Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at http://www.epa.gov.

Region 2 has provided a FOIA Web site http://www.epa.gov/region02/foia/ with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site http://www.epa.gov/region2/foia/fff.htm covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at http://www.epa.gov/region2/waste/cleanup/sites/

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site http://www.epa.gov/enviro/index java.html is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"Window to My Environment"** Web site http://www.epa.gov/enviro/wme is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site http://www.epa.gov/echo/ provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site http://www.rtk.net.org/ on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site http://www.epa.gov/osw/hazard/generation/cesqg.htm provides information on Conditionally Exempt Small Quantity Generators.

REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/07/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	**NYR000059808**
INSTALLATION NAME →	**NYSDOT - DAVIDSON METALS**
INSTALLATION ADDRESS →	**7110 REPUBLIC AIRPORT FARMINGDALE, NY 11735**
MAILING ADDRESS →	**7110 REPUBLIC AIRPORT FARMINGDALE, NY 11735**

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: MEMOLI, MICHAEL
MANAGER
7110 REPUBLIC AIRPORT
FARMINGDALE, NY 11735

USPO EXP

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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

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

C. Installation's EPA ID Number: NYR000059808

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

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

Street: 7110

Street (continued): REPUBLIC AIRPORT

City or Town: FARMINGDALE

State: NY

ZIP Code: 11735-

County Code:

County Name: SUFFOLK

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)*: MEMOLI

(first): MICHAEL

Job Title: MANAGER

Phone Number *(area code and number)*: 516-666-9599

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [ ] Mailing [ ]

B. Street or P.O. Box: SAME

City or Town:

State:

ZIP Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: NYS DEPT OF TRANSPORTATION

Street, P.O. Box, or Route Number: 7150 REPUBLIC AIRPORT

City or Town: FARMINGDALE

State: NY

ZIP Code: 11735-

Phone Number *(area code and number)*: 516-755-1300

B. Land Type:

C. Owner Type:

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. 2050-0078. Expires 10-31-91
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 (220 - 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. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated 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. Toxic (D000)
X			

(List specific EPA hazardous waste number(s) for the Toxic contaminant(s))

D035

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
F005					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
	MICHAEL MEMOLI WHSE MGR	8/25/98

XI. Comments

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

safety-kleen ®

August 27, 1998

USEPA Region II
Air and Waste Management Section
290 Broadway
New York, NY 10007-1866

Dear Sir,

Enclosed are several applications for EPA numbers. Please rush these applications since these customers need to have their waste picked up as soon as possible.

If you have any questions please contact me at 516-842-6311.

Sincerely,

Joyce D. Zimmerman
Office Supervisor

Safety-Kleen Corp.
60 Seabro Ave.
N. Amityville, NY 11701

MAR 2 2 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Hugh D. Jones
Republic Airport
Airport Director
7150 Republic Airport, Room 216
Farmingdale, New York 11735

Re: Request for Information Pursuant to Section 9005 of the Solid Waste Disposal Act, as amended

Dear Mr. Jones:

The U.S. Environmental Protection Agency (EPA) is charged with the protection of human health and the environment under the Solid Waste Disposal Act, as amended (often referred to as the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §§ 6901 et seq).

You are hereby required, pursuant to Section 9005(a) of RCRA, 42 U.S.C. § 6991d(a), and 40 C.F.R. § 280.34 to submit the information requested in Enclosure II, for the underground storage tank (UST) systems located at the Republic Airport in Farmingdale, New York using the instructions and definitions in Enclosure I. This information is necessary to determine whether said UST systems are in compliance with Subtitle I of RCRA, as amended, 42 U.S.C. § 6991 et seq., and the regulations promulgated pursuant thereto and set forth at 40 C.F.R. Part 280.

