ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

03/05/2002

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	**NYR000088377**
INSTALLATION NAME	**PETERSON VIRGINIA - VACANT BUILDING**
INSTALLATION ADDRESS	**21-16 44TH RD** **LONG ISLAND CITY, NY 11101**
MAILING ADDRESS	**21-16 44TH RD** **LONG ISLAND CITY, NY 11101**

EPA Form 8700-12AB (4-80)

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

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: PETERSON VIRGINIA - VACANT BUILDING
or Current Occupant
ATTN: ALICIA WEISSMEIER - ATTORNY AT LAW
977 AVE OF AMERICAS #810
NEW YORK, NY 10018

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

ENVIRONMENTAL PROTECTION AGENCY REGION II 2002 FEB 29 AM 10: 34

Date Received (For Official Use Only)

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

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

C. Installation's EPA ID Number: NYR000088377

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

VACANT BUILDING

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

Street: 21-16 44th Road

Street *(Continued)*:

City or Town: LONG ISLAND CITY | State: NY | Zip Code: 11101-

County Code: 081 | County Name: QUEENS

IV. Installation Mailing Address *(See instructions)*

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)*: WEISSMEIER | *(First)*: ALICIA

Job Title: ATTORNEY AT LAW | Phone Number *(Area Code and Number)*: 212-244-2929

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: 977 AVE OF AMERICAS #810

City or Town: NEW YORK | State: NY | Zip Code: 10018-

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: VIRGINIA PETERSON

Street, P.O. Box, or Route Number: 1600 MORGANTOWN RD. VILLA 22

City or Town: PINEHURST | State: NC | Zip Code: 28374-

Phone Number *(Area Code and Number)*: 910-695-2677

B. Land Type: [ ]

C. Owner Type: [ ]

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

Date Changed: Month Day Year

Hirborne Exp Clerk (operator)

Call Erik m Zalewski (631) 293-4992

Address verified

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to Instructions)*

A. Hazardous Waste Activities

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

Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ *5. Other - specify*

☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace
   - ☐ a. Smelting, Melting, and Refining Furnace Exemption
   - ☐ b. Small Quantity On-Site Burner Exemption

☐ 5. Underground Injection Control

B. Universal Waste Activity

☐ Large Quantity Handler of Universal Waste

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - ☐ a. Transporter
   - ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Processor
   - ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
   - ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. 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
F 0 0 1					
7	**8**	**9**	**10**	**11**	**12**

B. 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; See instructions if you need to list more than 4 toxicity characteristic waste codes.)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)) 1	2	3	4

C. Other Wastes. *(State-regulated 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
Virginia Peterson	Virginia Peterson - Owner	

XI. Comments

One time generation from remedial activities.

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

Advanced Cleanup Technologies, Inc.

ENVIRONMENTAL CONSULTANTS

February 28, 2002

Mr. Jack Hoyt
USEPA - Region 2
290 Broadway, 22nd Floor
New York, NY 10007-1866

Re: EPA Generator ID Number
21-16 44th Road
Long Island City, New York

Dear Mr. Hoyt,

Enclosed, please find a "Notification of Regulated Waste Activity" with original signature for the above referenced property. We are seeking to open a new generator ID number for wastes generated during previous environmental remedial activities.

Once issued, kindly forward the Generator ID number to us, so we may begin the disposal process. If you have any questions or need any additional information, please feel free to contact us.

Very Truly Yours,

Erik M. Zalewski
Environmental Scientist

ENVIRONMENTAL PROTECTION AGENCY, REGION II
2002 FEB 29 AM 10: 34
RCRA PROGRAMS BRANCH

cc: Alicia Weissmeier, Esq.

