EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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 ➤ NJD040790092

LIQUID CARBONIC CORP HARRISON GAS LAB
603 BERGEN STREET
HARRISON NJ 07029

INSTALLATION ADDRESS ➤ 603 BERGEN STREET
HARRISON NJ 07029

EPA Form 8700-12B (4-80) 10/09/80

5/20/10 OK to manifest using the existing ID#. (BL)
The original is in the mail.
File

OMB 2050-0024; Expires 11/30/2011

[illegible] Form 7: The Appropriate State or Regional Office.	**United States Environmental Protection Agency** **RCRA SUBTITLE C SITE IDENTIFICATION FORM**
1. Reason for Submittal MARK ALL BOXES THAT APPLY	Reason for Submittal: ☐ 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 equivalents)
2. Site EPA ID Number	EPA ID Number N J D 0 4 0 7 4 1 0 9 2
3. Site Name	Name: Fairmar Liquid Carbonics Corporation
4. Site Location Information	Street Address: 603 Bergen Street City, Town, or Village: Harrison — County: Hudson State: NJ — Country: USA — Zip Code: 07029
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site (at least 4-digit codes)	A. 4 2 4 6 9 0 — C. _____ B. _____ — D. _____
7. Site Mailing Address	Street or P.O. Box: 200 Riverside Drive City, Town, or Village: Kearsbey State: NJ — Country: USA — Zip Code: 08832
8. Site Contact Person	First Name: James — MI: N — Last: Merriam Title: Corporate, Director Environmental Services Street or P.O. Box: 200 Riverside Drive City, Town or Village: Kearsbey State: NJ — Country: USA — Zip Code: 08832 Email: James_N_Merriam@Praxair.com Phone: 732 738-3473 — Ext.: — Fax: 732 738-4011
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: 630 Essex Realty — Date Became Owner: Feb. 24, 2005 Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other Street or P.O. Box: 39 Bowery, PMB 636 City, Town, or Village: New York — Phone: 917 822-6696 State: New York — Country: USA — Zip Code: 10002 B. Name of Site's Operator: Kathy Cheung — Date Became Operator: Feb. 24, 2005 Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

EPA ID Number N J D 0 4 0 7 4 1 0 9 2

OMB# 2050-0024; Expires 11/30/2011

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 1-7.

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.

Y ☐ N ☒ d. 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 ☒ e. United States Importer of Hazardous Waste

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

Y ☐ N ☒ 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒ 4. Recycler of Hazardous Waste

Y ☐ N ☒ 5. 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 ☒ 6. Underground Injection Control

Y ☐ N ☒ 7. 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

EPA ID Number | N | J | D | 0 | 4 | 0 | 7 | 4 | 1 | 0 | 9 | 2 |

OMB: 2050-0024; Expires 11/30/2011

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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 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

☐ 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.

D040						

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.

EPA ID Number | N | J | D | 0 | 4 | 0 | 7 | 4 | 1 | 0 | 9 | 2 |

OMB#: 2050-0024; Expires 11/30/2011

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

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)
James Meunier	James Meunier - Dir Env Services	04/21/10

INTEX
Environmental Group, Inc.

FACSIMILE TRANSMITTAL SHEET

To: BETSY LOPEZ	From: GREG VAN NOOK
Company: US EPA	Date: 5/18/10
Fax Number: 212 637-4437	Total No. Of Pages Including Cover: 5

Re: FORMER LIQUID CARBONICS/PRAXAIR EPA ID #

☐ Urgent ☑ For Review ☐ For Your Records ☐ Please Reply ☐ Mail Hard Copy

Notes/Comments:

BETSY,
PLEASE SEE THE CORRECTED EPA ID # FOR FOR LIQUID CARBONICS, 103 BERGEN ST., HARRISON, N.J. THE PRIOR SUBMITTION DID NOT HAVE THE CORRECT CURRENT OPERATOR'S ACQUISITION DATE.

THANK YOU VERY MUCH,
[signature]

Disclaimer: This message (which may contain information that is privileged, confidential and exempt from disclosure under applicable law) is intended only for the use of the individual or entity to which it is addressed. If the receiver of the message is not the intended recipient, or as the employee or agent responsible for opening this message, you are hereby notified that copying of this message or its attachment(s) is strictly prohibited. If you have received this message in error, please notify us immediately at 866-233-9300.

6205 Easton Road, Pipersville, PA 18947
215-766-7230 ♦ 215-766-9730 (fax)
www.intexenv.com

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	NJD040741092
I. NAME OF INSTALLATION	~~LIQUID CARBONIC CORP~~
II. INSTALLATION MAILING ADDRESS	~~603 BERGEN ST~~ ~~HARRISON, NJ 07029~~
III. LOCATION OF INSTALLATION	~~603 BERGEN ST~~ ~~HARRISON, NJ 07029~~

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F NJD 04 0 741092 3 I		800818

I. NAME OF INSTALLATION

LIQUID CARBONIC CORP HARRISON GAS LAB

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 603 BERGEN STREET

CITY OR TOWN	ST.	ZIP CODE
4 HARRISON	NJ	07029

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 603 BERGEN STREET

CITY OR TOWN	ST.	ZIP CODE
6 HARRISON	NJ	07029

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 FENEY DENNIS LAB MANAGER	201-485-1995

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 LIQUID CARBONIC CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete Item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*.

