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

94.182

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED

MAR 30 1994

U.S. EPA REGION V

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: ILD010586584

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

Johnson Controls

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

Street: 3007 Malmo DR

RECEIVED WMD RECORD CENTER MAY 20 1994

Street (continued):

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

County Code: | County Name: COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: 3007 Malmo DR

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

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

Name (last): Hess | (first): Bill

Job Title: Operations Mgr | Phone Number (area code and number): 708-806-4500

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: 3007 Malmo DR

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: Johnson Control Corporation

RECEIVED NOV 22 1993 IEPA/DLPC

Street, P.O. Box, or Route Number: 5757 N Greenbay Ave

City or Town: Milwaukee | State: WI | ZIP Code: 53209-

Phone Number (area code and number): 414-228-1200

B. Land Type: [ ]

C. Owner Type: [P]

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

EPA Form 8700-12 (01-90) Previous editions are obsolete.

Johnson Controls

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 1000 kg/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
   - [X] 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
F001					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an ID 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
William C. Hess	WILLIAM C. HESS	11-11-93

XI. Comments

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

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

94.182

United States Environmental Protection Agency

Date Received (For Official Use Only)

MAR 30 1994

U.S. EPA REGION V
SWB or PMS

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: ILD010586584

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

Johnson Controls

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

Street: 3007 Malmo Dr

Street (continued):

City or Town: Arlington Heights

State: IL

ZIP Code: 60005-

County Code:

County Name: Cook

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: 3007 Malmo Dr

City or Town: Arlington Heights

State: IL

ZIP Code: 60005-

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

Name (last): Hess

(first): Bill

Job Title: Operations Mgr

Phone Number (area code and number): 708-806-4500

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: 3007 Malmo Dr

City or Town: Arlington Heights

State: IL

ZIP Code: 60005-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: Johnson Control Corporation

Street, P.O. Box, or Route Number: 5757 N Greenbay Ave

City or Town: Milwaukee

State: WI

ZIP Code: 53209-

Phone Number (area code and number): 414-228-1200

B. Land Type: [ ]

C. Owner Type: P

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

(Date Changed) Month Day Year

NOV 22 1993

IEPA/DLPC

EPA Form 8700-12 (01-90) Previous editions obsolete

Johnson Controls

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 1000 kg/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
   - [X] 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 (for 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
F001					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an ID 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
William C. Hess	WILLIAM C. HESS	11-11-93

XI. Comments

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

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

COPY

JOHNSON CONTROLS
ATTN: PHILLIP MERIA
3007 MALMO DR
ARLINGTON HTS IL 60005

RE: EPA ID #: ILD 010 586 584

In response to your request of 3/1/91 the following information has been updated:

Installation contact to	PHILLIP MERIA
Generator status to	SMALL QUANTITY
Addition of waste codes	D001 AND F001

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

To fill this 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)

RECEIVED NOV 30 1993

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: ILD010586584

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

Johnson Controls

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

Street: 3007 Mallmo DR

RECEIVED JAN 04 199 WMD-RCRA RECORD CENTER

Street (continued):

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

County Code: | County Name: Cook

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: 3007 Mallmo DR

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

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

Name (last): Hess | (first): Bill

Job Title: Operations Mgr | Phone Number (area code and number): 708-806-4500

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: 3007 Mallmo DR

City or Town: Arlington Heights | State: IL | ZIP Code: 60005-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: Johnson Controll Corporation

Street, P.O. Box, or Route Number: 5757 N Greenbay Ave

NOV 24 1993

City or Town: Milwaukee | State: WI | ZIP Code: 53209-

Phone Number (area code and number): 414-228-1200

B. Land Type: [ ]

C. Owner Type: P

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

(Date Changed) Month Day Year

EPA Form 8700-12 (01-90) Previous editions obsolete

DEC 07 1993

4

Johnson Controls

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 1000 kg/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
   - [X] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Transfer, Store, Dispose (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 Marketers
   - [ ] 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
F001					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an ID 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
William C. Hess	WILLIAM C. HESS	11-11-93

XI. Comments

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

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

December 15, 1993

JOHNSON CONTROLS
ATTN BILL HESS
3007 MALMO DR
ARLINGTON HGTS IL 60005

RE: US EPA ID Number ILD 010 586 584

Location: 3007 MALMO DR

ARLINGTON HGTS IL

In response to your correspondence of NOV 30 1993, the following information has been updated:

