REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/05/2001

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	→	**NYR000095240**
INSTALLATION NAME	→	**ANLON NET INC**
INSTALLATION ADDRESS	→	**74-16A GRAND AVE ELMHURST, NY 11373**
MAILING ADDRESS	→	**74-16A GRAND AVE ELMHURST, NY 11373**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: ANLON NET INC
or Current Occupant
ATTN: CHRIS MALLOURAS - MGR
74-16A GRAND AVE
ELMHURST, NY 11373

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

Form Approved. OMB No. 2050-0034 Expires 12/31/02
GSA No. 0248-EPA-OT

Please refer to Section V. Line by-Line Instructions for Completing EPA Form 8700-12 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

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

AGENCY RO II
01 MAR 26 PM 12:57
RESOURCE CONSERVATION & PROGRAMS BRANCH

99

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

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

C. Installation's EPA ID Number: NYR000095240

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

AMION NET INC

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

Street: 74-16A GRAND AVENUE

Street (Continued):

City or Town: ELMHURST

State: NY Zip Code: 11373-

County Code: 081 County Name:

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): MALLOURAS (First): CHRIS

Job Title: MANAGER

Phone Number (Area Code and Number): 718-803-2910 Extension:

Fax Number: 803-3683

VI. Installation Contact Address (See instructions)

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

B. Street or P.O. Box: 74-16A GRAND AVENUE

City or Town: ELMHURST

State: NY Zip Code: 11373-

VII. Ownership (See instructions): PRIVATE

A. Name of Installation's Legal Owner: AMION NET INC

Street, P.O. Box, or Route Number: 74-16A GRAND AVENUE

City or Town: ELMHURST

State: NY Zip Code: 11373-

Phone Number (Area Code and Number): 718-779-9036

B. Land Type:

C. Owner Type:

D. Change of Owner Indicator: Yes [ ] No [ ]

Date Changed: Month Day Year

EPA Form 8700-12 (Rev. 12/99)

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

Address verified By USPO

Walkin

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
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 Activities

1. Generator (See Instructions)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☒ 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. Exempt Boiler and/or Industrial Furnace
   - ☐ a. Smelting, Melting, and Refining Furnace Exemption
   - ☐ b. Small Quantity On-Site Burner Exemption
5. ☐ Underground Injection Control

B. Universal Waste Activity

☐ Large Quantity Handler of Universal Waste Computers + Monitors

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - ☐ a. Transporter
   - ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Processor
   - ☐ b. Re-refiner
3. ☐ Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
   - ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. 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
7	8	9	10	11	12

B. 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; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)*

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)) 1	2	3	4

C. Other Wastes. *(State-regulated 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.

Signature (ORIGINAL)	Name and Official Title *(Type or print)*	Date Signed
	Fabiatos Stamatis - Pres	3/26/01

XI. Comments

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

An employee of the generator must sign. Copies of signatures are not acceptable.