REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/31/2002

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	**NYR000109827**
INSTALLATION NAME	**MAINSTAY COOPERATIVE #2**
INSTALLATION ADDRESS	**144-75 MELBOURNE AVE FLUSHING, NY 113671350**
MAILING ADDRESS	**3646 NOSTRAND AVE BROOKLYN, NY 11229**

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: MAINSTAY COOPERATIVE #2
or Current Occupant
ATTN: SAM REIVER - ACCT EXEC
3646 NOSTRAND AVE
BROOKLYN, NY 11229

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)

ENVIRONMENTAL PROTECTION AGENCY, REGION II

2002 OCT 15 AM 10: 18

RCRA PROGRAMS BRANCH

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: NYR000109827

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

MAINSTAY COOPERATIVE #2

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

Street: 144-75 MELBOURNE AVE.

Street (Continued):

City or Town: FLUSHING

State: NY Zip Code: 11367-1350

County Code: P2 County Name: QUEENS

IV. Installation Mailing Address (See instructions): MAINSTAY CO-OP #2 c/o ARCO WENTWORTH MGT

Street or P.O. Box: 3646 NOSTRAND AVE

City or Town: BROOKLYN

State: NY Zip Code: 11229-

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

Name (Last): REIVER (First): SAM

Job Title: ACCOUNT EXECUTIVE

Phone Number (Area Code and Number): 718-332-0777 Extension: x301

VI. Installation Contact Address (See instructions)

Fax Number: 332-2858

A. Contact Address: Location ___ Mailing X

B. Street or P.O. Box: 3646 NOSTRAND AVE

City or Town: BROOKLYN

State: NY Zip Code: 11229-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner: ARCO WENTWORTH MANAGEMENT

Street, P.O. Box, or Route Number: 3646 NOSTRAND AVE.

City or Town: BROOKLYN

State: NY Zip Code: 11221-

Phone Number (Area Code and Number): 718-332-0777

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes ___ No ___ Date Changed: Month ___ Day ___ Year ___

EPA Form 8700 (Rev. 12/99)

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

Address Verified

...type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expi
GSA No. 0

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.)
   - ☐ 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 Use 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 - Indica 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))

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
D008					
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
Arthur W. [illegible]	ARTHUR WILLIS PROJECT MANAGER	10/8/02

XI. Comments

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

Original signature required