JUL 0 9 1986

RCRA Statues of Dayco Corp./L.E. Carpenter

Juan E. Davila
NPL Team

Trudi Fancher
Discovery and Investigation Branch

On July 8, 1986 I examined the RCRA file for the Dayco Corp./L.E. Carpenter Superfund site located in Wharton Boro New Jersey. According to the information contained in the RCRA file, the company is considered only a generator.

On this same date I also spoke with Angel Chang of the RCRA program, who confirmed my findings.

Attached please find the RCRA forms.

Attachment

cc: Carole Petersen, SICB

346524

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 ➤ NJD002168748

L E CARPENTER & CO A DAYCO CO
170 W MAIN ST
WHARTON NJ 07885

INSTALLATION ADDRESS ➤ 170 W MAIN ST
WHARTON NJ 07885

EPA Form 8700-12B (4-80) 10/09/80

Victrex®
L E CARPENTER
AND COMPANY
A DAYCO COMPANY
WHARTON, NEW JERSEY 07885

TELEPHONE 201-366-2020 • CABLE-CARPENCO

August 8, 1980

Mr. Josh Sigal
EPA-Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

Dear Mr. Sigal:

Please note that the enclosed Notification of Hazardous Waste Activity form is an amended version of the one you received on August 6, 1980. This form includes F005 under section IX A.

Very truly yours,
L.E. CARPENTER & Co.

Frank Aron

Frank Aron
Group Leader

FA:dc

Enclosure

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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	NJD002168748
I. NAME OF INSTALLATION	CARPENTER L E & COMPANY INC
II. INSTALLATION MAILING ADDRESS	170 N. MAIN STREET WHARTON, NJ 07885
III. LOCATION OF INSTALLATION	170 NO MAIN ST WHARTON, NJ 07885

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).*

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F (T/A) 1 — APPROVED — DATE RECEIVED *(yr., mo., & day)*

I. NAME OF INSTALLATION

L E CARPENTER & CO A DAYCO CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 170 N MAIN STREET

CITY OR TOWN: 4 WHARTON — ST.: NJ — ZIP CODE: 07885

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 170 N MAIN STREET

CITY OR TOWN: 6 WHARTON — ST.: NJ — ZIP CODE: 07885

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 ARON FRANK GROUP LEADER

PHONE NO. *(area code & no.)*: 201-366-2026

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DAYCO CORPORATION

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))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete Item VII)*
- [ ] 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.

CONTINUE ON REVERSE

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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	NJD002168748
I. NAME OF INSTALLATION	CARPENTER L E & COMPANY INC
II. INSTALLATION MAILING ADDRESS	170 N. MAIN STREET WHARTON, NJ 07885
III. LOCATION OF INSTALLATION	170 NO MAIN ST WHARTON, NJ 07885

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).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F NJD002168748 T/A 3 C 1		800807

I. NAME OF INSTALLATION

L E CARPENTER & CO A DAYCO CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 170 N MAIN ST	4 WHARTON	NJ	07885

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 170 N MAIN ST	6 WHARTON	NJ	07885

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 ARON FRANK GROUP LEADER	201-366-2020

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 DAYCO CORPORATION

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))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] 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.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA GENERATOR INSPECTION CHECKLIST

Generator's Name: L.E. Carpenter & Co.

EPA I.D. #: NJD002168748

Generator's Address: 170 North Main St, Wharton, N.J.

Contact: ~~Frank Aron~~ Henry Jarrett

	YES	NO
1. Does generator have an EPA I.D. number?	(X)	( )
2. Does generator store material on-site?	(X)	( )
3. Is waste accumulated for more than 90 days?	( )	(X)
4. Does generator manifest waste?	(X)	( )
5. Does manifest show following information:		
a. Name, address, I.D. of generator	(X)	( )
b. Name, address, I.D. of transporter	(X)	( )
c. Name, address, I.D. of designated facility	(X)	( )
d. Name, of alternative facility	( )	(X)
e. DOT waste description	(X)	( )
f. Quantity of waste-volume, weight, number of containers	(X)	( )
g. Signed certification statement	(X)	( )
6. Does generator maintain manifest records?	(X)	( )

7. General Comments:

The facility generates waste from three (3) sources and the appropriate manifests are attached. The facility plans to eliminate the waste described in attachment one(1) with the acquisition of a filter press, that is presently on order.

