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

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 Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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

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

K-MART

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

Street: 1162 N. CITRUS AVE

Street (continued):

City or Town: COVINA

State: CA

ZIP Code: 91724-

County Code: 095

County Name: LOS ANGELES

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: 1162 N. CITRUS

City or Town: COVINA

State: CA

ZIP Code: 91724-

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

Name (*last*): MEVARES

(*first*): RAY

Job Title: MANAGER

Phone Number (*area code and number*): 818-967-2849

VI. Installation Contact Address (*See Instructions*)

A. Contact Address Location [X] Mailing [ ]

B. Street or P.O. Box: 1162 N. CITRUS AVE

City or Town: COVINA

State: CA

ZIP Code: 91724-

VII. Ownership (*See Instructions*)

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

Street, P.O. Box, or Route Number: 3100 W. BIG BEAVER RD

City or Town: TROY

State: MI

ZIP Code: 48084-

Phone Number (*area code and number*): 818-967-2849

B. Land Type [ ]

C. Owner Type [ ]

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

(Date Changed) Month Day Year

Continue on reverse

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

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

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
   - [ ] 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 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. Toxicity Characteristic (D009)	5. (List specific EPA hazardous waste number(s) for the Toxicity characteristic constituent(s))			
X							

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
D001					
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 with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (type or print)	Date Signed
	RAY NEVARES MGR	1-21-93

XI. Comments

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