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

DKT

RECEIVED

JUL 0 1982

PLEASE PLACE LABEL IN THIS SPACE

EPA REGION V

RECEIVED 7/07/82

INSTRUCTIONS: If you received a prepri label, affix it in the space at left. If any of information on the label is incorrect, draw through it and supply the correct information in the appropriate section below. If the abe complete and correct, leave Items I, II, and below blank. If you did not receive a prepri label, complete all items. "Installation" mean single site where hazardous waste is generat treated, stored and/or disposed of, or a tra porter's principal place of business. Please re to the INSTRUCTIONS FOR FILING NOTI CATION before completing this form. T information requested herein is required by *(Section 3010 of the Resource Conservation a Recovery Act).*

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER: F IND980792162 T/N C 1

APPROVED

DATE RECEIVED (yr., mo., & day)

EPA Region 5 Records Ctr.

307383

I. NAME OF INSTALLATION

INSTAMATIC DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 456

CITY OR TOWN: 4 ELKHART INDIANA

ST.

ZIP CODE: 46515

20

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 2323 MIDDLEBURY STREET

#1908

CITY OR TOWN: 6 ELKHART INDIANA

ST.

ZIP CODE: 46514

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 MURPHY DORLEN PURCHASING AGT.

PHONE NO. *(area code & no.)*: 219-293-4591

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 LASALLE-DETCH CO. INC

DETACH A

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)*
- [ ] 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 notificati 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.

EPA Form 8700-12 (6-80)

CONTINUE ON REVER

I.D. – FOR OFFICIAL USE ONLY

W

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
D 8 0					
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
Darlen W. Murphy	Darlen W. Murphy P.A.	6-25-82