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

Form Approved. OMB No. 2000-0098
GSA No. 0246-EPA-OT Expiration Date 12/31/86

EPA — ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

NEY YORK INSTITUTE OF TECHNOLOGY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 268 WHEATLEY ROAD

CITY OR TOWN: 4 OLD WESTBURY — ST.: NY — ZIP CODE: 11568

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 268 WHEATLEY RD OLD WESTBURY NY

CITY OR TOWN: 6 OLD WESTBURY NY — ST.: NY — ZIP CODE: 11568

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 DONALDSON WM DIR BLDG & GRNDS

PHONE NO. (area code & no.): 516-686-7545

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 NEW YORK INSTITUTE OF TECHNOLOGY

B. OWNERSHIP (enter the appropriate letter into box): N

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete Item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only — enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. 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 I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. — FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
X002					
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 industrial 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 listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed 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)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
William J. Donaldson	DIRECTOR OF BUILDINGS AND GROUNDS	10/14/85

RECEIVED
OCT 08 1985

MAILING ADDRESS FOR NOTIFICATION FORM

Please mail your completed notification form to the following address instead of the mailing address listed in the booklet:

Permits Administration Branch
U.S.E.P.A. - Region II
26 Federal Plaza, Room 432
New York, New York 10278

Retain one copy for your records.

STATE REGULATED WASTE CODES

If you are notifying because you handle a State regulated waste that does not come under the Federal Hazardous Regulations, please use the following codes for Description of Hazardous Waste (Section IX on the notification form). Write them in sub-section A: Hazardous Waste From Non-Specific Sources.

X001 = Waste Oils

X002 = Polychlorinated Biphenols (PCBs)

X003 = Other State-Regulated Wastes

FROM:

New York Institute of Technology
268 Wheatley Road
Old Westbury, New York 11568

Attention: William J. Donaldson
Buildings and Grounds Dept.

Customer Number, if any:

TO:

Permits Administration Branch
U.S.E.P.A. 0 Region II
26 Federal Plaza, Room 432
New York, New York 10278

Attention: Laura Livingston

Label 11-B, Jan. 1983 ★ U.S.G.P.O. 1982-384-133

EXPRESS MAIL POST OFFICE TO ADDRESSEE

ORIGIN:

Initials of Receiving Clerk

P.O. ZIP Code 11568

Date in 10/15/85 Time in 1:30

Return Receipt Service

☐ To Whom & Date Del.

☐ To Whom, Date & Address of Del.

Weight 1 Lbs

Postage & Fees $ 10.25

B14932198

SERVICE GUARANTEE:
Domestic mailings under this service made at designated USPS facilities or at certain specified drop-off times will be attempted for express shipment to a designated USPS delivery area following Express Mail Service for next day delivery to addressee or agent, refund upon application to originating office. The postage for any shipments mailed under this service and not meeting the service standard except those delayed by strikes or work stoppage. See USPS Notice 41 for details.

INSURANCE COVERAGE:
See USPS Notice 7 or Notice 33 for exclusions of coverage.
(1) Document Reconstruction Insurance: Non-negotiable documents are insured against loss, damage, or delay up to $50.00 per piece subject to a limit of $500.00 per occurrence.
(2) Merchandise Insurance: Parcels are insured against loss, damage or delay up to a maximum of $500.

- Signature is required upon delivery.
- Claims for delay, loss, damage or injury must be made within 90 days. Claims for delay, loss, damage or injury may be delivered at the post office of mailing.
- No receipt must be presented when a claim is filed.

