ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/28/96

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 ->	NJR000015263
FACILITY NAME ->	SHARMATEK INC
MAILING ADDRESS ->	999 WILLOW GROVE ST UNIT 2-11E HACKETTSTOWN, NJ 07840
INSTALLATION ADDRESS ->	999 WILLOW GROVE ST UNIT 2-11E HACKETTSTOWN, NJ 07840

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: SHARMA, SONIA
PRESIDENT
SHARMATEK INC
999 WILLOW GROVE ST UNIT 2-11E
HACKETTSTOWN, NJ 07840

Refer to the Instructions Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only) 96-10-21

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: NJR000015263

II. Name of Installation (Include company and specific site name): SHARMATEK, INC.

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

Street: 999 WILLOW GROVE STREET

Street (Continued): UNIT 2-HIE

City of Town: HACKETTSTOWN State: NJ Zip Code: 07840

COUNTY CODE: County Name: WARREN

IV. Installation Mailing Address

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): SHARMA First: SONIA

Job Title: PRESIDENT Phone Number (Area Code and Number): 908 850 8677

VI. Installation Contact Address

A. Contact Address Location Mailing Other: [X]

B. Street or P.O. Box: SAME AS ABOVE

City or Town: State: Zip Code:

VII. Ownership

A. Name of Installation's Legal Owner: C. KAPPERS & SONS

Street, P.O. Box, or Route Number: 276 MAIN STREET

City or Town: HACKETTSTOWN State: NJ Zip Code: 07840

Phone Number (Area Code and Number): 908 852 0400

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

Call to apply for permit FEDX 10/16/96

For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. *Other - specify*
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

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

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

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
[X]	[X]	[X]	[X]

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

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

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

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

1	2	3	4	5	6

X. Certification

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

Signature ORIGINAL ONLY	Name and Official Title (Type or print)	Date Signed
Sonia Sharma	Sonia Sharma, President	10/ /96

XI. Comments

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

U.S. EPA
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
96 OCT 21 PM 12:46
U.S. EPA
AGENCY RO II