JAN 5 1 10 PM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

John C. Alonso

Inspected By: John C. Alonso

Date: December 22, 1980

See cover sheet for instructions.
Please TYPE all information.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION ATTACHMENT 1
HAZARDOUS WASTE MANIFEST

PART A: SEND TO DISPOSER'S STATE F-003 (1) DOCUMENT NO. NJ 0002637

GENERATOR NAME: L. E. CARPENTER & CO.	PHONE (INCLUDE AREA CODE): 201-366-2020	EPA ID NO.: NJD 0 0 2 1 6 8 1 7
ADDRESS (STREET - CITY - STATE - ZIP CODE): 170 NO. MAIN STREET WHARTON, N. J. 07885		
TRANSPORTER NO. 1: LAVCO INC.	PHONE (INCLUDE AREA CODE): 717-344-1427	EPA ID NO.: P A D 0 0 0 7 3 1 4
ADDRESS (STREET - CITY - STATE - ZIP CODE): 1620 KEYSER AVE. SCRANTON, PENNA 18508		
TRANSPORTER NO. 2	PHONE (INCLUDE AREA CODE):	EPA ID NO.:
ADDRESS (STREET - CITY - STATE - ZIP CODE):		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY: S C A SERVICES INC.	PHONE (INCLUDE AREA CODE): 803-758-5681	EPA ID NO.: S C D 0 7 0 3 7 5 9
SITE ADDRESS (STREET - CITY - STATE - ZIP CODE): PINEWOOD, S. C.		

IF MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED, FILL OUT THE FOLLOWING AS APPROPRIATE
THIS FORM IS NO. ____ OF A TOTAL OF ____. THE FIRST MANIFEST DOCUMENT NO. IS NJ->

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EP WASTE
1.	WASTE FLAMMABLE SOLID N.O.S.	FLAMMABLE SOLID	1325	4	15,000	3	30	0 1	I	F 0
2.	(XYLOL)									
3.										
4.										
5.										
6.										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLU. SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, marked and labelled and are i condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The wastes desc were consigned to the Transporter named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste, and ha permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE: F. ARON [signature]	TITLE: TECHNICAL MANAGER	DATE SHIPPED: 1 1 (MO.) 2 5 (DAY) 8 0 (YR.)	EXPECTED ARRIVA (MO. DAY)
TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT: [signature]	TRANSPORTER NO. 1 VEHICLE ID NO.: M 2 7 1 8 6		DATE RECEIVED (MO DAY)

TO BE TYPED IN BY GENERATOR

Form WM-001 (10/80)

See cover sheet for instructions.
Please TYPE all information.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE MANIFEST

ATTACHMENT 2

PART A: SEND TO NEW JERSEY BUREAU OF HAZARDOUS WASTE — DOCUMENT NO. NJ 0008542

GENERATOR NAME	PHONE (INCLUDE AREA CODE)	EPA ID NO.
L. E. CARPENTER & COMPANY	201-366-2020	NJD002168744

ADDRESS (STREET - CITY - STATE - ZIP CODE): 170 NO. MAIN STREET WHARTON, NEW JERSEY 07885

TRANSPORTER NO. 1	PHONE (INCLUDE AREA CODE)	EPA ID NO.
KISKO TRANSPORT	201-727-1188	NJD990720655

ADDRESS (STREET - CITY - STATE - ZIP CODE): 504 RARITAN STREET, SAYREVILLE, NEW JERSEY 08872

TRANSPORTER NO. 2	PHONE (INCLUDE AREA CODE)	EPA ID NO.

