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

Form Approved. OMB No. 2060-0082. Expires 3-31-96. OSWER Directive 9345.1-05

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)

RECEIVED FEB 13 1996 EPA

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

ease 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-01

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.)
   - 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))			

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	1/27/97

XI. Comments

AN BAH/12 2/13/97

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

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

Form Approved OMB No. 2050-0028 Expires 3-31-95
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)

RECEIVED FEB 1996

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

[ ] A. First Notification

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
412-771-9799	P	P	Yes [ ] No [ ]			

e 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-GT

ID - For Official Use Only

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

A. Hazardous Waste Activity

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)

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

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

. 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)*

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

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
D006					
7	**8**	**9**	**10**	**11**	**12**

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

1	2	3	4	5	6

. 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
Gerald Tamilia	Gerald Tamilia, Pres.	1/26/98

XI. Comments

no change i/ml

BAH/MS 2/9/98

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

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

Form Approved. OMB No. 2050-0028 Expires 9/30/92
EPA/ID/0246-EPA-OT

RECEIVED
PA/WV SECTION

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)
AUG 23 1999
EPA REGION III

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code: -

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

it 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

ID - For Official Use Only

pe of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

enerator (See Instructions)
Greater than 1000kg/mo (2,200 lbs.)
100 to 1000 kg/mo (200-2,200 lbs.)
Less than 100 kg/mo (220 lbs)
ransporter (Indicate Mode in boxes 1-5 elow)
. For own waste only
. For commercial purposes

of Transportation
. Air
. Rail
. Highway
. 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

escription of Hazardous Wastes *(Use additional sheets if necessary)*

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

able 01)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
☐	☐	☐	☐				

isted 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
D006					
7	8	9	10	11	12

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

1	2	3	4	5	6

Certification

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

gnature	Name and Official Title *(Type or print)*	Date Signed
Gerald Tamilia	GERALD TAMILIA, PRES.	7/29/99

Comments

No change BAH/cm 8/23/99 VMS

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

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 EPA Form 8700-12, EPA-OT

RECEIVED

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) AUG 23 1999

EPA REGION III

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code: -

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
412-771-9799	P	P	Yes [ ] No [ ]			

int 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

Generator (See Instructions)
1. Greater than 1000kg/mo (2,200 lbs.)
2. 100 to 1000 kg/mo (200-2,200 lbs.)
3. Less than 100 kg/mo (220 lbs)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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))			
☐	☐	☐	☐				

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
D006					
7	**8**	**9**	**10**	**11**	**12**

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

1	2	3	4	5	6

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
Gerald Tamilia	GERALD TAMILIA, PRES.	7/29/99

Comments

NO change BHH/cm 3/23/99 VMS

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

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-ERT

RECEIVED
PA/DC SECTION

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)
FEB 11 1999

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code: -

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

Continued on Reverse

nt 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

ID - For Official Use Only

pe of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

enerator (See Instructions)
. Greater than 1000kg/mo (2,200 lbs.)
. 100 to 1000 kg/mo (200-2,200 lbs.)
. Less than 100 kg/mo (220 lbs)
ransporter (Indicate Mode in boxes 1-5 elow)
. For own waste only
. For commercial purposes

e 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
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☐ 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

escription of Hazardous Wastes *(Use additional sheets if necessary)*

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)*

table (001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
☐	☐	☐	☐				

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
D006					
7	**8**	**9**	**10**	**11**	**12**

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

1	2	3	4	5	6

Certification

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

gnature	Name and Official Title *(Type or print)*	Date Signed
Gerald Tamilia	GERALD TAMILIA, PRES.	1/27/99

. Comments

No change BAH 1cm 2/12/99

√MS

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

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-GEN

RECEIVED PA/DEP SECTION

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) FEB 1 1 1999

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code: -

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9999

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9999

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

Continued on Reverse

rint 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

ID - For Official Use Only

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

A. Hazardous Waste Activity

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)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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)*

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

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
D006					
7	**8**	**9**	**10**	**11**	**12**

. 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
Gerald Tamilia	GERALD TAMILIA, PRES.	1/27/99

XI. Comments

No change BAH 1am 2/12/99
✓ MS

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

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-OTI

RECEIVED

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)
MAY 10 1999

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code:

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

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 (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))
[ ]	[ ]	[ ]	[ ]	

