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) MAY 1 1 1995

ENVIRONMENTAL QUAL OWRM/ COMPLIANCE

RECEIVED MAY 1995

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: VAD988189064

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

K-MART 3544

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

Street: 1355 W. Main St

Street (Continued):

City or Town: Salem

State: VA Zip Code: 24153-

County Code: 775 County Name:

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: Same

City or Town: State: Zip Code:

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

Name (Last): Platter (First): David

Job Title: Operations Mgr Phone Number (Area Code and Number): 703-381-2521

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other

B. Street or P.O. Box: Same

City or Town: State: Zip Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: K-Mart Corp.

RECEIVED GENERAL STATE SECTION MAY 16 1995 EPA, R3

Street, P.O. Box, or Route Number: 3100 West Big Beaver

City or Town: Troy State: MI Zip Code: 48084-

Phone Number (Area Code and Number): 810-643-1000

B. Land Type: P

C. Owner Type: P

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

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

Please print or type with ELITE type (12 characters per inch) 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.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)
- [ ] 1. Utility Boiler
- [ ] 2. Industrial Boiler
- [ ] 3. Industrial Furnace

5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Use Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Us Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indica Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous 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. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(
			HAZARDOUS	D011

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
~~D011~~					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance w system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the pe or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, tc best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false informa including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
David Platter	operations mgr	4/28/95

XI. Comments

HST 5-22-95
CW 5/24/95

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

EPA Notification of Hazardous Waste Activity

Filing Notification before this form. The information here is required by law 3010 of the Resource Co and Recovery Act).

For Official Use Only

Comments

Installation's EPA ID Number: VAD988189064 (F/A, C 1)

Approved

Date Received (yr. mo. day): DEC 05 1990

NOV 29 REC'D

EPA, R

I. Name of Installation

Kmart #3544

II. Installation Mailing Address

Street or P.O. Box: 1355 West main street

City or Town: Salem

State: VA

ZIP Co: 241

III. Location of Installation

Street or Route Number: Same

City or Town:

State:

ZIP Coc:

IV. Installation Contact

Name and Title (last, first, and job title): D A Booth

Phone Number (area code and num): 703 387 25

V. Ownership

A. Name of Installation's Legal Owner: Kmart Corporation

B. Type of Ownership (enter: 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

725 Salem

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

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) 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 subsequen notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

DEC 0 5 1990

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

C. Installation's EPA ID Number

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
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)*
- [ ] 4. Toxic *(D000)*

XI. Certification

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

Signature	Name and Official Title *(type or print)*	Date Signed
Michael Lane	Michael Lane - Corporate Safety and Environmental Health Engineer	11/26/90

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED
GENERAL STATE SECTION
NOV 29 1990
EPA, R3

```
*                    RCRIS: Notification Add/Update Screen 2
*****************************************************************************
*EPA Id: VAD988189064     Other Id:                        Merge Send: Y
*Date Received(MMDDYY):  120590    Source( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):                Send Acknowledgement:
*Name of Installation:  K-MART   3544
*                      Installation Location Address
*Streets:  1355 WEST MAIN ST
*City:     SALEM                          State:  VA    Zip:  24153
*County Code:  775      County Name:  SALEM
*  Installation Mailing Address (Type 'SAME' if same as Above)
*Streets:  1355 WEST MAIN ST
*City:     SALEM                          State:  VA    Zip:  24153
*                        Contact Information
*   Last Name        First Name            Title          Phone  Address(M,L,
* PLATTER            DAVID             OPER MGR          7033872521    L
*Streets:  1355 WEST MAIN ST
*City:     SALEM                          State:  VA    Zip:  24153
*Land Type:  P
*****************************************************************************
* Enter-Continue                                    F3-Exit
*****************************************************************************

*****************************************************************************
*                    RCRIS: Notification Add/Update Screen 3
*****************************************************************************
* EPA Id:     VAD988189064   Other Id:                    Source:  N
*
* Owner Sequence Number:     1
* Ownership: K-MART CORP                                Type of Owner:  P
*
*
*                        Address of Owner
*
*      Street: 3100 WEST BIG BEAVER
*      City:   TROY                        State: MI  Zip Code  48084
*      Phone:  8106431000
*
* Current/Previous Indicator:  CO   Change Date(MMDDYY):
*
*
*
*****************************************************************************
* Enter-Continue       F3-Exit       F4-Exit Group Process   F5-Curr. Owner  *
* F6-Prev. Owner       F8-Help       F9-First                F10-Next        *
*****************************************************************************

*****************************************************************************
*                    RCRIS: Notification Add/Update Screen 4A                *
*****************************************************************************
* EPA Id:  VAD988189064    Other Id:                  Source:  N             *
*                                                                            *
*                                RCRA Reg  RCRA Reg  State Reg   State Reg   *
* Waste Activity            Type  Status     Desc      Status      Desc      *
* ---------------------     ----  --------  --------  ---------  ----------- *
* HW Generator:              3      R                                        *
* HW TSD:                                                                    *
* HW Transporter:                                                            *
*   Transport Mode:  Air:      Rail:      Highway:      Water:               *
```

```
*                    RCRIS: Notification Add/Update Screen 5
*****************************************************************************
*        EPA Id:  VAD988189064  Other Id:                    Source:  N
*
*     Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*                       D001
*
*
*
*
*
*
*
*
*
*
*
*
*****************************************************************************
*Enter-Continue                    F3-Exit                  F4-Exit Group Proces
*F8-Help                           F9-First                 F10-Next
*****************************************************************************
```

Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* ----------
* Underground Injection Control:
* Recycler:
*
*
****
* Enter-Continue F3-Exit F8-Help
****

****
* RCRIS: Notification Add/Update Screen 5
****
* EPA Id: VAD988189064 Other Id: Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
* D001 D011
*
*
*
*
*
*
*
*
*
*
*
*
*
****
*Enter-Continue F3-Exit F4-Exit Group Process
*F8-Help F9-First F10-Next
****

New Record