Please provide the information requested no later than thirty (30) calendar days from the date of receipt of this letter. Requests for additional time must be justified, and must be requested within ten (10) calendar days of your receipt of this letter. The response must be signed by a responsible official or agent of your company. Violation of federal UST regulations may result in penalties of up to $11,000 per UST system per day of violation. The response to the request in Enclosure II must be submitted to the following addressee:

Meghan M. La Reau, Environmental Scientist
RCRA Compliance Branch
Division of Enforcement and Compliance Assistance
U.S. Environmental Protection Agency
290 Broadway, 22nd floor
New York, New York 10007-1866

You may, if you so desire, assert a business confidentiality claim covering all or part of the information herein requested. The claim may be asserted by placing on (or attaching to) the information at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential". The claim should set forth the information requested in 40 Code of Federal Regulations (40 C.F.R.) Section 2.204(e)(4). Information covered by such a claim will be disclosed by EPA only to the extent permitted by, and by means of procedures set forth in, 40 C.F.R. Part 2. EPA will review the information to determine the extent of confidentiality of the information, and may, at its discretion, challenge the confidentiality claim pursuant to the procedures set forth at 40 C.F.R. Part 2. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

This information request is not subject to the requirements of the Paperwork Reduction Act (PRA), as amended, 44 U.S.C. §§3501 et seq.

Failure to respond to this letter truthfully and accurately within the time provided may subject you to an enforcement action pursuant to Section 9006 of RCRA, 42 U.S.C. § 6991e.

If you have any questions concerning the information requested, please contact Meghan M. La Reau at (212) 637-4148. I urge your prompt attention to this matter.

Sincerely yours,

ORIGINAL SIGNED BY
LISA P. JACKSON

George Pavlou, Director
Division of Enforcement and Compliance Assistance

Enclosures

cc: Jim De Zolt, Director
Bureau of Spill Prevention and Response
NYSDEC
Alexander Santino, SCDHS

bcc: John Kushwara, Acting Chief, Water Compliance Branch
Lenny Voo, RCB
Meghan La Reau, RCB
RCRA file

ENCLOSURE I

INSTRUCTIONS AND DEFINITIONS

In responding to this Request for Information, apply the following instructions and definitions:

1. The signatory should be an officer or agent who is authorized to respond on behalf of the company or facility. The signatory must sign the attached Certification of Answers and return it with the response to this Request for Information.

2. A complete response must be made to each individual question in this request for information. Identify each answer with the number of the question to which it is addressed.

3. In preparing your response to each question, consult with all present and former employees and agents of the company or facility who you have reason to believe may be familiar with the matter to which the question pertains.

4. In answering each question, identify all contributing sources of information.

5. It is your responsibility to try to obtain any information pertinent to any question. If you are unable to answer a question in a detailed and complete manner or if you are unable to provide any of the information or documents requested, indicate the reason for your inability to do so. If you have reason to believe that there is an individual who may be able to provide more detail or documentation in response to any question, state that person's name and last known address and phone number and the reasons for your belief.

6. If you cannot provide a precise answer to any question, please approximate and state the reason for your inability to be specific.

7. For each document produced in response to this Request for Information, indicate on the document or in some other reasonable manner the number of the question to which it applies.

8. If anything is deleted from a document produced in response to the Request for Information, state the reason for and the subject matter of the deletion.

9. If a document is requested but is not available, state the reason for its unavailability. In addition, identify any such document by author, date, subject matter, number of pages, and all recipients and their addresses.

10. Unless the question clearly provides otherwise, each question must be answered for the UST systems located at Republic Airport, Farmingdale, New York.

11. The company, for the purposes of the Request for Information, is Republic Airport, located at 7150 Republic Airport, Farmingdale, New York.

12. Underground storage tank or UST shall be defined, for the purposes of this Request for Information, as any one or combination of tanks (including pipes connected thereto) that is used to contain an accumulation of regulated substances, and the volume of which (including the volume of underground pipes connected thereto) is 10 percent or more beneath the surface of the ground. See 40 C.F.R. § 280.12.

13. Underground storage tank system or UST system shall be defined, for the purposes of this Request for Information, as an underground storage tank, connected underground piping, underground ancillary equipment, and containment system, if any. See 40 C.F.R. § 280.12.

