EPA

**ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**
*(VERIFICATION)*

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CT5000001461 03/29/95

PRIME RESOURCES CORP
1100 BOSTON AVE
BRIDGEPORT , CT 06610
ROBERT LEDERER ENVR MGR

INSTALLATION ADDRESS

1100 BOSTON AVE
BRIDGEPORT ,CT 06610

EPA Form 8700-12B (4-80)

Rev. 3/93

# REQUEST FOR CHANGE

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT 5000001461 Company Name: PRIME RESOURCES CORP

Date of Request: 2/14/00 Town: BRIDGEPORT

| SECTION/ITEM TO BE CHANGED | CURRENT INFORMATION | CHANGE INFORMATION TO: | REASON/ COMMENTS |
|---|---|---|---|
| I. Name of Installation | | | |
| II. Location of Installation | | | |
| III. Mailing Address of Installation | | | |
| IV.a. Installation Contact's Name | ROBERT LEDERER | MICHAEL BRUDGER | PER 99 SQG REPORT |
| b. Installation Contact's Title | | | |
| c. Installation Contact's Phone | | | |
| V.a. Ownership | | | |
| b. Property Owner | | | |
| VI. Status<br>Originally notified as: (please circle)<br>CESQG ( <100 kg/month )<br>SQG (100 - 1000 kg/month)<br>LQG ( >1000 kg/mth)<br>Transporter<br>T/S/D Facility | | Change Status to: | |

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only) 02/12/95

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

[X] A. First Notification [ ] B. Subsequent Notification (complete item C)

Number: CT5000001461

## II. Name of Installation (Include company and specific site name)

PRIME RESOURCES CORP

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: 1100 BOSTON AVENUE

Street (continued):

City or Town: BRIDGEPORT | State: CT | ZIP Code: 06610-

County Code: 001 | County Name: Fairfield

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box: 1100 BOSTON AVENUE

City or Town: BRIDGEPORT | State: CT | ZIP Code: 06610-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last): LEDERER | (first): ROBERT

Job Title: ENVIRONMENTAL MANAGER | Phone Number (area code and number): 203-331-9100

## VI. Installation Contact Address (See instructions)

A. Contact Address: Location [X] Mailing [X]

B. Street or P.O. Box: 1100 BOSTON AVE

City or Town: BRIDGEPORT | State: CT | ZIP Code: 06610-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: PRIME RESOURCES CORP

Street, P.O. Box, or Route Number: 1100 BOSTON AVENUE

City or Town: BRIDGEPORT | State: CT | ZIP Code: 06610-

Phone Number (area code and number): 203-331-9100

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

(Date Changed) Month Day Year

EPA Form 8700-12 (01-90) Previous editions are obsolete.

Please print or type with ELITE type (12 charac[illegible] per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0026. Expires 10-31-91
GSA No. 0246-EPA-OT

ID – For Official Use Only

## VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

### A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

### B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 – 261.24)*

| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. EP Toxic (D000) | (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) |
|---|---|---|---|---|
| [ ] | [ ] | [ ] | [X] | D011 |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| | | | | | |

## 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 fines and imprisonment.*

| Signature | Name and Official Title (type or print) | Date Signed |
|---|---|---|
| Robert Bladowski | Rob Lodorer, Mgr of Env, Health & Safety | 2/2/95 |

## XI. Comments

*Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)*