ADDRESS (STREET - CITY - STATE - ZIP CODE):

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY	PHONE (INCLUDE AREA CODE)	EPA ID NO.
SOLVENTS RECOVERY SERVICE	201-862-2000	NJD002182889

SITE ADDRESS (STREET - CITY - STATE - ZIP CODE): 1200 SYLVAN STREET, LINDEN, N. J. 07036

IF MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED, FILL OUT THE FOLLOWING AS APPROPRIATE

THIS FORM IS NO. ____ OF A TOTAL OF ____. THE FIRST MANIFEST DOCUMENT NO. IS NJ->

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EPA WASTE TYPE
1.	WASTE ~~X~~ FLAMMABLE LIQUID N.O.S.	FLAMMABLE LIQUID	1325	1	4500	1	TANK TRUCK	03	I T	F003
2.										
3.										
4.										
5.										
6.										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The wastes described above were consigned to the Transporter named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste, and has a permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE	TITLE	DATE SHIPPED (MO. DAY YR.)	EXPECTED ARRIVAL DATE (MO. DAY YR.)
FRANK ARON Frank Aron	TECHNICAL MANAGER	12 18 80	12 18 80

TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT	TRANSPORTER NO. 1 VEHICLE ID NO.	DATE RECEIVED (MO. DAY YR.)
A. Yelinda	557146	12 18 80

TO BE TYPED IN BY GENERATOR

F-003 (2)

STATE OF NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

HAZARDOUS WASTE MANIFEST

ATTACHMENT 3

See cover sheet for instructions.
Please TYPE all information.

PART A: SEND TO NEW JERSEY BUREAU OF HAZARDOUS WASTE

DOCUMENT NO. NJ 0008541

GENERATOR NAME	PHONE (INCLUDE AREA CODE)	EPA ID NO.
L. E. CARPENTER & COMPANY	201-366-2020	NJD002168714

ADDRESS (STREET - CITY - STATE - ZIP CODE)
170 NO. MAIN STREET WHARTON, NEW JERSEY 07885

TRANSPORTER NO. 1	PHONE (INCLUDE AREA CODE)	EPA ID NO.
Kisko Transport	201-727-1188	NJD990072106

ADDRESS (STREET - CITY - STATE - ZIP CODE)
504 Raritan Street, Sayreville, New Jersey 08872

TRANSPORTER NO. 2	PHONE (INCLUDE AREA CODE)	EPA ID NO.

ADDRESS (STREET - CITY - STATE - ZIP CODE)

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY	PHONE (INCLUDE AREA CODE)	EPA ID NO.
SOLVENTS RECOVERY SERVICE	201-352-2000	NJD002128289

SITE ADDRESS (STREET - CITY - STATE - ZIP CODE)
1200 SYLVAN STREET, LINDEN, N. J. 07035

IF MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED, FILL OUT THE FOLLOWING AS APPROPRIATE
THIS FORM IS NO. _____ OF A TOTAL OF _____. THE FIRST MANIFEST DOCUMENT NO. IS NJ->

	PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM	NET QUANTITY	UNITS	CONTAINERS NO.	CONTAINERS TYPE	EPA HAZ CODE	EPA WASTE T
1.	WASTE SOLVENTS NOS (MEK-MIBK)	FLAMMABLE LIQUID	NA 1993	1	2800	1	TANK TRUCK	03	I	F005
2.										
3.										
4.										
5.										
6.										

TO BE TYPED IN BY GENERATOR

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDE SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, marked and labelled and are in p condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The wastes described a were consigned to the Transporter named. The Treatment, Storage or Disposal Facility can and will accept the shipment of hazardous waste, and has a permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE	TITLE	DATE SHIPPED (MO. DAY YR.)	EXPECTED ARRIVAL D (MO. DAY Y)
Frank Aron / Eh. FRANK ARON	TECHNICAL MANAGER	12 17 80	12 17 8

TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT	TRANSPORTER NO. 1 VEHICLE ID NO.	DATE RECEIVED (MO. DAY Y)
K. Johnson	JWA-5571-AJ	12 17 8

F-005