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	TXD988033866		05/02/1991
	TURNMATIC MACHINE PROCTOR JIMMIE-L PRES 557 STERLING RICHARDSON	TX	75081
INSTALLATION ADDRESS	557 STERLING RICHARDSON	TX	75081

EPA Form 8700-12B (6-90)

Rv. 4/24/91

Rcvd 9/25/91

OMB No. 2050-0

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filling Notification* before complet this form. The information reques here is required by law (Sect 3010 of the Resource Conservat and Recovery Act)

For Official Use Only

Comments

Installation's EPA ID Number: UXD988033866

Approved

Date Received (yr. mo. day): 13 Dallas

I. Name of Installation

TURNMATIC MACHINE

II. Installation Mailing Address

Street or P.O. Box: 557 STERLING

City or Town: RICHARDSON

State: TX

ZIP Code: 7508

III. Location of Installation

Street or Route Number: 557 STERLING

City or Town: RICHARDSON

State: TX

ZIP Code: 7508

IV. Installation Contact

Name and Title (last, first, and job title): PROCTOR JIMMIE L PRES

Phone Number (area code and number): 214 235 1912

V. Ownership

A. Name of Installation's Legal Owner: PROCTOR JIMMIE L

B. Type of Ownership (enter cod): SCORP

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

A. Hazardous Waste Activity

- [X] 1. Generator
- [ ] 1a. Less than 100 kg/mo
- [ ] 2. Transporter
- [ ] 3. Treater, Storer, or Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel (enter "X" in one appropriate box below)
  - [ ] a. Generator Marketer to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel (enter "X" in appropriate boxes below)
  - [ ] a. Generator Marketer to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (for On-site Burner) Who First Claims the Oil Meets the Specification

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 [redacted] D. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter "X" in the appropriate box(es))

[ ] A. Air [ ] B. Rail [X] 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 for hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the box below.

[X] A. First Notification [ ] B. Subsequent Notification (enter EPA ID)

C. Installation's EPA ID Number

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

Continue on rever

ID — For Official Use Only

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

49	50	51	52	53	54

E. 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)
- [ ] 2. Corrosive (D002)
- [ ] 3. Reactive (D003)
- [ ] 4. Toxic (D000)

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]	PRESIDENT	10 JAN 91

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 98 069 8443

ELECTROSPACE SYSTEMS INC
PO BOX 1359
RICHARDSON, TX 75080

INSTALLATION ADDRESS ➤ 505 NORTH BOWSER
RICHARDSON, TX 75081

EPA Form 8700-12B (4-80)

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.

T A C

G T X D 9 8 0 6 9 8 4 4 3 1

1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

The waste minimization effort at Electrospace Systems, Incorporated has been directed towards education of personnel involved in process areas that are generating our hazardous wastes. This education consists of three (3) basic steps.

(1) Informing the affected personnel of the need to minimize hazardous wastes.

(2) Discussing the mechanics of the generating process and deciding the most likely points to minimize hazardous waste.

(3) Implementing the steps necessary in each area to minimize hazardous waste.

It is our intention to use this method to minimize hazardous waste generation at Electrospace Systems, Incorporated.

RECEIVED
AUG 29 1986
HAZARDOUS WASTE
PROGRAMS BRANCH

L. H. Pounds
Material Control Group Head

Tear out here

1DWK

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

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

PLEASE PLACE LABEL IN THIS SPACE

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

INSTALLATION'S EPA I.D. NUMBER: F TXD980698443 (T/A: 1)

APPROVED:

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

FINDS 8-4-83
RCRA 3-8-83

I. NAME OF INSTALLATION

ELECTROSPACE SYSTEMS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 1359

CITY OR TOWN: 4 RICHARDSON — ST.: TX — ZIP CODE: 75080

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 505 NORTH BOWSER

Dallas
113

CITY OR TOWN: 6 RICHARDSON — ST.: TX — ZIP CODE: 75081

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 POUNDS L H GROUP HEAD

PHONE NO. *(area code & no.)*: 214 - 783 - 2164

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 ELECTROSPACE SYSTEMS INC

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 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
F005	F009				
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
U159	U165	U238	U239	U220	U080
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.)*

