REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/28/00

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	→	**NYR000084905**
INSTALLATION NAME	→	**21ST CENTURY OPTICS**
INSTALLATION ADDRESS	→	**75 VARICK ST 11TH FLOOR NEW YORK, NY 10013**
MAILING ADDRESS	→	**75 VARICK ST 11TH FLOOR NEW YORK, NY 10013**

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: BERRY, BILL
FOREMAN
75 VARICK ST 11TH FLOOR
NEW YORK, NY 10013

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

GSA No. 0246-EPA-CT

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)

00 FEB -9 PM 2:37

00 FEB 23 PM 12:10

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

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

C. Installation's EPA ID Number: NYR000084905

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

21ST CENTURY OPTICS

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

Street: BUILDING # (OR) LOCATION & DIRECTION FROM NEAREST CROSS STREET

75 VARICK STREET, 11th FLOOR

Street (continued):

City or Town: NEW YORK State: NY ZIP Code: 10013-

County Code: 061 County Name: NEW YORK

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: SAME

City or Town: State: ZIP Code:

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

Name (last): BERRY (first): BILL

Job Title: FOREMAN Phone Number (area code and number): 212-226-5300

VI. Installation Contact Address (*See Instructions*)

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

B. Street or P.O. Box:

City or Town: State: ZIP Code:

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: 21ST CENTURY OPTICS

Street, P.O. Box, or Route Number: 75 VARICK ST.

City or Town: NEW YORK NEW YORK State: NY ZIP Code: 10013-

Phone Number (area code and number): 212-226-5300

B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes [✓] No [ ] (Date Changed) Month Day Year: 05 25 99

EPA Form 8700-12 (Rev. 9-92) Previous edition is obsolete. -1- Continue on reverse

Address verified US Post Office (98)

Spoke with Scott 4/24/00 12:00

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

Form Approved. OMB No. 2050-0028. Expires 8-30-92
ESA No. 0968-EPA-01

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. 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 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. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
✓				F003			

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
F003					
7	8	9	10	11	12

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

1	2	3	4	5	6

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.

GENTS
AN NOT
IGN -

Signature	Name and Official Title (type or print)	Date Signed
ORIGINAL GENERATOR William Berry Sr	WILLIAM BERRY LAB MANAGER Foreman	2/22/00

XI. Comments

REMOVAL OF SOME OUTDATED MATERIALS PRESENTON SITE

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

LEARD
ENVIRONMENTAL SERVICES, INC.

8 Andrew Street, Port Jefferson Station, NY 11776

Fax: 516-476-1596 Phone: 516-476-1592 Toll Free: 1-888-955-3273 Website: www.leard.com E-Mail: les@leard.com

U.S. EPA
AGENCY RO II
00 FEB -9 PM 2:37
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

Mr. Jack Hoyt
Waste Management Division-RCRA
USEPA Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

Dear Mr. Hoyt:

I hope this letter finds you well.

Please file this request for a USEPA Generator Identification Number. Our client has accumulated some hazardous waste materials on their property and will need this number for disposal procedures.

Please call my office at 1-888-955-3273 with the identification number at your convenience.

Thank you for your time in this most important matter.

Respectfully,

Scott Leard

Scott Leard
President, Leard Environmental Services, Inc.