2F

Alcan Ingot and Powders
Division of Alcan Aluminum Corporation

ALCAN

Box 290, Elizabeth, New Jersey 07207, Phone: 201-353-4600, Cable: Alcanpwdrs Union N J

February 15, 1983

NJ D065815771
MS. MANN
(401) 423-0430

U. S. E.P.A. Region II
26 Federal Plaza
New York, New York 10278

Attention: Ms. Vihn Cam

Dear Ms. Cam:

Our consulting firm, Szepatowski Associates, at Jamestown, Rhode Island has informed me that the U. S. E.P.A. New York Office had not received our 1981 annual report.

Said report was mailed (certified) to your office on January 1, 1983.

Enclosed are the xerox copies of said report, together with copies of the Post Office certification and signed return receipt.

If you require any additional information, please call me at 201-353-4600, Extension 203.

Sincerely,

Ezekiel Pinto

Ezekiel Pinto
Hazardous Waste Coordinator

EP:dg
Encl.

America Needs Aluminum

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S. MAIL

RETURN TO

ALCAN INGOT & POWDERS
(Name of Sender)

P.O. BOX 290
(Street or P.O. Box)

ELIZABETH, NJ 07207
(City, State, and ZIP Code)

ATTN: E. PINTO

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- [X] Show to whom and date delivered.....¢
- [ ] Show to whom, date and address of delivery....¢
- [ ] RESTRICTED DELIVERY
  Show to whom and date delivered.....¢
- [ ] RESTRICTED DELIVERY.
  Show to whom, date, and address of delivery.$____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
U.S. EPA Region II
Permits Administration Bfanch
Rm. 432 2PM-P A-H, 26 Federal Plaza
N.Y., N.Y. 10007

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P16 3711016	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐Addressee ☐Authorized agent

4. DATE OF DELIVERY 1/5/83 — POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: — CLERK'S INITIALS

NEW YORK NY JAN 5 1983 102 CHURCH ST

☆GPO : 1979-300-459

P16 3711016

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO U.S. EPA Region II
Permits Admin. Branch
STREET AND NO. Rm. 432 2PM-P A-H
26 Federal Plaza
P.O., STATE AND ZIP CODE
New York, N. Y. 10007

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
	RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

1/4/83

PS Form 3800, Apr. 1976

Alcan Ingot and Powders
Division of Alcan Aluminum Corporation

Box 290, Elizabeth, New Jersey 07207, Phone: 201-353-4600, Cable: Alcanpwdrs Union N J

January 4, 1983

U. S. EPA Region II
Permits Administration Branch
Room 432 2 PM-P A-H
26 Federal Plaza
New York, New York 10007

Gentlemen:

Enclosed are the annual hazardous waste reports for 1981.

Sincerely,

Ezekiel Pinto

Ezekiel Pinto
Hazardous Waste Coordinator

EP:dg

Encl.

America Needs Aluminum

OMB#: 2050-0005 Expires: 1-31-83

1981 STATUS SHEET FOR NON-REGULATED FACILITIES

INSTRUCTIONS: THIS SHEET MUST BE COMPLETED ONLY BY FACILITIES THAT DID NOT TREAT, STORE, OR DISPOSE OF HAZARDOUS WASTE IN 1981 AND ARE NOT REQUIRED TO COMPLETE THE 1981 FACILITY ANNUAL REPORT. If you received a preprinted label attached to the envelope in which this form was enclosed, affix it in the space provided, complete section S-IV, sign the certification at the bottom of this page and return it to your EPA Regional Office by January 10, 1983 in the return envelope provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If you did not receive a preprinted label, complete all sections.

AFFIX LABEL HERE

S-I. FACILITY EPA I.D. NUMBER

T/A C

F 1

1 2 13 14 15

S-II. NAME OF FACILITY

30 69

S-III. FACILITY MAILING ADDRESS

3

15 16 45

Street or P.O. Box

4

15 16 41 42 47 51

City or Town State Zip Code

S-IV. 1981 STATUS (please explain your 1981 non-regulated status here)

S-V. CERTIFICATION

I certify under penalty of law that the installation identified above did not treat, store, or dispose of hazardous waste during 1981 and that to the best of my knowledge this facility is not subject to the RCRA Annual Reporting requirement.

Print/Type Name Title Signature of Authorized Representative Date Signed

OMB#: 2050-0005 Expires: 1-31-83

1981 STATUS SHEET FOR NON-REGULATED GENERATORS

INSTRUCTIONS: THIS SHEET MUST BE COMPLETED ONLY BY INSTALLATIONS THAT NOTIFIED EPA OF HAZARDOUS WASTE ACTIVITY UNDER SECTION 3010 OF RCRA BUT DID NOT HANDLE REGULATED QUANTITIES OF HAZARDOUS WASTE AT ANY TIME DURING 1981 AND ARE NOT REQUIRED TO COMPLETE THE 1981 GENERATOR ANNUAL REPORT. If you received a preprinted label attached to the envelope in which this form was enclosed, affix it in the space provided, circle the appropriate code in section S-IV, sign the certification at the bottom of this page and return it to your EPA Regional Office by January 10, 1983 in the return envelope provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If you did not receive a preprinted label, complete all sections.

