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
- III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

LY 6/9/82

JL 6/25/82

INSTRUCTIONS: If you received a preprinte label, affix it in the space at left. If any of th information on the label is incorrect, draw a lin through it and supply the correct informatio in the appropriate section below. If the label i complete and correct, leave Items I, II, and II below blank. If you did not receive a preprinte label, complete all items. "Installation" means single site where hazardous waste is generated treated, stored and/or disposed of, or a trans porter's principal place of business. Please refe to the INSTRUCTIONS FOR FILING NOTIFI CATION before completing this form. Th information requested herein is required by lav *(Section 3010 of the Resource Conservation an Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F TWD085838795 T/A C 1	A	820526

I. NAME OF INSTALLATION

LINCOLN BRASS WORKS, INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 POST OFFICE BOX 748

CITY OR TOWN	ST.	ZIP CODE
4 WAYNESBORO	TN	38485

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 ~~WAYNESBORO TN 38485~~ Hwy 64

CITY OR TOWN	ST.	ZIP CODE
6 WAYNESBORO	TN	38485

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 LANE WILLIAM PLANT MANAGER	615-722-5422

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 LINCOLN BRASS WORKS, INC.

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
- [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