EPA HWCB

RCRIS NOTIFICATION DATA DISCREPANCY FORM

Draft

Information from RCRIS	*New Information* (make change to "E" record only)
Facility Name:	Facility Name:
Facility EPA ID Number:	Facility EPA ID Number:
Facility Address:	Facility Address:
City: St: Zip:	City: St: Zip:
Mailing Address:	Mailing Address:
City: St: Zip:	City: St: Zip:
Facility Contact: Phone:	Facility Contact: Phone: - -
Owner/Operator:	Owner/Operator:
SIC Code(s):	SIC Code(s):
Waste Codes:	Waste Codes:
Generator Status (LQG/SQG)	Generator Status (LQG/SQG)
Other:	Other:

In response to this request, please modify RCRIS Handler Notification Data for the following:

General Generator Information:

	Facility Name		EPA ID Number
	Facility Address		Mailing Address
	Facility Contact		Phone
	SIC Code(s)		Waste Code(s)
	Other		

Contact: Margaret Earle Phone: T-4130

Effective Date of Change:

Add/Change Generator Status Codes:

C	#	
	1	conditionally exempt Small Quantity Generator
	2	Definitionally Excluded Wastes
	3	Delisted Wastes
	4	One-time Hazardous Waste Generator
	5	Periodic Hazardous Waste Generator

C	#	
	6	No longer Generates HW; Still in Business
	7	No longer Generates HW; Out of Business
	8	Never Generated Hazardous Waste
	9	ID Number to Transport Non-Hazardous Waste
	10	Regulated Under Another ID Number(s) (list below)

Date

Shed, Drum Storage
See *

vide will be maintained in strictest confidence. Please make a copy of this form for your records, returning the original to the location indicated below.

THIS FORM AND ANY SUPPLEMENTAL INFORMATION SHOULD BE RETURNED TO THE ABOVE ADDRESS.

1. GENERATOR NAME: Cardion Electronics - Long Island Expressway, Woodbury, NY 11797
2. GENERATING FACILITY NAME/ADDRESS: CHEMICAL POLLUTION CONTROL INC.
   120 South Fourth Street
   Bay Shore, New York 11706
3. COMPANY CONTACTS:

GENERAL		TITLE		PHONE	
		TITLE		PHONE	
TECHNICAL	Sander Sternig	TITLE	Chemical Engineer	PHONE	586-0333
		TITLE		PHONE	

4. WASTE NAME: Alodine
5. WASTE PROPERTIES:

PROCESS GENERATING WASTE Metal Finishing

A. ORGANIC ( ) INORGANIC (X) HAS BOTH ORGANIC AND INORGANIC COMPONENTS ( )

B. PHASE/LAYERS BIOLOGICAL ( )
MULTILAYERED ( )
NONE (X)

C. PHYSICAL STATE AT 70°F
SOLID ( ) SEMI-SOLID ( ) LIQUID (X) POWDER ( )
OTHER:

D. VAPOR PRESSURE (IN MM OF Hg AT 25°C) Low

E. SPECIFIC WEIGHT 1.0

F. HEAT VALUE IN BTU/LB none ASH CONTENT na %
TOTAL SOLIDS TOTAL DISSOLVED SOLIDS 95210
pH 9.75 CYANIDE none
SULFIDE none Chloride none
Flash point none

G. HEAVY METALS WITH CONCENTRATION RANGES:

	DISSOLVED	SUSPENDED		DISSOLVED	SUSPENDED
ARSENIC	None		COPPER	0.3	
CADMIUM	0.1		CHROMIUM	79.1	
LEAD	1.11		MERCURY	None	
MOLYBDENUM	None		NICKEL	0.4	
SELENIUM	None		SILVER	< 0.01	
OTHER Fe	172.5		OTHER Zinc	2.9	

H. ACIDITY - ALKALINITY:

H_2SO_4	%	H_3PO_4	%
HCl	%	NaOH	%
HNO_3	%	$Ca(OH)_2$	%
OTHER	%	metals 0.02	%
H_2O 99.5	%	salts 9.5	%
	%		%

6. IS THIS WASTE A "HAZARDOUS WASTE" AS DEFINED BY REGULATIONS OF THE U. S. ENVIRONMENTAL PROTECTION AGENCY PURSUANT TO SECTION 3001 OF THE RESOURCE CONSERVATION AND RECOVERY ACT? _____

(1) IF THE WASTE IS A LISTED HAZARDOUS WASTE, STATE:

(a) THE LISTED DESCRIPTION OF THE WASTE: Toxic

(b) THE HAZARD CRITERIA FOR WHICH THE WASTE IS LISTED: D007

(2) IF THE WASTE IS NOT LISTED, WHAT HAZARDOUS CHARACTERISTIC(S) DOES IT POSSESS?

NA

7. IS THE INFORMATION PROVIDED IN SECTION 5 BASED UPON LABORATORY ANALYSIS OF THE WASTE MATERIAL? Yes . IF SO, PLEASE ADVISE OF THE DATE OF THE MOST RECENT ANALYSIS: 4-9-81

8. HAVE YOU OBTAINED TOXICITY STUDIES OF THIS WASTE STREAM? Yes IF SO, PLEASE ATTACH A COPY OF THE RESULTS.

9. QUANTITY/SHIPPING REQUIREMENTS:

ANTICIPATED VOLUME IS: 500

GALLONS ☒ TONS ☐ CUBIC YARDS ☐ DRUMS ☐ OTHER ☐ _____

PER: DAY ☐ WEEK ☐ MONTH ☐ YEAR ☒ ONE TIME ☐

TRANSPORTATION EQUIPMENT REQUIRED: _____

GENERATOR'S AUTHORIZED SIGNATORY: Frank Gordon TITLE Plt Mgr DATE 5-20-81

CONFIDENTIALITY AGREEMENT: _____,
as consideration for the Generator's release of the above information, and any other supplemental data provided, agrees to treat such information as confidential property and will not disclose such information to others except as is required by law, and in such circumstances only after first giving notice to the Generator.

By: John Sebatino

Manager
Title

POINT OF COLLECTION	pH	Cu ppm	Zn ppm	Cd ppm	tot Cr ppm	Fe ppm	Ni ppm	Ag ppm	Pb ppm	TDS ppm
Aladine Cardion Electronics 81040905	9.75	0.3	2.9	0.1	79.1	172.5	0.4	<0.01	1.11	95210

BTU/gal.	none
Flash pt. °C	none
Chloride ppm halogenated	none
Sulfur ppm halogenated	none
Cyanide ppm	none
Ash %	na
Specific Gravity	1.0

Make Up %	H2O	metals	salts
	99.5	0.02	9.5

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THIS FORM AND ANY SUPPLEMENTAL INFORMATION SHOULD BE RETURNED TO THE ABOVE ADDRESS.

1. GENERATOR NAME: Cardion Electronics - Long Island Expressway, Woodbury, NY 11797
2. GENERATING FACILITY NAME/ADDRESS: CHEMICAL POLLUTION CONTROL INC.
   120 South Fourth Street
   Bay Shore, New York 11706
3. COMPANY CONTACTS:

GENERAL	John Sabatino	TITLE	Manager	PHONE	586-0333
		TITLE		PHONE	
TECHNICAL	Sander Sternig	TITLE	Chemical Engineer	PHONE	586-0333
		TITLE		PHONE	

4. WASTE NAME: Hazardous Waste Liquid NOS (5% N_aOH - Contains Se)
5. WASTE PROPERTIES:

PROCESS GENERATING WASTE

A. ORGANIC ( ) INORGANIC (X) HAS BOTH ORGANIC AND INORGANIC COMPONENTS ( )

B. PHASE/LAYERS BIOLOGICAL ( )
MULTILAYERED ( )
NONE (X)

C. PHYSICAL STATE AT 70°F
SOLID ( ) SEMI-SOLID ( ) LIQUID (X) POWDER ( )
OTHER:

D. VAPOR PRESSURE (IN MM OF Hg AT 25°C) 48

E. SPECIFIC WEIGHT 1.00

F. HEAT VALUE IN BTU/LB None ASH CONTENT NA %
TOTAL SOLIDS TOTAL DISSOLVED SOLIDS 8,450
pH 9.5 CYANIDE None
SULFIDE Trace Chloride None
Flash point None

G. HEAVY METALS WITH CONCENTRATION RANGES:

	DISSOLVED	SUSPENDED		DISSOLVED	SUSPENDED
ARSENIC	1.94		COPPER	26.24	
CADMIUM	0.21		CHROMIUM	0.23	
LEAD	2.59		MERCURY	< 0.01	
MOLYBDENUM	None		NICKEL	< 0.01	
SELENIUM	1.21		SILVER	26.44	
IRON	30.17		ZINC	3.77	
			BARIUM	0.4	

H. ACIDITY - ALKALINITY:

H_2SO_4	%	H_3PO_4	%
HC1	%	NaOH	%
HNO_3	%	$Ca(OH)_2$	%
OTHER	%	Metals	0.01 %
H_2O	91.49 %	Organic	3.5 %
	%	N_aOH	5 %

6. IS THIS WASTE A "HAZARDOUS WASTE" AS DEFINED BY REGULATIONS OF THE U. S. ENVIRONMENTAL PROTECTION AGENCY PURSUANT TO SECTION 3001 OF THE RESOURCE CONSERVATION AND RECOVERY ACT? Yes

(1) IF THE WASTE IS A LISTED HAZARDOUS WASTE, STATE:

(a) THE LISTED DESCRIPTION OF THE WASTE: Toxic

(b) THE HAZARD CRITERIA FOR WHICH THE WASTE IS LISTED: D011

(2) IF THE WASTE IS NOT LISTED, WHAT HAZARDOUS CHARACTERISTIC(S) DOES IT POSSESS?