EXPRESS MAIL SERVICE

Customer Receipt

REMOVE COPIES 1 & 2

NEW YORK INSTITUTE OF TECHNOLOGY
OLD WESTBURY, NEW YORK 11568

State of NY
Dept of Environ Conserv
Div of Solid + Hazardous Waste
PO Box 12820
Albany, NY 12212

NEW YORK INSTITUTE OF TECHNOLOGY
OLD WESTBURY, NEW YORK 11568

New Hampshire Div of
Public Health Service
Office of Waste Management
Health and Welfare Bldg
Hazen Dr.
Concord, NH 03301

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-0001

518 474-2121

JANUARY 13, 1986

Henry G. Williams
Commissioner

NEW YORK INSTITUTE OF TECHNOLOGY
25 A NORTHERN BOULEVARD
OLD WESTBURY , NY 11593

EPA ID NUMBER : NYD981138480
REFERENCE CODE NO.: 1

RE: MANIFEST DOCUMENT NUMBER NHB0005758
SHIPPED TO TRANSFORMER SERVICES, INC.
SHIPPED ON 12/23/85

DEAR SIR:

OUR RECORDS INDICATE THAT WE HAVE NOT RECEIVED COPY 6 OR 7 FOR THE ABOVE REFERENCED HAZARDOUS WASTE SHIPMENT.

IN ACCORDANCE WITH 6NYCRR PART 372.2 (b)(3), NEW YORK STATE HAZARDOUS WASTE REGULATIONS, A GENERATOR IS REQUIRED TO SEND COPY 6 OR 7 OF THE MANIFEST FORM TO NEW YORK STATE WHEN THE SHIPMENT IS INITIATED.

A GENERATOR WHO DOES NOT FULFILL THESE REQUIREMENTS MAY BE SUBJECT TO A FINE OF UP TO $25,000 AS SPECIFIED IN ECL S71-27-5.

PLEASE FORWARD COPY 6 OR 7 OF THE ABOVE REFERENCED MANIFEST TO:

NYS DEC - DIVISION OF SOLID AND HAZARDOUS WASTE
MANIFEST SECTION
P.O. BOX 12820
ALBANY, NY 12212

SINCERELY,

James Sibbald Moran

JAMES SIBBALD MORAN, P.E. 457-3274
SUPERVISOR, MANIFEST SECTION
BUREAU OF HAZARDOUS WASTE OPERATIONS
DIVISION OF SOLID AND HAZARDOUS WASTE

B = Burn
T = Treat
R - Recover
L - Landfill

T-06

OFFICE OF WASTE MANAGEMENT
Health and Welfare Building
Hazen Drive
Concord, NH 03301

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NYD981138489
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but may be required by State Law.

3. Generator's Name and Mailing Address
NY Institute of Technology
25 A Northern Blvd.
Old Westbury, N.Y.

4. Generator's Phone (516-686-7547

A. State Manifest Document Number NH B 0005758

B. State Generator's ID Same as 3

5. Transporter 1 Company Name: Transformer Service Inc.
6. US EPA ID Number: NHD018902874

C. State Transporter's ID NH T89611

D. Transporter's Phone 603-224-4006

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Transformer Service Inc.
Regional Dr.
Concord, N.H. 03301
10. US EPA ID Number: NHD018902874

G. State Facility's ID Same as 9

H. Facility's Phone 603-224-4006

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Polychlorinated Biphenyls Transformer Oil, NO NOS ORM-E UN-2315	010	TP	[illegible]	G	B002
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. T
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T-06
b.
c.
d.

15. Special Handling Instructions and Additional Information
Dike and contain

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and State laws and regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: William J. Donaldson, Director of Facilities
Signature: William J. Donaldson
Month Day Year: 12 23 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature: William J. Donaldson
Month Day Year: 1 27 86

EPA Form 8700-22 (3-84)

TO REPORT A SPILL, CONTACT: NATIONAL EMERGENCY RESPONSE CENTER (1-800-424-8802), THE N.H. DEPT. OF SAFETY (1-800-852-3411) AND N.H. OFFICE OF WASTE MANAGEMENT (271-4608 OR 1-800-8[illegible]345). TO REPORT AN OIL SPILL: NHWSPCC (271-3440).

COPY 8: GENERATOR COPY

NH B 0005758

NEW YORK INSTITUTE OF TECHNOLOGY
Old Westbury, N.Y. 11568
(516) 686-7545

Buildings and Grounds Department

January 23, 86

Mr. James Moran

As per our conversation of today I am enclosing corrected manifest form. We hope all paperwork is corrected now.

Thank you for your help.

