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 → NJD058117979

BROWNING-FERRIS IND OF ELIZABETH NJ IN
PO BOX 508
ELIZABETH NJ 07207

INSTALLATION ADDRESS → 714 DIVISION STREET
ELIZABETH NJ 07207

EPA Form 8700-12B (4-80)

06/10/81

file

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

NJD058117979

INSTALLATION ADDRESS

Mr. Stephen L. Thomas, Vice President
Browning-Ferris Industries of Elizabeth,
New Jersey, Inc., P. O. Box 508
Elizabeth, New Jersey 07207

EPA Form 8700-12B (4-80)

U.S. GOVERNMENT PRINTING OFFICE 319-162

JAN 04 1989

NJD058117979

Bruce Lee Jernigan
Divisional Vice President
CENLA Activities
Browning-Ferris Industries
P.O. Box 3151
Houston, Texas 77253

Dear Mr. Jernigan:

Enclosed are two documents concerning the management of Subtitle D-Solid Waste Disposal Facilities. The documents provide a summary of the criteria, as outlined in the August 1988 Federal Register, for municipal solid waste landfills. This criteria, which eventually will be required for Browning-Ferris Industries (BFI) and all municipal solid waste landfills, requires many of the same statutory requirements as those stipulated for Subtitle C-Hazardous Waste Landfills. As has been discussed between Golder, BFI, and EPA, the requirements for Subtitle C landfills must be compared to the post-closure Subtitle C-Hazardous Waste Landfill requirements in order to develop a post-closure permit.

One strategy for developing the post-closure permit, depending on the investigative sampling results, is to issue the post-closure permit meeting both Subtitle C and D requirements because it was determined that the landfill achieved interim status. However, if the investigative sampling does not indicate the presence of hazardous waste or hazardous constituents, the post-closure permit will authorize compliance with Subtitle D requirements. This is contingent upon the sampling results and the relationship between Subtitle C and D requirements.

Please remember that these Subtitle D requirements are proposed and may be subject to change. We recommend BFI to review these documents and the Subtitle C requirements (40 CFR §§ 264, 268 and 270) when developing your post-closure permit application which is due on January 12, 1989. Should you have any questions please contact Douglas Pocze of my staff at (212) 264-8687.

Sincerely,

Angel Chang, Chief
Caribbean Facilities Section

Enclosure

cc: W. Randall Sullivan, P.E.
Golder Associates, Inc.

bcc: D. Pocze 2AWM-HWF
S. Knight 2AWM-HWE
L. Livingston 2OP-PAB
A. Chester 2ORC-WTS

HWR-001
4/93

NJX000322859
2-23-94

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. NJD058117979

Company Name: Browning-Ferris Industries of Elizabeth

Site Address: 714 Division Street (street) Elizabeth (city / town)
New Jersey (state) 07201 (zip code) (lot) (block)

Mailing Address: Same (street / p.o. box) (city / town)
(state) (zip code)

Company Contact: Lou Johansen (name) (609) 443-4818 (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- [ ] The EPA ID number was obtained for a one time cleanup which is completed.
- [ ] The site has completed an ECRA cleanup (indicate ECRA Case #_____).
- [x] Other A transfer station that has been inactive since 1985.

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Dennis G. Galbraith (printed name) (signature)
President (title) 2-10-94 (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

~~Deactivated 9/22/99~~

MC 2/14/95 2/R - 2N20

Remove NH status: re-enter notif. date 9-9-86

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

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).*

For Official Use Only

Comments: C C

Installation's EPA ID Number		Approved	Date Received (yr. mo. day)
C F NJD058117979	T/A C 1	A	800820

I. Name of Installation

X BROWNING-FERRIS IND OF ELIZ NJ

II. Installation Mailing Address

Street or P.O. Box

X C 3: 714 DIVISION ST / PO BOX 508

City or Town	State	ZIP Code
C 4: ELIZABETH	NJ	07207

III. Location of Installation

Street or Route Number

X C 5: 714 DIVISION STREET

City or Town	State	ZIP Code
C 6: ELIZABETH	NJ	07207

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
X C 2: LEONARDIS PETER MGR	201 352 2222

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
X C R: F J & R E GENTEMPO	P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

[ ] A. Utility Boiler [ ] B. Industrial Boiler [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

[ ] A. Air [ ] B. Rail [ ] C. Highway [ ] D. Water [ ] E. Other *(specify)*

IX. 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 ID Number in the space provided below.

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

C. Installation's EPA ID Number

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	X127				
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 — 261.24)*

- ☒ 1. Ignitable *(D001)*
- ☐ 2. Corrosive *(D002)*
- ☐ 3. Reactive *(D003)*
- ☐ 4. Toxic *(D000)*

XI. 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.

Signature	Name and Official Title *(type or print)*	Date Signed
Peter A. Leonardis	PETER A. LEONARDIS, MGR	8/27/86

EPA Form 8700-12 (Rev. 11-85) Reverse

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.
1986 SEP -2 AM 8:33
PERMITS ADMINISTRATION
BRANCH

Please print or type with ELITE type (12 character [illegible] h) in the unshaded areas only.