14. A facility, for the purposes of this information gathering, is defined as the property on which USTs are located.

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in response to EPA's Request for Information, and all documents submitted herewith; that the submitted information is true, accurate, and complete; and that all documents submitted herewith are complete and authentic, unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____
Name (print or type)

_____ _____
SIGNATURE DATE

ENCLOSURE II

On January 12, 1999, duly authorized representatives of EPA Region 2 conducted an inspection of Republic Airport located at 7150 Republic Airport in Farmingdale, New York. The following information is being requested to determine compliance with 40 CFR 280 "Technical Standards and Corrective Action Requirements for Owners and Operators of Underground Storage Tanks (USTs)". Therefore, the following must be provided:

1. For each UST system at Republic Airport, provide the following information:

   a. Identify the owner and the operator providing the legal name, address, and phone number.
   b. Provide the day, month and year of installation. If the installation date is unknown, please state so.
   c. Provide a plan or map showing their locations and manifold configurations, if any.
   d. Provide: (i) the construction material of tank and piping for each UST system, (ii) the name of the manufacturer of each part of the UST system, (iii) whether or not the UST systems have been upgraded pursuant to 40 C.F.R. 280.21
   e. Indicate the capacity and type of substances currently stored, or which were stored.
   f. Indicate whether the pumping system is operated by suction or pressure.
   g. Please specify the method(s) of leak detection (see 40 C.F.R. §§ 280.43 and/or 280.44) used and describe in detail how the leak detection method is implemented. Provide documentation and any supporting documents demonstrating that the leak detection method was implemented during the last 12 months.
   h. Provide a copy of Suffolk County Department of Health Services UST registration documents or NYSDEC PBS certificates.

2. For each tank listed above, please provide proof of corrosion protection and spill and overfill prevention systems used for each tank.

3. If release detection is conducted by monthly inventory control and tank tightness testing as allowed by 40 C.F.R. § 280.41 (a)(2), and you have not provided the information requested herein in response to any question above, provide proof of tank tightness testing for each UST and inventory control for each UST.

4. If any UST system is currently temporarily closed or out of service, provide the date of its temporary closure or date it was taken out of service. If the tank is empty, please describe the method used to empty the tank.

5. If any UST system is permanently closed, or if there was a change in service from regulated to non-regulated substances, provide the date of permanent closure or of the change in service. State whether site assessments were conducted and, if so, whether the New York State Department of Environmental Conservation and/or Suffolk County

Department of Health Services was notified. Provide copies of all such notifications and site assessment reports.

6. Provide all information pertaining to known or suspected releases from any of the UST systems and corrective actions taken with respect to such releases between December 22, 1988 and the date of your response.

7. Provide evidence of compliance with the financial responsibility requirements found at 40 C.F.R. § 280 Subpart H.

8. Identify each person by name and position held at the company who prepared or assisted in the preparation of the responses to this information request.

JUL 21 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Arthur E. Volk, President
Flightways of Long Island
d/b/a Million Air
Republic Airport
Route 109
Farmingdale, NY 11735

Re: Request for Information Pursuant to Section 9005 of the Solid Waste Disposal Act, as amended

Dear Mr. Volk:

The U.S. Environmental Protection Agency (EPA) is charged with the protection of human health and the environment under the Solid Waste Disposal Act, as amended (often referred to as the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §§ 6901 et seq).

You are hereby required, pursuant to Section 9005(a) of RCRA, 42 U.S.C. § 6991d(a), and 40 C.F.R. § 280.34 to submit the information requested in Attachment II using the instructions and definitions in Attachment I. The information requested pertains to underground storage tank (UST) systems currently, or previously owned/operated by Flightways of Long Island. This information is necessary to determine whether said UST systems are in compliance with Subtitle I of RCRA, as amended, 42 U.S.C. § 6991 et seq., and the regulations promulgated pursuant thereto and set forth at 40 C.F.R. Part 280.

Please provide the information requested no later than thirty (30) calendar days from the date of receipt of this letter. Requests for additional time must be justified, and must be requested within twenty (20) calendar days of your receipt of this letter. The response must be signed by a responsible official or agent of your company. Violation of federal UST regulations may result in penalties of up to $11,000 per UST system per day of violation. The response to the request in Attachment II must be submitted to the following addressee:

Meghan M. La Reau, Environmental Scientist
RCRA Compliance Branch
Division of Enforcement and Compliance Assistance
U.S. Environmental Protection Agency-Region 2
290 Broadway, 22nd floor
New York, New York 10007-1866

