

## Notification of PCB Activity

Return To:

Document Control Officer (5305P)  
Office of Solid Waste  
U.S. Environmental Protection Agency  
1200 Pennsylvania Ave., N.W.  
Washington, DC 20460-0001

For Official Use Only

1. Name of Facility

Name of Owner Facility

2. EPA Identification Number (if already assigned under RCRA)

3. Facility Mailing Address (Street or PO Box, City, State, &amp; Zip Code)

4. Location of Facility (No. Street, City, State, &amp; Zip Code)

5. Installation Contact (Name and Title)

6. Type of PCB Activity (Mark 'X' in appropriate box. See Instructions.)

- |   |   |
|---|---|
| <input type="checkbox"/> A. Generator w/onsite storage facility | <input type="checkbox"/> B. Storer (Commercial)   |
| <input type="checkbox"/> C. Transporter                         | <input type="checkbox"/> D. R&D/Treatability  |
| <input type="checkbox"/> E. Approved Disposer                   | <input type="checkbox"/> F. Scrap Metal Recovery Oven/Smelter,<br>High Efficiency Boilers |

Telephone Number (Area Code and Number)

7. Certification

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

Signature

Name and Official Title (Type of Print)

Date Signed

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