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete Item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W	N	J	D	0	4	0	7	4	1	0	9	2	2	1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P076	32 P078	33 P096	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [X] 2. CORROSIVE (D002)
- [X] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

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 fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Dennis L. Feeney	Dennis Feeney, Laboratory Manager	8/15/80

DATE RETURNED _____
REASON _____

[ ] ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST ID #UJD040741092

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING [ ]

(2) FORM 3 MISSING [ ]

B. POSTMARK after NOVEMBER 19, 1980 [ ] Valid [ ]

C. (1) DATE of OPERATION MISSING [ ]

(2) DATE of OPERATION after NOVEMBER 19, 1980 [ ]

D. (1) NON-ACTIFIER [ ]
(2) NOTIFIED after AUGUST 18, 1980 [ ] Valid [ ]

E. (1) FORM 1, XIII B SIGNATURE MISSING [ ]

(2) FORM 3, IX B SIGNATURE MISSING [ ]

2. A. HANDLER [ ]

B. NONREGULATED [ ]

C. UNSURE [ ]

D. UNKNOWN FACILITY [ ]
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 [ ]

F. CORE ITEM(S) MISSING [ ]

G. NON-CORE ITEM(S) MISSING [ ]

H. OTHER [ ]

MISSING:
MAP [ ]
DRAWING [ ]
PHOTO [ ]

AOK

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

EPA

EPA I.D. NUMBER

N J D 0 4 0 7 4 1 0 9 2

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B, which must be completed regardless). Complete Item II only if no label has been provided. See the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I.D. NUMBER XXXXXXXXXXXX NJD040741092

FACILITY NAME LIQUID CARBONIC CORP

FACILITY MAILING ADDRESS XXXXXXXXXXXX603 Bergen Street
HARRISON, NJ 07029

FACILITY LOCATION XXXXXXXXXXXX603 Bergen Street
HARRISON, NJ 07029

POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the answer is "yes" for any question. You may answer "no" if your activity is excluded from permit requirements by reason of definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" Yes	MARK "X" No	MARK "X"
Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. (FORM 2A)		X	
Is this facility a pulp and paper mill, paperboard, builders paper and board mill, or any other industrial facility which results in a discharge to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	X	
Does or will this facility inject at a point not more distant from the well bore than the lowermost stratum containing potable water, brine or other fluids which are brought up in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of hydrocarbons? (FORM 4)		X	
Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
Is this facility a proposed stationary source which is not one of the categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY

LIQUID CARBONIC CORPORATION

FACILITY CONTACT

A. NAME & TITLE	B. PHONE (area code & no.)
FEENEY DENNIS A LAB MGR.	201 485 1995

FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
603 BERGEN STREET	
B. CITY OR TOWN	**C. STATE** / **D. ZIP CODE**
HARRISON	NJ 07029

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIER	
603 BERGEN STREET	
B. COUNTY NAME	
HUDSON	
C. CITY OR TOWN	**D. STATE** / **E. ZIP CODE** / **F. COUNTY CODE (if known)**
HARRISON	NJ 07029

CONTINUED FROM THE FRONT

2 8 1 8	(specify) Compressed Gases		(specify)
	(specify)		(specify)

L I Q U I D C A R B O N I C C O R P O R A T I O N

P (specify) 2 0 1 4 8 5 1 9 95

6 0 3 B E R G E N S T R E E T

H A R R I S O N NJ 0 7 0 2 9

	3 8 1 4 8	(specify) Permit for Chemical Scrubber for Toxic Gases
	3 8 1 4 4	(specify) Permit for Chemical Scrubber for Ethylene Oxide

Liquid Carbonic Corporation is an Industrial Supplier of high purity specialty gases and specialty gas mixtures in high pressure steel and aluminum cylinders.

A few of these gases qualify as hazardous wastes under RCRA.

F9: $\frac{A}{S1}$

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Dennis A. Feeney, Laboratory Mgr.	Dennis A. Feeney	4/22/81

PA Form 3510-1 (6-80) REVERSE

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	N	J	D	0	4	0	7	4	1	0	9	2	3	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
7 8	0 5	0 5

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	T04	100 000	K		7				
2					8				
3					9				
4					10				

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

PROCESS CODE:

(1) T04 - Process consists of two scrubbing units. Two packed columns working in series with a scrubbing media of 10% by weight solution of potassium permaganate (≈800gallons) + water. To remove Arsine, Phosphine and Diborane and inert gas mixtures in steel cylinders with a maximum concentration prior to scrubbing of 0.1% (1000ppm)

Design Capacities (Before Scrubbing) Diborane - .015 lb/hr
Phosphine- .092 lb/hr
Arsine - .021 lb/hr

(2) T04 - Process Description: Ethylene Oxide Scrubbing Unit. Scrubbing media of 550 gallons of Ethylene Glycol + water; removal efficiency of 90% minimum. To remove Ethylene Oxide from pure product or mixtures in steel cylinders.

Design Capacity (Before Scrubbing) Ethylene Oxide - 16 lbs/hour

(3) T04 - Process Description: Manifolds used for the dilution and preperation of gas mixtures containing Nitric Oxide and Nitrogen Dioxide and an inert gas.