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
D006					
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
Gerald Tamilia	GERALD TAMILIA, PRES.	4/27/99

XI. Comments

No change BAH/CM 5/13/99

✓MS

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

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

Form Approved. OMB No. 2050-0028 Expires 3-30-96
GSA No. 0246-EPA-OTS

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

RECEIVED
PA/DEP/SERO
Date Received
(For Official Use Only)
MAY 10 1999

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

[ ] A. First Notification

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH

State: PA

Zip Code: 15225-1603

County Code: 003

County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town:

State:

Zip Code:

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

Name *(Last)*: TAMILIA

(First): GERALD

Job Title: PRESIDENT

Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH

State: PA

Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH

State: PA

Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

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

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.)
   - [ ] 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))			

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
D006					
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
Gerald Tamilia	GERALD TAMILIA, PRES.	4/27/99

XI. Comments

No change BAH/CM 5/13/99

✓MS

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

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated 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 Biennial 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

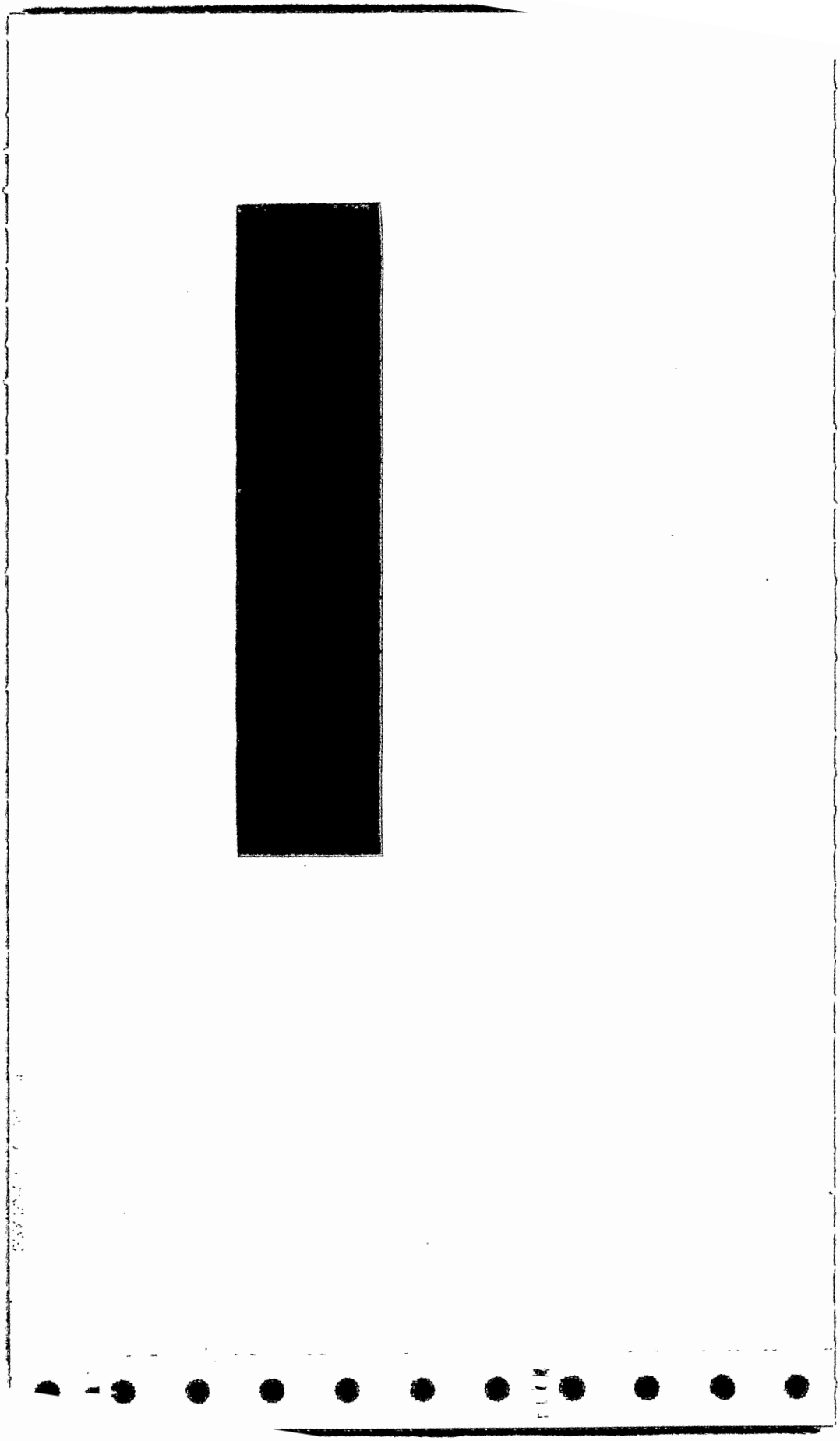
PAD086214053 12/10/98

NEVILLE GALVANIZING INC
3005 GRAND AVE
PITTSBURGH , PA 152251603
GERALD TAMILIA PRESIDENT

INSTALLATION ADDRESS

3005 GRAND AVE
PITTSBURGH ,PA 152251603

EPA Form 8700-12A (1/98)



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

RECEIVED
PA/DEP/BCON
NOV 10 1998

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)

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code:

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, of Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month	Day	Year
412-771-9799	P	P	Yes [ ] No [ ]			

Continued on Reverse

'int 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

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)
Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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
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☐ 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

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

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))

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
D006					
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
Gerald Tamilia	GERALD TAMILIA, PRES.	10/26/98

XI. Comments

NO change BAH/CM 11/10/98

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

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)
AUG 1 0 1993

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVENUE

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town: | State: | Zip Code: -

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9999

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVENUE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9999

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-92) Previous edition is obsolete

t 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

ID - For Official Use Only

pe of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

enerator (See Instructions)
Greater than 1000kg/mo (2,200 lbs.)
100 to 1000 kg/mo (200-2,200 lbs.)
Less than 100 kg/mo (220 lbs)
ransporter (Indicate Mode in boxes 1-5 elow)
. For own waste only
. For commercial purposes

e 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.
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)
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☐ 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

escription of Hazardous Wastes *(Use additional sheets if necessary)*

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

table 01)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
☐	☐	☐	☐				

isted 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
D006					
7	8	9	10	11	12

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

1	2	3	4	5	6

Certification

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

gnature	Name and Official Title *(Type or print)*	Date Signed
Gerald Tamilia	GERALD TAMILIA, PRES.	7/30/98

. Comments

no change BAH/MS 8/12/98 ✓ DW

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