NA

7. IS THE INFORMATION PROVIDED IN SECTION 5 BASED UPON LABORATORY ANALYSIS OF THE WASTE MATERIAL? Yes. IF SO, PLEASE ADVISE OF THE DATE OF THE MOST RECENT ANALYSIS: 3-12-82

8. HAVE YOU OBTAINED TOXICITY STUDIES OF THIS WASTE STREAM? Yes IF SO, PLEASE ATTACH A COPY OF THE RESULTS.

9. QUANTITY/SHIPPING REQUIREMENTS:

ANTICIPATED VOLUME IS: _____

GALLONS ☐ TONS ☐ CUBIC YARDS ☐ DRUMS ☐ OTHER ☐ _____

PER: DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ ONE TIME ☐

TRANSPORTATION EQUIPMENT REQUIRED: _____

GENERATOR'S AUTHORIZED SIGNATORY: Frank Fodor TITLE Consultant DATE 5-18-82

CONFIDENTIALITY AGREEMENT: CHEMICAL POLLUTION CONTROL INC.,
as consideration for the Generator's release of the above information, and any other supplemental data provided, agrees to treat such information as confidential property and will not disclose such information to others except as is required by law, and in such circumstances only after first giving notice to the Generator.

By: John Sabatino John Sabatino

Manager
Title

PROPPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	EPA HAZ. CODE	EPA WASTE TYPE
HAZARDOUS WASTE LIQUID NOS (5% N_aOH - contains Se)	ORM-E	NA9189	01	E	D011

PRODUCT CODE #8203105

Bay Shore, NY 11706

POINT OF COLLECTION	pH	Cd ppm	Cr^{tot} ppm	Cr^{6} ppm	Cu ppm	Fe ppm	Ni ppm	Ag ppm	Zn ppm	Pb ppm
Cardion Electronic Plating Waste 8203105 82031205	9.5	0.21	0.23	-	26.24	30.17	<0.01	26.44	3.77	2.59

	Hg ppm	Se ppm	As ppm	Ba ppm	TDS ppm	Color	atm pres	Vis sec	IN-Org.	layered
	<0.01	1.21	1.94	0.4	8,450	brown	48	30	X	None

			Make up %
BTU/ gal	None	Metals	0.01
Flash pt. °C	None	Organic	3.5
Chloride halogenated %	NONE	NaOH	5
Sulfur halogenated %	Trace	H_2O	91.49
Cyanide ppm	None		
Ash %	NA		
Specific gravity	1.00		

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1. GENERATOR NAME: Cardion Electronics - Long Island Expressway, Woodbury, NY 11797
2. GENERATING FACILITY NAME/ADDRESS: CHEMICAL POLLUTION CONTROL INC.
   120 South Fourth Street
   Bay Shore, NY 11706
3. COMPANY CONTACTS:
   GENERAL John Sabatino TITLE Manager PHONE 586-0333
   TITLE PHONE
   TECHNICAL Sander Sternig TITLE Chemical Engineer PHONE 586-0333
   TITLE PHONE
4. WASTE NAME: Hazardous Waste Liquid NOS (contains Hg, Se, Cd, As, Pb) PLATING
5. WASTE PROPERTIES:
   PROCESS GENERATING WASTE

   A. ORGANIC ( ) INORGANIC (X) HAS BOTH ORGANIC AND INORGANIC COMPONENTS ( )

   B. PHASE/LAYERS BIOLOGICAL ( )
   MULTILAYERED ( )
   NONE (X)

   C. PHYSICAL STATE AT 70°F
   SOLID ( ) SEMI-SOLID ( ) LIQUID (X) POWDER ( )
   OTHER:

   D. VAPOR PRESSURE (IN MM OF Hg AT 25°C) <5

   E. SPECIFIC WEIGHT 1.08

   F. HEAT VALUE IN BTU/LB None ASH CONTENT Na %
   TOTAL SOLIDS TOTAL DISSOLVED SOLIDS 128,200
   pH 9.2 CYANIDE None
   SULFIDE None Chloride None
   Flash point None

   G. HEAVY METALS WITH CONCENTRATION RANGES:

	DISSOLVED	SUSPENDED		DISSOLVED	SUSPENDED
ARSENIC As	54.7		COPPER Cu	0.3	
CADMIUM Cd	11.0		CHROMIUM Cr	<0.01	
LEAD Pb	0.44		MERCURY Hg	18.4	
MOLYBDENUM Mo	None		NICKEL Ni	0.01	
SELENIUM Se	14.87		SILVER Ag	0.67	
IRON Fe	3.99		ZINC Zn	0.76	
			BARIUM Ba	21.5	

   H. ACIDITY - ALKALINITY:

H_2SO_4		%	H_3PO_4		%
HC1		%	NaOH		%
HNO_3		%	$Ca(OH)_2$		%
OTHER		%	Metals	0.01	%
H_2O	87.17	%	Salts	12.82	%
		%			%

6. IS THIS WASTE A "HAZARDOUS WASTE" AS DEFINED BY REGULATIONS OF THE U. S. ENVIRONMENTAL PROTECTION AGENCY PURSUANT TO SECTION 3001 OF THE RESOURCE CONSERVATION AND RECOVERY ACT? Yes

(1) IF THE WASTE IS A LISTED HAZARDOUS WASTE, STATE:

(a) THE LISTED DESCRIPTION OF THE WASTE: Toxic

(b) THE HAZARD CRITERIA FOR WHICH THE WASTE IS LISTED: D009

(2) IF THE WASTE IS NOT LISTED, WHAT HAZARDOUS CHARACTERISTIC(S) DOES IT POSSESS?

NA

7. IS THE INFORMATION PROVIDED IN SECTION 5 BASED UPON LABORATORY ANALYSIS OF THE WASTE MATERIAL? Yes . IF SO, PLEASE ADVISE OF THE DATE OF THE MOST RECENT ANALYSIS: 6-30-82

8. HAVE YOU OBTAINED TOXICITY STUDIES OF THIS WASTE STREAM? Yes IF SO, PLEASE ATTACH A COPY OF THE RESULTS.

9. QUANTITY/SHIPPING REQUIREMENTS:

ANTICIPATED VOLUME IS: _____

GALLONS ☐ TONS ☐ CUBIC YARDS ☐ DRUMS ☐ OTHER ☐ _____

PER: DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ ONE TIME ☐

TRANSPORTATION EQUIPMENT REQUIRED: _____

GENERATOR'S
AUTHORIZED SIGNATORY: _____ TITLE _____ DATE _____

CONFIDENTIALITY AGREEMENT: CHEMICAL POLLUTION CONTROL INC.,
as consideration for the Generator's release of the above information, and any other supplemental data provided, agrees to treat such information as confidential property and will not disclose such information to others except as is required by law, and in such circumstances only after first giving notice to the Generator.

By: John Sabatino John Sabatino

Manager
Title

PROPPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	EPA HAZ. CODE	EPA WASTE TYPE
HAZARDOUS WASTE LIQUID NOS (contains Hg, Se, Cd, As, Pb)	ORM-E	NA9189	01	E	D009

Product Code #82063017

Bay Shore, NY 11706

POINT OF COLLECTION	pH	Cd ppm	Cr^{tot} ppm	Cr^{6} ppm	Cu ppm	Fe ppm	Ni ppm	Ag ppm	Zn ppm	Pb ppm
Cardin offset Printing 82063017	9.2	11.0	<0.01	0.01	0.3	3.99	0.01	0.67	0.76	0.44

	Hg ppm	Se ppm	As ppm	Ba ppm	TDS ppm	Color	atm pres	Vis sec	In-Org.	layere
	18.4	14.87	54.7	21.5	128,200	brown	<5	29	x	none

										Make %
BTU/ gal	None						Metals			0.01
Flash pt. °C	None						Salts			12.82
Chloride halogenated %	None						H_2O			87.17
Sulfur halogenated %	None									
Cyanide ppm	None									
Ash %	Na									
Specific gravity	1.08									

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1. GENERATOR NAME: CARDION ELECTRONICS
2. GENERATING FACILITY NAME/ADDRESS: Long Island Expressway
   Woodbury, New York 11797
3. COMPANY CONTACTS:

GENERAL	John Sabatino	TITLE	Manager	PHONE	516-586-0333
		TITLE		PHONE	
TECHNICAL	Sander Sternig	TITLE	Chemical Engineer	PHONE	516-586-0333
		TITLE		PHONE	

