Reference [redacted] August 15, 1980 Waste Report

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

Page 1 of 2

INSTALLATION'S EPA I.D. NO.: OHD030963615

I. NAME OF INSTALLATION: CARBOLINE CO

II. INSTALLATION MAILING ADDRESS: ~~125 FAIRGROUND RD~~
XENIA, OH 45385

III. LOCATION OF INSTALLATION: 125 FAIRGROUND RD
XENIA, OH 45385

0002

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: OHD030963615 | APPROVED: A | DATE RECEIVED (yr., mo., & day): 800815

I. NAME OF INSTALLATION

Carboline Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P O Box 370

CITY OR TOWN: 4 Xenia | ST.: OH | ZIP CODE: 45385

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 125 Fairground Road

CITY OR TOWN: 6 Xenia | ST.: OH | ZIP CODE: 45385

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 Stewart W J Mgr Corp Eng

PHONE NO. (area code & no.): 314 644 1000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Carboline Company

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.: OHD030963615

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

Reference C-01 (continued)

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W | I

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 F003	2 F005	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 K078	14 K081	15	16	17	18
19 K079	20 K082	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 U002	32 U125	33 U159	34 U220	35 U031	36 U069
37 U013	38 U140	39 U161	40 U238	41 U088	42 U102
43 U124	44 U154	45 U169	46 U239	47 U112	48 U160

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) [ ] 2. CORROSIVE (D002) [ ] 3. REACTIVE (D003) [X] 4. TOXIC (D004)

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
Ardell E. Pitt	Ardell E. Pitt Manager of Manufacturing	8/15/80

EPA Form 8700-12 (6-80) REVERSE