Sip Floor

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXD048210306 12/15/94

INSTALLATION ADDRESS

ATEC INCORPORATED
12600 EXECUTIVE DRIVE
STAFFORD , TX 77477
DANIEL CARLEY VICE PRES

12600 EXECUTIVE DRIVE
STAFFORD ,TX 77477

EPA Form 8700-12A (6-90)

new owner KESTRAN INC ; TXD 048210306 same location

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

Form Approved. OMB No. 2050-0039 Expires 3-30-96
GSA No. 0246-EPA-01

Please refer to the *Instructions for Filling 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)
OCT 28 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

[ ] A. First Notification [X] B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: TXD048210306

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

ATEC INCORPORATED

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

Street: 12600 EXECUTIVE DRIVE

Street (Continued):

City or Town: STAFFORD | State: TX | Zip Code: 77477-

County Code: 157 | County Name: FT BEND

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: 12600 EXECUTIVE DR

City or Town: STAFFORD | State: TX | Zip Code: 77477-

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

Name (Last): CARLEY | (First): DANIEL

Job Title: VICE PRESIDENT | Phone Number (Area Code and Number): 713-240-1919

VI. Installation Contact Address (See Instructions)

A. Contract Address: Location [X] Mailing [ ] Other [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: ATEC INCORPORATED

Street, P.O. Box, of Route Number: 12600 EXECUTIVE DRIVE

City or Town: STAFFORD | State: TX | Zip Code: 77477-

Phone Number (Area Code and Number): 713-240-1919

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

Form Approved. OMB No. 2050-0028 Expires 2-30-96
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 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)
   - [X] 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. 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 Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate 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(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
F002					
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
D Carley	DANIEL CARLEY Vice President	10/06/94

XI. Comments

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

DATA ENTRY Form

E.P.A. IDENTIFICATION: TXD048210306

PREPARER: [illegible]

DATE: 2/11/87

PRINT PLEASE PRINT PLEASE PRINT PLEASE

NS 2-17-87

COMPANY NAME:

MAILING ADDRESS: CITY: STATE: ZIP CODE:

COMPANY CONTACT PERSON: ENGLAND JAMES R

TELEPHONE NUMBER:

LOCATION ADDRESS: CITY: STATE: ZIP CODE:

OWNERS NAME:

OWNERSHIP CODE:

FACILITY STATUS

GEN TRN TSD UIC B/B SQG: 2

OTH OTHER CODE-

ADD WASTE CODES:

DELETE WASTE CODES:

ADD PROCESS CODES:

DELETE PROCESS CODES:

OTHER CODING:

ENTERED BY:

DATE:

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

GENERATOR'S NAME:

Date rec'd:_____ Rec'd by:_____

XV. GENERATOR'S EPA I.D. NO.

G	T	X	D	0	4	8	2	1	0	3	0	6		T.A.C. 1	
1	2											13	14	15	

XVI. WASTE MINIMIZATION (narrative description)

August 14, 1986

Kestran, Inc. is a small generator of hazardous waste. In 1985 we disposed of all the accumulated waste stored from previous years. Ashland Chemical Co., (EPA-ID #TXD095191920) pick up from Kestran and transported to Chemical Reclamation Services, Inc., (EPA-ID #TXD004684470) for recycling. At present we are generating approxmately 55 gallons per year. We will continue to monitor our waste and abide by Texas Department of Water Resources and Environmental Protection Agnecy rules.

Please change our reporting contact from James C. Hart to James R. England. Mr. Hart is no longer with this company.

Sincerely,

James R. England

James R. England

Tear out here

RECEIVED
AUG 18 1986
HAZARDOUS WASTE
PROGRAMS BRANCH

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → • TXD 04 821 0306

KESTRAN, INC.

12600 EXECUTIVE DRIVE
STAFFORD, TX 77477

INSTALLATION ADDRESS → 12600 EXECUTIVE DRIVE
STAFFORD, TX 77477

EPA Form 8700-12A (4-80)

Connection to
previously submitted
8700-12

JHart

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

34768

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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).

