ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

07/25/2002

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	**NYD987006723**
INSTALLATION NAME	**KINGS POINT DEPOT**
INSTALLATION ADDRESS	**151-45 6TH RD** **WHITESTONE, NY 11357**
MAILING ADDRESS	**421 HUDSON ST STE 412** **NEW YORK, NY 10014**

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: KINGS POINT DEPOT
or Current Occupant
ATTN: C J FOLLINI - SUPV
421 HUDSON ST STE 412
NEW YORK, NY 10014

Please print or type with ELITE

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)

2002 JUL 14 PM 4:13 RCRA PROGRAMS BRANCH

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

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

C. Installation's EPA ID Number: NY 6987006723

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

Kings Point Depot

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

Street: 151-45 Sixth Road

Street *(Continued)*:

City of Town: Whitestone | State: NY | Zip Code: 11357

COUNTY CODE | County Name: Queens

(owner change)

IV. Installation Mailing Address

Street or P.O. Box: 421 Hudson Street Ste 412

City or Town: New York | State: NY | Zip Code: 10014

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

Name *(Last)*: Follint | *(First)*: CJ

Job Title: Supervisor | Phone Number *(Area Code and Number)*: 212 929 5414

VI. Installation Contact Address

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

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership

A. Name of Installation's Legal Owner: Kings Point Investors LLC

Street, P.O. Box, of Route Number: 421 Hudson Street

City or Town: New York | State: NY | Zip Code: 10014

Phone Number *(Area Code and Number)*: 212 929 5414

B. Land Type: | C. Owner Type: | D. Change of Owner Indicator: Yes [X] 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 4106

Address Verified

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

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 Activity

1. Generator (See instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

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

B. Used Oil Recycling Activities

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

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

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

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

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

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

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
ORIGINAL ONLY	C Follini	7/8/02

XI. Comments

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

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

EPA United States Environmental Protection Agency

Handler Information

RCRA Info

ANTHONY GRACE & SONS **WHITESTONE** **NYD987006723**

Select the information to process:

Basic Handler Information

Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NYD987006723	ANTHONY GRACE & SONS		X	02	NY	

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	151-45	6TH RD	WHITESTONE	QUEENS	NY	113571206	P	NYSDEC R2

Mailing Address Information

Act Loc	Street No.	Street	City	State	Zip
NY	151-45	6TH RD	WHITESTONE	NY	11357

Contact Information Add Contact

Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	N	FOREMAN	STEVEN	SANFT	718-767-8755	151-45 6TH RD	WHITESTONE	NY	11357

Owner Information Add Owner

Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	1	CO	P		GRACE INDUSTRIES INC	718-767-8755	151-45 6TH RD	WHITESTONE	NY	11357

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				6/29/1992					

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	E	1	7/8/1999	- N	-	-	-	-		
NY	N	1	7/14/1992	SQG - R	-	-	-	-		

Hazardous Waste Stream Information				Add Waste Stream		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NY	0001	N	7/14/1992	0		

Go To

URL: /Handler/HAND_info_main.asp

ENVIRONMENTAL PROTECTION AGENCY, REGION II

Please print or type with ELITE

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)

RCRA PROGRAM BRANCH

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

[X] A. First Notification [ ] B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: NYD987000573

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

Kings Point Depot

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

Street: 151-45 Sixth Road

Street (Continued):

City of Town: Whitestone | State: NY | Zip Code: 11357

COUNTY CODE | County Name: Queens

IV. Installation Mailing Address

Street or P.O. Box: 421 Hudson Street Ste 412

City or Town: New York | State: NY | Zip Code: 10011

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

Name (Last): Follini | (First): CJ

Job Title: Surveyor | Phone Number (Area Code and Number): 212 929 5414

VI. Installation Contact Address

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

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership

A. Name of Installation's Legal Owner: Kings Point Investors LLC

Street, P.O. Box of Route Number: 421 Hudson Street

City or Town: New York | State: NY | Zip Code: 10014

Phone Number (Area Code and Number): 212 929 5414

B. Land Type: | C. Owner Type: | D. Change of Owner Indicator: Yes [X] 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 4106

RCRA PROGRAM BRANCH
2002 JUL 17 AM 10:52
ENVIRONMENTAL PROTECTION AGENCY, REGION II

Call Steve 516-903-7094 (owner change) walk in

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

OSA No. 0944-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 Activity

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

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [X] 3. Highway
   - [ ] 4. Water
   - [ ] 5. *Other - specify*
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

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

B. Used Oil Recycling Activities

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

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

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles: See 40 CFR Parts 261.20 - 261.24)*

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

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 ONLY	C. Follin	7/8/02

XI. Comments

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

Please resign

Only original signature of the Generator is acceptable.