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

R-00005

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

~~CONFIDENTIAL~~

declassified 5/14/81

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: S F NJD058117979 T/A 2 C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 800820

I. NAME OF INSTALLATION

BROWNING-FERRIS IND OF ELIZABETH NJ INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO BOX 508

CITY OR TOWN: 4 ELIZABETH

ST.: NJ

ZIP CODE: 07207

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 714 DIVISION STREET

CITY OR TOWN: 6 ELIZABETH

ST.: NJ

ZIP CODE: 07207

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 LEONARDIS PETER DISTRICT MGR

PHONE NO. (area code & no.): 201-352-2222

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 BROWNING-FERRIS IND OF ELIZABETH NJ INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [X] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [X] 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.

CONFIDENTIAL

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	N	J	D	0	5	8	1	1	7	9	7	9	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	F006
7	**8**	**9**	**10**	**11**	**12**
F007	F008	F009	F010	F011	F012

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K001	K002	K003	K004	K005	K006
19	**20**	**21**	**22**	**23**	**24**
K007	K008	K009	K010	K011	K012
25	**26**	**27**	**28**	**29**	**30**
K013	K014	K015	K016	K017	K018

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P024	U002	U012	U031	U044	U072
37	**38**	**39**	**40**	**41**	**42**
U073	U102	U115	U122	U147	U154
43	**44**	**45**	**46**	**47**	**48**
U196	U210	U222	U239		

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☒ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☒ 3. REACTIVE (D003) ☒ 4. TOXIC (D000)

X. CERTIFICATION

DETACH

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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Stephen L Thomas	Stephen L. Thomas Vice President	

EPA Form 8700-12 (6-80) REVERSE

PERMITS ADMIN. BRANCH
REGION II
AUG 21 2 32 PM '80
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

ap

Continued from page 4.

EXHIBIT 3

Form Approved OMB No. 158-S80004

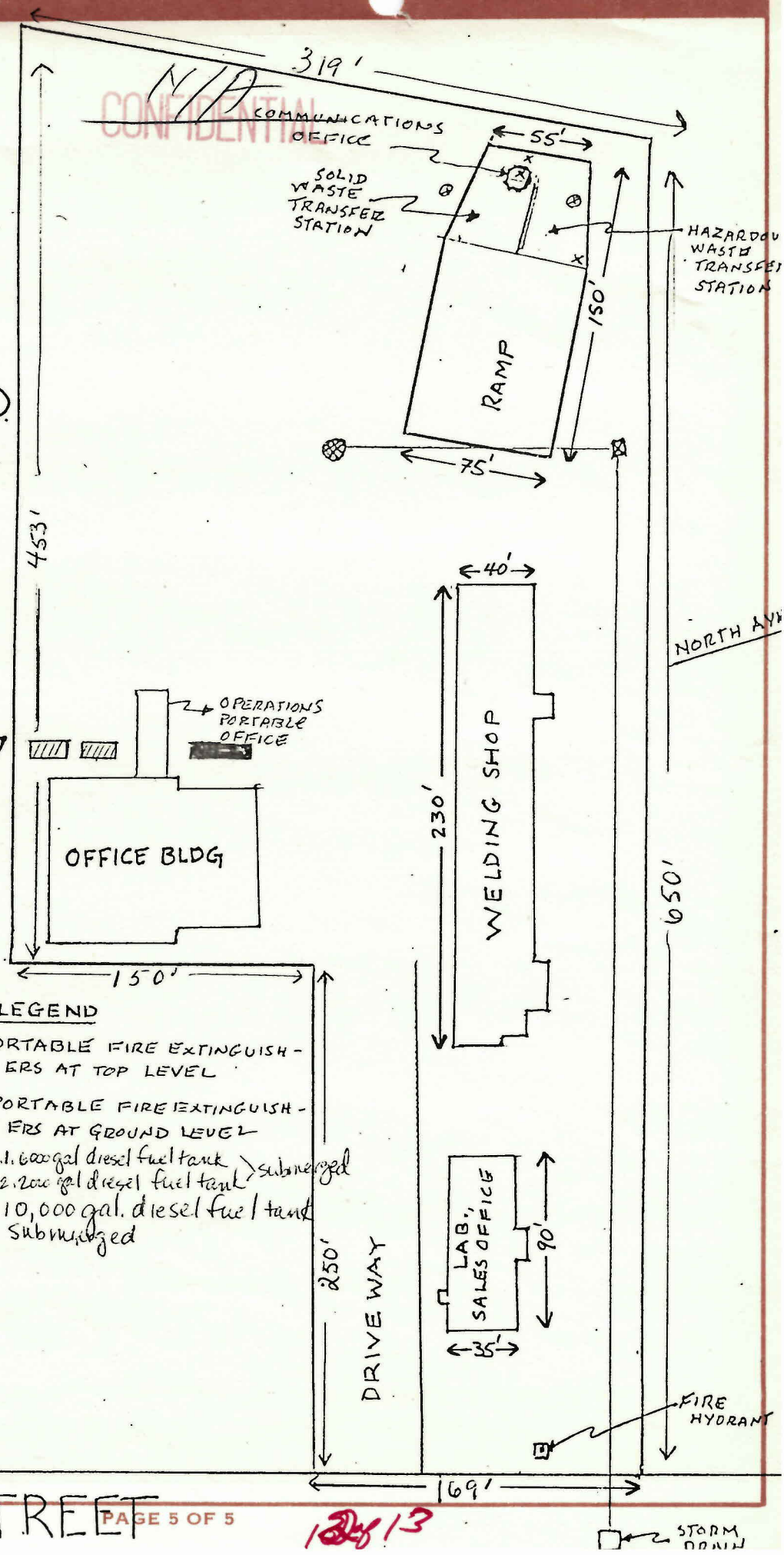
V. FACILITY DRAWING (see page 4)