Roseann Varrichio

(516) 686-7545

ROSEANN L. VARRICHIO
ASSISTANT TO THE DIRECTOR
BUILDINGS AND GROUNDS DEPARTMENT

NEW YORK INSTITUTE OF TECHNOLOGY
OLD WESTBURY, N.Y. 11568

R, 1855 BROADWAY, NEW YORK, N.Y. 10023
6350 JERICHO TURNPIKE, COMMACK, N.Y. 11725
, CARLETON AVENUE, CENTRAL ISLIP, N.Y. 11722

Health and Welfare Buildi
Hazen Drive
Concord, NH 03301

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404. Expires 7-31-8

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. HYD981138430
Manifest Document No.
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but may be required by State Law.

3. Generator's Name and Mailing Address
NY Institute of Technology
25 A Northern Blvd.
Old Westbury, N.Y.

4. Generator's Phone (516-686-7547

A. State Manifest Document Number NHB 0005758

B. State Generator's ID Same as 3

5. Transporter 1 Company Name: Transformer Service Inc.
6. US EPA ID Number: MWD018902874

C. State Transporter's ID MH T19611

7. Transporter 2 Company Name
8. US EPA ID Number

D. Transporter's Phone 603-224-4006

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Transformer Service Inc.
Regional Dr.
Concord, N.H. 03301
10. US EPA ID Number: MWD018902874

G. State Facility's ID Same as 9

H. Facility's Phone 603-224-4006

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Polychlorinated Biphenyls Transformer Oil, NOS ORM-E UN-2315	010	TP	[illegible]	C	B002
b.					
c.					
d.					

Corrected

J. Additional Descriptions for Materials Listed Above
a. T
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T-06
b.
c.
d.

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Dike and contain

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Printed/Typed Name: William J. Donaldson
Signature: William J. Donaldson
Director of Facilities
Month Day Year: 12 23 85

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: [illegible]

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature: William J. Donaldson
Month Day Year: 1 23 86

EPA Form 8700-22 (3-84)

TO REPORT A SPILL, CONTACT: NATIONAL EMERGENCY RESPONSE CENTER (1-800-424-8802). THE N.H. DEPT. OF SAFETY (1-800-852-3411) AND THE NH OFFICE OF WASTE MANAGEMENT (271-4608 OR 1-800-852-3345). TO REPORT AN OIL SPILL: NHWSPCC (271-3440).

TRANSFORMER SERVICE, INC.

P.O. BOX 1077
CONCORD, NEW HAMPSHIRE 03301

RECEIVED
KRH
JAN 27 1986

INVOICE DATE: 12/31/85

INV NU: 12

PAGE

SOLD TO:
NEW YORK INSTITUTE OF
TECHNOLOGY
OFFICE OF COMPTROLLER
OLD WESTBURY NY 11568

B+6

SHIP TO:
NEW YORK INSTITUTE OF
TECHNOLOGY
25A NORTHERN BLVD.
OLD WESTBURY NY

CUST. NO.	CUSTOMER PURCHASE ORDER NO.	SHIPPED VIA	SHIP DATE	TERMS	SALESMAN	JOB ORD
	750306517722/032M			NET30	20	

SERVICE CODE	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
10	DISPOSAL SERVICES PER TST QUOTATION #7722, DATED 9/5/85 PICKED UP 12/23/85 MANIFEST NNH00865758 SALES & USE TAX EXEMPTION #131476 NASSAU COUNTY	1.00		$185.00	6185.

APPROVED:
NOT APPROVED:
REASON FOR NON-APPROVAL:

APPROVED
Mary Donaldson
JAN 28 1986
DATE:

SERVICE CHARGE OF 1 1/2 % PER MONTH WHICH
ANNUAL PERCENTAGE RATE OF 18%, WILL BE ADDED TO THIS
INVOICE IF NOT PAID WITHIN 30 DAYS OF INVOICE DATE

SUB TOTAL	
SALES TAX	
HANDLING	
TOTAL DUE	6185.0

PLEASE SHOW OUR INVOICE NO. ON YOUR CHECK
REMIT TO:
TRANSFORMER SERVICE, INC.
P.O. BOX 1077
CONCORD, N.H. 03301

THANK YOU FOR YOUR ORDER

ORIGINAL