FOR OFFICIAL USE ONLY

COMMENTS

C TO CORRECT VI DATA-C was "Xed" IN ERROR

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F TXD048210306 1		

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN | ST. | ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN | ST. | ZIP CODE

RECEIVED MAY 16 1985 HAZARDOUS MATERIALS BRANCH

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) | PHONE NO. (area code & no.)

2

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

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

F = FEDERAL
M = NON-FEDERAL

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

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

del TSD del FAC Sta.

non-regulated see revers

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

- [ ] A. FIRST NOTIFICATION
- [X] 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.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

non-regulated
☐ non-handler
☐ small quantity generator
☐ exempt
☐ beneficial use
☐ closed

I.D. – FOR OFFICIAL USE ONLY

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	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
JCHart	J. C. Hart Manufacturing Manager	5-14-85

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → TXD 04 821 0306

KESTRAN, INC.
12600 EXECUTIVE DRIVE
STAFFORD, TX 77477

11-28-84

INSTALLATION ADDRESS → 12600 EXECUTIVE DRIVE
STAFFORD, TX 77477

ack sent
11-27-84

EPA Form 8700-12B (4-80)

TDWR

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

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	✓ 34768
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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: C

INSTALLATION'S EPA I.D. NUMBER: F TXD048210306 T/A C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): C 11-28-84 OR ✓

copy

I. NAME OF INSTALLATION

KESTRAN, INC.

ack sent 11-27-84

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 12600 Executive Drive

FORT BEND 157

CITY OR TOWN: 4 STAFFORD ST. TX ZIP CODE 77477

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 12600 Executive Drive

CITY OR TOWN: 6 STAFFORD ST. TX ZIP CODE 77477

HAZARDOUS MATERIALS BRANCH 1984

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 HART, James C. Manufacturing Mgr. (Manager)

PHONE NO. *(area code & no.)*: 713-240-2600

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Odis D. Herbow & Harry C. Ehlert

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

F = FEDERAL
M = NON-FEDERAL

M

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

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

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

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													T/A	C
W														1
1	2											13	14	15

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	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: U220	32: U154	33: U002	34: U226	35: U112	36: U159
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
James C. Hart	James C. Hart Manufacturing Manager	11-16-84

TEXAS DEPARTMENT OF WATER RESOURCES
1700 N. Congress Avenue
Austin, Texas

TEXAS WATER DEVELOPMENT BOARD
Louis A. Beecherl, Jr., Chairman
George W. McCleskey, Vice Chairman
Glen E. Roney
W. O. Bankston
Lonnie A. "Bo" Pilgrim
Louie Welch

Charles E. Nemir
Executive Director

TEXAS WATER COMMISSION
Paul Hopkins, Chairman
Lee B. M. Biggart
Ralph Roming

October 26, 1984

Mr. Jim Hart
Kestran, Inc.
12600 Executive Dr.
Stafford, TX 77477

Dear Mr. Hart:

RE: Notification of Hazardous Waste Activities , Solid Waste Reg. No. 34768

This is in response to your request for assignment of a U.S.E.P.A. Identification Number for hazardous waste activities to be conducted at your plant site, as required by Section 335.63 of the Texas Administrative Code pertaining to industrial solid waste management. To this end, enclosed is EPA Form 8700-12, Notification of Hazardous Waste Activities, with instructions and supporting information. This form should be completed and submitted to:

United States Environmental Protection Agency
Region VI
Attn: 6AW-HE
1201 Elm Street
First International Building
Dallas, Texas 75270

If you have any questions concerning completion of the form or if I may be of further assistance, please feel free to contact me at AC512/475-0943.

Sincerely,

Minor Brooks Hibbs

Minor Brooks Hibbs, Head
Waste Disposition Control Unit
Solid Waste Section

MBH:jb
Enclosures

NOV 20 1984

KESTRAN, INC.