CONFIDENTIAL

PLOT LAYOUT SHOWING BROWNING-FERRIS IND.

HAZARDOUS WASTE TRANSFER STATION

ELIZABETH, N.J. 07207



1324 13

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

(2)

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	NJD058117979		D

1 2 - 13 14 15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

Per Charyet 5/16-83 JK

CONFIDENTIAL

Form 8 830518 G

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP BFI OF ELIZABETH NEW JERSEY INC

15 16 - 29 30 - 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 LEONARDIS PETER DISTRICT MGR	201	352	2222
15 16 - 45	46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 PO BOX 508

15 16 - 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 ELIZABETH	NJ	07207
15 16 - 40	41 42	47 - 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 714 DIVISION STREET

15 16 - 45

B. COUNTY NAME

UNION

46 - 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 ELIZABETH	NJ	07207	
15 16 - 40	41 42	47 - 51	52 - 54

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4212 (specify) COLLECTING AND TRANSPORTING REFUSE WITHOUT DISPOSAL	9999 (specify) NONCLASSIFIABLE ESTABLISHMENTS
C. THIRD	**D. FOURTH**
9999 (specify) NONCLASSIFIABLE ESTABLISHMENTS	9999 (specify) NONCLASSIFIABLE ESTABLISHMENTS

VIII. OPERATOR INFORMATION

A. NAME: BFI OF ELIZABETH NEW JERSEY INC

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)
Answer: P (specify)

D. PHONE (area code & no.): 201 352 2222

E. STREET OR P.O. BOX: PO BOX 508

F. CITY OR TOWN: ELIZABETH

G. STATE: NJ

H. ZIP CODE: 07207

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N APPLIED FOR	D. PSD (Air Emissions from Proposed Sources): 9 P
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): 9 (specify) HAZARDOUS WASTE FACILITY - NJDEP
C. RCRA (Hazardous Wastes): R	E. OTHER (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

BFI OF ELIZABETH, NEW JERSEY, INC. TRANSFER STATION PROVIDES THE FOLLOWING INDUSTRIAL WASTE MANAGEMENT SERVICES:

1) COLLECTION AND TRANSPORTATION OF BULK AND DRUMMED SOLID AND SEMI-SOLID WASTES
2) SEGREGATION AND COVERED STORAGE OF SUCH WASTES PRIOR TO SHIPMENT TO PROPERLY PERMITTED FACILITIES FOR ULTIMATE DISPOSAL.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Stephen L. Thomas, Vice President	Stephen L Thomas	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

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

GSA No. 0246-EPA-OT

R-00005

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

CONFIDENTIAL

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 C 15 16 55

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED *(yr., mo., & day)*

S F 1 2 13 14 15 T/A C 1 16 17 22

I. NAME OF INSTALLATION

30 67

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C 3 15 16 45

CITY OR TOWN | ST. | ZIP CODE

C 4 15 16 40 41 42 47 51

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C 5 15 16 45

CITY OR TOWN | ST. | ZIP CODE

C 6 15 16 40 41 42 47 51

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

C 2 15 16 45 46 48 49 51 52 55

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER

C 8 15 16 55

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

56

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

☐ A. GENERATION 57

☐ B. TRANSPORTATION *(complete item VII)* 58

☐ C. TREAT/STORE/DISPOSE 59

☐ D. UNDERGROUND INJECTION 60

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

☐ A. AIR 61 ☐ B. RAIL 62 ☐ C. HIGHWAY 63 ☐ D. WATER 64 ☐ E. OTHER *(specify):* 65

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.

