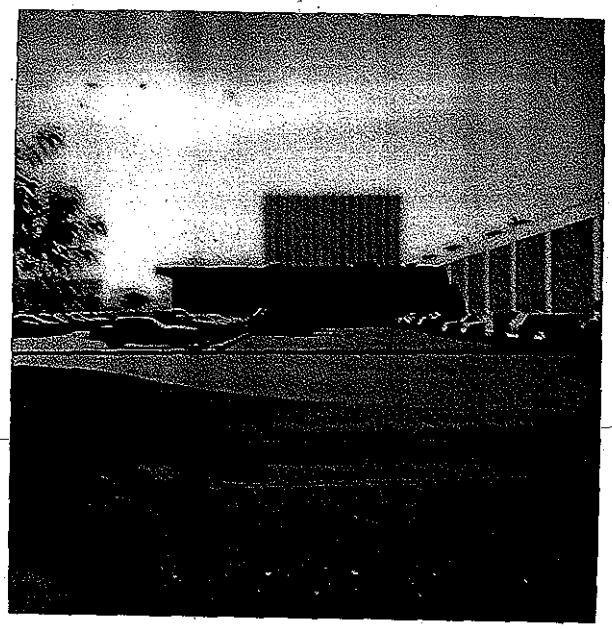
First Class Mail

Photos
Dallas Tx

CP-417-1-PS



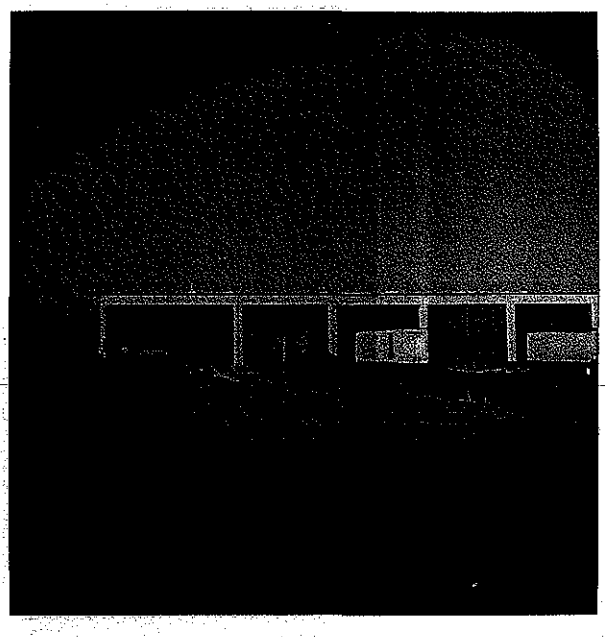
RECVG. DEPT
ENTRANCE



SALARY ENTRANCE
NORTH

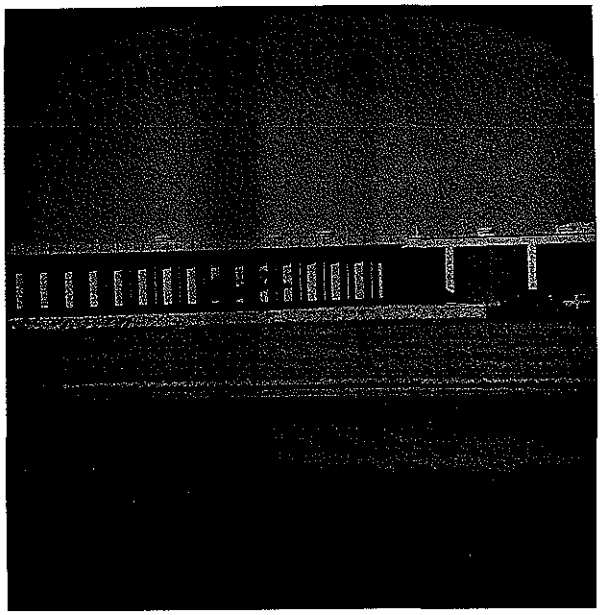
BACK OF BLDG. SO.
WEST

BACK OF BLDG
WEST



FRONT - RECEIVING
ENTRANCE - SOUTH SIDE

OFFICE MAIN
ENTRANCE



1/2 OFFICE - FRONT
NORTH SIDE

General Motors Parts Division
General Motors Corporation
6060 West Bristol Road
Flint, Michigan 48554

