POWERINE Oil Company

12354 Lakeland Road, P.O. Box 2108
Santa Fe Springs, California 90670-3857

(310) 944-9861
(310) 944-6111

TLX No: 4720404
A/B Powerne
Facsimile (310) 944-8522

December 7, 1994

DEC 13 1994

US EPA Region 9
RCRA Notification
75 Hawthorne Street (H-3-4/PRC)
San Francisco, California 94105

Re: Inactive EPA Numbers

As requested, we are providing written notification to deactivate the following EPA numbers:

- CAT080012909 Powerine Oil Company - GATX Terminal
  2000 E. Sepulveda, Carson, California

RCRIS JHB 12/14/94

- CAT080012925 Powerine Oil Company - Oakland Facility
  2701 7th Street, Oakland, California

FINDS JHB 12/13/94

not in SL JHB

If additional information is required, please contact Judi Gardner of my staff.

Sincerely,

June M. Christman
Manager - Environmental Engineering

JRG\L:EPACLOSE.jrg

cc: Reader File

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.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

POWERINE OIL CO*
~~12354 E LAKEWOOD RD~~
SANTA FE SPGS, CA 90670

III. LOCATION OF INSTALLATION

Postmk 11/18/80

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 CAT080012925 21 — APPROVED: A — DATE RECEIVED (yr., mo., & day): 801118

20 NOV 1980

I. NAME OF INSTALLATION

POWERINE OIL CO ~~DAKLAND~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 12354 Lakeland Road

CITY OR TOWN: 4 SANTA FE SPRINGS — ST.: CA — ZIP CODE: 90670

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 2701 7th Street

CITY OR TOWN: 6 Oakland, — ST.: CA — ZIP CODE: 94607

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 Antonoplos, T. Environmentalist — PHONE NO. *(area code & no.)*: 213-944-6111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 POWERINE OIL COMPANY

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))*

- [X] A. GENERATION
- [ ] 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
- [ ] 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.

I.D. – FOR OFFICIAL USE ONLY																			
1	W	C	A	T	0	8	0	0	1	2	9	2	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

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
K052					
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.)*

- [X] 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
H F Poll	H. F. Poll Vice President-Manufacturing	11/17/80

DETACH