AFFIX LABEL HERE

S-I. GENERATOR'S EPA I.D. NUMBER

T/A C

F 1

1 2 13 14 15

S-II. NAME OF FACILITY

30 69

S-III. FACILITY MAILING ADDRESS

3

15 16 45

Street or P.O. Box

4

15 16 41 42 47 51

City or Town State Zip Code

S-IV. 1981 STATUS (Circle the code at right which best describes your installation's 1981 status. **Circle only one code**)

a. NON-HANDLER—did not handle hazardous waste in any quantity in 1981 1

b. SMALL QUANTITY GENERATOR—did not generate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) in any single month or accumulate more than 1000 kg. of hazardous waste (or 1 kg. of acutely hazardous waste) on-site at any time during 1981 (40 CFR §261.5) 2

c. EXEMPT—all wastes generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4 4

d. BENEFICIAL USE—All hazardous waste generated was beneficially used, reused, or recycled in accordance with 40 CFR §261.2 and 40 CFR §261.6 5

e. CLOSED—installation was closed prior to 1981 9

S-V. CERTIFICATION

I certify under penalty of law that the installation identified above did not handle regulated quantities of hazardous waste during 1981 and that to the best of my knowledge this installation is not subject to the RCRA Annual Reporting requirement.

Print/Type Name | Title | Signature of Authorized Representative | Date Signed

Do not make entries in shaded areas

OMB#: 2050-0005 Expires: 1-31-83

ENVIRONMENTAL PROTECTION AGENCY

FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

AFFIX LABEL HERE

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3004 of the Resource Conservation Recovery Act).

Please print/type with elite type (12 characters per inch)

I. FACILITY EPA I.D. NUMBER

T/A C

F N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

II. NAME OF FACILITY

ALCAN INGOT AND POWDERS

30 69

III. FACILITY MAILING ADDRESS

3901 LEHIGH AVENUE

15 16 45

Street or P.O. Box

4 UNION

15 16 41 42 47 51

City or Town State Zip Code

NJ 07083

IV. LOCATION OF FACILITY (if different than section III above)

5

15 16 45

Street or Route number

6

15 16 41 42 47 51

City or Town State Zip Code

V. FACILITY CONTACT

2 EZEKIEL PINTO

15 16 45

Name (last and first)

201-353-4600

46 55

Phone No. (area code & no.)

VI. COST ESTIMATES FOR FACILITIES

$, 105 , 360 16 19 22

Cost Estimate for Facility Closure

$, , 25 28 31

Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VII. 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.

Zeke Pinto	Haz. Waste Coor.	Ezekiel Pinto	1/4/83
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

Tear out here

EPA Form 8700-13B(5-80) (Revised 10-82)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO.

F N J D 0 6 5 8 1 5 7 7 1 1 (T/A C)

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

On-Site

XI. GENERATOR ADDRESS

901 Lehigh Avenue, Union, NJ 07083

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Aluminum Metallic Sludge (Water Sludge)	D001	S01	16000	P
	2	Aluminum Metallic Powder (Floor Sweeps)	D001	S01	14400	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO. T/A C

FNJD065815771 1

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

On-Site

XI. GENERATOR ADDRESS

901 Lehigh Avenue, Union, NJ 07083

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Combustible Liquid N.O.S.	D001	S01	17600	P
	2	Combustible Liquid N.O.S.	D001	S01	17600	P
	3	Combustible Liquid N.O.S.	D001	S01	20000	P
	4	Combustible Liquid N.O.S.	D001	S01	18400	P
	5	Combustible Liquid N.O.S.	D001	S01	22400	P
	6	Combustible Liquid N.O.S.	D001	S01	18400	P
	7	Combustible Liquid N.O.S.	D001	S01	20000	P
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO.

T/A C

F N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G

16 28

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

On-Site

XI. GENERATOR ADDRESS

901 Lehigh Avenue, Union, N.J. 07083

XII. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–36, 37–40, 41–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1	Aluminum Metallic Powder (Water Sludge)	D001	S01	1200	P
	2	Aluminum Matallic Powder	D001	S01	1200	P
	3	Toluene	D001	S01	450	P
	4	Xylene	D001	S01	450	P
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO.

T/A C

F N J D 0 6 5 8 1 5 7 7 1 1 1

1 2 13 14 15

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G

16 28

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

On-Site

XI. GENERATOR ADDRESS

901 Lehigh Avenue, Union, N.J. 07083

XII. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions) (33–36, 37–40, 41–44, 45–48)	C. Handling Method (49–51)	D. Amount of Waste (52–60)	E. Unit of Measure (61)
	1	Combustible Liquid N.O.S.	D001	S01	4500	P
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VIII. FACILITY'S EPA I.D. NO. T/A C

F N J D 0 6 5 8 1 5 7 7 1 . 1

Date received: _____

Received by: _____

IX. GENERATOR'S EPA I.D. NO.

G

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

On-Site

XI. GENERATOR ADDRESS

901 Lehigh Avenue, Union, N.J. 07083

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	PICRIC ACID DRY High Explosive	D 0 0 3	S 0 1	2	P
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded areas

OMB #: 2050-0005 Expires: 1-31-83

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

AFFIX LABEL HERE

Please print/type with elite type (12 characters per inch)

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation Recovery Act).