- [X] 1. IGNITABLE (D001)
- [X] 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
Milton W. Holcombe	Milton W. Holcombe Vice President	2/7/83

Coordinator Initials

FY 1985 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

EPA ID: TXD980698443

14. Handler Type: _ Major

_ Non-Major

HANDLER NAME:

ADDRESS:

DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 85/05/29

5a. AGENCY RESPONSIBLE FOR EVALUATION: Put code in box Choose one

E = EPA
S = State
J = Joint
C = Contractor/EPA
O = Other
B = Contractor/State
X = Oversight

TYPE OF EVALUATION COVERED BY THIS REPORT: 7
Put code in box
Choose one

1 = Evaluation Inspection
2 = Sampling Inspection
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up
6 = Other - Citizen Complaint
7 = Other - Part B Call-In
8 = Other - Withdrawal Candidate
9 = Other - Closed Facility
0 = Other - General

DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): 85/07/15

AREA AND CLASS OF VIOLATION (enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area violated.)

Class of Violation	Area of Violation: GWM	CL/PC	Fin.Res.	Pt. B	Corr.Ach.	Manifest	Other	FF1	FF2	FF3
I							X	S	08	TS
II							0	S	08	TS

ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates: Scheduled	Actual	Penalty: Assessed	Collected	Resp.Ag. (use code)		
1	OT	03	85-0620	85-07-19				S	08	TS

Codes for Types of Enforcement Actions: 03 = Warning Letter
05 = Administrative Order
10 = Informal
11 = Filed Civil Action
12 = Filed Criminal Action
13 = EPA letter to States

(See instruction for additional codes)
Codes for Responsible Agency: E = EPA S = State X = EPA oversight

Comments:

(Limit each comment to 80 characters. Up to 99 comments are possible.)

P N 8-21-85

TEXAS DEPARTMENT OF WATER RESOURCES

HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

TS r

☒ NEW ☐ UPDATE

TDWR ID: 32281 (2–6) 1. EPA ID: TXD980698443 (8–19) INDUSTRY: Electron (21–28) DISTRICT: 04 (30–31)

2. INDUSTRY NAME: Electrospace Systems, Incorporated PHONE: (214) 231-9303

3. SITE ADDRESS: 505 N Bowser, Richardson ZIP: 75080 COUNTY: Dallas

JUN 24 1985

ENFORCEMENT AND FIELD OPERATIONS

7. DATE SUBT: 07-15-85 (33 34 / 35 36) (CENTRAL OFFICE USE ONLY)

FACILITY: G (G,F,T, 1,2,3) (38–40)

4. MAJOR/NONMAJOR: N (42)

6. TYPE OF EVALUATION: EV (44 45) (CEI-EV, EC; CME-GW; OTHER-CL, SW, OT; SAMPLE-SA; FOLLOW UP-FO; RECORD REVIEW-RC, RF; FOR HIGH PRIORITY PLACE H IN 1ST BLOCK)

5. DATE OF INITIAL EVALUATION: 05-29-85 (47–54)

RESPONSIBLE AGENCY: S

AREA AND CLASS OF VIOLATION (INCLUDES DISTRICT LEVEL ENFORCEMENT ACTIONS)

	Eval (58)	Deg (59)	Date Notice of Violation (61–68)	Date Conference (70–77)	Date Refer. to Austin for Enf. (79–86)	Date High Prior. Determination (88–95)	Date of Estim. Compliance (97–104)	Date Response is Due for NOV (106–113)	Date of Actual Compliance (115–122)	Resolv/Unres/ Compliant (124)
GW (56 57)										
CL (56 57)										
PT (56 57)										
MA (56 57)										
FI (56 57)										
C (56 57)										
OT (56 57)	X	1	06-20-85					07-19-85		U

COMMENTS: (COUNTY)

*01 057 006 0 U 61C 2 U 61C7 1 U 10 0 U 136 0 U 071 0 U 243 1 U

*02

WORK NO: 9091 NO. OF SAMPLES: -0- SUBMITTED BY: Tim Sewell

TDWR-0814-1 (Rev. 03-05-85)