4. WASTE NAME: Waste ORM-A NOS
5. WASTE PROPERTIES:

PROCESS GENERATING WASTE

A. ORGANIC (X) INORGANIC ( ) HAS BOTH ORGANIC AND INORGANIC COMPONENTS ( )

B. PHASE/LAYERS BIOLOGICAL ( )
MULTILAYERED (2)
NONE ( )

C. PHYSICAL STATE AT 70°F
SOLID ( ) SEMI-SOLID ( ) LIQUID (X) POWDER ( )
OTHER:

D. VAPOR PRESSURE (IN MM OF Hg AT 25°C) > 200

E. SPECIFIC WEIGHT 1.4

F. HEAT VALUE IN BTU/LB NA ASH CONTENT NA %
TOTAL SOLIDS TOTAL DISSOLVED SOLIDS 110,920
pH 5.1 CYANIDE None
SULFIDE Trace Chloride 86
Flash point 200

G. HEAVY METALS WITH CONCENTRATION RANGES:

	DISSOLVED	SUSPENDED		DISSOLVED	SUSPENDED
ARSENIC	< 0.01		COPPER	3.23	
CADMIUM	1.86		CHROMIUM	0.20	
LEAD	20.30		MERCURY	< 0.1	
MOLYBDENUM	None		NICKEL	0.72	
SELENIUM	2.36		SILVER	< 0.01	
IRON	20.89		ZINC	83.71	
			BARIUM	6.1	

H. ACIDITY - ALKALINITY:

H_2SO_4		%	H_3PO_4		%
HC1		%	NaOH		%
HNO_3		%	$Ca(OH)_2$		%
OTHER		%	Freon	83.98	%
H_2O	5	%	Oil	11	%
		%	Metal	0.03	%

6. IS THIS WASTE A "HAZARDOUS WASTE" AS DEFINED BY REGULATIONS OF THE U. S. ENVIRONMENTAL PROTECTION AGENCY PURSUANT TO SECTION 3001 OF THE RESOURCE CONSERVATION AND RECOVERY ACT? Yes

(1) IF THE WASTE IS A LISTED HAZARDOUS WASTE, STATE:

(a) THE LISTED DESCRIPTION OF THE WASTE: Toxic & EP Toxic

(b) THE HAZARD CRITERIA FOR WHICH THE WASTE IS LISTED: F001 also D008, D010, D006

(2) IF THE WASTE IS NOT LISTED, WHAT HAZARDOUS CHARACTERISTIC(S) DOES IT POSSESS?

NA

7. IS THE INFORMATION PROVIDED IN SECTION 5 BASED UPON LABORATORY ANALYSIS OF THE WASTE MATERIAL? Yes . IF SO, PLEASE ADVISE OF THE DATE OF THE MOST RECENT ANALYSIS: 10-26-82

8. HAVE YOU OBTAINED TOXICITY STUDIES OF THIS WASTE STREAM? Yes IF SO, PLEASE ATTACH A COPY OF THE RESULTS.

9. QUANTITY/SHIPPING REQUIREMENTS:

ANTICIPATED VOLUME IS: _____

GALLONS ☐ TONS ☐ CUBIC YARDS ☐ DRUMS ☐ OTHER ☐ _____

PER: DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ ONE TIME ☐

TRANSPORTATION EQUIPMENT REQUIRED: _____

GENERATOR'S
AUTHORIZED SIGNATORY: _____ TITLE _____ DATE _____

CONFIDENTIALITY AGREEMENT: CHEMICAL POLLUTION CONTROL INC.,
as consideration for the Generator's release of the above information, and any other supplemental data provided, agrees to treat such information as confidential property and will not disclose such information to others except as is required by law, and in such circumstances only after first giving notice to the Generator.

By: John Sabatino John Sabatino

Manager
Title

PROPPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	EPA HAZ.CODE	EPA WASTE TYPE
WASTE ORM-A NOS	ORM-A	UN1693	01	T	F001

LAB. NO. 82110220
WASTE CODE: FREON

SAMPLE: Cardion Waste Freon 10/26

SAMPLE No. 82110220

PARAMETERS	RESULTS
pH	5.1
	ppm (mg/l)*
Cadmium	1.86
Chromium, Total	0.20
Chromium, Hexavalent	0.01
Copper	3.23
Iron	20.89
Nickel	0.72
Silver	<0.01
Zinc	83.71
Lead	20.30
Mercury	<0.1
Selenium	2.36
Arsenic	<0.01
Barium	6.1

PARAMETERS		RESULTS ppm (mg/l)*
Total Dissolved Solids		110,920
Color		
Atmospheric Pressure		200
Viscosity: SSU		40
Organic		X
Layered		2
BTU/GAL.		NA
Flash Point, °F		>200
Chloride Halogenated, %		86
Sulfur Halogenated, %		TRACE
Cyanide		NONE
Ash %		NA
Specific Gravity		1.4
Make-Up %	Freon	83.98
	Oil	11
	H_2O	5
	Metal	0.03

*Unless otherwise noted

Comments:

tion indicated below.

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1. GENERATOR NAME: Cardion Electronics - Long Island Expressway, Woodbury, NY 11797
2. GENERATING FACILITY NAME/ADDRESS: CHEMICAL POLLUTION CONTROL INC.
   120 South Fourth Street
   Bay Shore, NY 11706
3. COMPANY CONTACTS:

GENERAL	John Sabatino	TITLE	Manager	PHONE	586-0333
		TITLE		PHONE	
TECHNICAL	Sander Sternig	TITLE	Chemical Engineer	PHONE	586-0333
		TITLE		PHONE	

4. WASTE NAME: 8% Sodium Hydroxide Solution (contains Cr^{+6})
5. WASTE PROPERTIES:

PROCESS GENERATING WASTE

A. ORGANIC ( ) INORGANIC (X) HAS BOTH ORGANIC AND INORGANIC COMPONENTS ( )

B. PHASE/LAYERS BIOLOGICAL ( )
MULTILAYERED ( )
NONE (X)

C. PHYSICAL STATE AT 70°F
SOLID ( ) SEMI-SOLID ( ) LIQUID (X) POWDER ( )
OTHER:

D. VAPOR PRESSURE (IN MM OF Hg AT 25°C) < 25

E. SPECIFIC WEIGHT 1.03

F. HEAT VALUE IN BTU/LB None ASH CONTENT NA %
TOTAL SOLIDS TOTAL DISSOLVED SOLIDS 27,920
pH 12.55 CYANIDE None
SULFIDE None Chloride None
Flash point None

G. HEAVY METALS WITH CONCENTRATION RANGES:

	DISSOLVED	SUSPENDED		DISSOLVED	SUSPENDED
ARSENIC	< 0.01		COPPER	1.33	
CADMIUM	< 0.01		CHROMIUM	38.4	
LEAD	0.61		MERCURY	< 0.01	
MOLYBDENUM	None		NICKEL	0.91	
SELENIUM	< 0.01		SILVER	0.11	
IRON	3.02		ZINC	< 0.05	
			BARIUM	0.01	

H. ACIDITY - ALKALINITY:

H_2SO_4	%	H_3PO_4	%
HCl	%	NaOH	%
HNO_3	%	$Ca(OH)_2$	%
OTHER	%	N_aOH 8	%
H_2O 86.19	%	Metals 0.01	%
	%	Salts 2.8	%
		Sludge 3	

6. IS THIS WASTE A "HAZARDOUS WASTE" AS DEFINED BY REGULATIONS OF THE U. S. ENVIRONMENTAL PROTECTION AGENCY PURSUANT TO SECTION 3001 OF THE RESOURCE CONSERVATION AND RECOVERY ACT? Yes

(1) IF THE WASTE IS A LISTED HAZARDOUS WASTE, STATE:

(a) THE LISTED DESCRIPTION OF THE WASTE: Corrosive

(b) THE HAZARD CRITERIA FOR WHICH THE WASTE IS LISTED: D002

(2) IF THE WASTE IS NOT LISTED, WHAT HAZARDOUS CHARACTERISTIC(S) DOES IT POSSESS?

NA

7. IS THE INFORMATION PROVIDED IN SECTION 5 BASED UPON LABORATORY ANALYSIS OF THE WASTE MATERIAL? Yes . IF SO, PLEASE ADVISE OF THE DATE OF THE MOST RECENT ANALYSIS: 4-19-82

8. HAVE YOU OBTAINED TOXICITY STUDIES OF THIS WASTE STREAM? Yes IF SO, PLEASE ATTACH A COPY OF THE RESULTS.

9. QUANTITY/SHIPPING REQUIREMENTS:

ANTICIPATED VOLUME IS: _____

GALLONS ☐ TONS ☐ CUBIC YARDS ☐ DRUMS ☐ OTHER ☐ _____

PER: DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ ONE TIME ☐

TRANSPORTATION EQUIPMENT REQUIRED: _____

GENERATOR'S
AUTHORIZED SIGNATORY: _____ TITLE _____ DATE _____

CONFIDENTIALITY AGREEMENT: CHEMICAL POLLUTION CONTROL INC.,
as consideration for the Generator's release of the above information, and any other supplemental data provided, agrees to treat such information as confidential property and will not disclose such information to others except as is required by law, and in such circumstances only after first giving notice to the Generator.