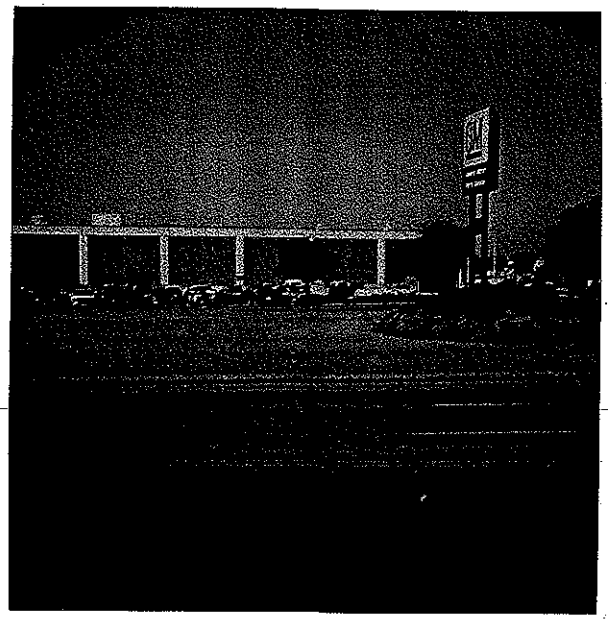
First Class Mail

DALLAS-7

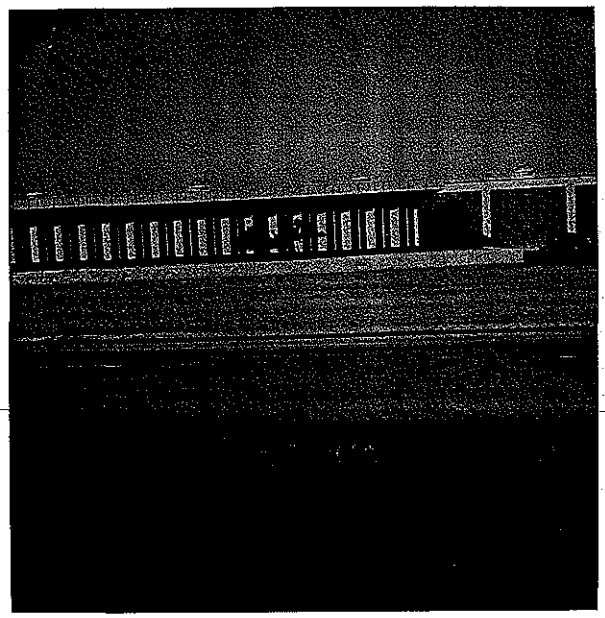
TXD68 994758

Photo's

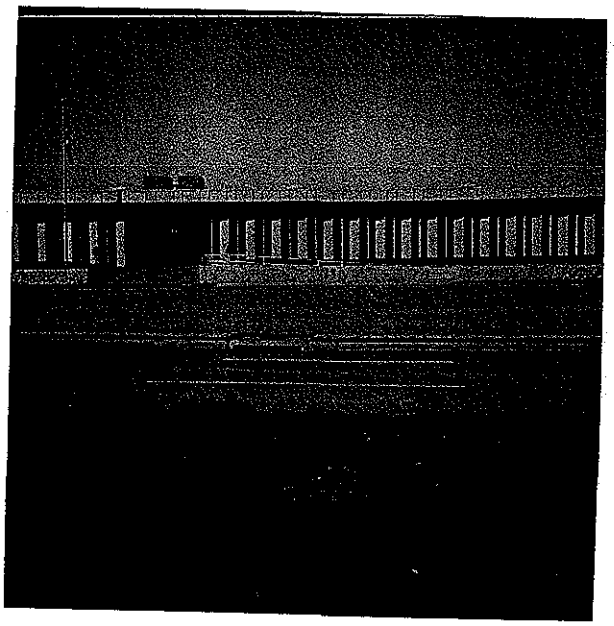
PC-417-1-PS



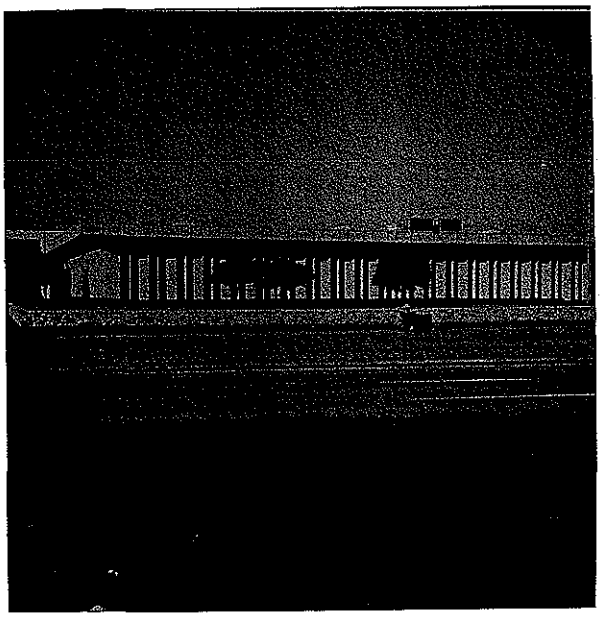
FRONT - SHIPPING ENTRANCE - NORTHSIDE



