Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/08/2008

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:	NJR000070540
INSTALLATION NAME:	PATERSON BD OF ED - GREAT FALLS ACADEMY
INSTALLATION ADDRESS :	259-275 ALABAMA AVE PATERSON, NJ 07514
MAILING ADDRESS :	404 GRAND ST PATERSON , NJ 07505

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: PATERSON BD OF ED - GREAT FALLS ACADEMY
or Current Occupant

ATTN: JACK PERNA
404 GRAND ST
PATERSON , NJ, 07505

Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/20/2008

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:	NJR000070540
INSTALLATION NAME:	GREAT FALLS ACADEMY
INSTALLATION ADDRESS :	259-275 ALABAMA AVE PATERSON, NJ 07514
MAILING ADDRESS :	404 GRAND ST PATERSON , NJ 07505

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ATTN: RCRA NOTIFICATIONS
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TO: GREAT FALLS ACADEMY
or Current Occupant

ATTN: JACK PERNA
404 GRAND ST
PATERSON , NJ, 07505

New #

OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☑ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☐ As a component of the Hazardous Waste Report	
2. Site EPA ID Number (page 14)	**EPA ID Number** NJR000070540	
3. Site Name (page 14)	**Name:** GREAT FALLS ACADEMY	
4. Site Location Information (page 14)	**Street Address:** 259-275 ALABAMA AVE.	
	City, Town, or Village: PATERSON	**State:** NJ
	County Name: PASSAIC	**Zip Code:** 07514
5. Site Land Type (page 14)	**Site Land Type:** ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	**A.** 611110	**B.**
	C.	**D.**
7. Site Mailing Address (page 15)	**Street or P. O. Box:** 404 GRAND STREET	
	City, Town, or Village: PATERSON	
	State: NEW JERSEY	
	Country: USA	**Zip Code:** 07505
8. Site Contact Person (page 15)	**First Name:** DR. JACK **MI:**	**Last Name:** PERNA
	Phone Number: 973-321-0995 **Extension:**	**Email address:** JPERNA@PATERSON.K12.NJ.US
9. Operator and Legal Owner of the Site (pages 15 and 16)	**A. Name of Site's Operator:** PATERSON BOARD OF EDUCATION	**Date Became Operator (mm/dd/yyyy):** 09/01/1880
	Operator Type: ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
	B. Name of Site's Legal Owner: PATERDON BOARD OF EDUCATION	**Date Became Owner (mm/dd/yyyy):** 09/01/1880
	Owner Type: ☐ Private ☐ County ☑ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	

EPA ID NO: |__|__|__|__|__|__|__|__|__|__|__|__|

OMB#: 2050-0028 Expires 06/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: 33-35 CHURCH STREET	
	City, Town, or Village: PATERSON	
	State: NEW JERSEY	
	Country: USA	Zip Code: 07505

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y☑ N☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☑ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y☐ N☑ d. United States Importer of Hazardous Waste

Y☐ N☑ e. Mixed Waste (hazardous and radioactive) Generator

Y☐ N☑ **2. Transporter of Hazardous Waste**

Y☐ N☑ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y☐ N☑ **4. Recycler of Hazardous Waste (at your site)**

Y☐ N☑ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining

Y☐ N☑ **6. Underground Injection Control**

B. Universal Waste Activities

Y☐ N☑ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply:**

	Manage
a. Batteries	☐
b. Pesticides	☐
c. Mercury containing equipment	☐
d. Lamps	☐
e. Other (specify)	☐
f. Other (specify) _____	☐
g. Other (specify) _____	☐

Y☐ N☑ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y☐ N☑ **1. Used Oil Transporter**
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y☐ N☑ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y☐ N☑ **3. Off-Specification Used Oil Burner**

Y☐ N☑ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D003	D001	D005	F007	D002	F008	U151
F003	U122	U188	U135	U019	U002	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

DISTRICT IS A SCHOOL DISTRICT

13. 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.
For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).
(See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
[signature]	DR. JACK PERNA, ENVIRONMETAL, HEALTH AND SAFETY OFFICER	01/08/2008