REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/05/99

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	→	**NYR000072587**
INSTALLATION NAME	→	**DECORATIVE NOVELTY**
INSTALLATION ADDRESS	→	**74 20TH ST - 1ST FLOOR BROOKLYN, NY 11232**
MAILING ADDRESS	→	**74 20TH ST - 1ST FLOOR BROOKLYN, NY 11232**

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: NOTINE, MATTHEW
VICE PRES
74 20TH ST - 1ST FLOOR
BROOKLYN, NY 11232

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

FED X

Date Received (For Official Use Only): 6-18-99

U.S. EPA AGENCY RO II

COMPLETE ALL ITEMS

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: NYR000072587

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

Decorative Novelty

III. Location of Installation Requires Building Number

Street: 74-20th Street

Street *(Continued)*: 1st Floor

City of Town: Brooklyn | State: NY | Zip Code: 11232

County Name: 047

IV. Installation Mailing Address

Street or P.O. Box: SAME

City or Town | State | Zip Code

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

Name *(Last)*: Notine | *(First)*: Matthew

Job Title: VP | Phone Number *(Area Code and Number)*: 718-965-8600

VI. Installation Contact Address

A. Contract Address Location Mailing Other: [X] [ ] [ ]

B. Street or P.O. Box

City or Town | State | Zip Code

VII. Ownership

A. Name of Installation's Legal Owner: BOB Notine

Street, P.O. Box, of Route Number: 74-20th Street

City or Town: Brooklyn | State: NY | Zip Code: 11232

Phone Number *(Area Code and Number)*: 718-965-8600

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

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

Address verified US Post office - 99

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

Form Approved. OMB No. 2050-0028 Expires 9-
GSA No. 0216-EPA

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

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)): F003 D001

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
ORIGINAL GENERATOR Matthew Notine	Matthew Notine V.P.	6/16/99

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. 11-30-98) Previous edition is obsolete.

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*****************************************************************************
*                  RCRIS: Notification Add/Update Screen 2                  *
*****************************************************************************
*EPA ID: NYD091590471      Other ID:                    Merge Send: Y        *
*Date Received(MMDDYY): 081380    Source( N/E/S ): N Non-Notifier Flag:     *
*Date Acknowledged (MMDDYYYY): 11071980     Send Acknowledgement:            *
*Name of Installation: DEBEVOISE CO                                          *
*                    Installation Location Address                          *
*Streets: 74 20TH ST                                                         *
*City:    BROOKLYN                    State: NY    Zip: 112321101           *
*County Code: 047      County Name: KINGS                                   *
*  Installation Mailing Address (Type 'SAME' if same as Above)               *
*Streets: 74 20TH ST                                                         *
*City:    BROOKLYN                    State: NY    Zip: 11232               *
*                      Contact Information                                  *
*  Last Name       First Name          Title        Phone  Address(M,L,O)*
* SPIEGEL          SAM              PRESIDENT       7189652700    L        *
*Streets: 74 20TH ST                                                         *
*City:    BROOKLYN                    State: NY    Zip: 11232               *
*Land Type:                                                                  *
*****************************************************************************
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Jack Hoyt took case on this given 6/5/99

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*****************************************************************************
*                  RCRIS: Notification Add/Update Screen 3                  *
*****************************************************************************
* EPA ID:     NYD091590471   Other ID:                Source: N             *
*                                                                           *
* Owner Sequence Number:     1                                              *
* Ownership:  THE DEBEVOISE CO DIV-PLC INC            Type of Owner:  P     *
*                                                                           *
*                                                                           *
*                      Address of Owner                                     *
*                                                                           *
*     Street: 74 20TH ST                                                    *
*     City:   BROOKLYN                 State: NY  Zip Code  11232           *
*     Phone:  2129652700                                                    *
*                                                                           *
* Current/Previous Indicator:  CO   Change Date(MMDDYY):                    *
*                                                                           *
*                                                                           *
*                                                                           *
*****************************************************************************
* Enter-Continue      F3-Exit      F4-Exit Group Process   F5-Curr. Owner  *
* F6-Prev. Owner      F8-Help      F9-First                F10-Next        *
*****************************************************************************
```