Form VSW-004
1/79

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION
P.O. BOX 2807 TRENTON, N.J. 08625

JAN 16 1979

ANNUAL OPERATIONAL STATEMENT FOR A SOLID WASTE FACILITY

SDMS Document
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FISCAL YEAR 80

READ ENCLOSED INSTRUCTIONS CAREFULLY

SECTION A

INFORMATION ON FILE FROM LAST YEAR – CORRECT IN SECTION B

FEID 221917907 — 1. Applicants Fed. Employer I.D. or Soc. Sec. No.
0205A — 2. Facility Registration Number
3. Public Utilities Commission License No.
(201) 589-7777 — 4. Applicants Telephone No.

CASE, JR. HERBERT G — 5. Applicants Name
SCIENTIFIC CHEMICAL PROCESSING — 6. Company or Trade Name
411 WILSON AVE — 7. Street Address
NEWARK NJ 07105 — 8. City, State, Zip Code

INCORPORATED — 9. Type of Organization 052992
NJ BERGEN — 10. Corporate Data: a. Registered in
12/10/71 — b. Date of filing
PRESTO DOMINICK — c. Agents Name
18 GLEN ROAD — d. Agents Street Address
RUTHERFORD NJ 07070 — e. Agents City, State, Zip Code
(201) 939-4868 — f. Agents Telephone
CASE, JR. HERBERT G — 11. a. Name Person with prime Admin. Authority
(201) 589-7777 — b. Telephone Number of 11a.

088991

SECTION B

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No. ☐ FEID, or ☐ SS No. _____
2. Facility Registration Number (Office Use Only) [redacted]
3. Public Utilities Commission License Number _____
4. Applicants Area Code and Telephone Number _____ _____ _____
5. Applicants Name: Last _____ First _____ Init. _____
6. Company or Trade Name _____
7. Street Address or Box Number _____
8. City _____ State _____ Zip Code _____
9. Type of Organization-Check One: A ☐ Proprietor, B. ☐ Partnership, C. ☐ Incorporated, D. ☐ Municipality, E. ☐ County, F. ☐ State Government, G. ☐ Authority, H ☐ Federal Government, X. ☐ Other
10. Corporate or Partnership Data (if any)
    a. Registered in State of _____, County of _____
    b. Date of filing _____
    c. Agents Name: Last _____ First _____ Init. _____
    d. Agents Street Address or Box Number _____
    e. Agents City _____ State _____ Zip Code _____
    f. Agents Area Code and Telephone Number _____ _____ _____
11. Person Having Prime Administrative Authority:
    a. Name: Last Barnes First Mack Init. _____
    b. Area Code and Telephone Number [redacted]

SECTION C

1. Type of Facility: CHEMICAL PROCESSING & TREATMENT
2. Name of Facility: SCIENTIFIC CHEMICAL PROCESSING
3. Location (Street) 216 PATERSON PLANK RD
   (Municipality) CARLSTADT BORO (County) BERGEN
4. Estimated Remaining Life (Years) _____ (Tons) _____
5. Is Property Leased? ☒ Yes, ☐ No. If Yes, Answer (a) and (b)
   (a) Owner's Name (Last) Inmar Associates (First) _____ M.I. _____
   (b) Owner's Address (Street) 1703 E. Second St
   (Municipality) Scotch Plains (State) N.J. (Zip) 07076

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SECTION D

WASTE DISPOSED REPORT

FACILITY REGISTRATION NUMBER 0205A

WASTE DISPOSED OF DURING THE PRECEDING YEAR (January 1 thru December 31)

SOLIDS IN CUBIC YARDS

		CUBIC YARDS (as delivered)		
		COMPACTED	NON-COMPACTED	SUB-TOTAL
10.	Municipal (Household, Commercial & Institutional)			
12.	Dry Sewage Sludge			
13.	Bulky Waste			
17.	Hazardous Waste - Dry			
18.	Chemical Waste - Dry (Non - Hazardous)		276	276
23.	Vegetative Waste			
25.	Animal and Food Processing Wastes			
26.	Oil Spill Clean-up Wastes			
27.	Industrial (Non-Chemical)			
			TOTAL SOLIDS	276