RECEIVED
EPA REGION VI
1987 JAN 21 AM 8:48
HAZARDOUS WASTE
PROGRAMS BRANCH

January 13, 1987

TWC Reg. 34768
EPA Gen No. TXD048210306

Mr. Thomas D. Clark
U.S. Environmental Protection Agency
Hazardous Waste Programs Branch
Administrative Section (6H-HA)
1201 Elm Street
Dallas, TX 75270

Re: Waste Minimization Annual Report

Dear Mr. Clark:

During 1985 we reduced our volume of hazardous waste by approximately 25%. This was due mostly to the downturn in our business. We are presently looking into a different cleaning fluid to replace trichloroethane III. This will be less toxic and also reduce our hazardous waste generated.

We have no information for years prior to 1984.

Kestran, Inc. will continue to abide by the TWC and EPA rules on all hazardous waste.

Sincerely,

Jim England

Jim England

JE:gw

12600 EXECUTIVE DRIVE – STAFFORD, TX 77477 – (713) 240-2600 – TLX 5106011430

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

August 31, 2012

Texas Green Giant
12600 Exchange Dr., Ste. 204
ATTN: Ayaz Ali
Stafford, TX 77477

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000080225

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,

Sontina S. Powell
Environmental Protection Specialist
EPA, Region 6
Multimedia Planning and Permitting Division

Recycled/Recyclable • *Printed with Vegetable Oil Based Inks on 100% Recycled Paper (40% Postconsumer)*

TEXAS GREEN GIANT

8/3/12
AP

12600 EXCHANGE DR, SUITE 204

STAFFORD, TX 77477

(281) 201-8933

To whom it may concern,

The intent of this letter is to notify the EPA of a change of address and a change of phone number for EPA ID: **TXR000080225.** Attached is a copy of EPA form 8700-12 with the update information on the front page.

NEW SITE ADDRESS:

12600 Exchange Dr, Suite 204

Stafford, TX 77477

(281) 201-8933

FORMER SITE ADDRESS:

4601 South Pinemont Dr, Suite 108

Houston, TX 77041

Please notify, when the changes have been made so I may look for a new EPA letter with the new facility address in the mail.

Thank You for all help.

Ayaz Ali

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number T X R 0 0 0 0 8 0 2 2 5

3. Site Name

Name: TEXAS GREEN GIANT

4. Site Location Information

Street Address: 12600 EXCHANGE DR, SUITE 204

City, Town, or Village: STAFFORD **County:** FT. BEND

State: TEXAS **Country:** USA **Zip Code:** 77477

5. Site Land Type ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. ____ C. ____

B. ____ D. ____

7. Site Mailing Address

Street or P.O. Box: 12600 EXCHANGE DR, SUITE 204

City, Town, or Village: STAFFORD

State: TEXAS **Country:** USA **Zip Code:** 77477

8. Site Contact Person

First Name: AYAZ **MI:** **Last:** ALI

Title: MANAGER

Street or P.O. Box: 12600 EXCHANGE DR, SUITE 204

City, Town or Village: STAFFORD

State: TEXAS **Country:** USA **Zip Code:** 77477

Email: AYAZ@TEXASGREENGIANT.COM

Phone: 281-201-8933 **Ext.:** **Fax:**

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: **Date Became Owner:**

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box:

City, Town, or Village: **Phone:**

State: **Country:** **Zip Code:**

B. Name of Site's Operator: **Date Became Operator:**

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☒ Municipal ☐ State ☐ Other

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EPA ID Number | | | | | | | | | | | | OMB#: 2050-0024; Expires 12/31/2014

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y☐ N☐ **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.

☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y☐ N☐ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y☐ N☐ **3. United States Importer of Hazardous Waste**

Y☐ N☐ **4. Mixed Waste (hazardous and radioactive) Generator**

Y☐ N☐ **5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y☐ N☐ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y☐ N☐ **7. Recycler of Hazardous Waste**

Y☐ N☐ **8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y☐ N☐ **9. Underground Injection Control**

Y☐ N☐ **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y☐ N☐ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y☐ N☐ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y☐ N☐ **1. Used Oil Transporter**
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y☐ N☐ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