You may, if you so desire, assert a business confidentiality claim covering all or part of the information herein requested. The claim may be asserted by placing on (or attaching to) the information at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential". The claim should set forth the information requested in 40 Code of Federal Regulations (40 C.F.R.) Section 2.204(e)(4). Information covered by such a claim will be disclosed by EPA only to the extent permitted by, and by means of procedures set forth in, 40 C.F.R. Part 2. EPA will review the information to determine the extent of confidentiality of the information, and may, at its discretion, challenge the confidentiality claim pursuant to the procedures set forth at 40 C.F.R. Part 2. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

This information request is not subject to the requirements of the Paperwork Reduction Act of 1980, as amended, 44 U.S.C. §§3501 et seq.

Failure to respond to this letter truthfully and accurately within the time provided may subject you to sanctions authorized by federal law.

If you have any questions concerning the information requested, please contact Meghan M. La Reau at (212) 637-4148. I urge your prompt attention to this matter.

Sincerely yours,

ORIGINAL SIGNED BY
LISA P. JACKSON

George Pavlou, Director
Division of Enforcement and Compliance Assistance

Attachments

cc: Jim DeZolt, Director NYSDEC
Bureau of Spill Prevention and Response

bcc: John Kushwara, DECA-GWCS
Lenny Voo, DECA-RCB
Meghan La Reau, DECA-RCB
RCRA file

ATTACHMENT I

INSTRUCTIONS AND DEFINITIONS

In responding to this Request for Information, apply the following instructions and definitions:

1. The signatory should be an officer or agent who is authorized to respond on behalf of the company or facility. The signatory must sign the attached Certification of Answers (Attachment III) and return it with the response to this Request for Information.

2. A complete response must be made to each individual question in this request for information. Identify each answer with the number of the question to which it is addressed.

3. In preparing your response to each question, consult with all present and former employees and agents of the company or facility who you have reason to believe may be familiar with the matter to which the question pertains.

4. In answering each question, identify all contributing sources of information.

5. It is your responsibility to try to obtain any information pertinent to any question. If you are unable to answer a question in a detailed and complete manner or if you are unable to provide any of the information or documents requested, indicate the reason for your inability to do so. If you have reason to believe that there is an individual who may be able to provide more detail or documentation in response to any question, state that person's name and last known address and phone number and the reasons for your belief.

6. If you cannot provide a precise answer to any question, please approximate and state the reason for your inability to be specific.

7. For each document produced in response to this Request for Information, indicate on the document or in some other reasonable manner the number of the question to which it applies.

8. If anything is deleted from a document produced in response to the Request for Information, state the reason for and the subject matter of the deletion.

9. If a document is requested but is not available, state the reason for its unavailability. In addition, identify any such document by author, date, subject matter, number of pages, and all recipients and their addresses.

10. Unless the question clearly provides otherwise, each question must be answered for the UST systems owned and/or operated or previously owned and/or operated by Flightways of Long Island.

11. The company, for the purposes of the Request for Information, is Flightways of Long Island located at Republic Airport in Farmingdale, New York.

12. Underground storage tank or UST shall be defined, for the purposes of this Request for Information, as any one or combination of tanks (including pipes connected thereto) that is used to contain an accumulation of regulated substances, and the volume of which (including the volume of underground pipes connected thereto) is 10 percent or more beneath the surface of the ground. See 40 C.F.R. § 280.12.

13. Underground storage tank system or UST system shall be defined, for the purposes of this Request for Information, as an underground storage tank, connected underground piping, underground ancillary equipment, and containment system, if any. See 40 C.F.R. § 280.12.

14. A facility, for the purposes of this information gathering, is defined as the property on which USTs are or were previously located.

