ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

04/12/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	**NJR000028613**
INSTALLATION NAME	→	**KODAK POLYCHROME GRAPHICS**
INSTALLATION ADDRESS	→	**631 CENTRAL AVE - 1ST FLOOR SW SECTION OF BLDG CARLSTADT, NJ 07072-1538**
MAILING ADDRESS	→	**631 CENTRAL AVE - 1ST FLOOR SW SECTION OF BLDG CARLSTADT, NJ 07072-1538**

EPA Form 8700-12AB (4-80)

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

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: BADGER, BRIAN
MGR REG AFFAIRS
631 CENTRAL AVE - 1ST FLOOR
SW SECTION OF BLDG
CARLSTADT, NJ 07072-1538

(WB) Sig. Copy

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

Form Approved. OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-GT

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

Date Received (For Official Use Only)

99 APR -7 PM 2:49

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

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

C. Installation's EPA ID Number: NJR000028613

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

KODAK POLYCHROME GRAPHICS

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

Street: 631 CENTRAL AVENUE - 1ST FLOOR

Street (Continued): ~~NE~~ SW Section of BLDG

City or Town: CARLSTADT

State: NJ

Zip Code: 07072-1538

County Code: 003

County Name: BERGEN

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): BADGER

(First): BRIAN

Job Title: MGR. REG AFFAIRS

Phone Number (Area Code and Number): 201-531-5802

VI. Installation Contact Address (See instructions)

A. Contact Address: Location [✓] Mailing [ ]

B. Street or P.O. Box:

City or Town:

State:

Zip Code:

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: KODAK POLYCHROME GRAPHICS

Street, P.O. Box, or Route Number: 401 MERRIT 7

City or Town: NORWALK

State: CT

Zip Code: 06851-

Phone Number (Area Code and Number): 203-845-7000

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

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

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

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] 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)
✓	✓	✓	✓

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)): 0035

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
F001	F002	F003	F005		
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
Brian Badger	BRIAN BADGER, MGR. REG. AFFAIRS	3-23-99

XI. Comments

THIS FACILITY IS A R&D LABORATORY AND MAY GENERATE SMALL QUANTITIES OF CHEMICALS LISTED AS "COMMERCIAL CHEMICAL PRODUCTS."

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

```
*****************************************************************************
*                RCRIS: Notification Add/Update Screen 2                    *
*****************************************************************************
*EPA ID: NJD982188021      Other ID:                    Merge Send: Y       *
*Date Received(MMDDYY): 060587    Source( N/E/S ): N Non-Notifier Flag:     *
*Date Acknowledged (MMDDYYYY): 03151988     Send Acknowledgement:            *
*Name of Installation: OLIN HUNT SPECIALTY PRODUCTS                          *
*                    Installation Location Address                          *
*Streets: 631 CENTRAL AVE                                                    *
*City:     CARLSTADT                  State: NJ    Zip: 07072               *
*County Code: 003      County Name: BERGEN                                  *
*  Installation Mailing Address (Type 'SAME' if same as Above)               *
*Streets: 631 CENTRAL AVE                                                    *
*City:     CARLSTADT                  State: NJ    Zip: 07072               *
*                      Contact Information                                  *
*   Last Name       First Name          Title        Phone  Address(M,L,O)*
* SULZBERG          THEODORE                          2014383234     L      *
*Streets: 631 CENTRAL AVE                                                    *
*City:     CARLSTADT                  State: NJ    Zip: 07072               *
*Land Type:                                                                  *
*****************************************************************************
```

Gen = 1/R
W.C. D001, D002
F001, F003, F005
P106, U096,
U122

```
*****************************************************************************
*                RCRIS: Notification Add/Update Screen 3                    *
*****************************************************************************
* EPA ID:     NJD982188021   Other ID:                 Source:  N           *
*                                                                            *
* Owner Sequence Number:     1                                               *
* Ownership:  OLIN CORP                              Type of Owner:  P       *
*                                                                            *
*                                                                            *
*                      Address of Owner                                      *
*                                                                            *
*     Street: NOT REQUIRED                                                   *
*     City:   NOT REQUIRED              State: WY  Zip Code  99999           *
*     Phone:  2125551212                                                     *
*                                                                            *
* Current/Previous Indicator:  CO   Change Date(MMDDYY):                     *
*                                                                            *
*                                                                            *
*                                                                            *
*****************************************************************************
* Enter-Continue       F3-Exit       F4-Exit Group Process   F5-Curr. Owner *
* F6-Prev. Owner       F8-Help       F9-First                F10-Next       *
*****************************************************************************
```

left msg 4/5/99
12:10

NE END
they are located in a 2 level multi tenement bldg per Brian 4/5/99 1:30