478A.TXR000015115 0001
WAL MART NO 765
SAN ANTONIO TEXAS 78247

0000167556 HZ/RC/NT

1675572

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for t installation located at the address shown in the box below to comply with Section 3010 of t Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for th installation appears in the box below. The EPA Identification Number must be included on shipping manifests for transporting hazardous wastes; on all Annual Reports that generators hazardous waste, and owners and operators of hazardous waste treatment, storage and dispos facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and oth hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER TXR000015115 06/25/96

WAL-MART NO 765
DEPT 8013
BENTONVILLE , AR 727168013
WILL TIPPINS STORE MANAGER

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

Please refer to the instructions for Filling 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)

thead 6/2

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: TXR000015115

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

Wal-mart #765

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

Street: 16503 Nacogdoches Rd.

Street *(Continued)*:

City or Town: San Antonio

State: TX

Zip Code: 78247-

County Code:

County Name: Bexar

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: DEPT 8013

City or Town: BENTONVILLE

State: AR

Zip Code: 72716-8013

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

Name *(Last)*: Tippins

(First): Will

Job Title: STORE MANAGER

Phone Number *(Area Code and Number)*: 210-646-6077

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box: 16503 Nacogdoches Rd

City or Town: San Antonio

State: TX

Zip Code: 78247-

VII. Ownership *(See Instructions)*

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

Form Approved, OMB No. 2050-0028 Expires 9-30-9
GSA No. 0246-EPA-0

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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 (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-refine

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	X		

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	D008	D002			
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
Nancy A. Harms	NANCY A. HARMS, License Coordinator	3-27-96