ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/02/98

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 ->	NYR000009639
FACILITY NAME ->	NYC BD OF ED - PUBLIC SCHOOL 97 BRONX
MAILING ADDRESS ->	51-09 2ND ST ABAX INC LONG ISLAND CITY, NY 11101
INSTALLATION ADDRESS ->	1375 MACE AVE BRONX, NY 10469

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: MONACO, EDWARD
PRESIDENT
NYC BD OF ED - PUBLIC SCHOOL 97 BRONX
51-09 2ND ST ABAX INC
LONG ISLAND CITY, NY 11101

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): 98-01-22

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: NYR000009639

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

ABAX Inc PS97X

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

Street: 1375 Mace Avenue

Street (Continued):

City of Town: Bronx | State: NY | Zip Code: 10469

County Code: 005 | County Name:

IV. Installation Mailing Address

Street or P.O. Box: 51-09 Second Street

City or Town: Long Island City | State: NY | Zip Code: 11101

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

Name (Last): Monaco | (First): Edward

Job Title: President | Phone Number (Area Code and Number): 718-784-2229

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 PROPERTY

A. Name of Installation's Legal Owner: NYC Board of Education

Street, P.O. Box, or Route Number: 28-11 Queens Plaza North

City or Town: Long Island City | State: NY | Zip Code: 11101

Phone Number *(Area Code and Number)*: 718-391-6475

B. Land Type: M | C. Owner Type: M | 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

FED X

Contact

Call

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

Form Approved. OMB No. 2050-0028 Expires 9-30-
GSA No. 0216-EPA

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.)
   - [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(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
[ ]	[ ]	[ ]	[X]

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) D008

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
ORIGINAL Edward Monaco President	Edward Monaco Pres.	

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. 11-30-83) Previous edition is obsolete.

TOTAL P.08

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

Form Approved, OMB No 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filling 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)
U.S. EPA AGENCY RO II

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: NYR000000963

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

NYC BOARD OF EDUCATION

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

Street: P.S. 97 BRONX

Street *(Continued)*: 1375 MACE AVENUE

City or Town: BRONX | State: NY | Zip Code: 10469-

County Code: | County Name: BRONX

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 1375 MACE AVENUE

City or Town: BRONX | State: NY | Zip Code: 10469-

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

Name *(Last)*: GUASTA | *(First)*: ROBERT

Job Title: INSPECTOR CHIEF | Phone Number *(Area Code and Number)*: 718-349-5590

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box: 1375 MACE AVENUE

City or Town: BRONX | State: NY | Zip Code: 10469-

VII. Ownership *(See Instructions)*

A. Name of installation's Legal Owner: NYC BOARD OF EDUCATION

Street, P.O. Box, of Route Number: 28-11 QUEENS PLAZA NORTH

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

Phone Number *(Area Code and Number)*: 718-349-5600

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

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

Continued 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 9-30-96
GSA No. 6246-EPA-OT

ID - For Official Use Only

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

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   - [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [x] c. Less than 100 kg/mo (220 lbs)
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   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
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   - [ ] 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.
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   - [ ] a. Generator Marketing to Burner
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   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

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     - [ ] 1. Utility Boiler
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     - [ ] 3. Industrial Furnace
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   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
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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]	D008

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

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
95 JUL 27 AM 10:28
U.S. EPA REGION V

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
Robert Guasta	ROBERT GUASTA INSPECTOR	7/25/95

XI. Comments

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

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/31/95

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EPA I.D. NUMBER ->	NYR000009639
FACILITY NAME ->	NYC BD OF ED - PUBLIC SCHOOL 97 BRONX
MAILING ADDRESS ->	1375 MACE AVE BRONX, NY 10469
INSTALLATION ADDRESS ->	1375 MACE AVE BRONX, NY 10469

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO : GUASTA, ROBERT
INSPECTOR CHIEF
NYC BD OF ED - PUBLIC SCHOOL 97 BRONX
28-11 QUEENS PLZ N
LONG ISLAND CITY, NY 11101