M P I INC
FT WORTH TX

478A.TXD000353623 0001
MPI INC
FT WORTH, TX 76102

000000024749 HZ/RC/NT

MEMO TO FILE

Solid Waste Registration #: 31189

31189 M.P.I. Inc. TXD000353623
P. O. Box 2076
Fort Worth TX 76113
Contact: [redacted]
817-335-7200 Safety Coordinator
Site Location: M.P.I. Inc.
1301 Cold Springs Rd, Fort Worth, TX

RE: Returned Mail

We attempted to contact the generator through the following sources (check all that apply).

☒ TRACS ○ Directory Assistance ○ Post Office Markings

○ Receiver's Copy of the Manifest ○ Other Information From the Receiver

We talked with: (More space for contacts/ notes located on the back.)

Name: EMPLOYEE of M.P.I. on 8-6-97.
Notes:

Name: of on .
Notes:

☐ We found the information we needed.

New Mailing Address: 1301 COLD SPRINGS RD.
FORT WORTH, TX 76102

New Contact: SAME

New Phone #: 817-347-7200 OK.

of company noted that...

○ The company is out of business and no longer generating hazardous waste.

○ The company is a non-industrial CESQG and does not need to be registered.

○ The company is an industrial CESQG which generates less than 220 pounds Class 1 waste per month and does not need to be registered.

○ The company has moved and is no longer at this address.
They do / do not need to be registered.
Their new numbers: (state) /(EPA) .

This address is occupied by / phone: .

(Independent mem)

DA.
12-19-90

RV.
2-12-91
RCRIS

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-01

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

For Official Use Only
Date Received
RECEIVED
NOV 8 1990

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: TXD000353[redacted]

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

MPI INCORPORATED

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

Street: 1301 COLD SPRING ROAD

Street (continued):

City or Town: FORT WORTH | State: TX | ZIP Code: 76113-

County Code: | County Name: TARRANT

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: PO BOX 2076

City or Town: FORT WORTH | State: TX | ZIP Code: 76113-

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

Name (*last*): J[redacted] | (*first*): BOB

Job Title: SAFETY | Phone Number (*area code and number*): 817-347-7200

VI. Installation Contact Address (*See Instructions*)

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

B. Street or P.O. Box: PO BOX 2076

City or Town: FORT WORTH | State: TX | ZIP Code: 76113-

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: LEGGETT & PLATT INCORPORATED

Street, P.O. Box, or Route Number: 1 LEGGETT ROAD

City or Town: CARTHAGE | State: MO | ZIP Code: 64836-

Phone Number (*area code and number*)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
800-888-4569	P	P	Yes [ ] No [X]			

EPA Form 8700-12 (01-90) Previous edition is obsolete.

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.)
   - [ ] 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. 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
U223					
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
[signature]	SAFETY	10-22-90

XI. Comments

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

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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

EPA ID NUMBER ▶ TXD-00-035-3623

M P I, INC.
P.O. BOX 2076
FORT WORTH, TEXAS 76113

INSTALLATION ADDRESS ▶ 1301 COLD SPRINGS ROAD
FORT WORTH, TEXAS 76102

EPA Form 8700-12B (4-80)

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.: TXD000353623

I. NAME OF INSTALLATION: [redacted]

II. INSTALLATION MAILING ADDRESS: PO BOX 2076 [redacted]

III. LOCATION OF INSTALLATION: 1301 COLD SPRINGS RD [redacted]

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 TXD000353623 | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

MPI, INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 [redacted]

CITY OR TOWN: 4 FT. WORTH TEXAS | ST. | ZIP CODE: 76113

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 [redacted]

CITY OR TOWN: 6 FT WORTH TEXAS | ST. | ZIP CODE: 76102

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 J A GRAVES V.P. | PHONE NO. (area code & no.): 817 335 7676

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 J B MORRIS

B. TYPE OF OWNERSHIP (enter the appropriate letter into the box): F = FEDERAL, M = NON-FEDERAL

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

- A. GENERATION
- B. TRANSPORTATION (complete item VII)
- C. TREAT/STORAGE/DISPOSAL
- 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 [illegible] notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided.

- A. FIRST NOTIFICATION
- B. SUBSEQUENT NOTIFICATION (complete item C)

JUN 30 1980

C. INSTALLATION'S EPA I.D. NO.: TXD000353623

IX. DESCRIPTION OF HAZARDOUS WASTES

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

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

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

NO HAZARDOUS WASTE HERE

C. COMMERCIAL CHEMICAL PRODUCTS. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles. Use additional sheets if necessary.

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

NO HAZARDOUS WASTE HERE

D. LISTED HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.35 for each listed hazardous waste from hospitals, veterinary hospitals, medical and veterinary 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 (D004)

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
James A. Graves	J.A. GRAVES K.P.	6-25-80

EPA Form 8700-12 (6-80) REVERSE

John Hall, Chairman
Pam Reed, Commissioner
Peggy Garner, Commissioner

EPA REGION VI
HAZARDOUS WASTE
RCRA PERMITS BRANCH
1992 MAR 23 PM 4:02

TEXAS WATER COMMISSION

PROTECTING TEXANS' HEALTH AND SAFETY BY PREVENTING AND REDUCING POLLUTION

NOTICE OF RECEIPT OF AN APPLICATION

TXD980878490

An Application for a Municipal Solid Waste Permit for:

Cold Springs Processing & Disposal
1300 Cold Springs Road
Fort Worth, Texas 76102

was received by the Texas Water Commission on March 13, 1992, and was assigned Permit Application No. 1225-A.

