Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/08/2015

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:	NYR000221150
INSTALLATION NAME:	CARPENTER INDUSTRIES
INSTALLATION ADDRESS :	1 GENERAL MOTORS DR LOCATION 15 SYRACUSE, NY 13206
MAILING ADDRESS :	PO BOX 888 SYRACUSE, NY 13206

EPA Form 8700-12AB (4-80)

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

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: CARPENTER INDUSTRIES
or Current Occupant

ATTN: JOSHUA BRADSHAW
1 GENERAL MOTORS DR LOCATION 15
SYRACUSE, NY 13206

OMB# 2050-0024; Expires 01/31/2017

New

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION AGENCY, REGION II
2015 AUG 12 P 3:18
RCRA PROGRAMS BRANCH

1. Reason for Submittal — MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- [x] To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- [ ] To provide a Subsequent Notification (to update site identification information for this location)
- [ ] As a component of a First RCRA Hazardous Waste Part A Permit Application
- [ ] As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- [ ] As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - [ ] Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number: NYR000221150

3. Site Name

Name: Carpenter Industries

4. Site Location Information

R7

Street Address: 1 General Motors Drive (Location #15)
City, Town, or Village: Syracuse NY 13206
County: Onondaga
State: NY
Country: U.S.A.
Zip Code: 13206

5. Site Land Type

[x] Private [ ] County [ ] District [ ] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 339900
B.
C.
D.

7. Site Mailing Address

Street or P.O. Box: P.O. Box 888
City, Town, or Village: Syracuse
State: NY
Country: Onondaga
Zip Code: 13206

8. Site Contact Person

First Name: Joshua
MI: F
Last: Bradshaw
Title: Shop Foreman
Street or P.O. Box: 1 General Motors Drive (Location #15)
City, Town or Village: Syracuse
State: NY
Country: Onondaga
Zip Code: 13206
Email: info@carpenterindustries.com
Phone: 315-882-6820
Ext.:
Fax: 315-463-4051

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: RACER TRUST
Date Became Owner: 3/31/2011
Owner Type: [ ] Private [ ] County [ ] District [x] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other
Street or P.O. Box: 500 Woodward Ave Suite 1510
City, Town, or Village: Detroit
Phone: (313) 486-2908
State: MI
Country: USA
Zip Code: 48226-3416

B. Name of Site's Operator: Carpenter Industries
Date Became Operator: 3/31/2011
Operator Type: [x] Private [ ] County [ ] District [ ] Federal [ ] Tribal [ ] Municipal [ ] State [ ] Other

EPA ID Number

OMB#: 2050-0024; Expires 01/31/2017

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☒ N ☐ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒ **3. United States Importer of Hazardous Waste**

Y ☐ N ☒ **4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒ **5. Transporter of Hazardous Waste**
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒ **7. Recycler of Hazardous Waste**

Y ☐ N ☒ **8. Exempt Boiler and/or Industrial Furnace**
If "Yes," mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ **9. Underground Injection Control**

Y ☐ N ☒ **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes," mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes," mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ **a. College or University**

☐ **b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university**

☐ **c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university**

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003					
D002	F005					
D007						
D008						
D035						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

N/A

EPA ID Number ☐☐☐☐☐☐☐☐☐☐☐☐ OMB#: 2050-0024; Expires 01/31/2017

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments This is a one-time pickup, We need 30 days to get it done.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
[signature]	Tenley A. Tibbits - Corporate Secretary	8/4/2015