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

Form Approved OMB No. 2050-0028 Expires 3-31-98 GSA No. 0246-EPA

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) AUG 5 1997

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

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

Form Approved. OMB No. 2050-0029 Expires 9-30-96
GSA No. 0246-EPA-OT

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

Generator (See Instructions)
1. Greater than 1000kg/mo (2,200 lbs.)
2. 100 to 1000 kg/mo (200-2,200 lbs.)
3. Less than 100 kg/mo (220 lbs)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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))			

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
D006					
7	**8**	**9**	**10**	**11**	**12**

. 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
Gerald Tamilia	Gerald Tamilia, Pres.	7/28/97

XI. Comments

No Δ

BAH/12 8/6/97

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

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-01

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)

RECEIVED
NOV 8
REGION III

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

[ ] A. First Notification

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

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

Form Approved. OMB No. 2050-0028 Expires 9-30-96
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 (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))			

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	10/29/96

XI. Comments

No change
BAH/2 11/18/96

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

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

Form Approved OMB No. 2050-0024 Expires 10/31/96

RECEIVED
PA/DC SECTION

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)
AUG 7 1996

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

[ ] A. First Notification

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, of Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

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).

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.)
   - 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))			

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	7/30/96

XI. Comments

BAH/L2 8/30/96

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

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

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

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)
RECEIVED
MAY 6 1996

No Change

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, of Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

int 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

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)
Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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)*

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

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
D006					
7	**8**	**9**	**10**	**11**	**12**

:. 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
Gerald Tamilia	Gerald Tamilia, Pres.	4/29/96

XI. Comments

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

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

RECEIVED
PA/DEP SOLID WASTE-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)
FEB 12 1996
EPA REGION III

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: 003 | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, of Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

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

'int 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

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)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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))			

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
D006					
7	**8**	**9**	**10**	**11**	**12**

:. 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
Gerald Tamilia	Gerald Tamilia, Pres.	1/29/96

XI. Comments

BAH/YK 4/15/96

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

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)

RECEIVED EPA REGION III

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

[ ] A. First Notification

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

int 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

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)
Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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)*

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

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
D006					
7	**8**	**9**	**10**	**11**	**12**