By: John Sabatino John Sabatino

Frank Sodo ~~Manager~~ Consultant 5-21-82
Title

PROPPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	FORM	EPA HAZ.CODE	EPA WASTE TYPE
8% Sodium Hydroxide Solution (contains Cr^{+6})	Corrosive	UN1824	01	C	D002

PRODUCT CODE #82041920

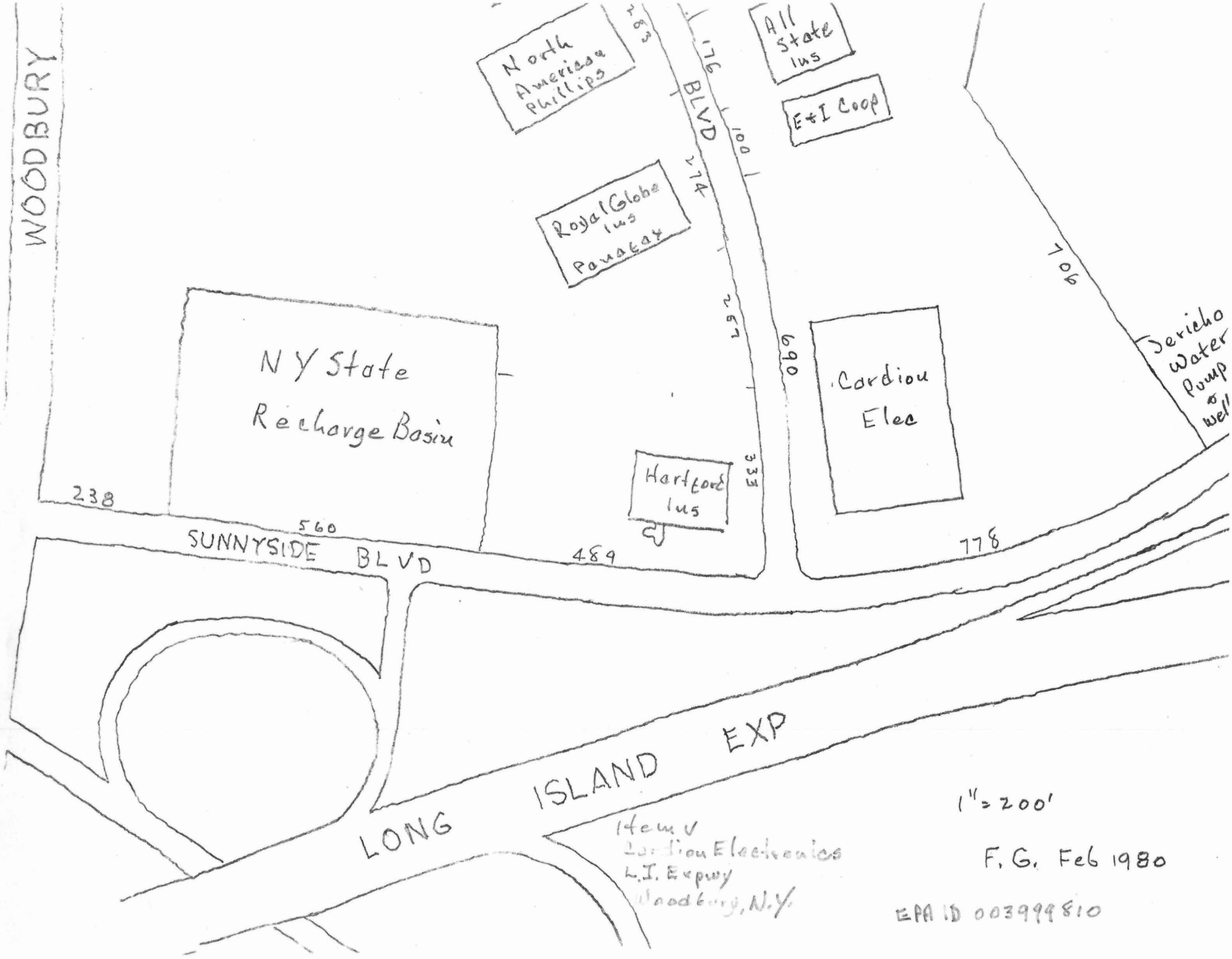
POINT OF COLLECTION

Cardion Alodine 82041633
82041920

pH	Cd ppm	Cr^{tot} ppm	Cr^{6} ppm	Cu ppm	Fe ppm	Ni ppm	Ag ppm	Zn ppm	Pb ppm
12.15	<0.01	38.4	38.4	1.33	3.02	0.91	0.11	<0.05	0.61

Hg ppm	Se ppm	As ppm	Ba ppm	TDS ppm	Color	atm pres	Vis sec	In-Org.	layered
<0.01	<0.01	<0.01	0.01	27,920	yellow	<25	28	x	None

BTU/ gal	None		Make up %
Flash pt. °C	None	N_aOH	8
Chloride halogenated %	None	Metals	0.01
Sulfur halogenated %	None	Salts	2.8
Cyanide ppm	None	H_2O	86.19
Ash %	NA	Sludge	3
Specific gravity	1.03		



Item V
Cordiou Electronics
L.I. Expwy
Woodbury, N.Y.

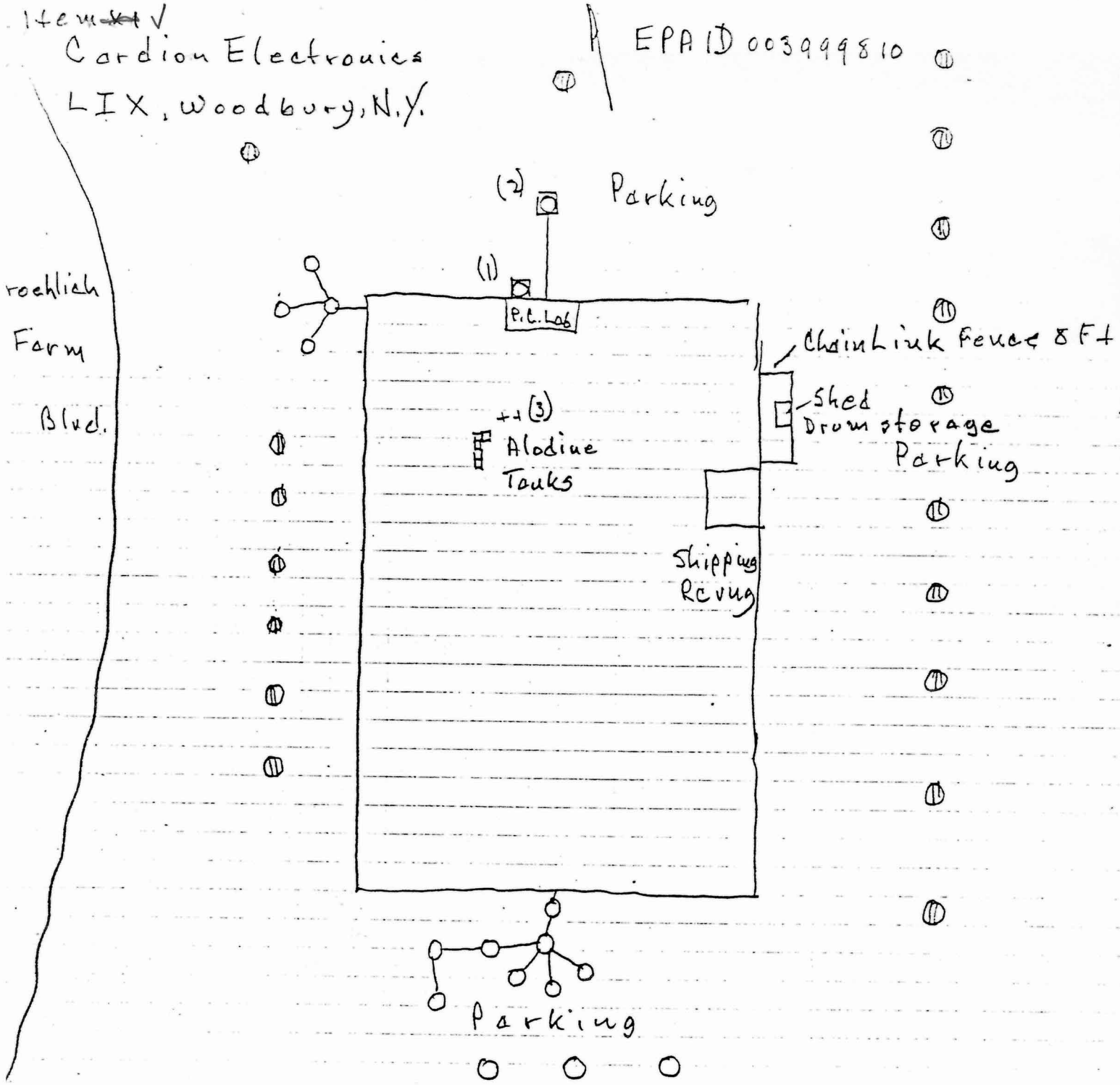
em VII
Cardion Electronics
L.I. Expwy

Item ~~X~~ V

Cordion Electronics

LIX, Woodbury, N.Y.