☐ 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.

CONFIDENTIAL

FOR OFFICIAL USE ONLY														
S													T/A	C
W	N	J	D	0	5	8	1	1	7	9	7	9	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F013	F014	F015	F016	F017	F018
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K019	K020	K021	K022	K023	K024
19	20	21	22	23	24
K025	K026	K027	K028	K029	K030
25	26	27	28	29	30
K031	K032	K033	K034	K035	K036

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001) [X] 2. CORROSIVE (D002) [X] 3. REACTIVE (D003) [X] 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

DETACH

DETACH

ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10007
AUG 21 2 2 PM '80
PERMITS AND REGION II

4812

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

GSA No. 0246-EPA-OT

R-00003

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

CONFIDENTIAL

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, 15–55)

INSTALLATION'S EPA I.D. NUMBER (S, 1–13) | T/A (14) | C (15) | APPROVED (16) | DATE RECEIVED *(yr., mo., & day)* (17–22)

I. NAME OF INSTALLATION

(30–67)

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX (C, 15–45)

CITY OR TOWN (C, 15–40) | ST. (41–42) | ZIP CODE (47–51)

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER (C, 15–45)

CITY OR TOWN (C, 15–40) | ST. (41–42) | ZIP CODE (47–51)

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* (C, 15–45) | PHONE NO. *(area code & no.)* (46–48 - 49–51 - 52–55)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER (C, 15–55)

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)* (56)

F = FEDERAL
M = NON–FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

☐ A. GENERATION (57) ☐ B. TRANSPORTATION *(complete item VII)* (58)

☐ C. TREAT/STORE/DISPOSE (59) ☐ D. UNDERGROUND INJECTION (60)

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

☐ A. AIR (61) ☐ B. RAIL (62) ☐ C. HIGHWAY (63) ☐ D. WATER (64) ☐ E. OTHER *(specify)*: (65)

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.

☐ 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.

CONFIDENTIAL

FOR OFFICIAL USE ONLY															
S														T/A	C
W	N	J	D	0	0	5	8	1	1	7	9	7	9	2	1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K037	K038	K039	K040	K041	K042
19	**20**	**21**	**22**	**23**	**24**
K043	K044	K045	K046	K047	K048
25	**26**	**27**	**28**	**29**	**30**
K049	K050	K051	K052	K053	K054

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

DETACH

X. 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.

DETACH

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007
AUG 21 2 32 PM '80
PERMITS ADMINISTRATION BRANCH
REGION II

6 of 12

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only. GSA No. 0246-EPA-OT R-00005

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

CONFIDENTIAL

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 15–55

INSTALLATION'S EPA I.D. NUMBER: S F 1–13; T/A 14; C 1 15

APPROVED 16

DATE RECEIVED *(yr., mo., & day)* 17–22

I. NAME OF INSTALLATION

30–67

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C 3 15–45

CITY OR TOWN 15–40 | ST. 41–42 | ZIP CODE 47–51

C 4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C 5 15–45

CITY OR TOWN 15–40 | ST. 41–42 | ZIP CODE 47–51

C 6

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* 15–45 | PHONE NO. *(area code & no.)* 46–48 - 49–51 - 52–55

C 2

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C 8 15–55

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

56

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

☐ A. GENERATION 57 ☐ B. TRANSPORTATION *(complete item VII)* 58

☐ C. TREAT/STORE/DISPOSE 59 ☐ D. UNDERGROUND INJECTION 60

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

☐ A. AIR 61 ☐ B. RAIL 62 ☐ C. HIGHWAY 63 ☐ D. WATER 64 ☐ E. OTHER *(specify):* 65

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.

☐ 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.

CONFIDENTIAL

FOR OFFICIAL USE ONLY																	
S															T/A	C	
W	N	J	D	0	5	8	1	1	7	9	7	9			2	1	
1	2													13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K055	K056	K057	K058	K059	K060
19	20	21	22	23	24
K061	K062	K063	K064	K065	K066
25	26	27	28	29	30
K067	K068	K069	K070	K071	K072

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

DETACH

EPA Form 8700-12 (6-80) REVERSE

AUG 21 2 12 PM '80
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007
REGION II

8 x 12

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

GSA No. 0246-EPA-OT

R-00005

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

CONFIDENTIAL

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, 15–55)