☐ a. Processor

☐ b. Re-refiner

Y☐ N☐ **3. Off-Specification Used Oil Burner**

Y☐ N☐ **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- You can **ONLY** Opt into Subpart K if:
  - you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
  - you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y☐ N☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories **See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y☐ N☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number | | | | | | | | | | | | OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) Activity

Y☐ N☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

TEXAS GREEN GIANT
4601 S PINEMONT DR STE 108
HOUSTON, TX 77041
ATTN: AYAZ ALI

EPA

ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D.Number:	TXR000080225
Facility Name and Address:	TEXAS GREEN GIANT 4601 S PINEMONT DR STE 108 HOUSTON, TX 77041

January 5, 2011

OMB# 2050-0024; Expires 11/30/2011

1/6/11 pp

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal (MARK ALL BOX(ES) THAT APPLY)

Reason for Submittal:

- [x] To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- [ ] To provide a Subsequent Notification (to update site identification information for this location)
- [ ] As a component of a First RCRA Hazardous Waste Part A Permit Application
- [ ] As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- [ ] As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - [ ] Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number: TXR000080225

3. Site Name

Name: Texas Green Giant

4. Site Location Information

Street Address: 4601 S Pinemont Dr Suite 108
City, Town, or Village: Houston | County: Harris
State: Texas | Country: USA | Zip Code: 77041

5. Site Land Type

[x] Private [ ] County [ ] District [ ] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 423430 | C. |
B. | D. |

7. Site Mailing Address

Street or P.O. Box: 4601 S Pinemont Dr Suite 108
City, Town, or Village: Houston
State: Texas | Country: USA | Zip Code: 77041

8. Site Contact Person

First Name: Ayaz | MI: – | Last: Ali
Title: Owner
Street or P.O. Box: 4601 S Pinemont Dr Suite 108
City, Town or Village: Houston
State: Texas | Country: USA | Zip Code: 77041
Email: ayaz@texasgreengiant.com
Phone: 832-971-2553 | Ext.: – | Fax: –

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Ayaz Ali | Date Became Owner: Mar 24, 2010
Owner Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other
Street or P.O. Box: 4601 S Pinemont Dr Suite 108
City, Town, or Village: Houston | Phone: 832-971-2553
State: Texas | Country: USA | Zip Code: 77041

B. Name of Site's Operator: Ayaz Ali | Date Became Operator: Mar, 24 2010
Operator Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other

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10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

Y ☑ N ☐ **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.

☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

☑ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

TB

If "Yes" above, indicate other generator activities.

Y ☐ N ☑ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☑ e. United States Importer of Hazardous Waste

Y ☐ N ☑ f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☑ **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☑ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.

Y ☐ N ☑ **4. Recycler of Hazardous Waste**

Y ☐ N ☑ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☑ **6. Underground Injection Control**

Y ☐ N ☑ **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☑ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

a. Batteries ☐

b. Pesticides ☐

c. Mercury containing equipment ☐

d. Lamps ☐

e. Other (specify) ____________ ☐

f. Other (specify) ____________ ☐

g. Other (specify) ____________ ☐

Y ☐ N ☑ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☑ **1. Used Oil Transporter**
If "Yes", mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☑ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☑ **3. Off-Specification Used Oil Burner**

Y ☐ N ☑ **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008	D009					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

D008	D009					

EPA ID Number | | | | | | | | | | | | OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☑ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Ayaz Ali	Ayaz Ali - Owner	12/07/2010

EPA ID Number | | | | | | | | | | | | | | OMB#: 2050-0024; Expires 11/30/2011

ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

Before filling out this section:

- You must check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also http://www.epa.gov/epawaste/hazard/dsw/statespf.htm.)
- You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section.
- You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must staisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).
- If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.

1. Indicate reason for notification. Include dates where requested.

☐ Notifying that the facility will begin managing hazardous secondary material as of ____________________ (mm/dd/yyyy).

☐ Re-notifying that the facility is still managing hazardous secondary material.

☐ Notifying that the facility has stopped managing hazardous secondary material as of ____________________ (mm/dd/yyyy).

2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in **short tons** to describe your hazardous secondary material activity ONLY (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?