1/2 - OFFICE FRONT NORTH SIDE

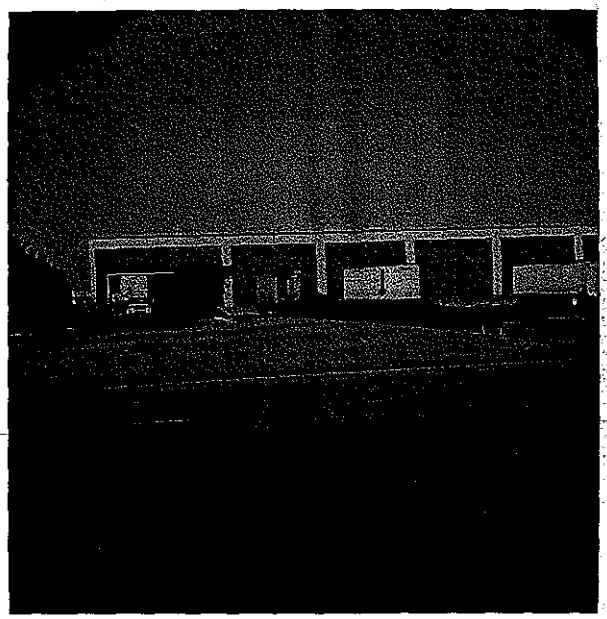


OFFICE MAIN ENTRANCE

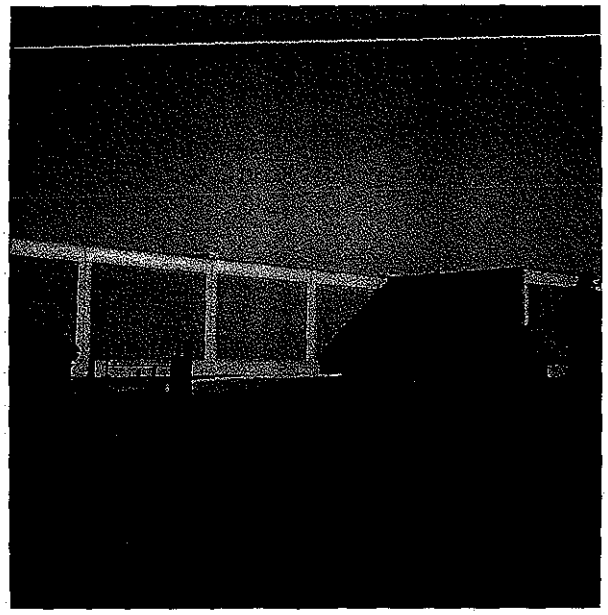


1/2 OFFICE FRONT SOUTH SIDE

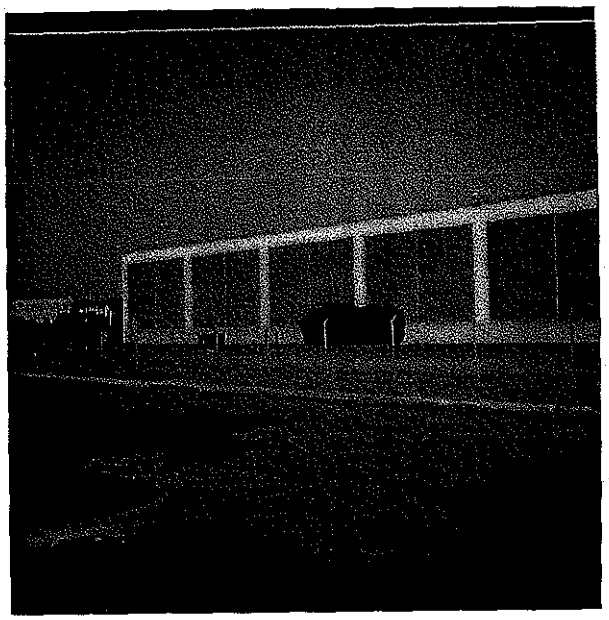
FRONT + SIDE RECVG. DEPT - SOUTH SIDE EXIT



