SQG

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

LAWRENCE

STATE OF KANSAS
DEPARTMENT OF HEALTH AND ENVIRONMENT

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)	
C F KSD981508914 T/A 2 C 1		860828	#091 JOHNSON

*

I. Name of Installation

WESTERN AUTO SUPPLY COMPANY

II. Installation Mailing Address

Street or P.O. Box	City or Town	State	ZIP Code
C 3: 7525 Metcalf	C 4: Overland Park,	KS	66204

III. Location of Installation

STREET ADDRESS OR LOCATION FROM KNOWN REFERENCE POINT	City or Town	State	ZIP Code
C 5: 7525 Metcalf	C 6: Overland Park,	KS	66204

IV. Installation Contact

Name and Title	Phone Number *(area code and number)*
C 2: Ed Forsyth, MGR.	913 381 5905

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
C R: WESTERN AUTO-(CORP.)	M

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

A. Hazardous Waste Activity

- [X] 1a. Generator — NOTE: If generator, you must complete section X.E. on back side of form.
- [ ] 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
  - [X] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or 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)*

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

C. Installation's EPA ID Number

432250

RCRA RECORDS

Form 8700-12 (R

Continue on reverse

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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. 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)*
- [X] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [ ] 4. Toxic (D004-D017) Specify Below: _____ _____

E. Total Quantity Generated Per Month. Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month.

- [ ] a. Greater than 1,000 KG (2,200 lbs)
- [ ] b. Less than 1,000 KG but greater than 25 KG (55 lbs)
- [X] c. Less than 25 KG (55 lbs)

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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
[signature]	Area Service Manager	9/17/86

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

Mail completed form to: Bureau of Waste Management
Kansas Department of Health & Environment
Forbes Field
Topeka, KS 66620