SEPTAGE IN GALLONS

		GALLONS
73.	Septic Tank Clean-Out Wastes	
74.	Liquid Sewage Sludge	
	TOTAL	

LIQUIDS IN GALLONS

		GALLONS
70.	Waste Oil and Sludge	55,853
72.	Bulk Liquid and Semi-Liquids	
76.	Hazardous Waste Liquids	7,568,329
77.	Chemical Waste Liquids	
	TOTAL	7,624,182

DID YOU RECLAIM ANY WASTE? NO ___ YES X (If YES, enter on next page)

SECTION E

Having Prime Administrative Authority, I certify that the information contained herein is true to the best of my knowledge.

Signature _____ Date May 31, 1979

Name typed Mack Barnes Title Vice President

SECTION F

FOR OFFICIAL USE ONLY

RECEIVED
1979 JUL 17 PM 2:49
SOLID WASTE ADMIN.
N.J. DEPARTMENT OF
ENVIRONMENTAL PROTECTION

A. Sanitary Landfill
B. Incinerator
C. Compost
D. Chemical Processing & Treatment
E. Resource Recovery
F. Transfer Station
G. Shredder
H. Baler
I. Sludge Farm
J. Disruption
X. Other

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READ ENCLOSED INSTRUCTIONS CAREFULLY

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION SOLID WASTE ADMINISTRATION P.O. BOX 2807, TRENTON, N.J. 08625	RECLAIMED WASTE REPORT

NAME OF FACILITY Scientific Chemical Processing, Inc. FACILITY REGISTRATION # 0205A

SECTION G

WASTE RECLAIMED DURING THE PRECEDING YEAR (January 1 thru December 31)

SOLIDS IN TONS		TONS
50. Ferrous Metals	50.	
51. Non-Ferrous Metals	51.	
52. Newsprint	52.	
53. Corrugated	53.	
54. Other Paper Products	54.	
55. Glass	55.	
56. Chemicals - Dry	56.	
57. Plastics	57.	
58. Tires	58.	
59. Junked Autos	59.	
Total Reclaimed Solids in Tons		

LIQUIDS IN GALLONS		GALLONS
90. Oil	90.	55,853
91. Chemical Solvents	91.	
92. Other Chemical Liquids	92.	5,038,672
Total Reclaimed Liquids in Gallons		5,094,525

SECTION H

I certify that the information contained herein is true to the best of my knowledge.

Signature Mack Barnes Date May 31, 1979

Name typed Mack Barnes Title Vice President

SECTION I

FOR OFFICE USE ONLY

VSW 005

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SOLID WASTE MANAGEMENT
P.O. BOX 2807 TRENTON, N.J. 08625

OPERATIONAL STATEMENT FOR A SOLID WASTE FACILITY

INSTRUCTIONS: **READ CAREFULLY** **PRINT OR TYPE**

1. Enter your Registration Number from Section B, Line 1 or if new/corrected from Section C, Line 1 of the Registration Statement, on each side of this form.
2. Enter tonnage for solids and gallons for liquids of wastes disposed of at your site for the period January 1, 1974 to December 31, 1974.
3. Enter tonnage for solids and gallons for liquids for all reclaimed materials for the period January 1, 1974 to December 31, 1974 on reverse.
4. Make entries to nearest whole ton or gallon and enter totals.