ATTACHMENT II

General UST Information:

1. For each UST owned/operated within the last 18 months, please provide the following:

   a. The day, month and year of installation. If the installation date is unknown, please state so.
   b. The capacity of the UST.
   c. The specific substance that is, or was, stored in the UST.
   d. A description of the construction material of tank and piping for each UST system.
   e. A description or diagram of any manifold tank configurations, if applicable.
   f. The name of the manufacturer of each part of the UST system.
   g. The type of pumping system used with each UST (e.g., suction or pressure).
   h. A description of the corrosion protection system and the date the system was installed. If applicable, include the last three inspection reports for impressed current systems as required by 40 C.F.R. § 280.31(c) and the last two testing results for cathodic protection systems as required by 40 C.F.R. § 280.31(b).
   i. A description of spill and overfill prevention systems used for the tank and the date the systems were installed.
   j. For each UST that was upgraded in accordance with 40 C.F.R. § 280.21, please describe the method used to assess the integrity of the tank pursuant to 40 C.F.R. § 280.21(b)(2). Provide any documentation verifying the integrity of the tank. Provide the name and address of the company performing the integrity assessment along with a copy of their certification.
   k. The current status (operating, temporarily closed, or permanently closed) of each UST, and
   l. A copy of the current, or most recent, NYSDEC PBS or County certificates. If any information on the PBS or County certificate has changed or is incomplete, please make corrections by hand on the document and initial the corrections.

Operator/Ownership Information:

2. Full legal name, address, and legal status (i.e. corporation, individual owner, partnership, etc) of the owner for each UST. Also, provide:

   a. The name(s) and official title(s) of each of the officer(s) (or the proprietor(s), if not a corporation) of each entity.

   b. The month/day/year each company/entity began ownership of the UST(s).

3. Full legal name, address, and legal status (i.e. corporation, individual owner, partnership, etc) of the operator of each UST. Also, provide:

a. The name(s) and official title(s) of each of the officer(s) (or the proprietor(s), if not a corporation) of each operator.

b. The month/day/year each company/entity began operation of the UST(s).

c. A copy of the contract agreement between the owner and operator.

4. Does Flightways of Long Island own/operate or has Flightways of Long Island previously owned/operated other facilities with UST systems under another corporation, parent or subsidiary corporation name other than Flightways of Long Island? If so, provide the names of such facilities and the information in items "1" through "3", and "5" through "14".

USTs Formerly Owned/Operated

The Questions in this Section apply to those USTs that are no longer owned/operated by Flightways of Long Island.

5. Please indicate whether the USTs were permanently closed at the time ownership was transferred.

6. If the USTs were not permanently closed, please provide the name, address, and phone numbers of the entities assuming ownership of the USTs; and indicate the date ownership was transferred.

7. For USTs permanently closed prior to transfer of ownership, please provide:

   a. The date of permanent closure,
   b. A description of the manner by which each individual UST system was permanently closed, and
   c. A copy of the site assessment report.

USTs Currently Owned/Operated

The Questions in the Section apply to those USTs that are still owned/operated by Flightways of Long Island.

8. Please provide the following for each permanently closed UST :

   a. The date of permanent closure,
   b. A description of the manner by which each individual UST system was permanently closed, and
   c. A copy of the site assessment report.

9. If any UST system is currently temporarily closed or out of service, or was temporarily closed or taken out of service between December 22, 1988 and the present, please provide:

   a. The date it was temporarily closed or taken out of service,

b. The period of time it was closed or non-operational,
c. Describe the method used to empty the UST to the level set forth in 40 C.F.R. § 280.70(a), and
d. If the UST was not empty please provide, for the tanks in this section, the information requested in Questions 10 through 12.

Leaks and Leak Detection

The following questions apply to all facilities where:

- Temporarily closed tanks were not emptied pursuant to 40 C.F.R. § 280.70(a),
- Site assessments or other information indicates that a potential UST release has occurred, or
- USTs are still in use.

10. Please provide the method(s) of leak detection used to comply with the leak detection regulations found in 40 C.F.R. § 280.40 to § 280.45, along with:

    a. A detailed description of how the leak detection method(s) is implemented, and
    b. Documentation demonstrating that the leak detection was implemented during the last 18 months.
    c. If the leak detection method is Automatic Tank Gauging (ATG) as per 40 C.F.R. 280.43(d), please state the manufacturer and model of the ATG along with a description of its capabilities.

11. If release detection is conducted by stick readings and tank tightness testing as provided in 40 C.F.R. § 280.40(a)(2), and you have not provided the following information in response to previous questions above, please provide copies of all for the past 18 months:

    a. Stick readings,
    b. A copy of the tank conversion charts (used to convert stick readings into gallons),
    c. Delivery receipts,
    d. Tank inventories measured before and after delivery,
    e. Monthly reconciliation calculations, and
    f. The most recent tightness test results for each UST.

