FINDS ID NUMBER ASSIGNMENT FORM*

REQUESTOR'S NAME Jean Mimy DATE 03-07-91

SYSTEM SuPERfund PHONE NUMBER 1154

****

SOURCE ID NUMBER _____ OWNERSHIP CODE Cercl IS Indicator EPA ID NUMBER NYD 001229350

SIC CODES _____ _____ _____ _____

****

NAME OF FACILITY NELSON GALVANIZING, INC

STREET 11-02 Broadway

CITY Long Island City STATE NY ZIP 11106

COUNTY _____ COUNTY CODE _____

LATITUDE _____ LONGITUDE _____

****

IS THIS A FEDERAL FACILITY? NO [X] YES [ ]

AGENCY NAME _____

****

Date Completed 3/4/91 Signature Brown (Finds)

*Please complete with as much information as possible.

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