RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID: WVD052574753

Facility Name: Coyne Textile Services

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N ~~S~~	2	R		2/28/92
TSD	E				
	S				
Transporter	E				
	S				
Burner	E				
	S				

Process Code Information
Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:
2/28/92 WV SQG HW Activity Report

Batch Number: # 0007

Date to CSC: JUL 02 1992

Date QA'ed: 7/22/92

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID: W V D 0 5 2 5 7 4 7 5 3

Facility Name: Coyne Textile Services

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N ~~S~~	2	R		2/28/92
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	S				
Transporter	E				
	S				
Burner	E				
	S				

Process Code Information
Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:
2/28/92 WV SQG HW Activity Report

Batch Number: # 0007

Date to CSC: JUL 02 1992

Date QA'ed:

1001

change name, mailing address, contact, contact address, owner, owner address, type
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# WVD051257475 3 **Date:** 10-1-96

II. FACILITY NAME Coyne Textile Services

NEW FACILITY NAME

Name Change _____

III. LOCATION OF INSTALLATION

Street _____

City/Town _____ *State* _____ *Zip* _____

County Code _____ *County Name* _____

IV. INSTALLATION MAILING ADDRESS

Street 140 Cortland Ave

City/Town Syracuse *State* NY *Zip* 13202

V. INSTALLATION CONTACT

Last Name Smith *First* D. J.

Job Title Environmental *Phone #* (315) 475-1626

VI. INSTALLATION CONTACT ADDRESS

Street Same as Mailing

City/Town _____ *State* _____ *Zip* _____

VII. . OWNERSHIP

Name of Legal Owner Coyne International Ent. Corp.

Street 140 Cortland Ave.

City/Town Syracuse *State* NY *Zip* 13202

Phone # (315) 475-1626 *Land Type* _____ *Owner Type* _____

IX. WASTE CODES

Delete Old Waste Codes				

Add New Waste Codes				
D001				
D039				

Updated in RCRIS by: [illegible] HST **Date:** 10-3

VIII A. Hazardous Waste Activity

		Type	RCRA Reg. Status	RCRA Reg. Desc.
1.	Generator			
2.	Transporter			
3.	TSD			

Mode of Transportation for Transporter
Air _____ Rail _____ Highway _____ Water _____ Other _____

4. **HWF Burner/Blender:** _____
   - B Boiler and/or Industrial Furnace (BIF) only.
   - D BIF only; Smelter Deferral.
   - E BIF only; Small Quantity Exemption Claimed.
   - N Not a Burner/Blender, Verified.
   - X Other Burner/Blender Activity.
   - Blank Unverified.

a. **HWF Marketing to Burner:** _____
   - X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.

b. **HWF Other Marketers:** _____
   - X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

c. **HWF Boiler/Industrial Furnace:** _____
   - B Boiler and/or Industrial Furnace (BIF) only.
   - X Indication of Activity.

5. **Underground Injection Control:** _____
   - X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

VIII B. Used Oil Recycling Activities

1. **Used Oil Recycling Activities**

a. **Used Oil Marketer to Burner:** _____
   - X Marketer directs shipments of used oil to burners.

b. **Used Oil Other Marketer:** _____
   - X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).

2. **Used Oil Burner:** _____
   - X Indication of Activity.

Burner Types:
Utility Boiler _____ Industrial Boiler _____ Industrial Furnace _____
H=Hazardous Waste Fuel U=Used Oil Fuel B=Both

3. **Used Oil Transporter:** _____
   T=Transporter F=Transfer B=Both

4. **Used Oil Processor/Re-refiner:** _____
   P=Process Only R=Refine Only B=Both

EPA

Please print or type

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)

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

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

C. Installation's EPA ID Number: WVD052577753

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

COYNE TEXTILE SERVICES

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

Street: 1111 VERNON STREET

Street (continued):

City or Town: HUNTINGTON | State: WV | ZIP Code: 25704-2050

County Code: 011 | County Name: CABELL

IV. Installation Mailing Address (*See instructions*)

Street or P.O. Box: 140 CORTLAND AVE

City or Town: SYRACUSE | State: NY | ZIP Code: 13202-3499

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

Name (*last*): SMITH | (*first*): D. J.