INSTALLATION'S EPA I.D. NUMBER (S F, 1–13; T/A C 1, 14–15) | APPROVED (16) | DATE RECEIVED (yr., mo., & day) (17–22)

I. NAME OF INSTALLATION

(30–67)

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX (C 3, 15–45)

CITY OR TOWN (C 4, 15–40) | ST. (41–42) | ZIP CODE (47–51)

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER (C 5, 15–45)

CITY OR TOWN (C 6, 15–40) | ST. (41–42) | ZIP CODE (47–51)

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* (C 2, 15–45) | PHONE NO. *(area code & no.)* (46–48 - 49–51 - 52–55)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER (C 8, 15–55)

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

(56)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- ☐ A. GENERATION (57)
- ☐ B. TRANSPORTATION *(complete item VII)* (58)
- ☐ C. TREAT/STORE/DISPOSE (59)
- ☐ D. UNDERGROUND INJECTION (60)

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- ☐ A. AIR (61)
- ☐ B. RAIL (62)
- ☐ C. HIGHWAY (63)
- ☐ D. WATER (64)
- ☐ E. OTHER *(specify)*: (65)

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.

- ☐ 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.

CONFIDENTIAL

. – FOR OFFICIAL USE ONLY

S													T/A	C
W	N	J	0	0	5	8	1	1	7	9	7	9	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K073	K074	K075	K076	K077	K078
19	20	21	22	23	24
K079	K080	K081	K082	K083	K084
25	26	27	28	29	30
K085	K086	K087	K088	K089	K090

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10007
AUG 21 2 32 PM '80
PERMITS & ENFORCEMENT BRANCH REGION II

10813

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

GSA No. 0246-EPA-OT

R-00005

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	CONFIDENTIAL

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, 15–55)

INSTALLATION'S EPA I.D. NUMBER (S F, 1–13; T/A, 14; C 1, 15) | APPROVED (16) | DATE RECEIVED (yr., mo., & day) (17–22)

I. NAME OF INSTALLATION

(30–67)

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX (C 3, 15–45)

CITY OR TOWN (C 4, 15–40) | ST. (41–42) | ZIP CODE (47–51)

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER (C 5, 15–45)

CITY OR TOWN (C 6, 15–40) | ST. (41–42) | ZIP CODE (47–51)

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* (C 2, 15–45) | PHONE NO. *(area code & no.)* (46–48 - 49–51 - 52–55)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER (C 8, 15–55)

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON–FEDERAL

(56)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

☐ A. GENERATION (57)
☐ B. TRANSPORTATION *(complete item VII)* (58)
☐ C. TREAT/STORE/DISPOSE (59)
☐ D. UNDERGROUND INJECTION (60)

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

☐ A. AIR (61) ☐ B. RAIL (62) ☐ C. HIGHWAY (63) ☐ D. WATER (64) ☐ E. OTHER *(specify)*: (65)

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.

☐ 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.

11 8 12

CONFIDENTIAL

FOR OFFICIAL USE ONLY

S														T/A	C
W	N	J	D	0	5	8	1	1	7	9	7	9		2	1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K091	K092				
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

DETACH

X. 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.

DETACH

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007
AUG 21 2 32 PM '80

12 8 12

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

~~Consolidated Permits Program~~ N/A

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	N	J	D	0	5	8	1	1	7	9	7	9		1

1 2 - 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 71 **1. EXISTING FACILITY** *(See instructions for definition of "existing" facility. Complete item below.)*

C	YR.	MO.	DAY
8	74	01	15

15 — 73 74 — 75 76 — 77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* **OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED** *(use the boxes to the left)*

[ ] 71 **2. NEW FACILITY** *(Complete item below.)*

YR.	MO.	DAY

73 74 — 75 76 — 77 78

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* **OPERATION BEGAN OR IS EXPECTED TO BEGIN**

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 72 **1. FACILITY HAS INTERIM STATUS**

[ ] 72 **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

1 2 - 13 14 15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	5500	G		7				
2	S03	250	Y		8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

CONFIDENTIAL

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W N J D 0 5 8 1 1 7 9 7 9 — T/A: 1	W DUP — T/A: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	2500	T	S01				
2	D002	5000	T	S03				
3	D003	500	T	S01				
4	D004	1700	T	S03				
5	D005	100	T	S03				
6	D006	100	T	S03				
7	D007	2500	T	S03				
8	D008	100	T	S03				
9	D009	100	T	S03				
10	D010	100	T	S03				
11	D011	100	T	S03				
12	D012	50	T	S01				
13	D013	50	T	S01				
14	D014	50	T	S01				
15	D015	50	T	S01				
16	D016	50	T	S01				
17	D017	50	T	S01				
18	F001	100	T	S01				
19	F002	100	T	S01				
20	F003	500	T	S01				
21	F004	50	T	S01				
22	F005	500	T	S01				
23	F006	1000	T	S03				
24	F007	500	T	S01				
25	F008	500	T	S03				
26	F009	500	T	S01				