EPA ID 003999810

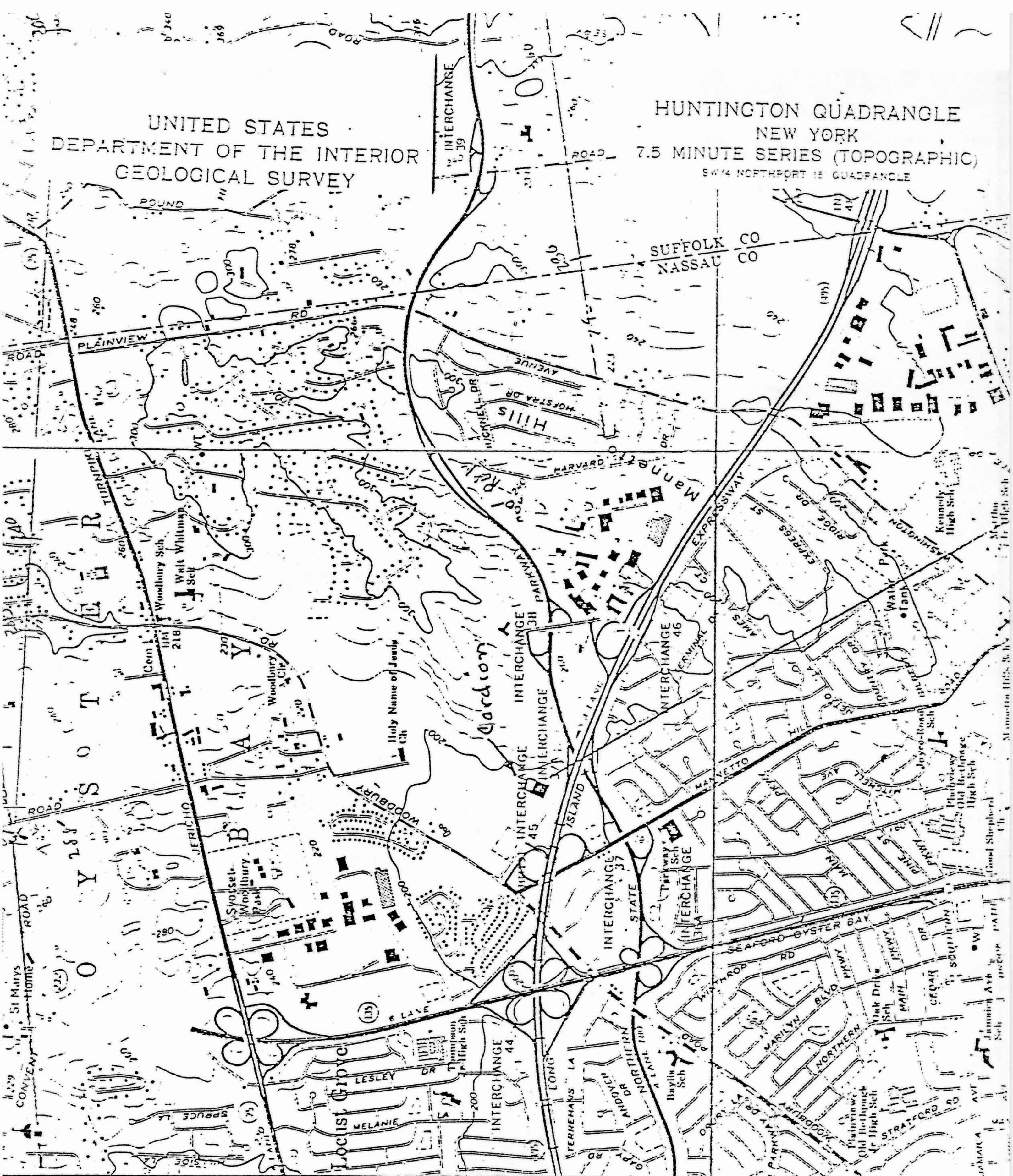


(1) Metal Holding tank above ground, ~~1000~~ Gals., for drainage of organic wastes

(2) Plastic Holding tank in ground, 2000 Gals, for drainage of metal/acid wastes

(3) 55 Gal drums for storage spent alodine wastes

Quantity of chemicals low, largest containers are 55 Gal drums



em XI
Cardion Electronics
L.I. Expwy
Woodbury, N.Y.

Cardion
at 40°47'45"
long 73°28'32"

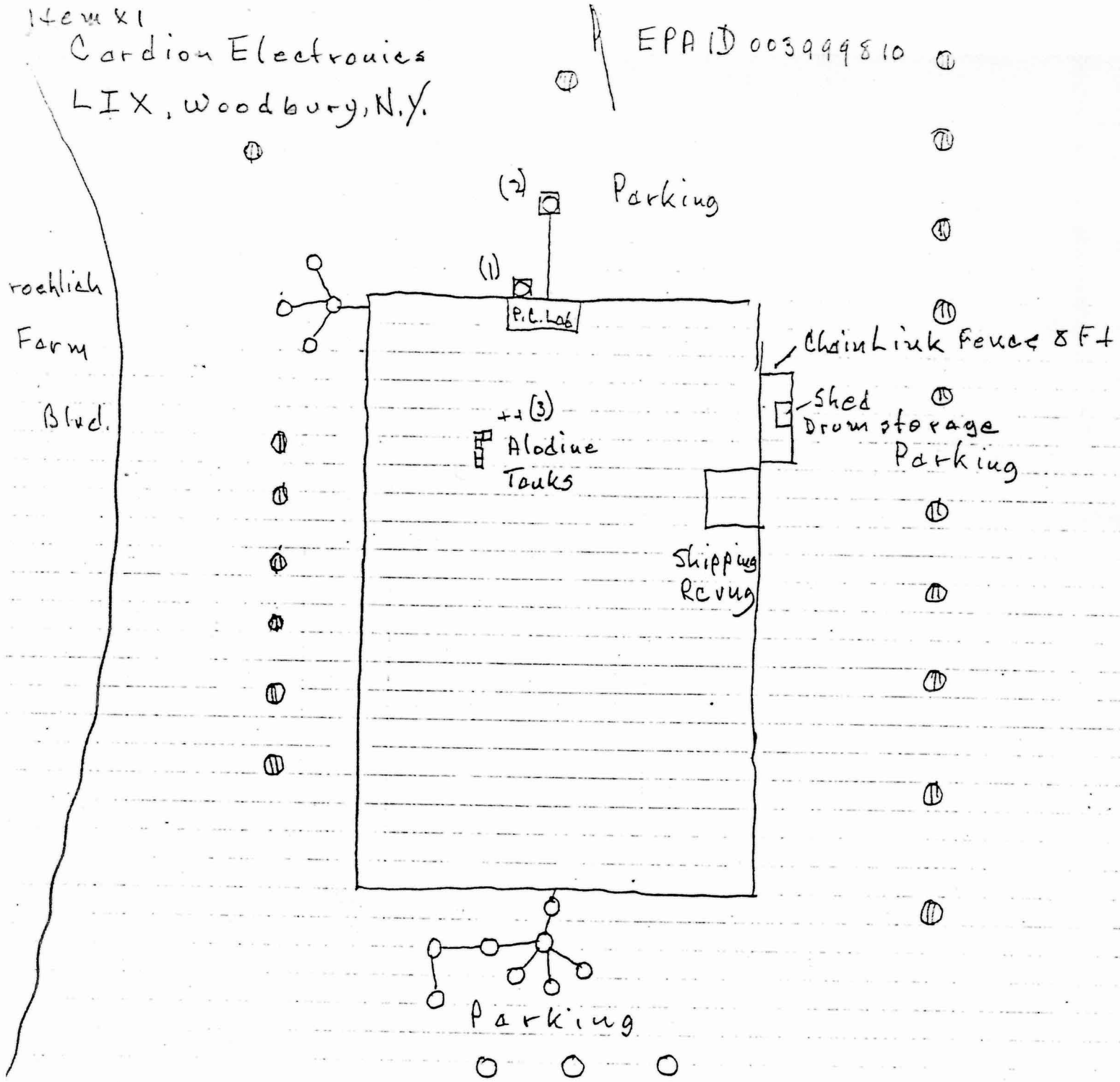
EPA ID NY003999810

Item XI

Cordion Electronics

LIX, Woodbury, N.Y.

EPA ID 003999810



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(3) 55 Gal drums for storage spent alodine wastes

Quantity of chemicals low, largest containers are 55 Gal drums

Cardion ELECTRONICS
A UNIT OF GENERAL SIGNAL
LONG ISLAND EXPRESSWAY WOODBURY N.Y. 11797 U.S.A. TWX 510-221-2179 516-921-7300

April 21, 1981

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York

Attention: Amy Perlov

Dear Ms. Perlov:

Enclosed please find Geological Survey with Cardion's location circled in red.