Enter your Registration Number Here → 0205 A

A. Disposed Wastes

WASTE ID.	SOLIDS		TONS
10.	Municipal (Household, Commercial)	10.	
11.	Institutional	11.	
12.	Dry Sewage Sludge	12.	
13.	Bulky Waste	13.	
14.	Construction and Demolition	14.	
15.	Pesticides – Dry	15.	
16.	Hazardous Waste Containers	16.	
17.	Hazardous Waste – Dry	17.	
18.	Chemical Waste – Dry – Non Hazardous	18.	725
19.	Junked Autos	19.	
20.	Tires	20.	
21.	Dead Animals	21.	
22.	Leaves and Chopped Tree Waste	22.	
23.	Agriculture Vegetative Waste	23.	
24.	Tree Stumps	24.	
25.	Food Processing Wastes	25.	
26.	Oil Spill Clean-Up Wastes	26.	
27.	Industrial (Non Chemical)	27.	
	Total Disposed Solids		725 Tons

	LIQUIDS		GALLONS
70.	Waste Oil	70.	130,000
71.	Semi Solid Waste Oils and Sludges	71.	
72.	Bulk Liquid and Semi Liquids	72.	
73.	Septic Tank Clean-Out Wastes	73.	
74.	Liquid Sewage Sludge	74.	
75.	Pesticide Liquids	75.	
76.	Hazardous Waste Liquids	76.	
77.	Chemical Waste Liquids	77.	2,800,000
	Total Disposed Liquids		2,930,000 Gals.

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Enter your Registration Number Here → 0205 A

B. Reclaimed Wastes

WASTE ID.	SOLIDS		TONS
50.	Ferrous Metals	50.	
51.	Non-Ferrous Metals	51.	
52.	Newsprint	52.	
53.	Corrugated	53.	
54.	Other Paper Products	54.	
55.	Glass	55.	
56.	Chemicals – Dry	56.	
57.	Plastics	57.	
58.	Tires	58.	
59.	Junked Autos	59.	
	Total Reclaimed Solids		Tons

	LIQUIDS		
90.	Oil	90.	95,000 gal.
91.	Chemical Solvents	91.	2,200,000 gal.
92.	Other Chemical Liquids	92.	900,000 gal.
	Total Reclaimed Liquids		3,195,000 Gals.

Send this Form, Registration Statement and Fee to:

New Jersey State Department of Environmental Protection
Bureau of Solid Waste Management
P.O. Box 2807 Trenton, N.J. 08625

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Status of Engineering Design

- ☐ 1. Under Review
- ☐ 2. Approved
- ☐ 3. Disapproved

DATE SIGNATURE

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NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SOLID WASTE MANAGEMENT
P.O BOX 2807 TRENTON, N.J. 08625

REGISTRATION STATEMENT FOR A SOLID WASTE FACILITY

Section A

INSTRUCTIONS – Read Carefully — **Type or Print Only**

1. Corrections to Section B are to be made in Section C. New applicants start in Section C.
2. Answer all questions on this and Operational Statement for a Solid Waste Facility.
3. Submit fee payable to "Treasurer, State of New Jersey". Refer to N.J.A.C. 7:26-4 for fee.
4. Send all completed forms and fee to:

New Jersey State Department of Environmental Protection
Bureau of Solid Waste Management
P.O. Box 2807 Trenton, New Jersey 08625

Section B

1. 0205A 201-939-0467
2.
3. SCIENTIFIC CHEM PROCESSING INC
4. 216 PATERSON PLANK ROAD
5. CARLSTADT NJ 07072

1. Registration Number — Telephone Number
2. Applicant's Name
3. Company or Trade Name
4. Street Address
5. City — State — Zip Code

Note – Above information was given by you last year. If corrections are to be made, correct the entire invalid line in Section C, below. If there are no corrections, go to Section D.

Section C

Corrections to Section B or New Applicants. Enter corrections on proper lines.

1. Registration Number . . . . . Telephone No. — 1. _____
2. Applicants Name (Last First Init.) . . . . . — 2. _____
3. Company or Trade Name . . . . . — 3. _____
4. Street Address . . . . . — 4. _____
5. City State Zip Code . . . . . — 5. _____

Section D

1. Person having prime administrative authority or person to be contacted in an emergency.

1A. Name → Sigmond (LAST) Leif (FIRST) R. (INIT.)