:. 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
Gerald Tamilia	Gerald Tamilia, Pres.	10/25/95

XI. Comments

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

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-QT

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)
AUG 2 1995
EPA REG

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH
State: PA
Zip Code: 15225-1603

County Code:
County Name: ALLEGHENY

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)*: TAMILIA
(First): GERALD

Job Title: PRESIDENT
Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH
State: PA
Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH
State: PA
Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

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

rint 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

ID - For Official Use Only

ype of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

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)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

de 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

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

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)*

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

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	7/28/95

XI. Comments

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

SQG

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)

RECEIVED
SEC SECTION
MAY 3
REGION III

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

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

C. Installation's EPA ID Number: P A D 0 8 6 2 1 4 0 5 3

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE.

Street *(Continued)*:

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

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)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: PITTSBURGH | State: PA | Zip Code: 15108-1603

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC.

Street, P.O. Box, or Route Number: 3005 GRAND AVE

City or Town: PITTSBURGH | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-20-93) Previous editions

rint 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

ID - For Official Use Only

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

A. Hazardous Waste Activity

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)

Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

ode 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

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

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)*

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

. 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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	4/12/95

XI. Comments

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

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# PA D018612140531 Date: 10-5-94

FACILITY NAME Neville Galvanizing INC

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State ____ Zip ____

County Code ____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State ____ Zip ____

Installation Contact

Last Name _____ First _____

Job Title _____ Phone # _____

Street _____

City/Town _____ State ____ Zip ____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State ____ Zip ____

Phone #(____) _____ Land Type ____ Owner Type ____

Waste Codes

Delete Old Waste Codes	Add New Waste Codes
	D006

Updated in RCRIS by RR Date 10/12/94

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____

Mode of Transportation:
Air_____ Rail_____ Highway_____ Water_____ Other_____

Burner/Blender _____ _____

B Boiler and/or Industrial Furnace (BIF) only.
D BIF only; Smelter Deferral.
E BIF only; Small Quantity Exemption claimed.
N Not a Burner/Blender, Verified.
X Other Burner/Blender Activity.
Blank Unverified.

HWF Market to Burner_____

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.
Blank No activity.

HWF Other Market_____

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner_____

B Boiler and/or Industrial Furnace.
X Indication of activity.

OSO Market to Burner_____

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market_____

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing tc burner (e.g., marketing to used oil refinery).

OSO Burner_____

B Boiler and/or Industrial Furnace.
X Indication of Activity.

SO ACT:_____

Code indicating that the handler is engaged in marketing of specification fuel oil activities.
B Boiler and/or Industrial Furnace.
X Indication of Activity.

Burner Types
Utility Boiler_____Industrial Boiler_____Ind. Furnace_____

Underground Injection Control_____

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler:_____

C Commercial
R Non-Commercial Recycler
N Not a Recycler, Verified
Blank Not a recycler, unverified.

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

Form Approved. OMB No. 2050-0028 Expires 11/30/96
GSA No. 1246-EPA-07

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)
SEP 26 1994
REGION III

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE

Street *(Continued)*:

City or Town: Pittsburg | State: PA | Zip Code: 15225-1603

County Code: | County Name: ALLEGHENY

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: SAME

City or Town: Pittsburg | State: | Zip Code:

RECEIVED
AUG 1 1994
DIVISION OF REPORTING

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

Name *(Last)*: TAMILIA | *(First)*: GERALD

Job Title: PRESIDENT | Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership *(See Instructions)*

A. Name of installation's Legal Owner: NEVILLE GALVANIZING INC

Street, P.O. Box, of Route Number: 3005 GRAND AVE

City or Town: NEVILLE TWP | State: PA | Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

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

Form Approved. OMB No. 2050-0028 Expires 3-31-96
GSA No. 0246-EPA-AD

ID - For Official Use Only

II. 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.)
   - [ ] 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
- [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))			

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	Jul. 26, 1994

XI. Comments

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

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

S

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)

JUL 25 1994

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

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

C. Installation's EPA ID Number: PAD086214053

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

NEVILLE GALVANIZING INC.