Very truly yours,

F. Gordon
Plant Manager
CARDION ELECTRONICS

FG:jr
Encl.

EPA ID-NYD003999810

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HUNTINGTON QUADRANGLE
NEW YORK
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 NORTHPORT 15' QUADRANGLE
SUFFOLK CO
NASSAU CO
PLAINVIEW RD
ROUND
INTERCHANGE 39
INTERCHANGE 38
INTERCHANGE 45
INTERCHANGE 44
INTERCHANGE 37
INTERCHANGE 46
INTERCHANGE 36A
Cardion
Locust Grove
Woodbury
Syosset-Woodbury Park
Woodbury Sch
Walt Whitman Sch
Holy Name of Jesus Ch
Woodbury Ch
Water Tank
Kennedy High Sch
Melville Jr High Sch
Manetto Hill Sch
Joyce-Road Sch
Plainview Old Bethpage High Sch
Good Shepherd Ch
Jericho Jr High Sch
Oak Drive Sch
Baylis Sch
Thompson High Sch
Parkway Sch
St Marys Home
Academy
Convent
Cem
SEAFORD OYSTER BAY
MANETTO HILL
WOODBURY
JERICHO
LESLEY DR
MELANIE
SPRUCE LA
LONG ISLAND
STATE
NORTHERN
WINTHROP RD
MARILYN BLVD
STRATFORD RD
MAIN ST
CEDAR DR
PINE PKWY
MITCHELL AVE
HARVARD
HOFSTRA DR
HICKNELL DR
EXPRESSWAY
ROUND HILL
TERRHANS LA
ANDOVER DR
CAPE RD
PARKWAY
JAMAICA AVE
TO CROSS ISLAND PKWY
TO INTERCHANGE 13
(HICKSVILLE)
6265 I SE
Cardion Electronics EPA ID-NYD003999810
L.I. Expwy
Woodbury, N.Y. 11797

NYD003999810

Cardion Electronics

GENERAL SIGNAL

EDGAR P. DEVYLDER
COUNSEL

February 27, 1981

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

Attention Mr. Harry Ruissi

Dear Mr. Ruissi:

I have enclosed the cover letter and RCRA Form 3 that Cardion Electronics, a unit of General Signal, sent to your attention on November 18, 1980. The cover letter and Form 3 were returned to Cardion pursuant to the enclosed Hazardous Waste Permit Application - Missing Information form. The enclosed Form 3 now contains the owner's signature and completes our November 18, 1980 filing.

Very truly yours,

Edgar P. DeVylder

EPD/eg
enc.

cc Frank Gordon
(Cardion)

PERMITS ADMIN. BRANCH
RECEIVED
MAR 4 9 00 AM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

HIGH RIDGE PARK · STAMFORD, CONNECTICUT 06904 · PHONE 203-357-8800

Cardion ELECTRONICS
A UNIT OF GENERAL SIGNAL
LONG ISLAND EXPRESSWAY WOODBURY N.Y. 11797 U.S.A. TWX 510-221-2179 516-921-7300

November 18, 1980

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

Attention: Mr. Harry Ruisi

Dear Mr. Ruisi:

Cardion Electronics believes it is exempt from the need to obtain a permit as per 40 CFR 262.34. Cardion Electronics accumulates hazardous waste, on-site, for less than 90 days and has a New York State permit number 30-H-07 Hold to Haul Hazardous Waste.

Cardion Electronics plans to file with the Office of Water and Hazardous Waste if there is any change in our processes or operations.

Very truly yours,

Frank Gordon

Frank Gordon
Plant Manager

FG:jr

MAR 4 9 00 AM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

203 357 8800.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

RECEIVED AT
FEB 9 1981

2-17

05 FEB 1981

CARDION

Subject: Hazardous Waste Permit Application-Missing Information
EPA ID No: NYD003999810

The Region II office of the U.S. Environmental Protection Agency (EPA) has received an application for a Federal Hazardous Waste Permit for your facility. The Agency has conducted a preliminary review of the application enclosed and found that the information items marked below are missing. In order for the Agency to determine whether the owner or operator of the facility qualifies for interim status, these items should be completed and the application returned to the address below within 15 days of your receipt of this letter.

Information Service Center
U.S. Environmental Protection Agency
Region 2
26 Federal Plaza
New York, New York 10278

Failure to submit the necessary information within the required time-frame will jeopardize your eligibility for interim status. Until that time, however, the facility may continue to operate, provided there is compliance with all the applicable provisions of 40 CFR Part 265.

The Agency will perform a complete review of your application after it is resubmitted. If it is determined at that time that further information is needed, or that the facility does not quality for interim status, you will be so notified.

THE FOLLOWING MISSING ITEMS MUST BE COMPLETED.

- [ ] Form 1 Missing in entirety
- [ ] Form 1 Item X111.B. Signature
- [ ] Form 3 Missing in entirety
- [ ] Form 3 Item II.A.1. Date Operation Began or Construction Commenced
- [x] Form 3 Item IX.B. Owners Signature

MAR 4 9 03 AM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

Your cooperation in the EPA Hazardous Waste Management Program is appreciated.

Sincerely yours,

Richard A. Baker

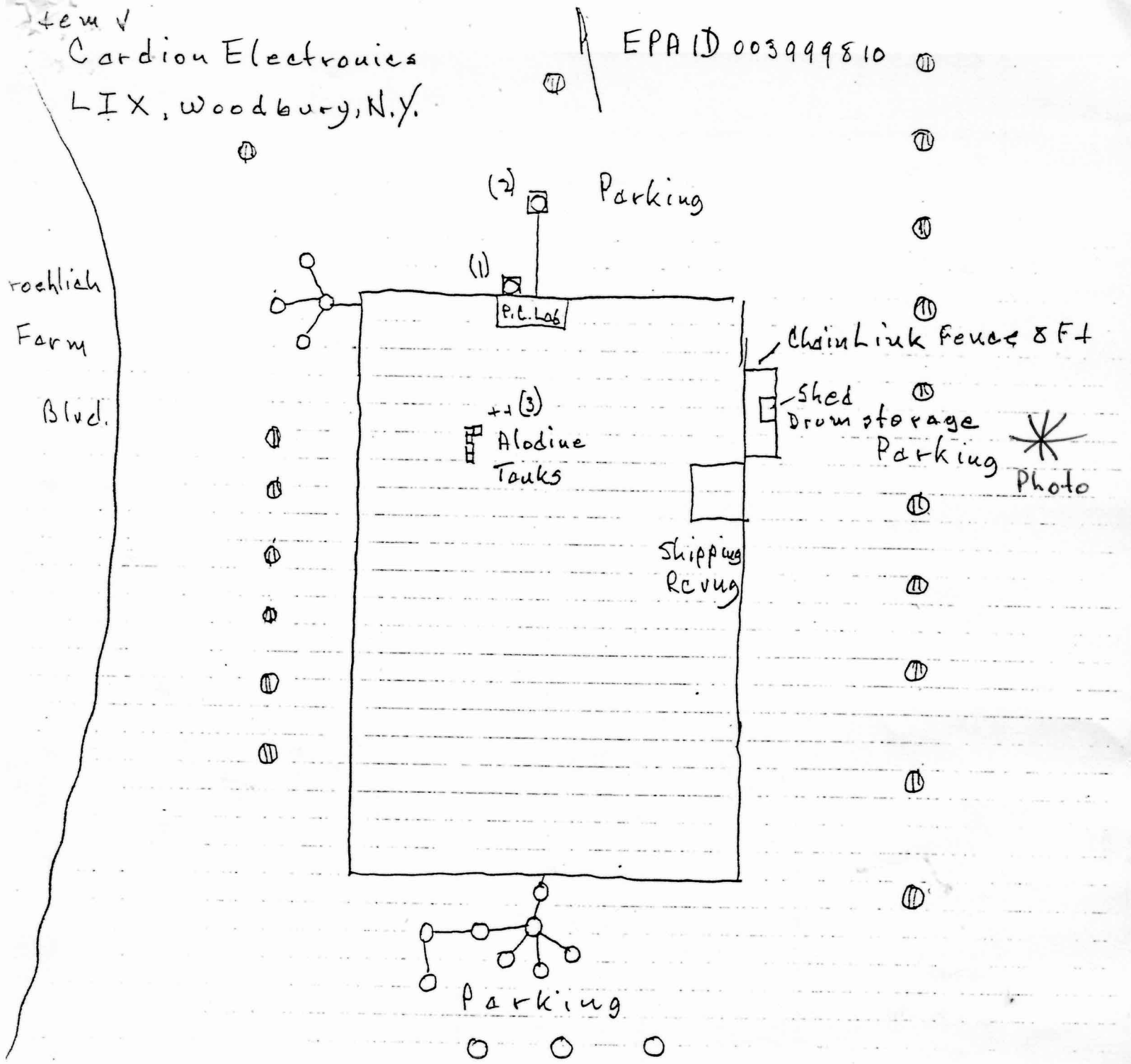
Richard A. Baker
Chief
Permits Administration Branch
Planning and Management Division

Item V

Cardion Electronics

LIX, Woodbury, N.Y.