12. Provide all information pertaining to known or suspected releases, including at a minimum the following information: (a) all recorded alarms (false or otherwise) from leak detection systems, from any of the UST systems, and (b) corrective actions taken with respect to such releases between December 22, 1988 and the date of your response. Include any sampling analysis results and all state documentation such as release notifications and state correspondence.

Certification of Answers to Request for Information

13. When submitting your response, attach to the Certification of Answers to Request for Information (Attachment III, below) a list of persons by name, position or title, and company who prepared or assisted in the preparation of the responses to this information request.

ATTACHMENT III

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in response to EPA's Request for Information, and all documents submitted herewith; that the submitted information is true, accurate, and complete; and that all documents submitted herewith are complete and authentic, unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____
Name (print or type)

_____
Title (print or type)

_____
Signature

_____
Date

To file

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

Thomas C. Jorling
Commissioner

SEP 01 1993

Mr. Douglas E. Holmes
Director
Quality Assurance
Lockheed Air Terminal, Inc.
P.O. Box 7229
Burbank, California 91510-7229

Dear Mr. Holmes:

We have received your August 20, 1993 letter requesting cancellation of your United States Environmental Protection Agency (USEPA) Identification Number NYD 114130313.

Since the New York State Department of Environmental Conservation does not issue EPA identification numbers, we cannot cancel them. Therefore, you will need to contact the USEPA Region II office directly at the address below:

U.S. Environmental Protection Agency
Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278
Attn: Mr. David Abrinis

or phone Mr. Abrinis at: (212) 264-9883

Sincerely,

Norman H. Nosenchuck, P.E.
Director
Division of Hazardous
Substances Regulation

cc w/inc. - D. Abrinis, USEPA Region II ✓

1/20/94 Ind gen = 2/2 N

printed on recycled paper

Lockheed Air Terminal, Inc.
P.O. Box 7229
Burbank, California 91510-7229

FILE

August 20, 1993

New York State Dept. of
Environmental Conservation
Division of Hazardous Substance Control
50 Wolf Road
Albany, N.Y. 12233

Gentlemen:

Currently, Lockheed Air Terminal of New York, Inc. (a wholly owned subsidiary of Lockheed Air Terminal, Inc.) is assigned hazardous waste generator number NYD 114130313 in connection with our operations at Republic Airport on Long Island.

This is to advise that as a result of our management contract for this airport expiring on October 31, 1993, and not being renewed, we wish to have our generator number cancelled effective as of October 31, 1993.

Please confirm that this will occur as requested.

Very truly yours,

Douglas E. Holmes
Director, Quality Assurance

Lockheed Air Terminal, Inc.
P.O. Box 7229
Burbank, California 91510-7229

September 13, 1993

Mr. David Abrinis
U.S. Environmental Protection Agency
Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, NY 10278

Dear Mr. Abrinis:

EPA hazardous waste generator number NYD 114130313 is assigned to Lockheed Air Terminal of New York (our subsidiary company) for our operation at Republic Airport, East Farmingdale.

Our contract to manage this facility for the State of New York expires at midnight, October 31, 1993, and will not be renewed. As a result, we request that the aforesaid generator number be cancelled effective as of October 31, 1993.

Thank you.

Very truly yours,

Douglas E. Holmes
Director, Quality Assurance

C 9/30/94 2/R - 2N7 deactivated 9/1/93

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

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 → NYD114130313

LOCKHEED REPUBLIC AIRPORT/NYSDOT
ADMIN BLDG GATE #1 (RT 110)
EAST FARMINGDALE NY 11735

INSTALLATION ADDRESS →

ADMIN BLDG GATE #1 (RT 110)
EAST FARMINGDALE NY 11735

EPA Form 8700-12B (4-80)

08/01/89

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. 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

ENVIRONMENTAL PROTECTION AGENCY, REGION II NEW YORK, N.Y.