Please print or type with ELITE

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)*

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

C. Installation's EPA ID Number

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

Kings Point Depot

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

Street: 151-45 Sixth Road

Street *(Continued)*:

City of Town: Whitestone — State: NY — Zip Code: 11357

COUNTY CODE — County Name: Queens

IV. Installation Mailing Address

Street or P.O. Box: 421 Hudson Street Ste 4121

City or Town: New York — State: NY — Zip Code: 10014

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

Name *(Last)*: Poliwt — *(First)*: CJ

Job Title: Supervisor — Phone Number *(Area Code and Number)*: 212 929 5414

VI. Installation Contact Address

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

B. Street or P.O. Box:

City or Town: — State: — Zip Code:

VII. Ownership

A. Name of Installation's Legal Owner: Kings Point Investors LLC

Street, P.O. Box, or Route Number: 421 Hudson Street

City or Town: New York — State: NY — Zip Code: 10014

Phone Number *(Area Code and Number)*: 212 929 5414

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 4106

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

OSA No. 0214-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 Activity

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

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [X] 3. Highway
   - [ ] 4. Water
   - [ ] 5. *Other - specify*
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

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

B. Used Oil Recycling Activities

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

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

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

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

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 ONLY	C Folline	7/8/02

XI. Comments

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

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

EPA United States Environmental Protection Agency

Handler Information

RCRA Info

ANTHONY GRACE & SONS **WHITESTONE** **NYD987006723**

Select the information to process:

Basic Handler Information

Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NYD987006723	ANTHONY GRACE & SONS		X	02	NY	

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	151-45	6TH RD	WHITESTONE	QUEENS	NY	113571206	P	NYSDEC R2

Mailing Address Information

Act Loc	Street No.	Street	City	State	Zip
NY	151-45	6TH RD	WHITESTONE	NY	11357

Contact Information Add Contact

Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	N	FOREMAN	STEVEN	SANFT	718-767-8755	151-45 6TH RD	WHITESTONE	NY	11357

Owner Information Add Owner

Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	1	CO	P		GRACE INDUSTRIES INC	718-767-8755	151-45 6TH RD	WHITESTONE	NY	11357

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				6/29/1992					

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	E	1	7/8/1999	- N	-	-	-	-		
NY	N	1	7/14/1992	SQG - R	-	-	-	-		

Hazardous Waste Stream Information				Add Waste Stream		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NY	0001	N	7/14/1992	0		

Go To

URL: /Handler/HAND_info_main.asp

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/29/92

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 ->	NYD987006723
FACILITY NAME ->	ANTHONY GRACE & SONS
MAILING ADDRESS ->	151-45 6TH RD WHITESTONE, NY 11357
INSTALLATION ADDRESS ->	151-45 6TH RD WHITESTONE, NY 11357

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO : SANFT, STEVEN
FOREMAN
ANTHONY GRACE & SONS
151-45 6TH RD
WHITESTONE, NY 11357

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

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)

7-14-98

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

[X] A. First Notification

[ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: NYD987006723

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

ANTHONY GRACE & SONS

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

Street: 151-45 6TH ROAD

Street (continued):

City or Town: QUEENS

State: NY

ZIP Code: 11357-

County Code:

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*): SANFT

(*first*): STEVEN

Job Title: FOREMAN

Phone Number (*area code and number*): 718-767-8755

VI. Installation Contact Address (*See Instructions*)

A. Contact Address Location [ ] Mailing [ ]

B. Street or P.O. Box: SAME AS ABOVE

City or Town:

State:

ZIP Code:

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: ANTHONY GRACE & SONS INC.

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

City or Town: SAME

State:

ZIP Code:

Phone Number (*area code and number*): 718-767-9000

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

Fadom

(B) Please Sanft sign this is his signature. We offered to retype the form.