Emission Rate: Nitric Oxide: <.2885 lbs./hr.
Nitrogen Dioxide: <.1596 lbs./hr.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

 CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W N J D 0 4 0 7 4 1 0 9 2 3 1

FOR OFFICIAL USE ONLY: W DUP 3 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	P096	Before Scrubbing: ≈10	P		See Section III C (1)
2	U115	Before Scrubbing: <4160	P		" " " " (2)
3	P076	<75	P		" " " " (3)
4	P078	<42	P		" " " " (3)
5		Before Scrubbing: Arsine: ≈2.5	P		" " " " (1)
6					
7	P096	10000	P	T04	
8	U115	4160000	P	T04	
9	P076	75000	P	T04	
10	P078	42000	P	T04	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6: A/55 F6: A/56

EPA I.D. NO. (enter from page 1)

F N J D 0 4 0 7 4 1 0 9 2 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more details).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 0 4 5 4 5 Q	0 7 4 0 9 3 1 Q

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
Liquid Carbonic Corporation	3 1 2 - 8 5 5 - 2 5 0 0

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
135 S. LaSalle Street	Chicago	I L	6 0 6 0 3

IX. OWNER 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 fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Dennis A. Feeney		

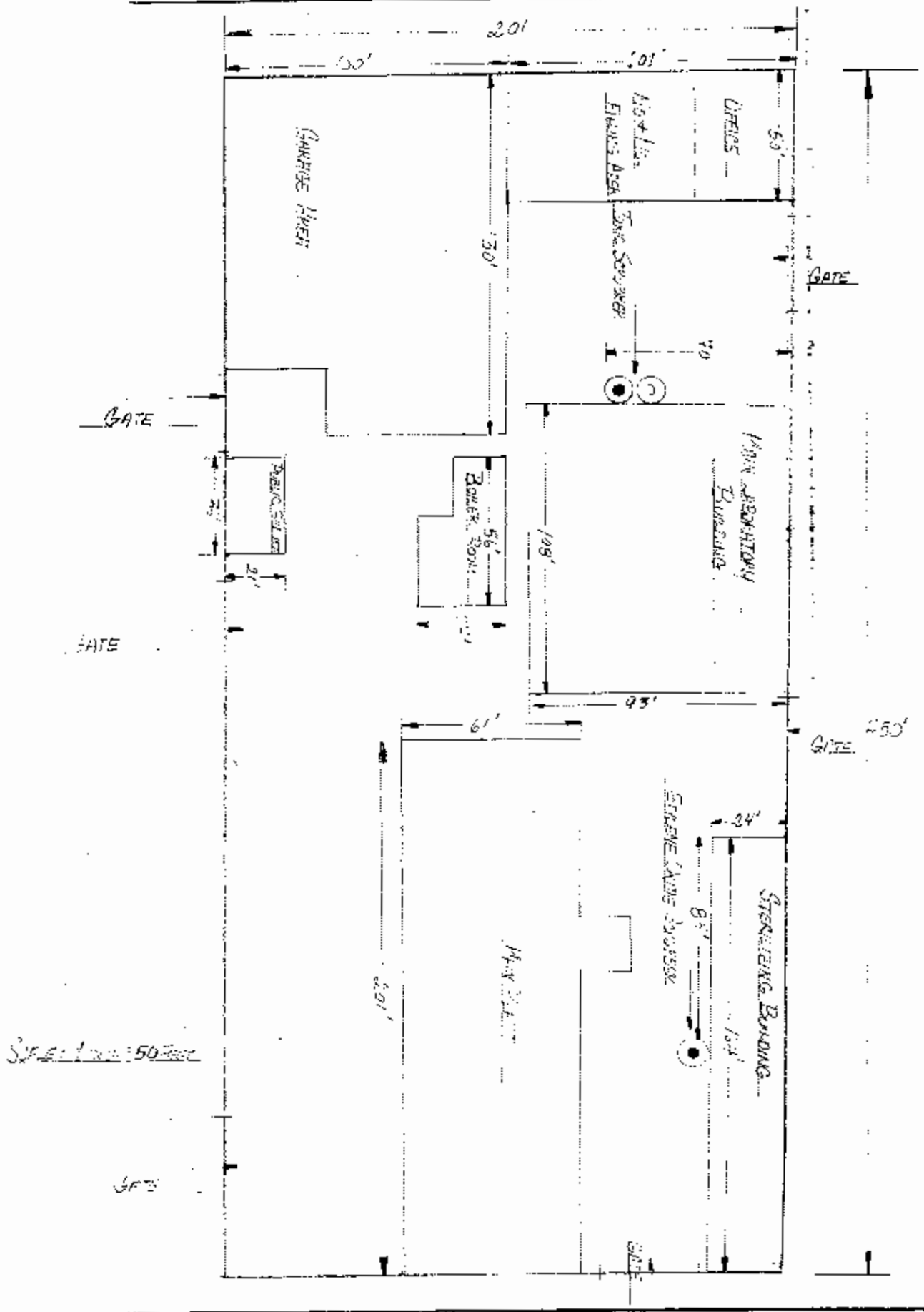
X. OPERATOR CERTIFICATION

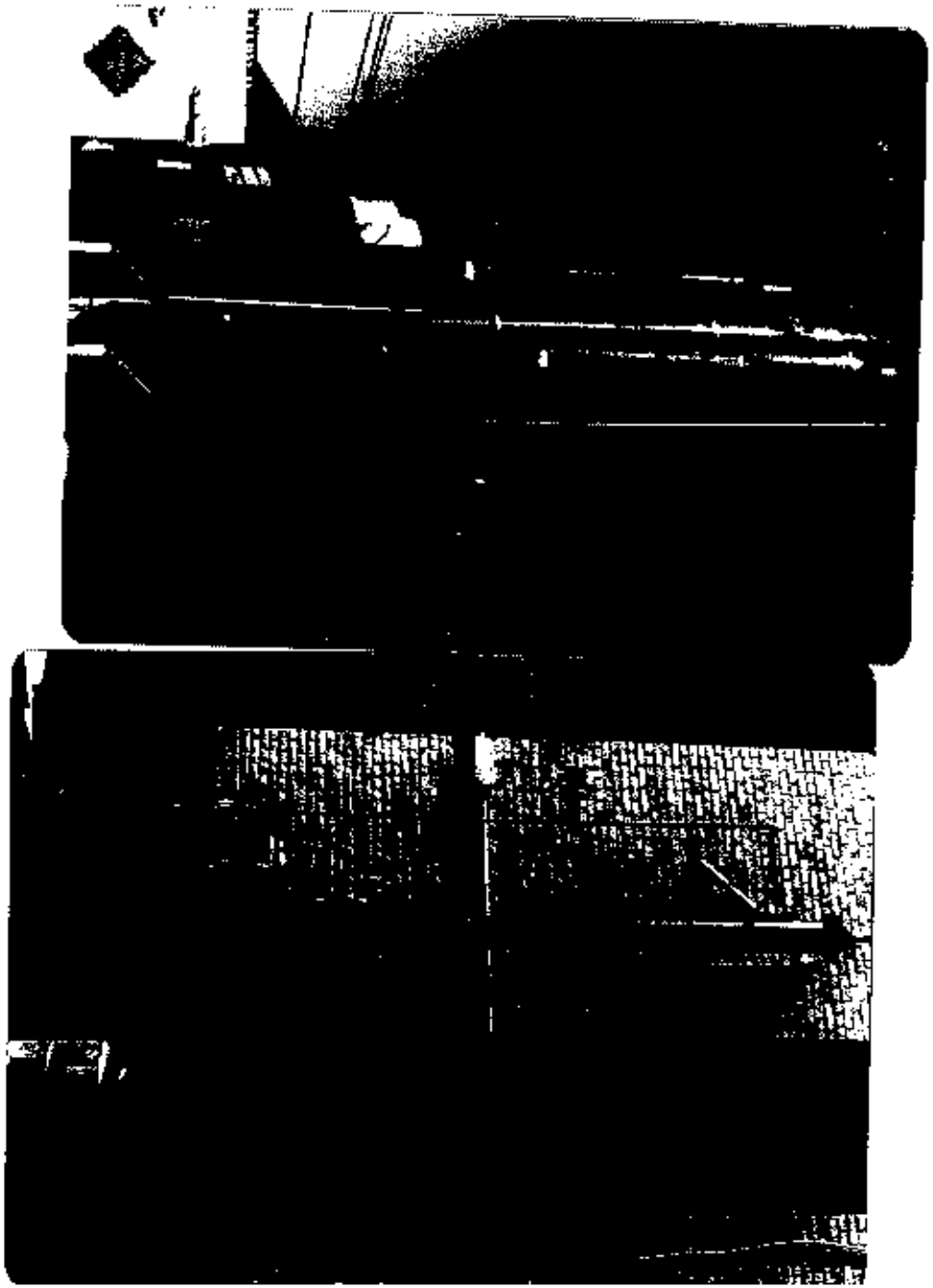
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Dennis A. Feeney	Dennis A. Feeney	4/22/81

