GSA No. 0246-EPA-C

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)

R.V. 9/6/91 DA. 9.30.91

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

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

C. Installation's EPA ID Number: TXD987986817

II. Name of Installation *(Include company and specific site name)* 73966

COLOR SERVICE CO. INC.

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

Street: 201 S. WOODROW LANE

Street (continued):

City or Town: DENTON | State: TX | ZIP Code: 76205-

County Code: | County Name:

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 201 S. WOODROW LANE

City or Town: DENTON | State: TX | ZIP Code: 76205-

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

Name *(last)*: PAM TROTMAN | *(first)*:

Job Title: PRES. | Phone Number *(area code and number)*: 817-387-0508

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: PAM TROTMAN ANN WHITEHURST

Street, P.O. Box, or Route Number: SAME

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

Phone Number *(area code and number)*: 817-387-0508

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

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

Please print or type with ELITE type (12 cha[illegible]rs 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

AUG 30 1991

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] 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))
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
F 0 0 1	F 0 0 5	F 0 0 1	F 0 0 2		
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
Pam Trotman	PAM TROTMAN, PRESIDENT	July 22, 1991

XI. Comments

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

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

Date Received (For Official Use Only)

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

[X] A. First Notification

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

C. Installation's EPA ID Number: TXD980448822

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

MOES MECHANIC SHOP

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

Street: 527½ PAMPA

Street (continued):

City or Town: PASADENA

State: TX

ZIP Code: TX77504

County Code: 101

County Name: HARRIS

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: SAME AS ABOVE

City or Town:

State:

ZIP Code:

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

Name (*last*): RIVERA JR.

(*first*): JOSE AMADO

Job Title: OWNER

Phone Number (*area code and number*): 7139449308

VI. Installation Contact Address (*See Instructions*)

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: SAME AS ABOVE

City or Town:

State:

ZIP Code:

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner:

Street, P.O. Box, or Route Number: SAME AS ABOVE

City or Town:

State:

ZIP Code:

Phone Number (*area code and number*): 7139449308

B. Land Type:

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ]

(Date Changed) Month Day Year

[illegible] Type (Use Instructions for help) in the unshaded areas only

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

RECEIVED AUG 30 1991 RCRA PROGRAMS BRANCH

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)
[x]	[x]	[ ]	[ ]

(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
D001	F002	F004	D006	D007	D008
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
José Armando Ruiz Jr.	Owner	7/24/91

XI. Comments

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

2·14·90
DA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/26/90

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 ->	TXD987986817
FACILITY NAME ->	COLOR SVC CO INC
MAILING ADDRESS ->	201 S WOODROW LANE DENTON, TX 76205
INSTALLATION ADDRESS ->	201 S WOODROW LANE DENTON, TX 76205

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202

ATTN: RCRA INFORMATION MANAGEMENT SECTION (6H-HI)

TO: TROTMAN PAM
COLOR SVC CO INC
201 S WOODROW LANE
DENTON, TX 76205

R.V.
2-5-90

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)
TXD 987986817		
TXD 987986817		

121 Denton

I. Name of Installation

COLOR SERVICE CO. INC.

II. Installation Mailing Address

Street or P.O. Box: 201 S. WOODROW LANE

City or Town: DENTON — State: TX — ZIP Code: 76205

III. Location of Installation

Street or Route Number: 201 S. WOODROW LANE

City or Town: DENTON — State: TX — ZIP Code: 76205

IV. Installation Contact

Name and Title (last, first, and job title): PAM TROTMAN

Phone Number (area code and number): 817 387 0508

V. Ownership

A. Name of Installation's Legal Owner: PAM TROTMAN WHITE HUPST

B. Type of Ownership (enter code): P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

Recd 01/22/90

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 boxes)

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other (specify)

IX. First or Subsequent Notification

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

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

C. Installation's EPA ID Number: ~~TXD 987986817~~

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete

ID — For Official Use Only	
C	
W	

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
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

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

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

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

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

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

49	50	51	52	53	54

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

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

XI. Certification

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

Signature	Name and Official Title *(type or print)*	Date Signed
Pam Trotman	Pam Trotman, President	12/20/89

R.V.
11-25-87

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 → TXD982284705

RICKS BODY SHOP
FRAZE RICK OWNER
211-B WOODROW LN
DENTON TX 76205

INSTALLATION ADDRESS → 211-B WOODROW LN
DENTON 76205

EPA Form 8700-12B (4-80)

11-29-89

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

Form Approved OMB No 2050-0028 Expires 9-30-88
GSA No 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

Installation's EPA ID Number: TXD 98-228-4705 (T/A C: 1)

Approved

Date Received (yr. mo. day)

121/DENTON

I. Name of Installation

Ricks Body Shop

II. Installation Mailing Address

Street or P.O. Box: 211-B Woodrow Lane

City or Town: Denton | State: TX | ZIP Code: 76205

III. Location of Installation

Street or Route Number: 211-B Woodrow Lane

City or Town: Denton | State: TX | ZIP Code: 76205

IV. Installation Contact

Name and Title (last, first, and job title): Fraze Rick Owner

Phone Number (area code and number): 817 566 0116

V. Ownership

A. Name of Installation's Legal Owner: Rick Fraze

B. Type of Ownership (enter code): P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

OCT 30 1989 HAZARDOUS WASTE PROGRAM 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 industrial devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

- [ ] A. Air
- [ ] B. Rail
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

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

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

C. Installation's EPA ID Number

ID — For Official Use Only														
C													T/A	C
W														1

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

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

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

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

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

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

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

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

49	50	51	52	53	54

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

- [X] 1. Ignitable *(D001)*
- [ ] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [X] 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
x Rick Frazee	x Rick Frazee	x 10-22-88