Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

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

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED APR 26 1995 DEP-Waste Management Waste Engineering Bureau

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

☐ A. First Notification ☒ B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: CTD001166263

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

MIRROR POLISHING & PLATING INC

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

Street: 346 HUNTINGDON AVENUE

Street *(Continued)*:

City or Town: WATERBURY | State: CT | Zip Code: 06706-

County Code: | County Name: NEW HAVEN

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: PO BOX 1484

City or Town: WATERBURY | State: CT | Zip Code: 06721-1484

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

Name *(Last)*: DuPONT | *(First)*: RICHARD

Job Title: VP & GEN MGR. | Phone Number *(Area Code and Number)*: 203-574-5400

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location ☒ Mailing ☒ Other ☐

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: GARY NALBAND

Street, P.O. Box, of Route Number: PO BOX 1484

City or Town: WATERBURY | State: CT | Zip Code: 06721-1484

Phone Number *(Area Code and Number)*: 203-574-5400

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes ☒ No ☐ (Date Changed) Month 01 Day 05 Year 85

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
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)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
   - [ ] 1. Utility Boiler
   - [ ] 2. Industrial Boiler
   - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous 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. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

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
D002	D007	F003	F006	NA	NA
7	**8**	**9**	**10**	**11**	**12**
NA	NA	NA	NA	NA	NA

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
MA02	NA	NA	NA	NA	NA

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
[signature]	Vice President & General Mgr.	4/17/95

XI. Comments

Box VII: Matthew Nalband / PO Box 1484; Waterbury, CT 06721-1485; (203) 574-5400 / Stater

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

Please print or type with ELITE type (12 charact er inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filling 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)

TSH 7/20/95 QC. 7/25/95

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

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

C. Installation's EPA ID Number: CTD001166263

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

MIRROR POLISHING & PLATING INC

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

Street: 346 HUNTINGDON AVENUE

Street *(Continued)*:

City or Town: WATERBURY | State: CT | Zip Code: 06708-

County Code: | County Name: NEW HAVEN

RECEIVED APR 26 1995 DEP - Waste Management Waste Engineering Bureau

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: PO BOX 1484

City or Town: WATERBURY | State: CT | Zip Code: 06721-1484

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

Name *(Last)*: DuPONT | *(First)*: RICHARD

Job Title: VP & GEN MGR. | Phone Number *(Area Code and Number)*: 203-574-5400

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [X] Mailing [X] Other [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: GARY NALBAND

Street, P.O. Box, of Route Number: PO BOX 1484

City or Town: WATERBURY | State: CT | Zip Code: 06721-1484

Phone Number *(Area Code and Number)*: 203-574-5400

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [X] No [ ] (Date Changed) Month 01 Day 05 Year 85

Continued on Reverse

Please print or type with ELITE t 12 characters per inch) in the unshaded areas onl

Form Approved, OMB No. 2050-0028 Expires 9-30-96
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)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
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B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
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2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
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3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous 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. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
[ ]	[ ]	[ ]	[ ]	

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
D002	D007	F003	F006	NA	NA
7	**8**	**9**	**10**	**11**	**12**
NA	NA	NA	NA	NA	NA

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6
MA02	NA	NA	NA	NA	NA

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
[signature]	VICE PRESIDENT & GENERAL MGR.	4/17/95

XI. Comments

BOX. VII : MATTHEW NALBAND / PO BOX 1484; WATERBURY, CT 06721-1485; (203) 574-5400 6 stations

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

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 ➤ •CTD001166263

M P & P INC
PO BOX 1484
WATERBURY CT 06702

INSTALLATION ADDRESS ➤ 346 HUNTINGDON AVENUE
WATERBURY CT 06702

11/04/80

EPA Form 8700-12B (4-80)

Please print or type with ELITE type (12 charac inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

(9)

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

1980 JUL 10 PM 1:14

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

00 2288

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F CTD001662633 T/A 1 C

APPROVED:

DATE RECEIVED (yr., mo., & day): 80/08/18

18 AUG 1980

AUG 18 12 09 PM '80

I. NAME OF INSTALLATION

MP & P INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 1484

CITY OR TOWN: 4 Waterbury

ST.: CT

ZIP CODE: 06702

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 346 Huntingdon Avenue

CITY OR TOWN: 6 Waterbury

ST.: CT

ZIP CODE: 06702

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 C William Frizzell Gen Manager

PHONE NO. *(area code & no.)*: 203-574-5400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 EUGENE and THOMAS NALBAND

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	C	T	D	0	0	1	1	6	6	2	6	3	2	1
1	2											13	14	15

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
F006					
7	8	9	10	11	12

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

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
37	38	39	40	41	42
43	44	45	46	47	48

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

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	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
C. William Frizzell	General Manager	7-8-80

DETACH