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

Street: 3005 GRAND AVE

Street *(Continued)*:

City or Town: NEVILLE TWP PITTSBURGH

State: PA

Zip Code: 15225-1603

County Code: 003

County Name: ALLEGHENY

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)*: TAMILIA

(First): GERALD

Job Title: PRESIDENT

Phone Number *(Area Code and Number)*: 412-771-9799

VI. Installation Contact Address *(See Instructions)*

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

B. Street or P.O. Box:

City or Town:

State:

Zip Code:

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: NEVILLE GALVANIZING INC

Street, P.O. Box, of Route Number: 3005 GRAND AVE

City or Town: NEVILLE TWP PITTSBURGH

State: PA

Zip Code: 15225-1603

Phone Number *(Area Code and Number)*: 412-771-9799

B. Land Type:

C. Owner Type: P

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

(Date Changed) Month Day Year

Continued on Reverse

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

Form Approved. OMB No. 2050-0028 Expires 3-30-96
GSA No. 0246-EPA-OT

ID - For Official Use Only

III. 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.)
   - [ ] 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
- [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))			

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
D006					
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
Gerald Tamilia	Gerald Tamilia, Pres.	7/14/94

XI. Comments

GDA/dek 10/6/94

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

D13

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-01

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

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).*

For Official Use Only

Comments

Installation's EPA ID Number			Approved	Date Received (yr. mo. day)
C F	PAD086214053	T/A C 1		90 05 1

I. Name of Installation

NEVILLE GALVANIZING INC

II. Installation Mailing Address

Street or P.O. Box	City or Town	State	ZIP Code
C 3: 3005 GRAND AVENUE	C 4: PITTSBURGH	PA	15225

III. Location of Installation

Street or Route Number	City or Town	State	ZIP Code
C 5: SAME	C 6:		

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
C 2: TAMILIA GERALD PRES	412 771 9799

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
C R: NEVILLE GALVANIZING	P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

II. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in hich hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

[ ] A. Utility Boiler [ ] B. Industrial Boiler [ ] C. Industrial Furnace

III. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

[ ] A. Air [ ] B. Rail [ ] C. Highway [ ] D. Water [ ] E. Other *(specify)*

. First or Subsequent Notification

ark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent tification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

[ ] A. First Notification [ ] B. Subsequent Notification

ID — For Official Use Only														
C													T/A	C
W														1

.. Description of Hazardous Wastes *(continued from front)*

.. **Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

3. **Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. **Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. **Listed Infectious Wastes.** Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. **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 261.21 — 261.24)*

- ☒ 1. Ignitable *(D001)*
- ☒ 2. Corrosive *(D002)*
- ☐ 3. Reactive *(D003)*
- ☒ 4. Toxic *(D000)*

XI. 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 fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Gerald Tamilia	GERALD TAMILIA, PRES.	4-26-90

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

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)*.

For Official Use Only

Comments

RECEIVED PA S

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F PAD086214053 T/A C 1	MAY 23 1990	MAY 11 REC'D

I. Name of Installation

NEVILLE GALVANIZING INC

II. Installation Mailing Address

Street or P.O. Box: 3005 GRAND AVENUE

City or Town	State	ZIP Code
NEVILLE TWP	PA	15225

III. Location of Installation

Street or Route Number: SAME

City or Town	State	ZIP Code

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
TAMILIA GERALD PRES	412 771 9799

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
NEVILLE GALVANIZING	P

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

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

03 Allegheny

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

[ ] A. Utility Boiler [ ] B. Industrial Boiler [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

[ ] A. Air [ ] B. Rail [ ] C. Highway [ ] D. Water [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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

C. Installation's EPA ID Number

ID — For Official Use Only			
C		T/A	C
W			1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D006					
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

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37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

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- ☒ 1. Ignitable *(D001)*
- ☒ 2. Corrosive *(D002)*
- ☐ 3. Reactive *(D003)*
- ☒ 4. Toxic *(D000)*

XI. 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 fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Gerald Tamilia	President GERALD TAMILIA	1/25/90

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED
PA SECTION
MAY 1 1 1990
EPA, R3

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

06/01/90

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 ->	PAD086214053
FACILITY NAME ->	NEVILLE GALVANIZING INC
MAILING ADDRESS ->	3005 GRAND AVE PITTSBURGH, PA 15225
INSTALLATION ADDRESS ->	3005 GRAND AVE PITTSBURGH, PA 15225

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 CHESTNUT BUILDING
PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HW53

TO: TAMILIA GERALD PRES
NEVILLE GALVANIZING INC
3005 GRAND AVE
PITTSBURGH, PA 15225