 CONTINUE ON PAGE 5

(see page 4)


201'
50'
101'
GARAGE AREA
OFFICE
50'
TANK SCRUBBER
30'
GATE
20
GATE
BOILER
BOILER ROOM
56'
108'
MAIN PRODUCTION BUILDING
GATE
93'
61'
GATE
250'
24'
STORAGE BUILDING
STEAM LINE SYSTEM
8'
154'
MAIN PLANT
201'
SCALE: 1 cm = 50 feet
GATE



LIQUID CARBONIC CORPORATION
Subsidiary of Houston Natural Gas Corporation
3740 WEST 74th STREET • CHICAGO, ILLINOIS 60629
AREA CODE 312 855-2500

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

July 6, 1982

Permits Administration Branch
USEPA Region II
Room 432
26 Federal Plaza
New York, NY 10278

Re: EPA ID No. NJD040741092
Hazardous Waste Notification and Part A Application

Dear Sir/Madam:

We recently received a letter from Kenneth S. Stoller, P.E., Acting Director, Air and Waste Management Division, concerning Financial and Liability Requirements for Hazardous Waste Treatment, Storage and Disposal (TSD) Facilities. As a result, I reviewed the Hazardous Waste Notification filed and that we do not qualify as a TSD facility. The changes are listed below and a corrected form is enclosed.

Part VI	Delete item "C" TREAT/STORE/DISPOSE
VIII	Change to item "B" and complete item "C"
IX	Delete item "C" nos. 31, 32, 33
	Change item "E" to 2. CORROSIVE

Because we do not qualify as a TSD facility, the Part A application should be withdrawn.