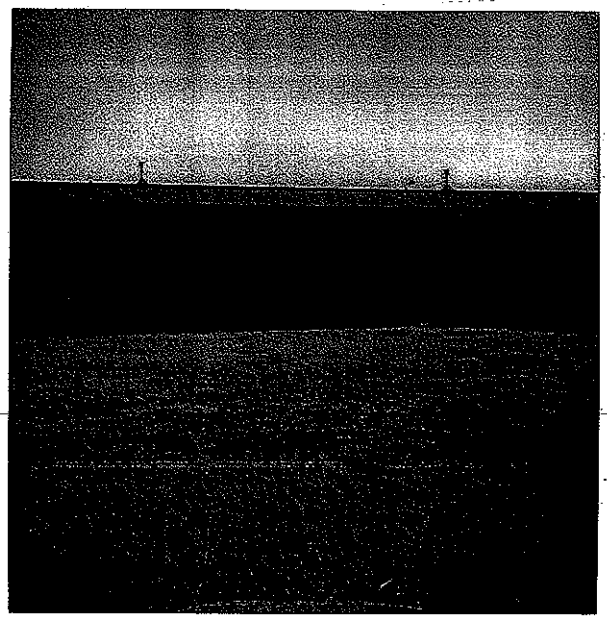
FRONT RECEIVING ENTRANCE - SOUTH SIDE



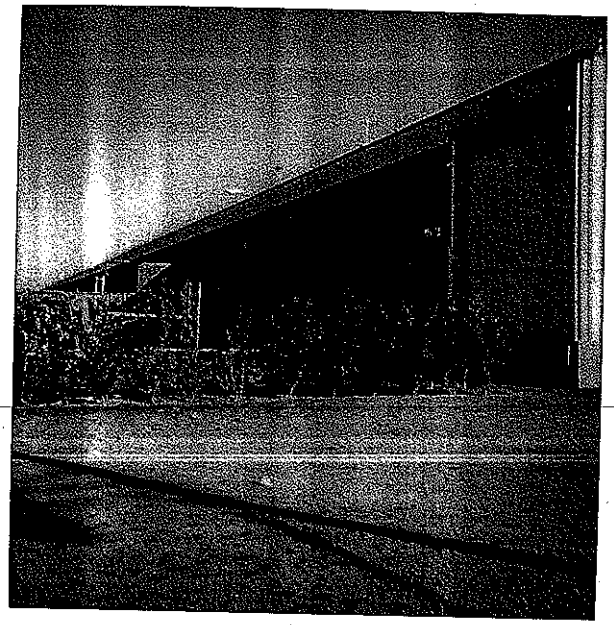
RECVG. DEPT. ENTRANCE



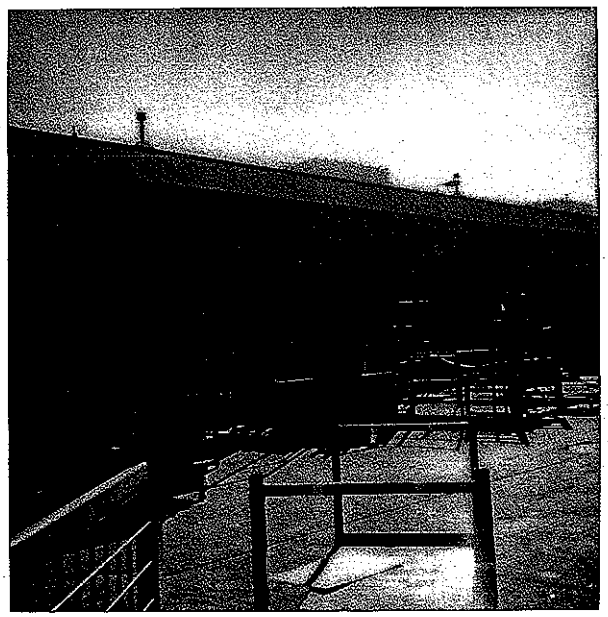
SOUTH SIDE



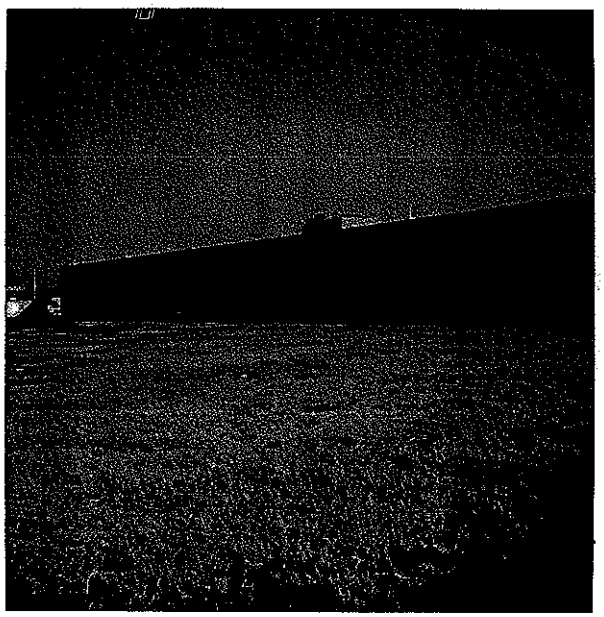