1986 NOV 21 PM 2:06

PLEASE PLACE LABEL IN THIS SPACE

PERMITS ADMINISTRATION BRANCH

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 NYD 14130313 T/A C 1

APPROVED

DATE RECEIVED (yr., mo., & day): 86 11 21

Suffolk ~~Nassau~~ 103

I. NAME OF INSTALLATION

LOCKHEED AIR TERMINAL OF NEW YORK

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 GATE 1 REPUBLIC AIRPORT #216

CITY OR TOWN: 4 EAST FARMINGDALE

ST.: NY

ZIP CODE: 11735

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5

CITY OR TOWN: 6

ST.:

ZIP CODE:

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 LAWSON, BRUCE AIRPORT MANAGER

PHONE NO. *(area code & no.)*: 516-752-7707

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8

DETACH

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

P

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

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

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

- [ ] A. AIR
- [ ] B. RAIL
- [ ] 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.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY			
S		T/A	C
W			1
1	2 - 13	14	15

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
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.)*

- [X] 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
T. Rogers	Lockheed Air Terminal of NY Bruce H. Lawson, Airport Manager	

Fed-X Charges Funds - Called

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

Form Approved. OMB No. 2050-0028. Expires 10-30-91
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

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F N Y D 1 1 4 1 3 0 3 1 3 T/A C 1		8 6 1 1 2 1

I. Name of Installation

REPUBLIC AIRPORT NYSDOT

II. Installation Mailing Address

Street or P.O. Box: ADMIN. BLDG. GATE #1

City or Town	State	ZIP Code
EAST FARMINGDALE,	NY	11735

III. Location of Installation

Street or Route Number: ADMIN. BLDG. GATE #1 (ROUTE 110)

City or Town	State	ZIP Code
EAST FARMINGDALE,	NY	11735

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
LAGASSE, HAROLD MGR.	516 752 7707

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
NY STATE DEPT. of TRNSPRTN	S

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
  - [ ] 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

JUL 19 1989
RECEIVED

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
X 0 0 1	X 0 0 2	X 0 0 3			
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 40 CFR Part 261.33 for each chemical substance your installation handles which may be 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 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
Anthony J. Meluso	ANTHONY MELUSO , LAT ENGINEER	JULY 17, 1989

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 31, 2013 - 12:16 PM

Version 5.0

User Selection Criteria

Location:	New York, all activities	**Activity Location:**	None Chosen
Handler ID:	NYD114130313	**Group of IDs:**	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 10/31/2013		
Location County Code:	None Chosen	**Evaluation Type:**	
Location City:		**Focus Area:**	
Location Zip Code:		**Violation Type:**	
State District:	None Chosen	**Display Code Descrip.:**	Yes
Sort Order:	Region, State, Handler Name	**Display Universes:**	Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4 Total Handlers: 1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:	cme_foia.rdf
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	May 2012
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries:	none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: October 31, 2013 - 12:16 PM

NYSDOT LOCKHEED REPUBLIC AIRPORT County Name / Code: SUFFOLK / NY103 **NYD114130313**

Location: ADMIN BLDG GATE 1 RTE 110; EAST FARMINGDALE, NY 11735 **REGION 02**

Mailing: ADMIN BLDG GATE 1 RTE 110; EAST FARMINGDALE, NY 11735

Activity Location: NY State District: NYSDEC R1 Accessibility: Non-Notifier: Extract Flag: Y Active Site: N

Generator:	N	Transporter:	N	Operating TSDF:	------	IC In Place:	N	EI Indicator (HE / GW):	N / N
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K:	----
Full Enforcement:	------	Converter:	------	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N		
CA Wrkld:	N	State TSDF:	------	State Addressed SNC:	N	EPA Addressed SNC:	N		
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N		

Evaluations With No Violations:

CEI Evaluation 01/12/1999 Activity Location: NY By: EPA Identifier: 000 Person: R2MML Branch: RCB Found Violation: NO
Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: Focus Area:

CEI Evaluation 09/16/1998 Activity Location: NY By: EPA Identifier: 000 Person: R2JCS Branch: RCB Found Violation: NO
Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: Focus Area:

Total Number of Handlers: 1
Total Number of Activity Locations: 1

*** End of Report ***

* Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):

Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

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 → +NYD061971560

BEECHCRAFT EAST INC
HANGAR 4 REPUBLIC AIRPORT
FARMINGDALE NY 11735

INSTALLATION ADDRESS →

HANGAR 4 REPUBLIC AIRPORT
FARMINGDALE NY 11735

EPA Form 8700-12B (4-80)

04/24/89

F-X

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

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)	
NYD061971560 T/A C 1		890412	059 NASSAU

I. Name of Installation

BEECHCRAFT EAST INC

II. Installation Mailing Address

Street or P.O. Box: HANGAR 4 REPUBLIC AIRPORT

City or Town	State	ZIP Code
FARMINGDALE	NY	11735

III. Location of Installation

Street or Route Number: HANGAR 4 REPUBLIC AIRPORT

City or Town	State	ZIP Code
FARMINGDALE	NY	11735

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
HELMS ROBERT MT MGR	5167530500

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
DEPT OF TRANSPORTATON	CORP.

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

A. Hazardous Waste Activity

- ☐ 1a. Generator
- ☒ 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

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.

☒ 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
F002	F001				
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.

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
Robert Helms	Robert Helms Build. Maint. Mgr	4-10-89

ALL SECTIONS MUST BE COMPLETED

Change (name)

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

Form Approved: OMB No. 2050-0028, Expires 6-31-93
GSA No. 0248-EPA-QT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

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

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number: NYD061971560

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

RAYTHEON AIRCRAFT SERVICES, INC

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

Street: MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION

HANGAR C

Street (continued): REPUBLIC AIRPORT

City or Town: E. FARMINGDALE | State: NY | ZIP Code: 11735-1579

County Code: 103 | County Name: SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: HANGAR B REPUBLIC AIRPORT

City or Town: E. FARMINGDACE | State: NY | ZIP Code: 11735-1579

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

Name (last): GAIJO | (first): ROBERT

Job Title: SHOP FOREMAN | Phone Number (area code and number): 516-753-0241

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box:

City or Town: | State: | ZIP Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner (LANDLORD): NEW YORK STATE DEPT OF TRANSPORTATION

Street, P.O. Box, or Route Number: GATE 1 ADMINISTRATION BUILDING

City or Town: REPUBLIC AIRPORT | State: NY | ZIP Code: 11735-1579

Phone Number (area code and number): 516-752-7707

B. Land Type: S

C. Owner Type: S

D. Change of Owner Indicator: Yes ☐ No ☒

(Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 9-94) Previous edition is obsolete.

Continue on reverse

FROM: JACK HOYT, EPA REGION 2, 290 BROADWAY
NYC NY 10007-1866 22ND FLOOR

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

Form Approved. OMB No. 2050-0028. expires 6-31-93
GSA No. 0248-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 1,000 kg/mo (2,200 lbs.)
   - [X] b. 100 to 1,000 kg/mo (220 - 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 (or Installation Note: A permit is required for this activity, see instructions)
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Defined
     - [ ] 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 Fuel Activities

1. On-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - Indicate Source(s) Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner Who First Claims the Oil Meets Fuel Specification)

IX. Description of Regulated 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 (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X				X001	X003		

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
D001	D006	D008	D018	D035	D039
7	**8**	**9**	**10**	**11**	**12**
D040					

C. Other Wastes. (State or other wastes requiring a hazardous waste ID. number. See instructions.)

1	2	3	4	5	6

Please sign

X. Certification

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

Signature	Name and Official Title (type or print)	Date Signed
ORIGINAL OF GENERATOR Robert J. Garto	Robert J. Garto Foreman	11-3-95

XI. Comments

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

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/27/95

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 ->	NYD061971560
FACILITY NAME ->	NYSDOT - RAYTHEON AIRCRAFT SERVICES INC
MAILING ADDRESS ->	HANGAR B REPUBLIC AIRPORT EAST FARMINGDALE, NY 11735-1579
INSTALLATION ADDRESS ->	HANGAR C REPUBLIC AIRPORT EAST FARMINGDALE, NY 11735-1579

EPA Form 8700-12AB (4-80)

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

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

TO: GAIJO, ROBERT
SHOP FOREMAN
NYSDOT - RAYTHEON AIRCRAFT SERVICES INC
HANGAR C REPUBLIC AIRPORT
EAST FARMINGDALE, NY 11735-1579