Thank you for your attention. If you have any questions, please contact me at the above address or 312/855-2500 ext. 257.

Sincerely,

Michael H. Catey

M.H. Catey
Project Engineer

MHC:ma
Attachment

cc: Kenneth S. Stoller, P.E.
Acting Director
Air and Waste Management Division

PA,S
JUL 13 2 19 PM '82
ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y. 10007

LIQUID CARBONIC CORPORATION
Subsidiary of Houston Natural Gas Corporation
3740 WEST 74th STREET • CHICAGO, ILLINOIS 60629
AREA CODE 312 855-2500

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

July 6, 1982

Delete TSD - Input Comments - For [illegible]

Permits Administration Branch
USEPA Region II
Room 432
26 Federal Plaza
New York, NY 10278

Re: EPA ID No. NJD040741092
Hazardous Waste Notification and Part A Application

Dear Sir/Madam:

We recently received a letter from Kenneth S. Stoller, P.E., Acting Director, Air and Waste Management Division, concerning Financial and Liability Requirements for Hazardous Waste Treatment, Storage and Disposal (TSD) Facilities. As a result, I reviewed the Hazardous Waste Notification filed and that we do not qualify as a TSD facility. The changes are listed below and a corrected form is enclosed.

Part VI	Delete item "C" TREAT/STORE/DISPOSE
VIII	Change to item "B" and complete item "C"
IX	Delete item "C" nos. 31, 32, 33
	Change item "E" to 2. CORROSIVE

Because we do not qualify as a TSD facility, the Part A application should be withdrawn.

Thank you for your attention. If you have any questions, please contact me at the above address or 312/855-2500 ext. 257.

Sincerely,

Michael H. Catey

M.H. Catey
Project Engineer

MHC:ma
Attachment

cc: Kenneth S. Stoller, P.E.
Acting Director
Air and Waste Management Division

J. Galumbeck
PAB : J. Nyitek

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

27 MAR 1984

James D. Diemer, Plant Engineer
Liquid Carbonic Corporation
603 Bergen Street
Harrison, New Jersey 07029

RE: Delisting Request, Liquid Carbonic Corporation
EPA ID NO. NJD040741092

Dear Mr. Diemer:

The Bureau of Hazardous Waste Engineering (the Bureau) has reviewed your letter of February 24, 1984 which provides information regarding the operating procedure of Liquid Carbonic Corporation. Based upon your company's correspondence to date, the Bureau is of the opinion that Liquid Carbonic Corporation is a gas cylinder facility as defined under N.J.A.C. 7:26-1.4 and qualifies for delisting of TSD status under the "Hazardous Waste Management Gas Cylinder Facility Exemption" (N.J.A.C. 7:26-9.1(c)11 and 12.1(b)10). This rule exempts a gas cylinder facility from the standards and requirements of subchapters 9 and 12.

Liquid Carbonic Corporation applied to the USEPA Region II on November 19, 1980 to conduct the following hazardous waste activity:

T04 (treatment-other) at 100 gallons/day

Based on the above discussion, the aforementioned correspondence and the Hazardous Waste Management Gas Cylinder Facility Exemption; Liquid Carbonic Corporation is hereby delisted as an interim status TSD facility and will retain generator status.

This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above. It is the company's responsibility to operate with the conditions listed above. To operate a hazardous waste facility, or accept off-site generator waste, without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

If you have any questions on this matter, please contact Mr. Scott Baker of my staff at (609) 292-8504.

Very truly yours,

Frank Coolick

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP7/ch

c: Ron Corcory
NJDEP DWM BFO

Dave Shotwell
NJDEP DWM BCE

Shirlee Schiffman
NJDEP DWM BHWCM

Joel Golumbek
USEPA Region II

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

INSTALLATION'S EPA I.D. NO.: NJD040741092

I. NAME OF INSTALLATION — NAME: (PRESS HARD WHEN FILLING IN NAME & ADDRESS.) Liquid Carbonic Corp.

II. INSTALLATION MAILING ADDRESS — STREET ADDRESS: 603 Bergen Street

III. LOCATION OF INSTALLATION — CITY, STATE, & ZIP CODE: Harrison, NJ 07029

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
P NJD040741092 T/A C I		

I. NAME OF INSTALLATION

LIQUID CARBONIC CORP HARRISON GAS LAB

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 603 Bergen Street

CITY OR TOWN	ST.	ZIP CODE
Harrison	NJ	07029

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 603 Bergen Street

CITY OR TOWN	ST.	ZIP CODE
Harrison	NJ	07029

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 Feny Dennis Lab Manager	201-485-1995

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Liquid Carbonic Corporation

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: F = FEDERAL, M = NON-FEDERAL — M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete Item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete Item C)*

C. INSTALLATION'S EPA I.D. NO.: NJD040741092

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 13 2 8 PM '82 ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y.