BACK OF BLDG
WEST



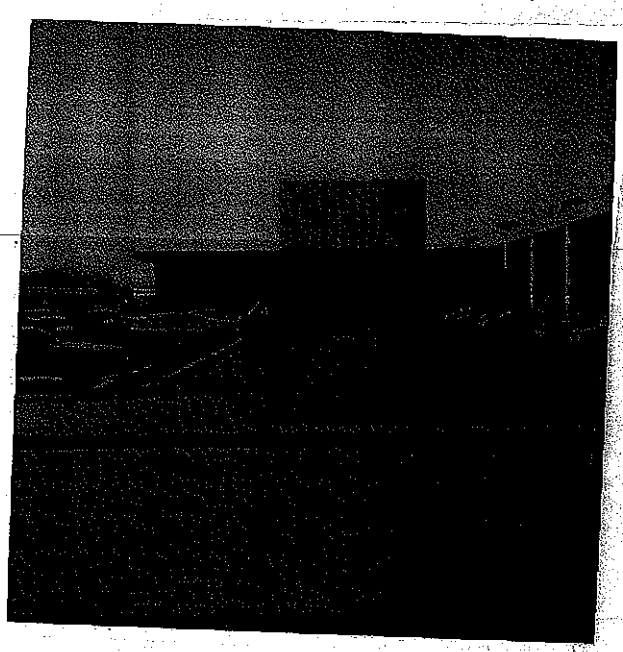
BACK OF BLDG - WEST
SO.



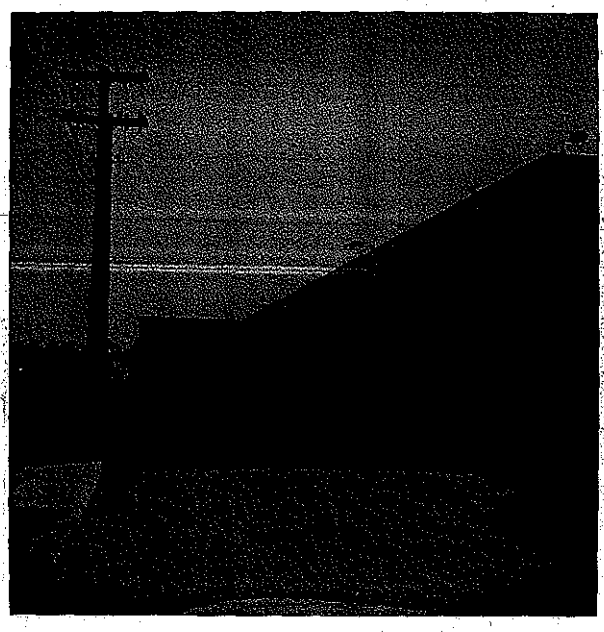
BACK OF BLDG
WEST



BACK OF BLDG
WEST



SALARY ENTRANCE
NORTH-



NORTH SIDE
SHIPPING EXIT