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

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

RV. 26.90
DA. 3090

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

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
TXD062387758		

141 El Paso

5762
162

I. Name of Installation

EL PASO BATTERY INC.

II. Installation Mailing Address

Street or P.O. Box: 1800 TEXAS AVE

City or Town	State	ZIP Code
EL PASO TEXAS	TX	79901

III. Location of Installation

Street or Route Number: 1500 TEXAS AVE

City or Town	State	ZIP Code
EL PASO	TX	79901

IV. Installation Contact

Name and Title (last, first, and job title)	Phone Number (area code and number)
JACK MEEKS PRES	915 533 3340

V. Ownership

A. Name of Installation	B. Type of Ownership (enter code)
JACK MEEKS [illegible]	CORP-P

Record Center: This is a TSD file

VI. Type of Regulated Waste Activity (*Mark 'X' in t[illegible] instructions.*)

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg
- [X] 2. Transporter
- [X] 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

[illegible]sed Oil Fuel Activities

- [illegible]h Used Oil Fuel
- [illegible]r Marketing to Burner
- [illegible]arketer
- [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (*or Originating Burner*) Who First Claims the Oil Meets the Specifications

RECEIVED MAR 1[illegible] 1990 HAZARDOUS WASTE 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
- [X] C. Highway
- [ ] D. Water
- [ ] E. Other (*specify*)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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

C. Installation's EPA ID Number

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

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

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

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

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

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

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

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

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

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 - 261.24)*

☐ 1. Ignitable *(D001)* ☒ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Jack D Meeks	JACK D MEEKS PE&S	2-7-90

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

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

Form Approved OMB No. 2000-0098
GSA No. 0246-EPA-OT Expiration Date 12/31/86

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

#19325

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 A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: TXD 98-151-2411 | APPROVED | DATE RECEIVED (yr., mo., & day): Bell/021 | 05 JUN 1986

I. NAME OF INSTALLATION

BATTERY WAREHOUSE

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 600 E. CENTEX EXPWY

CITY OR TOWN: KILLEEN | ST.: TX | ZIP CODE: 76542

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 600 E. CENTEX EXPWY

CITY OR TOWN: KILLEEN | ST.: TX | ZIP CODE: 76542

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): RACIWE ARMAND OWNER | PHONE NO. (area code & no.): 817 634 2303

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: ARMAND E RACIWE

DETACH A

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

F = FEDERAL
M = NON-FEDERAL

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

- [X] A. GENERATION
- [X] B. TRANSPORTATION (complete Item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

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

- [ ] A. AIR
- [ ] B. RAIL
- [X] 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

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

EPA Form 8700-12 (6-85)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W														
1-2	3									10	11	12		

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

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.)* SEE ATTACHED

- [ ] 1. IGNITABLE (D001)
- [X] 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
A. E. Racine	ARMAND E. RACINE. OWNER / MANAGER	5-20-86

EPA Form 8700-12 (6-85) REVERSE

RECEIVED

MAY 21 1986

PROGRAM SUPPORT SECTION

2690 IGN

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME: Battery Warehouse

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

TAC

G7XD981511241 1

1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

WE ARE A BATTERY (LEAD/ACID) DISTRIBUTOR. WE TAKE SPENT BATTERIES IN EXCHANGE AND BUY SOME, AND TRANSPORT THEM TO LEGITIMATE SMELTERS.

THERE HAS BEEN NO CHANGE IN OUR METHODS OF VOLUME IN THE LAST YEAR. EXCEPT AN ATTEMPT TO EDUCATE THE PUBLIC. THE PRICE OF A JUNK BATTERY IS SO LOW THEY TEND TO THROW THEM AWAY WITH TRASH RATHER THAN DISPOSE OF THEM PROPERLY.

Tear out here

RECEIVED AUG 26 1986 HAZARDOUS MATERIALS

164 0000 2791

478A.TXR000015966 0001
ENERGY BATTERY INC
CORPUS CHRISTI TEXAS 784694733

0000193443 HZ/RC/NT

0164 0000 2792

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: TXR000015966 07/30/96

ENERGY BATTERY INC
902 N PORT AVE
CORPUS CHRISTI , TX 784694733
TERRY NESBY PRES

INSTALLATION ADDRESS:
902 N PORT AVE
CORPUS CHRISTI ,TX 784694733

EPA Form 8700-12A (6-90)

0.164 0000 2793

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

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

RECEIVED
Date Received
For Official Use Only
JUL 25 1996
INFORMATION SECTION

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: TXR000015966

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

ENERGY BATTERY INC

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

Street: 902 N PORT AVE

Street (Continued): ~~PO BOX 4733~~

City or Town: CORPUS CHRISTI State: TX Zip Code: 78469-4733

County Code: County Name: NUECES

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: PO BOX 4733

City or Town: CORPUS CHRISTI State: TX Zip Code: 78469-4733

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

Name (Last): NESBY (First): TERRY

Job Title: PRESIDENT Phone Number (Area Code and Number): 512-882-5531

VI. Installation Contact Address (See Instructions)

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

B. Street or P.O. Box:

City or Town: State: Zip Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: TERRY NESBY - PRESIDENT

Street, P.O. Box, or Route Number: 902 N PORT AVE

City or Town: CORPUS CHRISTI State: TX Zip Code: 78469-4733

Phone Number (Area Code and Number): 512-882-5531

B. Land Type: P C. Owner Type: P

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

OK per Terry Nesby

OK 7/31/96

EPA Form 8700-12 (Rev. 11-30-83) Previous edition is obsolete. Thead gaged 7/31/96

Continued on Reverse

0 164 0000 2794

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 6700-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 (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
   - [X] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [X] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity - see instructions.
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. 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. Processor
   - [ ] 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 contaminants)			
	X			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
Terry Nesby	Terry Nesby - President	07/08/96

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.