EPA ID 003999810



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Cardion ELECTRONICS
A UNIT OF GENERAL SIGNAL
LONG ISLAND EXPRESSWAY WOODBURY N.Y. 11797 U.S.A. TWX 510-221-2179 516-921-7300

EPA ID NY 003999810

Item X Additional permit numbers:

Permit No. 30-H-07 NYS DEC
Hold to Haul Hazardous Waste

47-15-15(7/82)

1

RCRA INSPECTION FORM

Report Prepared for:

Generator ☒

Transporter ☐

HWM (TSD) facility ☐

Copy of report sent to the facility ☐

12

Location Code:
28 2400

Facility Information

Name: Cardion Electronics

Address: Long Island Expwy Svce Rd
Woodbury NY 11797

EPA ID#: NYD 003 999 810

Date of Inspection: 2-15-83

Participating Personnel

State or EPA Personnel: J. Austin
NYSDEC

Facility Personnel: Frank Gordon
Consultant

Report Prepared by Name: Jere Austin

Agency: NYSDEC

Telephone #: 516 751 7900

Approved for the Director by: James H Heil
Regional Solid Waste Engineer
Region I - NYSDEC.

RECEIVED
FEB 22 1983
BUREAU OF
HAZARDOUS WASTE OPERATIONS
DIVISION OF SOLID WASTE

MAR 3 9 11 AM '83
NEW YORK, N.Y. 10007

Summary of Findings

Facility Description and Operations

Facility has notified as a generator and TSDF. ALL wastes are being disposed of off-site.

Facility is an electronic mfrg facility.

Describe the activities that result in the generation of hazardous waste.

① Printed Circuit laboratory Facility for manufacturing Electronic products.-
② Soldering operations on production line.
③ Clean-up of PC boards - waste solvents
④ Spray coating (silicone or lacquer) of PC Boards.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

600 gal each. Plating Waste, Acid waste (NA 9189) - D008 D009
10 gal Freon Waste (UN1693) - F001
15 gal Alodine Sol. waste (9189) - D007
5 gal Waste Soldering Oil (NA 1270) D008
5 gal. Solvent waste (Alcohol, 1,1 Trichlor) F002
5 gal. "Chemelec" Stripper (Methylene Chloride) NA1760 D002

Is there reason to believe that the facility has hazardous waste on-site?

a. If yes, what leads you to believe it is hazardous waste? Check appropriate boxes:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☒ Testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

X

GENERATOR INSPECTION CHECKLIST

40 CFR 262 Subpart A-General

	YES	NO	N/A
262.11 - Hazardous waste determination			
1) Did the generator test its waste to determine whether it is hazardous? copies Attached	✓		
Is the waste hazardous?	✓		
2) Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?		✓	
40 CFR 262 Subpart B-The Manifest			
Has hazardous waste been shipped off-site since November 19, 1980?	✓		
If yes, approximately how many shipments, off-site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain. 15 Shipments Since 7/82			
262.21 Does each manifest (or representative sample) have the following information? Please circle the missing elements.			
— a manifest document number?	✓		
— the generators name, mailing address, telephone number and EPA I.D. Number?	✓		
— the transporters name and EPA I.D. Number?	✓		
— the name, address and EPA ID Number of the designated facility?	✓		
— a description of the wastes (DOT)?	✓		
— the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle?	✓		
— a certification that the materials are properly classified, described, package, marked and labeled, and are in proper condition for transportation under regulations of the DOT and EPA?	✓		
(obtain a copy of the incomplete manifests)			
40 CFR 262 - Subpart D - Recordkeeping and Reporting			
262.40 Has the generator maintained facility records since Nov. 19, 1980? (manifest, exception report and waste analysis)	✓		
262.42 Has the generator received signed copies (from the TSD facility) of all the manifests for waste shipped off-site more than 35 days ago?		✓	
If not, have Exception Reports been submitted to EPA covering any of these shipments made more than 45 days ago?	✓		

2 shipments - Exception reports Filed w/NYSDEC for Manifests # 1157202 and # 1157301

	YES	NO	N/A
40 CFR 262 - Subpart C - Pretransportation Requirements			
262.30-33 Before transporting or offering hazardous waste for transportation off-site does the generator:			
1) Package the waste in accordance with applicable DOT regulations (i.e., 49 CFR Parts 173, 178 & 179)	✓		
2) Label each package according to DOT (i.e., 49 CFR 172)	✓		
3) Mark each package according to DOT (i.e., 49 CFR 172)	✓		
4) Mark each container of 110 gallons or less with the words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. EPA," and include the generators name, address and manifest document number. (i.e., 49 CFR 172.304)	✓		
262.34 Accumulation Time			
1) How is waste accumulated on-site?			
☒ Containers — 55 gal containers			
☒ Tanks — 1000 tank, 2000 tank			
☐ Surface impoundments (complete BWMF checklist)			
☐ Piles (complete BWMF checklist)			
2) Is waste accumulated for more than 90 days?		✓	
If yes, complete BWMF checklist			
3) Is each container clearly dated with each period of accumulation so as to be visible for inspection?	✓		
4) Is each container or tank marked or labeled with the words "hazardous waste" or in compliance with the DOT labeling requirements?	✓		

STOP HERE IF THE HAZARDOUS WASTE MGT FACILITY (TSD) CHECKLIST IS FILLED OUT

262.34 - SHORT TERM ACCUMULATION STANDARDS

(For generators who accumulate waste in tanks or containers for 90 days or less)

40 CFR 265 - Subpart I Containers

	YES	NO	N/A
265.170 - What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty-five gallon drums of waste acetone). 5 - 55 gal drums.			
265.171 - Do the containers appear to be in good condition, not in danger of leaking?	✓		
If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
265.172 - Are hazardous waste stored in containers made of compatible materials?	✓		
If not, please explain.			
265.173(a) - Are all containers closed except those in use?	✓		
265.173(b) - Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	✓		
265.174 - Is the storage area inspected at least weekly?	✓		
265.176 - Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?		✓	
265.177 - Are incompatible wasts stored separate from each other?			✓

	YES	NO	N/A
40 CFR 265 Subpart J - Tanks			
265.190 1) What are the approximate number and size of tanks containing hazardous waste?	✓		2
2) Identify the waste treated/stored in each tank. 1-1000 gal Acid waste; 1-2000 gal Plating waste			
265.192 - General Operating Requirements			
1) Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?	✓		
If no, please explain.			
2) Are there leaking tanks?		✓	
3) Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	✓		
4) Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?			✓
5) If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank? e.g. bypass system to a standby tank	✓		
265.194 - Inspections			
1) Is the tank(s) inspected each operating day for			
a) discharge control equipment	✓		
b) monitoring equipment	✓		
c) level of waste in tank	✓		
2) Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?	✓		
3) Are there underground tanks?		✓	
If yes, how many and can they be entered for inspection?			
265.198 - Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	✓		
If no, please explain.			
265.199 - Does it appear that incompatible wastes are being stored separate from each other?			✓

	YES	NO	N/A
265.16 - Personnel Training			
1) Have facility personnel successfully completed a program of classroom instruction or on-the-job training within 6 months of having been employed?	✓		
If yes, have facility personnel taken part in an annual review of training?		✓	
2) Is there written documentation of the following:			
—job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?		✓	
—type and amount of training to be given to personnel in jobs related to hazardous waste management?		✓	
—actual training or experience received by personnel?		✓	
3) Are training records kept on all employees for at least 3 years?		✓	
40 CFR 265 - Subpart C - Preparedness and Prevention			
265.32 Does the facility comply with preparedness and prevention requirements including maintaining:			
— an internal communications or alarm system?	✓		
— a telephone or other device to summon emergency assistance from local authorities?	✓		
— portable fire equipment?	✓		
— water at adequate volume and pressure to supply water hose streams, foam producing equipment, etc.	✓		
265.33 Is equipment tested and maintained?	✓		
265.34 Is there immediate access to communications or alarm systems during handling of hazardous waste?	✓		
265.35 Adequate aisle space?	✓		
If no, please explain storage pattern.			
In your opinion, do the types of waste on-site require all of the above procedures, or are some not needed: Explain.	✓		
40 CFR 265 - Subpart D - Contingency Plan and Emergency Procedures			
Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions or any unplanned release of hazardous waste?	✓		
1) Does the plan describe arrangements made with the local authorities?	✓		
2) Has the contingency plan been submitted to the local authorities?	✓		
3) Does the plan list names, addresses and phone numbers of Emergency Coordinators?		✓	
4) Does the plan have a list of what emergency equipment is available?	✓		
5) Is there a provision for evacuating facility personnel?	✓		
6) Was there an emergency coordinator present or on call at the time of the inspection?	✓		

Cardion ELECTRONICS
A UNIT OF GENERAL SIGNAL
LONG ISLAND EXPRESSWAY WOODBURY N.Y. 11797 U.S.A. TWX 510-221-2179 516-921-7300

check file ok NYD003999810

February 26, 1981

United States Environmental
Protection Agency
Information Services Center
26 Federal Plaza, Room 302
New York, New York 10278

Attention: Julio Morales-Sanchez

Ref: Your February 20, 1981. Failure to submit Part A

Dear Sir:

Please be advised that Part A of the application for an EPA Hazardous Waste Permit was filed November 18, 1980 and acknowledgement has been received. Form 3 has been returned to Cardion for owners signature, Item IX, Page 4. We are in the process of having this completed and expect that during the week of March 2 thru March 6, 1981 this will be accomplished and returned to you.

