

July 27, 1987

states - Ca

VISTA

Alex R. Cunningham
Chief Deputy Director
Toxic Substances Control Division
Dept. of Health Services
714/744 P Street
Sacramento, CA 95814

Dear Sir:

Vista Chemical Company recently received the attached Hazardous Waste Notification Statement. Vista Chemical Company has no manufacturing facilities in California; subsequently we produce no hazardous waste there. For that reason, we do not plan to complete the form.

Please let me know if you need further information.

Sincerely,



Thomas G. Grumbles, C.I.H.
Environmental Quality Manager

ajo

cc WLM

VVV 000015179

HAZARDOUS WASTE NOTIFICATION STATEMENT

This form is not a substitute for the Federal notification required by U. S. Environmental Protection Agency pursuant to subsection (a) of Section 6930 of Title 42 of the U. S. Code.

Any person generating hazardous waste, or owning or operating a facility for the treatment, storage, or disposal of hazardous waste, shall file this notification. If you have an EPA identification number you are not required to submit this notification.

A. Business Name:

Business Address

City

State

ZIP Code

B. County Where Business Is Located:

C. SIC Code (see reverse):

D. Board of Equalization Tax Account Number:

E. Business Activity:

F. Does Your Business Generate a Hazardous Waste?

☐ Yes. Complete remainder of Form☐ No. Complete Item J and return

G. Name of 24-Hour Emergency Contact:

Telephone Number:

()

H. Name of Owner or Operator:

Address of Owner or Operator (other than business address):

City

State

ZIP Code

Waste Being Handled: Using the list below indicate type and amount of waste handled for the period January–December 1986. A conversion chart for figuring the amount of waste is on the reverse side.

TYPE OF WASTE	ANNUAL AMOUNT			
	0	Less than 1 Ton	1–10 Tons	More than 10 Tons
Corrosive Example: acid, sodium hydroxide				
Reactive Example: phosphorus, cyanide				
Ignitable (flammable) Example: waste solvents, gasoline				
Toxic Example: pesticides, lead, zinc				
Explosive				

J. I am aware that if I knowingly submit false information to the Department, I am subject to a civil penalty of not less than \$2,000 and not more than \$20,000 for each day that the false information goes uncorrected.

I declare under penalty of perjury that the above information is true and correct.

Dated this _____ day of _____, 19____, at _____, California.

Signature

Name Printed or Typed

Title

VVV 000015180