Job Title: ENVIRONMENTAL | Phone Number (*area code and number*): 315-475-1024

VI. Installation Contact Address (*See instructions*)

A. Contact Address Location [ ] Mailing [X]

B. Street or P.O. Box:

City or Town: | State: | ZIP Code:

RECEIVED OCT - 1 1996 RCRA PROGRAMS BRANCH EPA - Region III

VII. Ownership (*See instructions*)

A. Name of Installation's Legal Owner: COYNE INTERNATIONAL ENT CORP.

Street, P.O. Box, or Route Number: 140 CORTLAND AVE

City or Town: SYRACUSE | State: NY | ZIP Code: 13202-3499

Phone Number (*area code and number*): 315-475-1626

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X] (Date Changed) Month Day Year

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

Form Approved. OMB No. 2050-0028. Expires 9-30-94
GSA No. 0246-EPA-DT

RECEIVED
SEP 03 1996
Environmental Protection Division
Office of Waste Management

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

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 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. Toxicity Characteristic (D000)
[X]	[ ]	[ ]	[X]

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D039			

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 a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (type or print)	Date Signed
D.J. Smith for CTS	D.J. SMITH ENVIRONMENTAL ENGINEER	8/23/96

XI. Comments

We are updating our waste codes and generator status. The D039 code is a secondary code for the parts washer solvent.

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

HST 10-3

```
*****************************************************************************
*                  RCRIS: Notification View Screen 2 of 6                   *
*****************************************************************************
*EPA ID: WVD052574753     Other ID:                    Merge Send: Y         *
*Date Received(MMDDYY):  081880   Source( N/E/S ):  N Non-Notifier Flag:    *
*Date Acknowledged (MMDDYYYY):                Send Acknowledgement:         *
*Name of Installation:  COYNE TEXTILE SERVICES                              *
*                      Installation Location Address                        *
*Streets:  1111 VERNON ST                                                   *
*City:     HUNTINGTON                   State:  WV   Zip:    25704          *
*County Code:  011     County Name:  CABELL                                 *
*                      Installation Mailing Address                         *
*Streets:  P O BOX 9097                                                     *
*City:     HUNTINGTON                   State:  WV   Zip:    25704          *
*                         Contact Information                               *
*   Last Name       First Name            Title         Phone  Address(M,L,O)*
* ANDERSON         JAMES            PRODUCTION       3044295587       L     *
*Streets:  1111 VERNON ST                                                   *
*City:     HUNTINGTON                   State:  WV   Zip:    25704          *
*Land Type:                                                                 *
*****************************************************************************
* Enter-Continue          F1-Previous Screen      F3-Exit                   *
*****************************************************************************
```

```
*****************************************************************************
*                  RCRIS: Notification View Screen 3 of 6                   *
*****************************************************************************
* EPA ID:   WVD052574753     Other ID:                 Source:  N            *
*                                                                           *
* Owner Sequence Number:     1                                              *
* Ownership:  MEANS SERVICES INC                       Type of Owner:  P    *
*                                                                           *
*                                                                           *
*                       Address of Owner/Operator                           *
*                                                                           *
*      Street: OWNERSTREET                                                  *
*      City:   OWNERCITY                 State: AK Zip Code    99999        *
*      Phone:  2155551212                                                   *
*                                                                           *
* Current/Previous Indicator:  CO  Change Date(MMDDYY):                     *
*                                                                           *
*                                                                           *
*                                                                           *
*****************************************************************************
* Enter-Continue   F1-Previous Screen    F3-Exit           F5-Curr. Owner   *
* F6-Prev. Owner       F8-Help           F9-First          F10-Next         *
*****************************************************************************
```

```
*****************************************************************************
*                  RCRIS: Notification View Screen 4A of 6                  *
*****************************************************************************
* EPA ID:  WVD052574753    Other ID:                 Source:  N             *
*                                                                           *
*                                 RCRA Reg  RCRA Reg  State Reg   State Reg  *
* Waste Activity            Type   Status     Desc      Status      Desc     *
* ---------------------     ----  --------  --------  ---------  ---------- *
* HW Generator:              2       R                                      *
* HW TSD:                                                                   *
* HW Transporter:                                                           *
*   Transport Mode:  Air:      Rail:      Highway:      Water:              *
*                    Other:                                                 *
* HW Burner/Blender:                                                        *
* NHW Used Oil Recycler:                                                    *
* ------------------------------------------------------------------------- *
* Underground Injection Control:                                            *
* Recycler:                                                                 *
*                                                                           *
*                                                                           *
*****************************************************************************
* Enter-Continue      F1-Previous Screen     F3-Exit            F8-Help     *
*****************************************************************************
```

```
*****************************************************************************
*                  RCRIS: Notification View Screen 5 of 6                   *
*****************************************************************************
*        EPA ID:  WVD052574753  Other ID:                Source:  N         *
*                                                                           *
*     Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical     *
*                     F002                                                  *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*                                                                           *
*****************************************************************************
*Enter-Continue                 F1-Previous Screen      F3-Exit            *
*F8-Help                        F9-First                F10-Next           *
*****************************************************************************
```

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated 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

+

NYD052573752 [illegible]

COXNE TEXTILE SERVICES
140 CORTLAND AVE
SYRACUSE , NY 132023499
D J SMITH ENVIRON

INSTALLATION ADDRESS

1111 [illegible] ST
SUPERIOR , NY [illegible]

EPA Form 8700-12A (6-90)