Type of Operation: The existing operation covers a site approximately 10.272 acres of land. The permit applied for will allow an increase in capacity to allow monthly treatment of approximately 600,000 gallons of grease trap wastes and approximately 600,000 gallons of grit trap wastes. All waste will be dewatered, the water will be treated, and the resultant wastes taken to approved landfills. The applicant seeks a permit to receive liquid waste under the regulatory jurisdiction of the Texas Water Commission for processing and other disposal in accordance with municipal solid waste regulations.

Location: The facility exists at 1300 Cold Springs Road, lying in the center of a "V" intersection of the railroad tracks approximately 2500' north west of the intersection of Highway 183 and Belknap Street in the City of Fort Worth, Tarrant County, Texas. (Coordinates: N 32° 46.05' W 97° 19.65').

Remarks: The application will now be subject to a completeness determination and technical evaluation by the staff of the Texas Water Commission. Persons should be advised that the application is subject to change based on such evaluation.

This notice is issued pursuant to Texas Health and Safety Code Section 361.0665. Any person who may be affected by the facility is entitled to request a hearing from the Commission. The Commission will issue further notice of the application, procedures on how to request a hearing, and the terms of any proposed draft permit once the technical evaluation is completed.

Further information concerning the application may be obtained by contacting Thomas P. McDill, Jr., P.E., Texas Water Commission, Municipal Solid Waste Division, Permit Section, P. O. Box 13087, Capitol Station, Austin, Texas, 78711-3087, telephone number 512/834-6625, ext. 2542.

Gloria A. Vasquez

Gloria A. Vasquez, Chief Clerk
Texas Water Commission

Issued: March 19, 1992

PRINTED ON RECYCLED PAPER

TEXAS WATER COMMISSION
P.O. BOX 13087
CAPITOL STATION
AUSTIN, TEXAS 78711-3087

INITIATIVES FOR A CLEAN TEXAS
Official State of Texas Mail
Penalty for Private Use

AUSTIN
MAR 19 '92
TEX

US POSTAGE
0.29
FASTER
FIRST CLASS

Environmental Protection Agency
Attn: Bill Honker 6H-CP
Chief Permit Section
1445 Ross Avenue
Dallas, Texas 75202-2733

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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

EPA I.D. NUMBER → TXD 98 087 8490

10-22-84
DF

SAND TRAP SERVICE CO INC.
P.O BOX 1823
FT. WORTH, TX 76101

INSTALLATION ADDRESS →
ack. sent
9-19-84

1300 COLD SPRINGS RD
FT. WORTH, TX 76102

EPA Form 8700-12B (4-80)

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.	~~TXD026456251~~ TDH# 48506 TDH 48506 copy to EPA 8/29/84
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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 TXD980878490 T/A C I

APPROVED:

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

ack. sent 9-18-84

SEP 04 1984

I. NAME OF INSTALLATION

SAND TRAP SERVICE CO INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 Post office Box 1823

CITY OR TOWN: 4 Ft. Worth Texas ST.: ZIP CODE: 76101

TEXAS DEPT. OF HEALTH BUREAU OF SOLID WASTE MANAGEMENT AUG 28 1984

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 1300 Cold Springs Rd

CITY OR TOWN: 6 Ft. Worth TEX ST.: ZIP CODE: 76102

Tarrant Co. Code-439

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 SAND TRAP SERVICE CO INC

PHONE NO. *(area code & no.)*: 817-877-6806

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 ELDON BEVERS

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: F = FEDERAL; M = NON-FEDERAL

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

- [ ] 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.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: ~~TXD026456251~~

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

W 1

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.)*

☐ 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
Eldon F. Beavers	ELDON F. BEAVERS PAES	8-21-84

DETACH

DETACH

TDH

9/1/84 MA

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.	~~TXD026456251~~ TDH# 48506 TDH 48506 copy to EPA 8/29/84
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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	APPROVED	DATE RECEIVED (yr., mo., & day)
F TXD980878490 T/A C 1		

copy mailed ack. sent

SEP 04 1984

I. NAME OF INSTALLATION

SAND TRAP SERVICE CO INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 Post office Box 1823

CITY OR TOWN	ST.	ZIP CODE
4 Ft. Worth Texas		76101

TEXAS DEPT. OF HEALTH SOLID WASTE MGMT. BUREAU AUG 28 1984

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 1300 Cold Springs Rd

CITY OR TOWN	ST.	ZIP CODE
6 Ft. Worth Tex		76102

Tarrant Co. Code-439

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 SAND TRAP SERVICE CO INC	817-877-6800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Eldon Beavers

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: F = FEDERAL; M = NON-FEDERAL

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

- [ ] 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.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: ~~TXD026456251~~

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													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

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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

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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

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
Eldon F. Beavers	ELDON F. BEAVERS PRES	8-21-84

DETACH

DETACH