ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/29/92

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 ->	NYD987006509
FACILITY NAME ->	CLIPPER DIAMOND TOOL CO INC
MAILING ADDRESS ->	345 HUDSON ST NEW YORK, NY 10014
INSTALLATION ADDRESS ->	225 VARICK ST 3RD FLOOR NEW YORK, NY 10013

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO : GROSSMAN, STEVE
VICE PRES
CLIPPER DIAMOND TOOL CO INC
225 VARICK ST 3RD FLOOR
NEW YORK, NY 10013

SOLVENTS & ENVIRONMENTAL SERVICES DIVISION

Petrex CORPORATION

JUNE 18, 1992

TO: LEROY WALFORD - LES JAMES. FAX 212-242-3079

FROM: ROBERT GUSSEN.

US EPA, REGION 2
26 FEDERAL PLAZA
ROOM 505
NEW YORK, N.Y. 10278

212-264-9883

20 min

GENTLEMEN:

I will contact you AROUND 12 o'clock today, to DISCUSS.

THANK YOU —

Robert J. Gussen

835 INDUSTRIAL HIGHWAY • CINNAMINSON, N.J. 08077 • (609) 786-8686 • FAX (609) 786-8288

WI-(UB)

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).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only): 6-22-92

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

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

C. Installation's EPA ID Number: NYD987006509

II. Name of Installation (Include company and specific site name): CLIPPER DIAMOND TOOL CO. INC.

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

Street: 225 VARICK STREET

Street (continued): 3RD FLOOR

City or Town: NEW YORK

State: N.Y. ZIP Code: 10013-

County Code: | County Name: MANHATTAN

X **IV. Installation Mailing Address** (See Instructions)

Street or P.O. Box: 345 HUDSON ST

City or Town: NEW YORK

State: NY ZIP Code: 10014-

X **V. Installation Contact** (Person to be contacted regarding waste activities at site)

Name (last): GROSSMAN (first): STEVE

Job Title: VICE PRESIDENT Phone Number (area code and number): 212-242-7143

X **VI. Installation Contact Address** (See Instructions)

A. Contact Address Location [X] Mailing [ ]

B. Street or P.O. Box: 345 HUDSON ST

City or Town: NEW YORK

State: NY ZIP Code: 10014-

X **VII. Ownership** (See Instructions)

A. Name of Installation's Legal Owner: CLIPPER DIAMOND TOOL CO

Street, P.O. Box, or Route Number: 345 HUDSON ST

City or Town: NEW YORK

State: NY ZIP Code: 10014-

Phone Number (area code and number): 212-242-7143

B. Land Type [ ] C. Owner Type [ ] D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [X] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [X] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - Indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - Indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
[ ]	[X]	[ ]	[ ]

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	STEVE GROSSMAN VICE PRESIDENT	6-22-92.

XI. Comments

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