Contact change to BILL HESS
Change of phone number to 708-806-4500

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

Printed on Recycled Paper

Place
25¢
Stamp
Here

U.S. EPA REGION V
RCRA Activities
WASTE MANAGEMENT DIV
P.O. BOX A3587
CHICAGO IL 60690
CITY STATE ZIP

Attn: Biennial Report

This site is exempt from the requirement to file the 1989 Hazardous Waste Report because:

- the site was not a RCRA Large Quantity Generator in 1989,

  AND

- the site did not treat, store, or dispose of RCRA hazardous wastes on site in units subject to RCRA permitting requirements in 1989.

It is expected that this site will remain exempt from the requirement to file the Hazardous Waste Report:

Check one:

- ☐ For 1989 only
- ☒ Permanently
- ☐ Other (Explain: _____)

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FEB 22 1990
U. S. EPA, REGION V
SWB — PMS

EPA ID ILD010586584

Site Name JOHNSON CONTROLS, INC

Site Location Address 3007 MALMO

Site Location Address ARLINGTON HEIGHTS, IL 60005

Contact Name: ENVIRONMENTAL COORDINATOR

Phone Number of Contact (708) 364-1500

2-19-90

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

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

91.07321

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)
APR 5 1991
U. S. EPA, REGION V

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: ILD010586584

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

JOHNSON CONTROLS

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

Street: 3007 MALMO DR

Street (continued):

City or Town: ARLINGTON HTS | State: IL | ZIP Code: 60005-

County Code: 031 | County Name: COOK

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 3007 MALMO DR

City or Town: ARLINGTON HTS | State: IL | ZIP Code: 60005-

4-16-91

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

Name *(last)*: MERIA | *(first)*: PHILLIP

Job Title: SVC OPER MGR | Phone Number *(area code and number)*: 708-806-4475

C

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box: 3007 MALMO DR

City or Town: ARLINGTON HTS | State: IL | ZIP Code: 60005-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: JOHNSON CONTROLS INC

Street, P.O. Box, or Route Number: 3007 MALMO DR

City or Town: ARLINGTON HTS | State: IL | ZIP Code: 60005-

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MAR 20 1991
IEPA DLPC

Phone Number *(area code and number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
708-806-4475	P	P	Yes [ ] No [X]	

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

Continue on reverse

— over —

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

C-

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

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)*

A-

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.)

A

1	2	3	4	5	6
F001					
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
Phillip B Moria	Phillip Moria SVC oper mgr	3-1-91

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 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste

87.9092

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: N

RECEIVED

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
ILD010586584 (T/A C 1)	A	870604

MAY 27 1987 IEPA-DLPC

I. Name of Installation

Johnson Controls Inc

II. Installation Mailing Address

Street or P.O. Box: 3007 Malmo

City or Town	State	ZIP Code
Arlington Heights	IL	60005

III. Location of Installation

Street or Route Number: Same

City or Town	State	ZIP Code

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
Jones John	312 364 1500

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
Johnson Controls Inc	P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 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

RECEIVED JUN 04 1987 U.S. EPA, REGION V

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
- [ ] 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
F002					
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
John T. Jones	WAREHOUSE SUPERVISOR	5-20-87

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-O

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste

87.9092

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: N

RECEIVED MAY 27 1987 COPY IEPA-DLPC

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
ILD010586584 (T/A C 1)	A	870604

I. Name of Installation

Johnson Controls Inc

II. Installation Mailing Address

Street or P.O. Box: 3007 Malmo

City or Town: Arlington Heights — State: IL — ZIP Code: 60005

III. Location of Installation

Street or Route Number: Same

City or Town — State — ZIP Code:

IV. Installation Contact

Name and Title *(last, first, and job title)*: Jones John

Phone Number *(area code and number)*: 312 364 1500

V. Ownership

A. Name of Installation's Legal Owner: Johnson Controls Inc

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
- [ ] 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

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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
- [ ] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

Cook - 031

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)*

WB 6/15/87

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
F002					
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)*

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Signature	Name and Official Title *(type or print)*	Date Signed
John T. Jones	WAREHOUSE SUPERVISOR	5-20-87

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

5HS-JCK-13

JUN 11 1987

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief
Information Management Unit
Program Management Section