ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/22/98

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 ->	NYR000056754
FACILITY NAME ->	D C CENTER CORP
MAILING ADDRESS ->	130 HOPE ST BROOKLYN, NY 11211
INSTALLATION ADDRESS ->	130 HOPE ST BROOKLYN, NY 11211

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO : LEE, ALBERTO
PRESIDENT
D C CENTER CORP
130 HOPE ST
BROOKLYN, NY 11211

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

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)

JUN 17 PM 12:11 HAZARDOUS WASTE PROGRAMS BRANCH

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

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

C. Installation's EPA ID Number: NYR000056754

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

DC Center Corp

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street: 130 Hope Street

Street *(Continued)*:

City of Town: Brooklyn New York

State: NY Zip Code: 11211

COUNTY CODE / County Name: Kings

IV. Installation Mailing Address

Street or P.O. Box: 130 Hope Street

City or Town: Brooklyn NY

State: NY Zip Code: 11211

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

Name *(Last)*: Lee Alberto

(First):

Job Title: President

Phone Number *(Area Code and Number)*:

VI. Installation Contact Address

A. Contract Address Location Mailing Other: [ ]

B. Street or P.O. Box: SAME

City or Town:

State: Zip Code:

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner: Henry Stern

Street, P.O. Box, of Route Number: 57-18 Grand AVE

City or Town: Maspeth NY

State: NY Zip Code: 11378

Phone Number *(Area Code and Number)*: 718 4569700

B. Land Type: [ ]

C. Owner Type: [X]

D. Change of Owner Indicator: Yes [ ] No [ ]

(Date Changed) Month Day Year

2-118-56 P 8437 2100 no phone for contact EPA EXP. UNDER B.

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel; (212) 637 4106

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

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

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.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)

TRANS-PORTER ONLY → 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 Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous 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	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
[ ]	[ ]	[ ]	[X]	F001

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
D007	D008	D039	D040		
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
ORIGINAL	Kay Yim Secretary	6/9/88

XI. Comments

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

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

D.C. Center Corp.
47-75 48th Street, Woodside, NY 11377
Tel: 718-472-5600 Fax: 718-472-5655

November 5, 2008

US EPA Region 2
RCRA Program Branch
290 Broadway 22nd floor
New York, N.Y. 10007

Re: ID Number NYR000056754 – 130 Hope Street, Brooklyn, NY 11211

Dear Sir or Madam:

Please be advised that due to a recent move, we are no longer located at 130 Hope St, Brooklyn, NY 11211. As a result, please de-activate my EPA ID Number. The ID number is as follows: NYR000056754

If you have any questions or concerns, please do not hesitate to contact me at 718-472-5600.

Thank you,

Jeanette Lee
Office Manager