DATA CHANGE

EPA IDENTIFICATION NUMBER/C101=12: TXD981156615

TWC #/C116=6:

PREPARER: R.F.

DATE: 6/6 88

Facility Name/C104=40:

Mailing Address/C106=30: 6303 HWY 6 S

County/C114=3:

City/C107=25:

ST/C108=2:

Zip/C109=5:

Ownership Code/C102:

Facility Contact Person/C105=30:

ST Dist/C115=2:

Location Address/C110=30: 630B HWY 6 S

City/C111=25:

ST/C2=2:

Zip/C112=5:

Owner's Name/C1503=40:

GEN TRN TSD UIC:

C1105:

C305:

Other: C =

Other: C =

Telephone/C113=10:

Waste Codes to be added/C2701:

Waste Codes to be deleted/C2701:

Process Codes- Add - Delete - Change

C1801=3 C1802=13 C1803=1 C1804=1

C1801=3 C1802=13 C1803=1 C1804=1

C1801=3 C1802=13 C1803=1 C1804=1

Other Coding as necessary:

Entered by: RF Date Entered: 6-20-88 QC: File Code:

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

69288

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: F TXD 981156615 — APPROVED — DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

ADDICKS COLLISION CENTER

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 630-B Hwy 6 So

CITY OR TOWN: Houston TEXAS — ST. — ZIP CODE: 77063

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN — ST. — ZIP CODE

RECEIVED JUL 28 1986 HAZARDOUS WASTE PROGRAMS BRANCH

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): HESSELGRAVE JOHN A OWNER

PHONE NO. (area code & no.): 713-493-9112

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: HESSELGRAVE JOHN A.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL, M = NON-FEDERAL — P

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [x] Small Generator
- [ ] 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.: TXD981156615

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

S W | T/A C 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1 D001	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 industrial 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 listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed 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)

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 fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
John A. Hesselgrave	OWNER JOHN A. HESSELGRAVE	12-13-85

DETACH

Please print or type with ELITE type (12 char /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	

TWC # 69288

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: NOS 4-28-86

INSTALLATION'S EPA I.D. NUMBER: F TXD 98-115-0615

APPROVED:

DATE RECEIVED (yr., mo., & day): 22 APR 1986

HARRIS/201

I. NAME OF INSTALLATION

DS ADDIKKS COLLISION CENTER

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 6300 HWY 6 SOUTH

CITY OR TOWN: HOUSTON ST. TX ZIP CODE 77079

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 6300 HWY 6 SOUTH

CITY OR TOWN: HOUSTON ST. TX ZIP CODE 77079

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): HESSELGRAVE JOHN A OWNER

PHONE NO. (area code & no.): 713-493-9112

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: HESSELGRAVE JOHN A

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): P

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

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- [X] Small Generator
- [ ] B. TRANSPORTATION (complete item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

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- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

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- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

This is The Second Request for an EPA ID #

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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D001					
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- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

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 fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	OWNER	3/31/86

EPA Form 8700-12 (8-80) REVERSE

RECEIVED
APR - 3 1986
HAZARDOUS & SOLID WASTE DIVISION
PROGRAM SUPPORT SECTION

1887 /GN

RECORD OF COMMUNICATION	☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE ☐ OTHER (SPECIFY) (Record of item checked above)	
TO: File	FROM: DHS	DATE 4-22-86 TIME

SUBJECT

addition Collision Center

SUMMARY OF COMMUNICATION

Do not on Hwy with waste

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES TO:

EPA Form 1300-6 (7-77) REPLACES EPA NO FORM SICAS WHICH MAY BE USED UNTIL SUPPLY IS EXHAUSTED.