I.D. – FOR OFFICIAL USE ONLY

W | T/A | 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

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 fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Michael H. Gatey	Michael H. Gatey, Project Engineer	7/6/82

RCRA INSPECTION REVIEW SHEET

Name of Facility - Liquid Carbonic Corp 49
RCRA ID# - NJD040741092
Date of Inspection - 6/9/82
Type of Inspection: Generator Transporter TSD
Name of EPA/State Inspector - Mike Nalbone

Findings of Inspection: Liquid Carbonic primarily deals with high purity specialty gasses and mixtures. The two scrubbers on site generate the waste which are cleaned out every 6 months. The scrubber waste is disposed of by SCA Chemical in Newark the same day its generated therefore usually no storage over night exists at the plant. The only violation noted is the closure requirements which were not met. These are 265.110, 265.112(a) and 265.117 and 265.142

Action(s) Taken:

Action(s) Recommended: I recommend a notice of violation regarding the requirements noted above which should be met.

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Liquid Carbonic

EPA I.D. NUMBER: NJD040741092

COMPANY ADDRESS: 603 Bergen St Harrison N.J.

COMPANY CONTACT OR OFFICIAL: Dennis Feeney

INSPECTOR'S NAME: Mike Nalbone

TITLE: Lab Services Manager

BRANCH/ORGANIZATION: N.J.D.E.P

CHECK IF FACILITY IS ALSO A TSD FACILITY ☒

DATE OF INSPECTION: 6/9/82

	YES	NO	DON'T KNOW
(1) Is there reason to believe that the facility has hazardous waste on site?	X		

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?		X	

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

Scrubber solution with pesticides – 600 - 700 gallons/6 mon

d. Describe the activities that result in the generation of hazardous waste.

cleaning out of scrubbers (Two are on site

(2) Is hazardous waste stored on site?	X		

a. What is the longest period that it has been accumulated?

approx 4 hours

b. Is the date when drums were placed in storage marked on each drum?		N/A	

No drums are dealt with.

(3) Has hazardous waste been shipped from this facility since November 19, 1980?	X		

a. If "yes," approximately how many shipments were made?

Two

(4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?	X		

b. If "no" or "don't know," please elaborate.

	YES	NO	DON'T KNOW
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	X		
- the generator's name, mailing address, telephone number, and EPA identification number	X		
- the name, and EPA identification number of each transporter	X		
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	X		
- a description of the wastes (DOT)	X		
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	X		
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	X		
(5) Were there any hazardous wastes stored on site at the time of the inspection?		X	
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?		N/A	
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled?		N/A	
d. Do any containers appear to be leaking?		N/A	
e. If "yes," approximately how many?			

*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? X

a. How do you know? sent to NJDEP observed original copy

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? X

a. If "no," have Exception Reports been submitted to EPA covering these shipments?

(8) General comments.

Only two waste loads were disposed of during 1981. The Disposal firm is SCA chem. in Newark N.J.. The scrubbers are cleaned out which generates the waste. Liquid Carbonic Corp. is an Industrial Supplier of high purity specialty gasses and mixtures. Some of these are hazardous in nature under EPA and DEP regulations of over the toxic limits set by EPA. Those noted on the Part A permit are listed below:

P 096
U 115
P 076
P 078

During my inspection I noted that personnel training requirements were minimal. I recommended that a more complete file be kept on those individuals who delt with the waste noted on the Part A permit.

* The effective date for this requirement is March 1, 1982.

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: Liquid CARBONIC EPA I.D. Number: NJD04074 1092

COMPANY ADDRESS: 603 Bergen St. Harrison N.J.

COMPANY CONTACT OR OFFICIAL: Dennis Feeney

TITLE: Lab Manager

OTHER ENVIRONMENTAL PERMITS HELD BY FACILITY: ☐ NPDES ☒ AIR ☐ OTHER

INSPECTOR'S NAME: Mike Nalbone

DATE OF INSPECTION: 6/9/82

BRANCH/ORGANIZATION: NJDEP

TIME OF DAY INSPECTION TOOK PLACE: 11:00

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste? Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

	YES	NO	DON'T KNOW
b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?	___	X	___

Please explain:

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

clean out scrubber solution waste with outside
cleaned out approx twice a year (600 to 700 gal) Form each time

	YES	NO	DON'T KNOW
(2) Does the facility generate hazardous waste?	X	___	___
(3) Does the facility transport hazardous waste?	___	X	___
(4) Does the facility treat, store or dispose of hazardous waste?	X	___	___

NOTE * Usually the waste is stored on site maximum of 4 hours prior to disposal.

VISUAL OBSERVATIONS

	YES	NO	DON'T KNOW
(5) SITE SECURITY (§265.14)			
a. Is there a 24-hour surveillance system?	X		
b. Is there a suitable barrier which completely surrounds the active portion of the facility? A Fence is around the site			
c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	X		

Alarm is only on Bldg

(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)		N/A	
a. If "YES", what are the approximate quantities?			
b. If "YES", have precautions been taken to prevent accidential ignition or reaction of ignitable or reactive waste?			
c. If "YES", explain			
d. In your opinion, are proper precautions taken so that these wastes do not:			
- generate extreme heat or pressure, fire or explosion, or violent reaction?			
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficent quantities to threaten human health?			
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?			
- damage the structural integrity of the device or facility containing the waste?			
- threaten human health or the environment?			

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

	YES	NO	DON'T KNOW
- an internal communications or alarm system?	X		
- a telephone or other device to summon emergency assistance from local authorities?	X		
- portable fire equipment?	X		
- adequate aisle space?	X		
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.	X		

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?			
If you have, please comment, as appropriate.			
(9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain.			
b. Do you believe that operation of this facility may affect groundwater quality?			
c. If "YES", explain.			

