





**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       |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |
| 7       |  | 8       |  | 9       |  | 10      |  | 11      |  | 12      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |

**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      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |
| 19      |  | 20      |  | 21      |  | 22      |  | 23      |  | 24      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |
| 25      |  | 26      |  | 27      |  | 28      |  | 29      |  | 30      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |

**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      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |
| 37      |  | 38      |  | 39      |  | 40      |  | 41      |  | 42      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |
| 43      |  | 44      |  | 45      |  | 46      |  | 47      |  | 48      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |

**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      |
| 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |  | 23 - 26 |

**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

*Jennet B. Jones*

NAME & OFFICIAL TITLE (type or print)

JENNET B. JONES - SUPERVISOR

DATE SIGNED

FEB 27 1981



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION VI  
1201 ELM STREET  
DALLAS, TEXAS 75270

NMD980509459  
AMERICAN TELEPHONE & TELEGRAPH CO  
JONES JENNET B. SUPERVISOR  
PO BOX 3288 RM 280 MTRL MGMT  
SAN FRANCISCO CA 94119

Dear Sir:

Your facility has notified the Environmental Protection Agency (EPA) that your current status under the Resource Conservation and Recovery Act (RCRA) is as follows:

Generator  
 Transporter  
 Treater/Storer/Disposer

Your response to the 1981 Annual Report for Hazardous Waste Activity submitted \_\_\_\_\_ indicated the following for 1981:

Non-Handler  
 Small Quantity Generator  
 Exempt  
 Beneficial Use  
 Closed

If your 1981 hazardous waste activity included any generation or treating, storing, or disposing of hazardous wastes, you must refile your 1981 Annual Report on the correct form.

If your facility had non-regulated status in 1981, but is currently regulated under the status checked in paragraph one, no updated forms are required. However, if your facility's past, current, and projected status is non-regulated, you should make the appropriate changes on the enclosed Notification of Hazardous Waste Activity form # 8700-12. Also, if you incorrectly checked the treat/store/dispose (TSD) box on the original notification, the enclosed certification that no TSD activities ever occurred should also be signed. The forms should be returned to this office as soon as possible.

If you have any questions, please contact Marilee Hood at 214/767-9725.

Sincerely yours,

Gerald Fontenot, Chief  
Enforcement Section (6AW-HE)

Enclosure



# 1981 STATUS SHEET FOR NON-REGULATED GENERATORS

INSTRUCTIONS: THIS SHEET MUST BE COMPLETED ONLY BY INSTALLATIONS THAT NOTIFIED EPA OF HAZARDOUS WASTE ACTIVITY UNDER SECTION 3010 OF RCRA BUT DID NOT HANDLE REGULATED QUANTITIES OF HAZARDOUS WASTE AT ANY TIME DURING 1981 AND ARE NOT REQUIRED TO COMPLETE THE 1981 GENERATOR ANNUAL REPORT. If you received a pre-printed label attached to the envelope in which this form was enclosed, affix it in the space provided, circle the appropriate code in section S-IV, sign the certification at the bottom of this page and return it to your EPA Regional Office by January 10, 1983 in the return envelope provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If you did not receive a preprinted label, complete all sections.

|   |    |          |
|---|----|----------|
| NMD980509459                                  | 06 | G        |
| AMERICAN TELEPHONE & TELEGRAPH CO TIJER       |    |          |
| ATTN: <del>JONES JENNIFER D. SUPERVISOR</del> |    |          |
| <del>PO BOX 2288 RM 280 MDTL MCMT</del>       |    |          |
| SAN FRANCISCO                                 |    | CA 94119 |

S-I. GENERATOR'S EPA I.D. NUMBER

|                             |   |  |  |  |  |  |  |  |  |  |  |  |    |    |    |
|-----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| F N M D 9 8 0 5 0 9 4 5 9 1 |   |  |  |  |  |  |  |  |  |  |  |  |    |    |    |
| 1                           | 2 |  |  |  |  |  |  |  |  |  |  |  | 13 | 14 | 15 |

S-II. NAME OF FACILITY

|                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| T I J E R A S R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 69           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

S-III. FACILITY MAILING ADDRESS

|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| P O B O X 7 8 1 1 0     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 15 16                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 45 |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| Street or P.O. Box      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| S A N F R A N C I S C O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  | C A 9 4 1 2 0  |  |  |  |  |  |  |  |  |  |
| 15 16                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  | 41 42 47 51    |  |  |  |  |  |  |  |  |  |
| City or Town            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  | State Zip Code |  |  |  |  |  |  |  |  |  |

S-IV. 1981 STATUS (Circle the code at right which best describes your installation's 1981 status. Circle only one code)

- a. NON-HANDLER—did not handle hazardous waste in any quantity in 1981 ..... 1
- b. SMALL QUANTITY GENERATOR—did not generate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) in any single month or accumulate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) on-site at any time during 1981 (40 CFR §261.5) ..... 2
- c. EXEMPT—all wastes generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4 ..... 4
- d. BENEFICIAL USE—All hazardous waste generated was beneficially used, reused, or recycled in accordance with 40 CFR §261.2 and 40 CFR §261.6 ..... 5
- e. CLOSED—installation was closed prior to 1981 ..... 9

S-V. CERTIFICATION

I certify under penalty of law that the installation identified above did not handle regulated quantities of hazardous waste during 1981 and that to the best of my knowledge this installation is not subject to the RCRA Annual Reporting requirement.

ELIZABETH HERNANDEZ SUPERVISOR *Elizabeth Hernandez* 1-6-83

Print/Type Name Title Signature of Authorized Representative Date Signed