Very truly yours,

Frank Gordon

Frank Gordon
Plant Manager

FG:jr

EPA ID NYD 003999810

PERMITS ADMIN BRANCH
REGION II
MAR 11 4 48 PM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

GENERAL SIGNAL

EDGAR P. DEVYLDER
COUNSEL

March 5, 1981

EPA Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

Attention Ms. Roma Phillips

Cardion Electronics - EPA ID No. NYD003999810

Dear Ms. Phillips:

In response to your telephone call this morning, I have enclosed the EPA Form 1 that I failed to include in the packet of Form 3 materials that I sent you on February 27, 1981.

Very truly yours,

Ed DeVylder

EPD/eg
enc.

HIGH RIDGE PARK · STAMFORD, CONNECTICUT 06904 · PHONE 203-357 8800

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 → NYD003999810

CARDTON ELECTRONICS
LONG ISLAND EXWY SV ROAD
WOODBURY NY 11797

INSTALLATION ADDRESS → LONG ISLAND EXWY SV RD
WOODBURY NY 11797

EPA Form 8700-12B (4-80) 11/07/80

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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	NYD003999810
I. NAME OF INSTALLATION	~~GENERAL SIGNAL CORP~~
II. INSTALLATION MAILING ADDRESS	~~LONG ISLAND EXWY SV RD~~ ~~WOODBURY, NY 11797~~
III. LOCATION OF INSTALLATION	LONG ISLAND EXWY SV RD WOODBURY, NY 11797

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 FNYD003999810 T/A 3 C 1

APPROVED:

DATE RECEIVED *(yr., mo., & day)*: 800818

I. NAME OF INSTALLATION

CARDION ELECTRONICS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 LONG ISLAND EXWY SV ROAD

CITY OR TOWN: 4 WOODBURY

ST.: NY

ZIP CODE: 11797

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 ~~SAME~~

CITY OR TOWN: 6

ST.:

ZIP CODE:

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 GORDON FRANK PLANT MANAGER

PHONE NO. *(area code & no.)*: 516-921-7300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 GENERAL ELECTRIC PENSION TRUST

DETACH

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

F = FEDERAL
M = NON–FEDERAL

M

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

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

I.D. – FOR OFFICIAL USE ONLY			
S		T/A	C
W	NYD003999810	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
F006	F007	F009			
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
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)

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
Frank D Gordon	FRANK D. GORDON, PLANT MANAGER	8-15-80

DETACH

DETACH

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

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

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	NYD003999810
I. NAME OF INSTALLATION	~~GENERAL SIGNAL CORP~~
II. INSTALLATION MAILING ADDRESS	LONG ISLAND EXWY SV RD WOODBURY, NY 11797
III. LOCATION OF INSTALLATION	LONG ISLAND EXWY SV RD WOODBURY, NY 11797

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 FNYD003998 10 T/A C 1

APPROVED:

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

I. NAME OF INSTALLATION

CARDION ELECTRONICS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 LONG ISLAND EXWY SV ROAD

CITY OR TOWN: 4 WOODBURY

ST.: NY

ZIP CODE: 11797

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 SAME

CITY OR TOWN: 6

ST.:

ZIP CODE:

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 GORDON FRANK PLANT MANAGER

PHONE NO. *(area code & no.)*: 516-921-7300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 GENERAL ELECTRIC PENSION TRUST

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

F = FEDERAL
M = NON–FEDERAL

M

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

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

I.D. – FOR OFFICIAL USE ONLY		
S	T/A	C
W		1
1	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 F006	2 F007	3 F009	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
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
Frank D Gordon	FRANK D. GORDON, PLANT MANAGER	8-15-80

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER	COMPANY NAME
NYD003999810	CARDION ELECTRONICS

COMPANY ADDRESS	CITY	STATE ABBREV.	ZIP CODE
	WOODBURY	NY	

CONTACT PERSON'S NAME/TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
FRANK GORDON PLT. MGR	516 921-7300

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
		MAP
4/21	aP	sent already, will send another copy.

CARDION ELECTRONICS

DATE RETURNED 05 FEB 1981
REASON S

☒ ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST ID # NYD003999810

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NON-NOTIFIER ☐
(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, ~~X~~III B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING

2. A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

Ack

MISSING:

MAP ☒
DRAWING ☐
PHOTO ☐

...t or type in the unshaded areas only
...eas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175 OK

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	NYD003999810		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

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	MARK 'X' NO	MARK 'X' 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	
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	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	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	
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	
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	

III. NAME OF FACILITY

C	SKIP	
1		CARDION ELECTRONICS
15	16 - 29	30 - 69

IV. FACILITY CONTACT

C	A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2	GORDON FRANK PLANT MANAGER	516	921	7300
15	16 - 45	46 - 48	49 - 51	52 - 55

V. FACILITY MAILING ADDRESS

C	A. STREET OR P.O. BOX
3	LONG ISLAND EXPY SERVICE ROAD
15	16 - 45

C	B. CITY OR TOWN	C. STATE	D. ZIP CODE
4	WOODBURY	NY	11797
15	16 - 40	41 42	47 - 51

VI. FACILITY LOCATION

C	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5	LONG ISLAND EXPY SERVICE ROAD
15	16 - 45

B. COUNTY NAME
NASSAU
46 - 70

C	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6	WOODBURY	NY	11797	
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
3662 (specify) DESIGN, PRODUCTION ELECTRONIC EQUIPMENT	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: CARDION ELECTRONICS

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.): A 516 921 7300

E. STREET OR P.O. BOX: LONG ISLAND EXPRESSWAY

F. CITY OR TOWN: WOODBURY

G. STATE: NY

H. ZIP CODE: 11797

IX. INDIAN LAND

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	9 N	
D. PSD (Air Emissions from Proposed Sources)	9 P	
B. UIC (Underground Injection of Fluids)	9 U	
E. OTHER (specify)	9	NY1010992 (specify) EXHAUST BLUEPRINT MACH.
C. RCRA (Hazardous Wastes)	9 R	
E. OTHER (specify)	9	NY0140066 (specify) SPDES STORAGE HAZARDOUS W.

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. F9: N/50

XII. NATURE OF BUSINESS (provide a brief description)

DESIGN AND PRODUCTION FACILITY OF ELECTRONIC EQUIPMENT AND SYSTEMS FOR AIR TRAFFIC CONTROL, DISPLAY SYSTEMS, COMMUNICATIONS SYSTEMS, RADAR SYSTEMS AND METEOROLOGICAL SYSTEMS.

F9: A/51

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
Andrew R. Hallden Vice President of Operations	A. R. Hallden	Nov. 18, 1980

COMMENTS FOR OFFICIAL USE ONLY

C

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

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

I. EPA I.D. NUMBER

S F N Y D 0 0 3 9 9 9 8 1 0 T/A 3 C 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

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

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

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

C	YR.	MO.	DAY
8	76	07	20

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

YR.	MO.	DAY

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

[ ] 1. FACILITY HAS INTERIM STATUS

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

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 C DUP T/A C 1

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
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	300000	G	
2	S 0 2	3000000	G	
3				
4				
5				
6				
7				
8				
9				
10				

CONTINUE ON REVERSE

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.

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

CONTINUE ON PAGE 3

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 Y D 0 0 3 9 9 9 8 1 0 T/A 3 C 1	W DUP T/A 3 C 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))
20-22					
00 1	F006	56025000	K	S01 S02	
00 2	F007				INCLUDED IN ABOVE
00 3	F009				INCLUDED IN ABOVE
4					
5					
6					
7					
8					
9					
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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)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

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

PERMITS ADMIN. BRANCH
REGION II
MAR 4 9 01 AM '81
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

F6: A/55 F6: A/56

EPA I.D. NO. *(enter from page 1)*													
S	N	Y	D	0	0	3	9	9	8	1	0	T/A 3	C 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 47 45.0	073 28 32.0

VIII. FACILITY OWNER

☐ 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 TRUSTEES OF GENERAL ELECTRIC PENSION TRUST	203-357-4100

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 112 PROSPECT ST., P.O. BOX 7900	G STAMFORD	CT	06904

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
TRUSTEES OF GENERAL ELECTRIC PENSION TRUST By E. Bulkeley Griswold	TRUSTEES OF GENERAL ELECTRIC PENSION TRUST By: E. Bulkeley Griswold	February 25, 1981

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
Andrew R. Hallden	A. R. Hallden	Nov. 18, 1980

CONTINUE ON PAGE 5

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*