1B. Area Code – Telephone Number → 201-939-0467

2. Check your type Organization. **(Check only One)**

→ 2A. ☐ Proprietor
2B. ☐ Partnership
2C. ☒ Incorporated
2D. ☐ Municipality
2E. ☐ County
2F. ☐ Unit of State Government
2G. ☐ Authority
2H. ☐ Other (Explain on Separate Sheet

Section E

1. Solid Waste Facility Data

1A. Facility Name → Scientific Chemical Processing, Inc.
1B. Facility Street Address → 216 Paterson Plank Road
1C. Facility Municipality/City → Carlstadt
1D. Facility County → Bergen

2. Estimated Remaining Life of this Facility. **(Answer All)**

2A. Years → _____
2B. Tons → _____
2C. Acre/Feet → _____

FOR OFFICE USE

→ 3. This property is ☐ Owned or ☒ Leased by Applicant?
If Leased complete 3A thru 3C.

3A. Owner's Name → Inman Associates, Inc. (LAST) (FIRST) (INIT.)
3B. Owner's Address → 1702 E. Second Street
3C. Owner's City State Zip → Scotch Plains, N.J. 07076

4. Licensed by Public Utilities Commission → ☐ Yes ☒ No
If "Yes" give License Number → _____

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Section F

1. Enter your Registration Nu r from Section B, Line 1 or if new corre from Section C, Line 1.

Enter Here → 0205 A

2. Nature of Operation. (CHECK THE APPLICABLE ITEM. If more than one operation, complete a separate application for each.)

→ 2A. [ ] Sanitary Landfill
2B. [ ] Incinerator
2C. [ ] Composting Facility
2D. [X] Chemical Processing and Treatment
2E. [X] Resource Recovery
2F. [ ] Transfer Station
2G. [ ] Other (Explain on Separate Sheet)

3. Check all types of waste requested for disposal at site.

→ WASTE ID.		SOLIDS	For Office Use Only	
10.	[ ]	Municipal (Household, Commercial)	10.	
11.	[ ]	Institutional	11.	
12.	[ ]	Dry Sewage Sludge	12.	
13.	[ ]	Bulky Waste	13.	
14.	[ ]	Construction and Demolition	14.	
15.	[ ]	Pesticides – Dry	15.	
16.	[ ]	Hazardous Waste Containers	16.	
17.	[ ]	Hazardous Waste – Dry	17.	
18.	[X]	Chemical Waste – Dry – Non Hazardous	18.	
19.	[ ]	Junked Autos	19.	
20.	[ ]	Tires	20.	
21.	[ ]	Dead Animals	21.	
22.	[ ]	Leaves and Chopped Tree Waste	22.	
23.	[ ]	Agriculture Vegetative Waste	23.	
24.	[ ]	Tree Stumps	24.	
25.	[ ]	Food Processing Wastes	25.	
26.	[ ]	Oil Spill Clean-Up Wastes	26.	
27.	[ ]	Industrial (Non Chemical)	27.	
		LIQUIDS		
70.	[X]	Waste Oil	70.	
71.	[ ]	Semi Solid Waste Oils and Sludges	71.	
72.	[ ]	Bulk Liquid and Semi Liquids	72.	
73.	[ ]	Septic Tank Clean-Out Wastes	73.	
74.	[ ]	Liquid Sewage Sludge	74.	
75.	[ ]	Pesticide Liquids	75.	
76.	[ ]	Hazardous Waste Liquids	76.	
77.	[X]	Chemical Waste Liquids	77.	

4. FEES MUST BE SUBMITTED BY CERTIFIED CHECK OR MONEY ORDER – PAYABLE TO "TREASURER, STATE OF NEW JERSEY" REFER TO N.J.A.C. 7:26-4 FOR FEE SCHEDULE.

Enter Amount Enclosed → $ COMPLETE AND RETURN THIS FORM AT ONCE DO NOT PAY UNTIL BILLED

5. I certify that the information submitted on both sides of this form and all attachments are true to the best of my knowledge.

→ Date 7/7/75 Signature [signature] Title Manager

For Office Use Only

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