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS[illegible] *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

N/A

CONFIDENTIAL

EPA I.D. NO. *(enter from page 1)*

F NJD058117979 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
40 40 26N	074 11 28W

VIII. FACILITY OWNER

X A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER 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.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Stephen L. Thomas, Vice President	Stephen L Thomas	11/19/80

X. OPERATOR 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.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Stephen L. Thomas, Vice President	Stephen L Thomas	11/19/80

 CONTINUE ON PAGE 5

7 of 13

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W N J D 0 5 8 1 1 7 9 7 9 — T/A: 1	W DUP — T/A: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

CONFIDENTIAL

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F017	1000	T	S03				
2	F018	1000	T	S03				
3	K048	2500	T	S03				
4	K049	2500	T	S03				
5	K050	2500	T	S03				
6	K051	2500	T	S03				
7	K052	2500	T	S03				
8	K078	500	T	S01				
9	K079	500	T	S01				
10	K082	1000	T	S03				
11	P003	100	T	S01				
12	P005	50	T	S01				
13	P006	25	T	S01				
14	P008	10	T	S01				
15	P009	10	T	S03				
16	P010	50	T	S03				
17	P011	50	T	S03				
18	P012	50	T	S03				
19	P014	10	T	S01				
20	P016	10	T	S03				
21	P017	10	T	S03				
22	P018	10	T	S01				
23	P022	10	T	S01				
24	P023	10	T	S01				
25	P024	10	T	S01				
26	P025	10	T	S01				

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)		FOR OFFICIAL USE ONLY	
S W N J D 0 5 8 1 1 7 9 7 9 T/A C 1		S W DUP T/A C 2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

CONFIDENTIAL

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	
1	P028	10	T	S01				
2	P029	10	T	S01				
3	P030	100	T	S01				
4	P032	10	T	S01				
5	P046	10	T	S01				
6	P053	10	T	S01				
7	P058	10	T	S01				
8	P091	10	T	S01				
9	P098	10	T	S01				
10	P106	10	T	S01				
11	P113	200	T	S03				
12	P121	10	T	S01				
13	U001	10	T	S01				
14	U002	10	T	S01				
15	U003	10	T	S01				
16	U012	10	T	S01				
17	U013	500	T	S03				
18	U018	10	T	S01				
19	U019	10	T	S01				
20	U028	10	T	S01				
21	U031	10	T	S01				
22	U037	10	T	S01				
23	U044	10	T	S01				
24	U048	50	T	S01				
25	U056	10	T	S01				
26	U069	10	T	S01				
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S: W N J D 0 5 8 1 1 7 9 7 9 T/A: C: 1	S: W DUP T/A: C: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

CONFIDENTIAL X / B

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	
1	U070	10	T	S01				
2	U072	10	T	S01				
3	U073	10	T	S01				
4	U080	10	T	S01				
5	U088	10	T	S01				
6	U092	10	T	S01				
7	U102	10	T	S01				
8	U103	10	T	S01				
9	U112	10	T	S01				
10	U115	10	T	S01				
11	U117	10	T	S01				
12	U122	10	T	S01				
13	U124	10	T	S01				
14	U144	10	T	S01				
15	U147	10	T	S01				
16	U149	10	T	S01				
17	U154	10	T	S01				
18	U156	10	T	S01				
19	U159	10	T	S01				
20	U188	100	T	S01				
21	U190	10	T	S01				
22	U201	10	T	S01				
23	U165	1500	T	S03				
24	U196	10	T	S01				
25	U208	10	T	S01				
26	U209	10	T	S01				
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W N J D 0 5 8 1 1 7 9 7 9 — T/A: 1 — C: 1	W DUP — T/A: 2 — C: DUP

CONFIDENTIAL

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	23 - 26	27 - 35	36	27 - 29 / 27 - 29 / 27 - 29 / 27 - 29	
1	U210	10	T	S01	
2	U211	10	T	S01	
3	U213	10	T	S01	
4	U220	10	T	S01	
5	U222	10	T	S01	
6	U228	10	T	S01	
7	U239	10	T	S01	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

