Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/15/2005

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:	NYR000134312
INSTALLATION NAME:	ST LUKES - ROOSEVELT HOSPITAL CENTER
INSTALLATION ADDRESS :	1000 10TH AVE NEW YORK, NY 10019-1147
MAILING ADDRESS :	1000 10TH AVE NEW YORK, NY 10019-1147

EPA Form 3700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: ST LUKES - ROOSEVELT HOSPITAL CENTER
or Current Occupant
ATTN: YVONNE GUARIGLIA
1000 10TH AVE
NEW YORK, NY 10019-1147

USPO Exp.

Via PBWG 09/12/05

new #

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	2:25
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ 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	
2. Site EPA ID Number (page 14)	EPA ID Number NYR 000 134 312	
3. Site Name (page 14)	Name: St. Luke's - Roosevelt Hospital Center Roosevelt Hospital site	
4. Site Location Information (page 14)	Street Address: 1000 10th Avenue	
	City, Town, or Village: New York	State: NY
	County Name: Manhattan	Zip Code: 10019-1147
5. Site Land Type (page 14)	Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 622000	B.
	C.	D.
7. Site Mailing Address (page 15)	Street or P. O. Box: 1000 10th Ave	
	City, Town, or Village: New York	
	State: NY	
	Country: USA	Zip Code: 10019
8. Site Contact Person (page 15)	First Name: Yvonne MI:	Last Name: Guariglia
	Phone Number: 212-523-2050 Extension: 2050	Email address: yguariglia@chpnet.org
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Ms. Patricia Hennelly, administrator	Date Became Operator (mm/dd/yyyy): 03/12/2001
	Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
	B. Name of Site's Legal Owner: Ms. Patricia Hennelly, administrator	Date Became Owner (mm/dd/yyyy):
	Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	

call Yvonne Guariglia 212-523-2050

EPA ID NO: | | | | | | | | | | | | | OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: 1000 10th Ave.	
	City, Town, or Village: New York	
	State: NY	
	Country: USA	Zip Code: 10019

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 5.

Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

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

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

Y ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☒ N ☐ 4. Recycler of Hazardous Waste (at your site) Xylene + alcohol

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) (refer to your State regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
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
Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ 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 NO: |_|_|_|_|_|_|_|_|_|_|_|_| OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 21.)

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.

D001	D006	D008	D009			
~~D008~~						
~~D006~~						

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 for waste codes.

12. Comments (See instructions on page 21.)

Requesting an EPA identification number for this hospital site such that we can go from a ~~$~~ CESQG to a SQG EPA status.

13. 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.
For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Patricia Hennelly	PATRICIA Hennelly VP	09/01/2005

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM.**	2110: 07
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ 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	
2. Site EPA ID Number (page 14)	EPA ID Number NY0001343123	
3. Site Name (page 14)	Name: St. Luke's - Roosevelt Hospital Center	
4. Site Location Information (page 14)	Street Address: 1000 10th Ave City, Town, or Village: New York State: NY County Name: Manhattan Zip Code: 10019-1147	
5. Site Land Type (page 14)	Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 622000 B. C. D.	
7. Site Mailing Address (page 15)	Street or P. O. Box: 1000 10th Avenue City, Town, or Village: New York State: NY Country: USA Zip Code: 10019	
8. Site Contact Person (page 15)	First Name: Yvonne MI: Last Name: Guariglia Phone Number: 212-523-2050 Extension: Email address: yguariglia@chpnet.org	
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Ms. Patricia Hennelly, administrator Date Became Operator (mm/dd/yyyy): March 12/2001 Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other B. Name of Site's Legal Owner: St. Luke's-Roosevelt Hospital Center Corp. Date Became Owner (mm/dd/yyyy): 2/2/1864 Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	

8/7/05

To: Carrie Smith, US EPA Region 2
FAX: 212-637-3056 Phone 212-~~523~~ 637-4112
From: Yvonne Guariglia Dir. of Safety
St. Luke's-Roosevelt Hospital
Phone: 212-523-6636
2050

page: 2

Here is the revised page # 1 of RCRA Subtitle C-Site id Form

Sorry I put in the EPA id #.