(change for status)

7/14/92

Continue on reverse

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
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 Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] 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. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated 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. EP Toxic (D000)
X	X		

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
	STEVEN SANFT FOREMAN	07/08/92

XI. Comments

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

RECEIVED
JUN 11 1992

92 JUN 15 PM 12:58
PERMITS ADMINISTRATION
BRANCH

6-10-92

Dear Applicant:

We are returning your Notification of Hazardous Waste Activity (Form 8700-12) because it is deficient as indicated below.

- [x] Unsigned- Please affix an original signature in the certification block (must be signed by the generator.)
- [ ] Insufficient Location Address- Must be exact street address; P.O. Boxes are not acceptable.

Please update your Notification Form accordingly and return to:

USEPA-REGION II
PERMITS ADMINISTRATION BRANCH, ROOM 505
26 FEDERAL PLAZA
NEW YORK, NY 10278

Thank you for your cooperation in the RCRA program. 212-264-9883

Kal

Spoke To Betsy
6-12-92 Concerning
Signature

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

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

New

Date Received (For Official Use Only)
6-15-92

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

[X] A. First Notification
[ ] B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number: NYD 987006723

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

GRACE INDUSTRIES INC Grace & Dorlo

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

Street: 151-45 6RD

Street (continued):

City or Town: WHITESTONE
State: NY
ZIP Code: 11357-

County Code:
County Name: QUENS

IV. Installation Mailing Address (*See Instructions*)

Street or P.O. Box: SAME AS ABOVE

City or Town:
State:
ZIP Code: -

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

Name (*last*): SANFT
(*first*): STEVEN

Job Title: FOREMAN
Phone Number (*area code and number*): 718-767-8755

VI. Installation Contact Address (*See Instructions*)

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: SAME AS ABOVE

City or Town:
State:
ZIP Code: -

VII. Ownership (*See Instructions*)

A. Name of Installation's Legal Owner: GRACE INDUSTRIES INC

Street, P.O. Box, or Route Number: SAME AS ABOVE

City or Town:
State:
ZIP Code: -

Phone Number (*area code and number*): 718-767-9000

B. Land Type: P
C. Owner Type: P
D. Change of Owner Indicator: Yes [ ] No [X]
(Date Changed) Month Day Year

6/18/92 Town draft says Metropolitan Asphalt is his neighbor within the same bldg. There are no lot/block #'s or section #'s to distinguish their addresses

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

OUEI

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
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 Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] 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. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

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1. Off-Specification Used Oil Fuel
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1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
X			

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

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	D008	D038			
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
	STEVEN SANFT FOREMAN	5/21/92

XI. Comments

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

Betsy - Please check!

NATP U.S. ENVIRONMENTAL PROTECTION AGENCY 06/17/92
FINDS FACILITY INDEX SYSTEM 11:30:20
FIQ020P FINDS SOURCE SELECTION SCREEN FIQ020M1

EPA-ID: NYD001357771 UPDATE DATE: 02/19/92 UPDATE-USERID: HTR
FACILITY-NAME: METROPOLITAN ASPHALT
151-45 6TH RD
WHITESTONE NY 11357

main (718) 767 2000

THIS FACILITY IS CURRENTLY MONITORED BY THE FOLLOWING SYSTEMS:

03 AFS/AIRS

Construction Co.

6/18/92
neighbor / as per Steven Sanft.

ENTER PROGRAM OFFICE CODE TO VIEW THE SOURCE-ID(S):
-----ENTER------PF1/13-------PF3/15------PF4/16-------PF5/17-------PF7/19----
OFFICE SEARCH
SCREEN MENU SCREEN MENU CODES MENU

NATP U.S. ENVIRONMENTAL PROTECTION AGENCY 06/17/92
FINDS FACILITY INDEX SYSTEM 11:30:28
FIQ020P FINDS SOURCE SELECTION SCREEN FIQ020M1

EPA-ID: NYD986880573 UPDATE DATE: 02/27/91 UPDATE-USERID: HTR
FACILITY-NAME: ENDENWALD CONTRACT
151-45 6TH ROAD
WHITESTONE NY 11357
THIS FACILITY IS CURRENTLY MONITORED BY THE FOLLOWING SYSTEMS:

03 AFS/AIRS

ENTER PROGRAM OFFICE CODE TO VIEW THE SOURCE-ID(S):
-----ENTER------PF1/13-------PF3/15------PF4/16-------PF5/17-------PF7/19----
OFFICE SEARCH
SCREEN MENU SCREEN MENU CODES MENU