115 Rome Street • Farmingdale, New York 11735 • Tel: 631/293-4992 • Fax: 631/293-4986
1000 7th North Street, Suite B-30 • Liverpool, New York 13088 • Tel: 315/451-9720 • Fax: 315/451-9727
E-mail: advancedcleanuptech.com

EPA United States Environmental Protection Agency

Handler Information

RCRA Info

WORLDWIDE WINDOW TREATMENTS LONG ISLAND CITY NYR000088377

Select the information to process:

Basic Handler Information

Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NYR000088377	WORLDWIDE WINDOW TREATMENTS		X	02	NY	SQG

Previous Name Information

Act Loc	Receive Date	Handler Name

Location Address Information

Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NY	21-16	44TH RD	LONG ISLAND CITY	QUEENS	NY	11101		NYSDEC R2

Mailing Address Information

Act Loc	Street No.	Street	City	State	Zip
NY	21-16	44TH RD	LONG ISLAND CITY	NY	11101

Contact Information — Add Contact

Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	N	PRES	JAIME	ESCOBAR	718-361-8120	21-16 44TH RD	LONG ISLAND CITY	NY	11101

Owner Information — Add Owner

Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	1	CO	P		JAIME ESCOBAR	718-361-8120	21-16 44TH RD	LONG ISLAND CITY	NY	11101

Operator Information — Add Operator

Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information — Add/Update Miscellaneous Information

Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NY				7/28/2000					

WWWT was a tenant of the property owner, the property is vacant per Erik 3/4/02 11:30.

Location Coordinates			Add/Update Latitude/Longitude
Act Loc	Source	Latitude Measure	Longitude Measure
NY			

Environmental Priority Ranking Add EPR			
Act Loc	EPR Date	EPR Status	EPR Notes

SIC Information				Add SIC
Act Loc	Seq	Source	Code	Primary

Other Permit Information Add Other Permit			
Act Loc	Number	Type	Permit Description

Activity Summary Information										Add Activity
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NY	N	1	7/28/2000	SQG - R	-	-	-	-		

Hazardous Waste Stream Information				Add Waste Stream		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NY	0001	N	7/28/2000	0		

Go To

URL: /Handler/HAND_info_main.asp

REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/28/00

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	→	**NYR000088377**
INSTALLATION NAME	→	**WORLDWIDE WINDOW TREATMENTS**
INSTALLATION ADDRESS	→	**21-16 44TH RD** **LONG ISLAND CITY, NY 11101**
MAILING ADDRESS	→	**21-16 44TH RD** **LONG ISLAND CITY, NY 11101**

EPA Form 8700-12AB (4-80)

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

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: WORLDWIDE WINDOW TREATMENTS or Current Occupant
ATTN: ESCOBAR, JAIME - PRES
21-16 44TH RD
LONG ISLAND CITY, NY 11101

Please print or type with ELITE

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

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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

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

C. Installation's EPA ID Number: NYR000088377

II. Name of Installation (Include company and specific site name): WORLDWIDE WINDOW TREATMENTS

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

Street: 21-16 44 ROAD

Street (Continued): LONG ISLAND CITY

City of Town: | State: NY | Zip Code: 11101

County Code: | County Name: QUEENS

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): ESCOBAR (First): JAIME

Job Title: | Phone Number (Area Code and Number):

VI. Installation Contact Address

A. Contact Address Location Mailing Other: | B. Street or P.O. Box: SAME

City or Town: | State: | Zip Code:

VII. Ownership: PROPERTY

A. Name of Installation's Legal Owner: SAME

Street, P.O. Box, or Route Number:

City or Town: | State: | Zip Code:

Phone Number (Area Code and Number): 718 361 8120 | B. Land Type | C. Owner Type | D. Change of Owner Indicator: Yes [ ] No [ ] | (Date Changed) Month Day Year

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4108

Address Mailing Verified US Post office - 58

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

Form Approved. OMB No. 2050-0028 Expires 02/28/93

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark "X" in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs)

TRANSPORTER ONLY → 2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type 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]	[X]	[ ]	[ ]

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

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
D001					
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	JAIME ESCOBAR - PRESIDENT.	7/27/2000

XI. Comments

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