N/A

RECORDS INSPECTION

(10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?			
a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received?			
b. Has many post-November 19 manifests does it have? (If this is a close-to-some, approximate)			

N/A

	YES	NO	N/ON
– the generator's name, mailing address, telephone number, and EPA identification number	___	___	___
– the name, and EPA identification number of each transporter	___	___	___
– the name, address and EPA identification number of the designated facility and an alternate facility, if any;	___	___	___
– a DOT description of the wastes	___	___	___
– the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	___	___	___
– a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	___	___	___
d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.	___	___	___
(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)	X	___	___
a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? (You may check more than one) Waste characteristics vary ___ All wastes are basically the same X Company treats all waste as hazardous ___ Don't Know ___			
b. Does hazardous waste come to this facility from off-site sources?	___	X	___
c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?	X	___	___
(12) INSPECTIONS (§265.15)			
a. Does the facility have a written inspection schedule?	___	___	N/A
b. Does the schedule identify the types of			

N/A

(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? X

- type and amount of training to be given to personnel in jobs related to hazardous waste management? X

- actual training or experience received by personnel? X

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? (§265.51) X

a. Does the plan describe arrangements made with local authorities? X

b. Has the contingency plan been submitted to local authorities? X

How do you know? LAB Mgr (Mr Feeney) informed me the (Fire Chief) they have a copy.

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? X

d. Does the plan have a list of what emergency equipment is available? X

e. Is there a provision for evacuating facility personnel? X

f. Was an Emergency Coordinator present or on call at the time of the inspection? X

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal?

- location and quantity of each waste?

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?

N/A

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? ___ X ___

- a description of the steps necessary to decontaminate facility equipment during closure? ___ X ___

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed? ___ X ___

b. What is the anticipated date for final closure? ___ X ___

c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? ___ ___ ___

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure? ___ ___ ___

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? ___ ___ ___

- the name, address and phone number of a person or office to contact during post-closure? ___ ___ ___

N/A

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? ___ X ___

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144) ___ ___ ___

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) ___ ___ ___

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area? ___ ___ ___

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? ___ ___ ___

SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE	TREATMENT	DISPOSAL
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
Container p. 7	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	
	Other _____	

CONTAINERS (§265.170)

	YES	NO	DON'T KNOW
1. Are there any leaking containers? If "YES", explain.	___	___	___
2. Are there any containers which appear in danger of leaking? If "YES", explain.	___	___	___
3. Do wastes appear compatible with container materials?	___	___	___
4. Are all containers closed except those in use?	___	___	___
5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?	___	___	___
6. How often does the plant manager claim to inspect container storage areas?			
7. Does it appear that incompatible wastes are being stored in close proximity to one another? If "YES", explain.	___	___	___

TANKS (§265.190)	YES	NO	DON'T KNOW
1. Are there any leaking tanks? If "YES", explain.	___	___	___
2. Are there any tanks which appear in danger of leaking. If "YES", explain.	___	___	___
3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain.	___	___	___
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	___	___	___
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow?	___	___	___
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain.	___	___	___
7. How often does the plant manager claim to inspect container storage areas?			
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain.	___	___	___
9. What is the approximate number and size of tanks containing hazardous wastes?			

SURFACE IMPOUNDMENTS (§265.220)			
1. Is there at least 2 feet of freeboard in the impoundment?	___	___	___
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering.	___	___	___

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics? If "YES", explain. ___ ___ ___

5. Are there any leaks, failures or is there any deteriorization in the impoundments? If "YES", explain. ___ ___ ___

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (§265.250)

1. Is the waste pile protected from wind erosion? ___ ___ ___

   a. Does it appear to need such protection? ___ ___ ___

   b. Explain what type of protection exists. ___

2. Does it appear that incompatible wastes are being stored in the same waste pile? If "YES", explain. ___ ___ ___

3. Is leachate run-off from a pile a hazardous waste? If "YES", explain this determination and answer (a) and (b) below. ___ ___ ___

   a. Is the pile placed on an impermeable base that is compatible with the waste? ___ ___ ___

   b. Is the pile protected from precipitation and run-on? ___ ___ ___

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? Please explain or indicate if no such wastes are present. ___ ___ ___

   Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? Please explain. ___ ___ ___

*2. Is run-on diverted away from the active portions of the land treatment facility? ___ ___ ___

*3. Is run-off collected? ___ ___ ___

4. Are food chain crops being grown on the facility property? ___ ___ ___

   a. If "YES", can the facility operator document that arsenic, lead and mercury:

      - will not be transferred to the crop or ingested by food chain animals or ___ ___ ___

      - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils. ___ ___ ___

   b. Has notification of the growing of the food chain crops been made to the Regional Administrator? ___ ___ ___

5. Is there a written and implemented plan for unsaturated zone monitoring? ___ ___ ___

6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility? ___ ___ ___

7. Do the closure and post-closure plans address:

   a. control of migration of hazardous wastes into the groundwater? ___ ___ ___

   b. control of run-off, release of airborne particulate contaminants? ___ ___ ___

   c. compliance with requirements for the growth of food-chain crops (if they are present)? ___ ___ ___

8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition? If "YES", explain. ___ ___ ___