I. GENERATOR'S EPA I.D. NUMBER

T/A C

F N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

II. NAME OF INSTALLATION

ALLCAN INGOT AND POWDERS

30 69

III. INSTALLATION MAILING ADDRESS

3901 LEHIGH AVENUE

15 16 45

Street or P.O. Box

4 UNION | NJ | 07083

15 16 41 42 47 51

City or Town State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

5

15 16 45

Street or Route number

6

15 16 41 42 47 51

City or Town State Zip Code

V. INSTALLATION CONTACT

2 EZEKIEL PINTO

15 16 45

Name (last and first)

201-353-4600

46 55

Phone No. (area code & no.)

VI. 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.

Zeke Pinto	Haz. Waste Coor.	Ezekiel Pinto	1/4/83
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

Tear out here

EPA Form 8700-13A(5-80) (Revised 10-82)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

T/A C

G N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CECOS International Inc.

IX. FACILITY'S EPA I.D. NO.

F N 4 D 0 8 0 3 3 6 2 4 1

16 28

X. FACILITY ADDRESS

56th and Pine Avenue
Niagra Falls, NY 14303

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

Environmental Transport Grp - NJD000692061 / Narrows Trucking - NJT350011326
Emergency Technical Service Corp - NJD000692053
SCA Chemical Services - NJD089216790 / Sanitary Waste Carriers - NJT000009050

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	Aluminum Metallic Powder (Water Sludge)	0 9 (33 34)	D 0 0 1 (35 38) (39 42)	1 6 0 0 0 (51 59)	P (60)
	2	Aluminum Metallic Powder (Floor Sweeps)	0 9	D 0 0 1	1 4 4 0 0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

Tear out here

XIII. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

T/A C

G N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Solvents Recovery Inc.

IX. FACILITY'S EPA I.D. NO.

F N J D 0 0 2 1 8 2 8 9 7

16 28

X. FACILITY ADDRESS

1200 Sylvan Street
Linden, NJ 07036

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	Combustible Liquid N.O.S.	01 (33 34)	D001 (35 38) (39 42) (43 46) (47 50)	17600 (51 59)	P (60)
	2	Combustible Liquid N.O.S.	01	D001	17600	P
	3	Combustible Liquid N.O.S.	01	D001	20000	P
	4	Combustible Liquid N.O.S.	01	D001	18400	P
	5	Combustible Liquid N.O.S.	01	D001	22400	P
	6	Combustible Liquid N.O.S.	01	D001	18400	P
	7	Combustible Liquid N.O.S.	01	D001	20000	P
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

G N J D 0 6 5 8 1 5 7 7 1 T/A C 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Modern Transportation Company

IX. FACILITY'S EPA I.D. NO.

F N J D 0 4 9 8 5 1 8 9 2

16 28

X. FACILITY ADDRESS

75 Jacobs Avenue, South
Kearny, NJ 07032

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

XII. WASTE IDENTIFICATION

Sequence # (32)	Line #	A. Description of Waste	B. DOT Hazard code (33–34)	C. EPA Hazardous Waste No. (see instructions) (35–38, 39–42, 43–46, 47–50)	D. Amount of Waste (51–59)	E. Unit of Measure (60)
	1	Aluminum Metallic Powder (Water Sludge)	0 9	D 0 0 1	1 2 0 0 0	P
	2	Aluminum Metallic Powder	0 9	D 0 0 1	1 2 0 0 0	P
	3	Toluene	0 8	D 0 0 1	4 5 0	P
	4	Xylene	0 8	D 0 0 1	4 5 0	P
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

T/A C

G N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

SCA Chemical Services

IX. FACILITY'S EPA I.D. NO.

F N J D 0 8 9 2 1 6 7 9 0

16 28

X. FACILITY ADDRESS

100 Lister Avenue
Newark, NJ 07105

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)		D. Amount of Waste	E. Unit of Measure
32	1	Combustible Liquid N.O.S.	0 1 (33 34)	D 0 0 1 (35 38)	(39 42)	4 5 0 0 0 0 (51 59)	P (60)
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						

Tear out here

XIII. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: _____ Rec'd by: _____

VII. GENERATOR'S EPA I.D. NO.

T/A C

G N J D 0 6 5 8 1 5 7 7 1 1

1 2 13 14 15

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Emergency Technical Service Corp

IX. FACILITY'S EPA I.D. NO.

F N J D 0 0 0 6 9 2 0 5 3

16 28

X. FACILITY ADDRESS

Rte 515
Vernon NJ

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	PICRIC Acid Dry High Explosive	0 4 (33 34)	D 0 0 3 (35 38) (39 42) (43 46) (47 50)	2 (51 59)	P (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIII. COMMENTS (enter information by section number—see instructions)

Tear out here