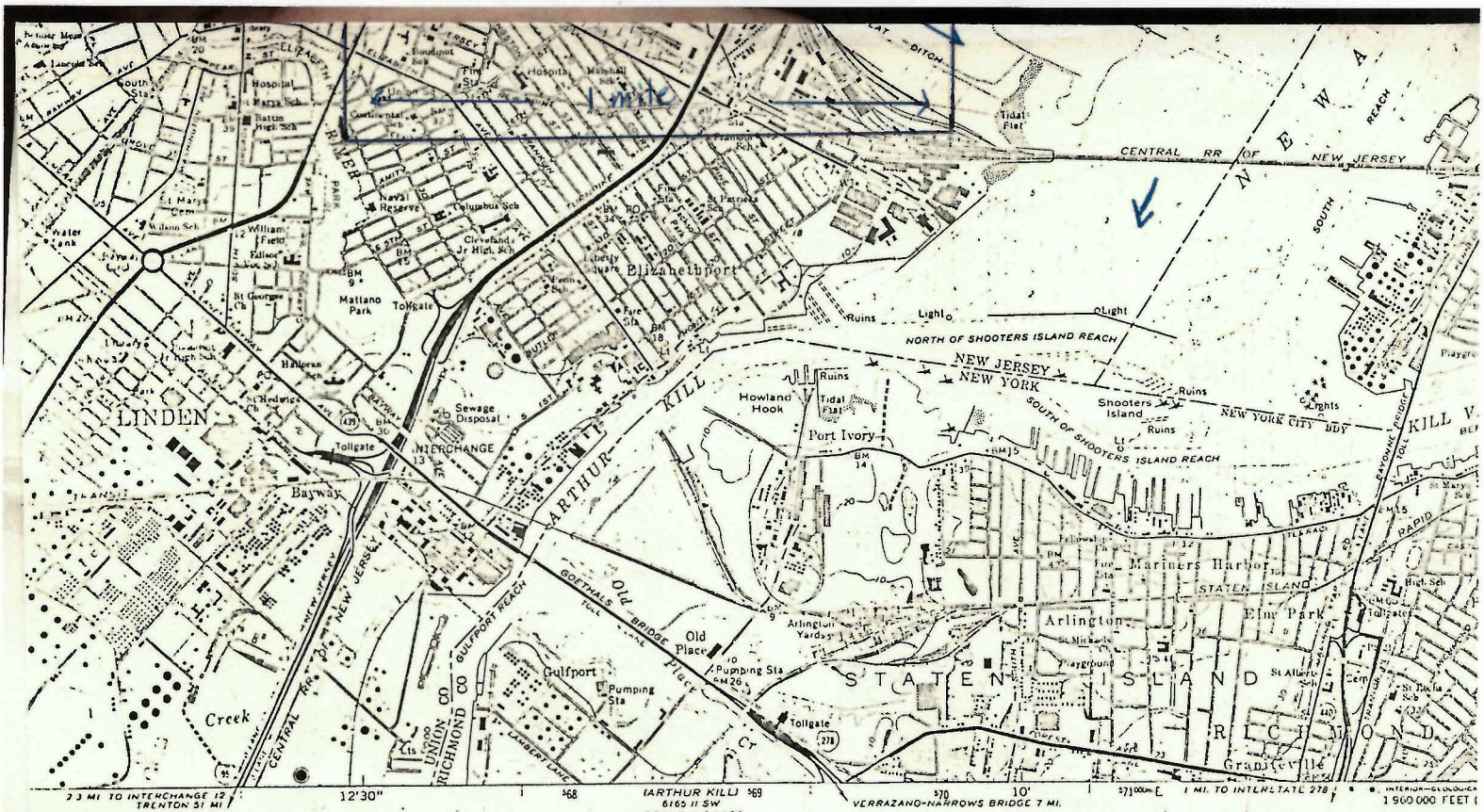
CONTINUE ON REVERSE

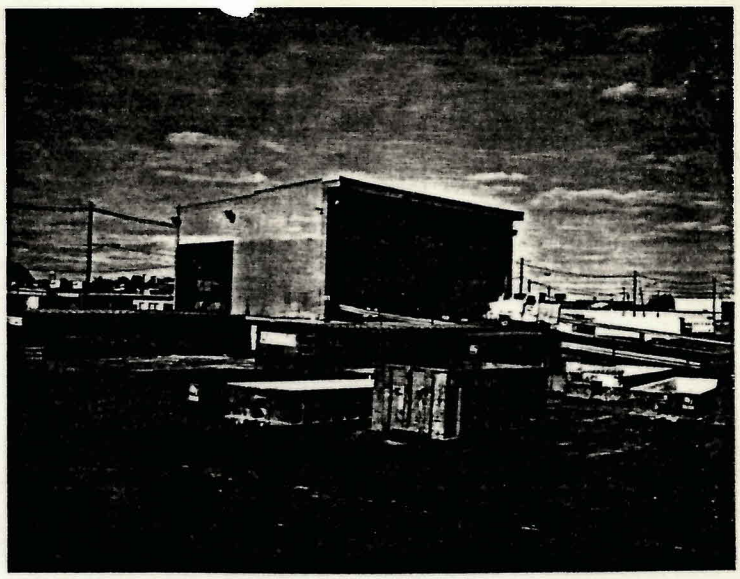
(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