9. Are incompatible wastes placed in the same land treatment area? If "YES", explain. ___ ___ ___

10. What is the area of the land receiving hazardous waste treatment? ___ ___ ___

DATE/INIT (§265.300)

11. Is run-on diverted away from the active

	YES	NO	EXCM
3. Is waste which is subject to wind dispersal controlled? Explain.	___	___	___
4. Does the owner/operator maintain a map with:			
- the exact location and dimensions of each cell	___	___	___
- the contents of each cell and approximate location of each hazardous waste type	___	___	___
5. Do the closure and post-closure plans address:			
- control of pollutant migration via ground water?	___	___	___
- control of surface water infiltration?	___	___	___
- prevention of erosion?	___	___	___
6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.	___	___	___
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain.	___	___	___
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",	___	___	___
a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?	___	___	___
b. Is the waste treated and stabilized so that free liquids are no longer present?	___	___	___
*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?	___	___	___
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?	___	___	___
It so, are they crushed flat, shredded or similarly reduced in volume before they are buried?			

	YES	NO	N/A
3. Is waste which is subject to wind dispersal controlled? Explain.	___	___	___
4. Does the owner/operator maintain a map with:			
- the exact location and dimensions of each cell	___	___	___
- the contents of each cell and approximate location of each hazardous waste type	___	___	___
5. Do the closure and post-closure plans address:			
- control of pollutant migration via ground water?	___	___	___
- control of surface water infiltration?	___	___	___
- prevention of erosion?	___	___	___
6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.	___	___	___
7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? IF "NO", explain.	___	___	___
8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? IF "YES",	___	___	___
a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?	___	___	___
b. Is the waste treated and stabilized so that free liquids are no longer present?	___	___	___
*9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?	___	___	___
10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?	___	___	___
If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?			

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

	YES	NO	DON'T KNOW
1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?			
2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7.	___	___	___
3. Has waste analysis been performed (and written records kept) to include:			
- heating value of the waste	___	___	___
- halogen content	___	___	___
- sulfur content	___	___	___
- concentration of lead	___	___	___
- concentration of mercury	___	___	___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here ___I___.

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?	___	___	___
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:			
- waste feed	___	___	___
- auxiliary fuel feed	___	___	___
- air flow	___	___	___
- incinerator temperature	___	___	___
- scrubber flow	___	___	___
- scrubber pH	___	___	___
- relevant level controls	___	___	___

INCINERATORS AND THERMAL TREATMENT
(§§265.341 and 265.379)

	YES	NO	DON'T KNOW
1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?			
2. Was hazardous waste being incinerated or thermally treated during your inspection? If "YES", answer all following questions. If "NO", answer only questions 3 and 7.	___	___	___
3. Has waste analysis been performed (and written records kept) to include:			
- heating value of the waste	___	___	___
- halogen content	___	___	___
- sulfur content	___	___	___
- concentration of lead	___	___	___
- concentration of mercury	___	___	___

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here ____.

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?	___	___	___
5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:			
- waste feed	___	___	___
- auxiliary fuel feed	___	___	___
- air flow	___	___	___
- incinerator temperature	___	___	___
- scrubber flow	___	___	___
- scrubber pH	___	___	___
- relevant level controls	___	___	___

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 30, 2013 - 3:53 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	**Activity Location:**	None Chosen
Handler ID:	NJD040741092	**Group of IDs:**	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 10/30/2013		
Location County Code:	None Chosen	**Evaluation Type:**	
Location City:		**Focus Area:**	
Location Zip Code:		**Violation Type:**	
State District:	None Chosen	**Display Code Descrip.:**	Yes
Sort Order:	Region, State, Handler Name	**Display Universes:**	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:	cme_foia.rdf
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	May 2012
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries:	none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 30, 2013 - 3:53 PM

LIQUID CARBONICS CORP FORMER County Name / Code: HUDSON / NJ017 **NJD040741092**

Location: 603 BERGEN ST; HARRISON, NJ 07029 **REGION 02**

Mailing: 200 RIVERSIDE DR; KEASBEY, NJ 08832

Activity Location: NJ | State District: NORTHERN | Accessibility: | Non-Notifier: | Extract Flag: Y | Active Site: Y

Generator: SQG | Transporter: N | Operating TSDF: — | IC In Place: N | EI Indicator (HE / GW): N / N
Short-Term Gen: N | Transfer Facility: N | Offsite Receiver: N | HSM: N | Subpart K: —
Full Enforcement: — | Converter: — | State Unaddressed SNC: N | EPA Unaddressed SNC: N
CA Wrldd: N | State TSDF: — | State Addressed SNC: N | EPA Addressed SNC: N
Active State Gen: N | State SNC w/Comp Sched: N | EPA SNC w/Comp Sched: N

Evaluations With No Violations:

CEI Evaluation 08/02/1990 Activity Location: NJ By: State Identifier: 002 Person: R2DEP Branch: Found Violation: NO
Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: Focus Area:

NRR Evaluation 01/20/1984 Activity Location: NJ By: State Identifier: 001 Person: Branch: Found Violation: NO
Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: Focus Area:

Total Number of Handlers: 1
Total Number of Activity Locations: 1

*** End of Report ***

* Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC In Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID)
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

ACCESSIBILITY - Indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):

Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	Indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	Indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
NRR	NON-FINANCIAL RECORD REVIEW

* Note: Penalty amount may not reflect all violations cited.