3813 CONFIDENTIAL

N/A

ELIZABETH
NEW JERSE
7.5 MINUTE SER

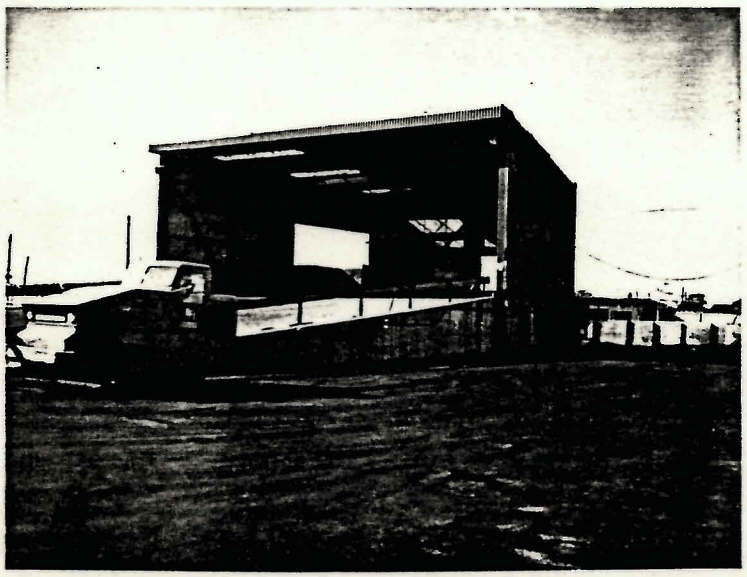

1 mile
CENTRAL RR OF NEW JERSEY
NORTH OF SHOOTERS ISLAND REACH
NEW JERSEY
NEW YORK
SOUTH OF SHOOTERS ISLAND REACH
NEW YORK CITY LIMIT
Elizabethport
LINDEN
Bayway
Mattano Park
Tollgate
INTERCHANGE
Sewage Disposal
ARTHUR KILL
Howland Hook
Port Ivory
Shooters Island
Mariners Harbor
STATEN ISLAND
Elm Park
Arlington
Arlington Yards
Old Place
Pumping Sta
Gulfport
GOETHALS BRIDGE
Old Place Cr
GULFPORT REACH
UNION CO
RICHMOND CO
Creek
CENTRAL RR OF NEW JERSEY
Grandville
23 MI TO INTERCHANGE 12
TRENTON 51 MI
12'30"
(ARTHUR KILL) 6165 II SW
VERRAZANO-NARROWS BRIDGE 7 MI.
1 MI. TO INTERSTATE 278
1 960 000 FEET
SCALE 1:24 000
1 MILE
7000 FEET
1 KILOMETER
CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE MEAN RANGE OF TIDE IS APPROXIMATELY 4.8 FEET
UTM GRID AND 1967 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
QUADRANGLE LOCATION
NEW JERSEY
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST
Heavy-duty
Medium-duty
Interstate Route
Indicates river Flow

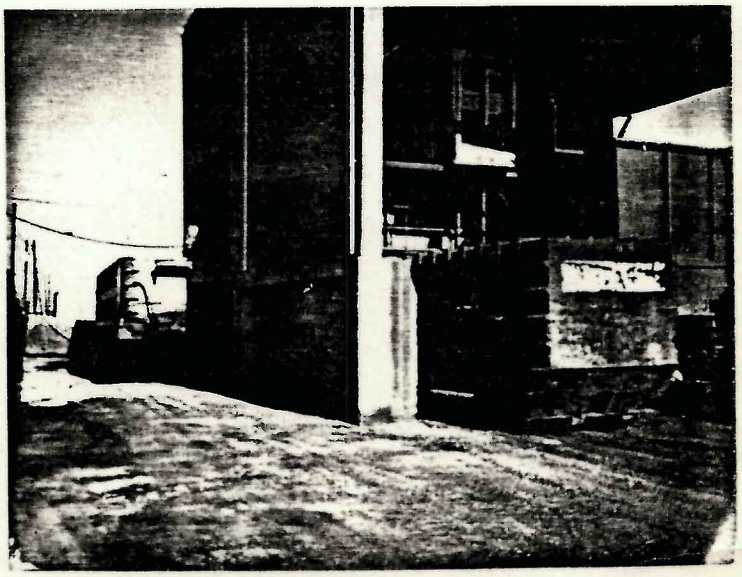


~~CONFIDENTIAL~~ N/A

BFI. OF ELIZABETH N.J. INC.

TRANSFER STATION





13 of 13