4

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD003417599 Telephone # (717) 326-94

Site Name ~~2535 Trenton Ave~~ Sunoco Resources Operator Name

Address 2535 Trenton Ave Address

Municipality Williamsport County Lycoming

Responsible Official Sam Sunoco Title

Person Interviewed Larry Sunoco Title

Inspector Bernard Kwarchick Time 1000 - 1200 T=4

Due Date	Inspection Date	Inspection Type	Facility Type	Inspector ID	# Violation
	18 Sept 95			2435	0

Are hazardous wastes transported off-site by this generator? ___ Yes ✓ No

If not, license number(s) and expiration dates of transporter(s):

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS 1	2	3	4	REQUIREMENT	CHAPTER CITATION	LI ITI
✓				Amount of wastes generated per month is within small quantity generator limits	261.5(a)	H1
✓				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H1
✓				Hazardous waste determination (262.11)	261.5(g)(1)	H1
✓				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H1
✓				Storage within time limit specified (261.5(d))	261.5(g)(2)	H1
✓				Manifest system used for off-site transport	262.20(a)	H1

261.5 Indicate below the method of handling of the waste:

___ a. Treatment or disposal at permitted on-site facility.

Permit Number _____ ___ Treatment ___ Dispo

___ b. Delivered to a PA haz. waste facility. Name of facility:

___ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility.

___ d. Delivered to an approved out-of-state facility. Name of facility.

✓ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: Capital Parts Washer

Pg 1 of 2

Department of Environmental Resources
Bureau of Waste Management

Inspection Report Comments

Date of Inspection 12 Sept 95 Identification Number PAD003417

Company/Facility/Site Name Summit Resources Inc

On the 12th of Sept 1995 I conducted a routine of the above named facility. No violations were observed. The company has a parts cleaner only and no other haz waste. This company is not a haz waste transporter.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief ver its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this tion report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This tion report shall serve a formal notification of any violations which were observed during the inspection. Violations m be discovered upon examination of the results of laboratory analyses and review of Department records. Additional n tion may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein s deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, bu acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) [signature] Date 9/12/95

Inspector (signature) [signature] Date 12 Sept 95

RCRIS UNIVERSE MAINTENANCE FORM

EPA ID | P | A | D | 0 | 0 | 3 | 4 | 1 | 7 | 5 | 9 | 9 |

Facility Name SIMON RESOURCES INC

Source: N A (S) E Notification Date 9/12/95

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	3	R	
Transporter	X	N	2
TSD			
Burner			

HWF Market to Blender _____ HWF Other Market _____ HWF Buner _____

OSO Market to Burner _____ OSO Other Market _____ OSO Burner _____

SO ACT:

Burner Type: Utility Boiler _____ Industrial Boiler _____ Furnace _____

Underground Injection Control:

Recycler:

Mode of Transportation: Air _____ Rail _____ Highway _____ Water _____ Other _____

Process Code Information
Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

✓ IR Inspection report

Revised Notification from the state

Revised Notification from the facility

EPA clean closure certificate

State documentation certifying clean closure

Other

Affidavit from the facility

Affidavit from the state

Biennial report

Documentation not required

Date to Data Entry _____

Batch Number 209000

Date QAd 10/31/95

EPA Region III, July 1993

D [TO NO] 4 L LDG - NEVER

OMB#: 2050-0024 Expires 9/30/9

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Simon Resources Inc

PO Box 3275, Williamsport, PA 17701

EPA ID NO. PAD 003 417 599

U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

RECEIVED APR 27 1992 INFORMATION MGMT. SECTION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label ☐ or → PAD 003 417 599

B. County: Lycoming

C. Site/company name Same as label ☐ or → Simon Resources, Inc

D. Has the site name associated with this EPA ID changed since 1989? ☐ 1 Yes ☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label ☐ or → 2525 Trenton Avenue

F. City, town, village, etc. Same as label ☐ or → Williamsport

G. State Same as label ☐ PA

H. Zip Code Same as label ☐ 17701 –

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III) ☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address: PO Box 3275

C. City, town, village, etc.: Williamsport

D. State: PA

E. Zip Code: 17701 –

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name	First name	M.I.	B. Title	C. Telephone
Simon	Larry	J	Treasurer	717 326 – 9041 Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.	B.	C.	D.
5193			

SEC. V "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name	First name	M.I.	B. Title
Simon	Larry	J	Treasurer

C. Signature: Larry Simon, Treasurer

D. Date of signature: 04 (MO.) 24 (DAY) 92 (YR.)

EPA Form 8700-13A/B (Revised 8-91) OVER -->

BAH/dek 10/10/94

FORM IC

Sec. VI - Generator Status

EPA ID NO. PAD 003 417 519

A. 1991 RCRA generator status
Instruction page 7
(CHECK ONE BOX BELOW)

- ☐ 1 LQG
- ☐ 2 SQG
- ☐ 3 CESQG
- (SKIP TO SEC. VII)
- ☒ 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating
Page 9
(CHECK ALL THAT APPLY)

- ☒ 1 Never generated
- ☐ 2 Out of business
- ☐ 3 Only excluded or delisted waste
- ☒ 4 Only non-hazardous waste
- ☐ 5 Periodic or occasional generator
- ☐ 6 Waste minimization activity
- ☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage Instruction page 10	B. RCRA permitted or interim status treatment, disposal, or recycling Page 10	C. RCRA-exempt treatment, disposal, or recycling Page 11
1	1	1

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11	B. Did this site begin or expand a recycling activity during 1990 or 1991? Page 12	C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12
☐ 1 Yes	☐ 1 Yes	☐ 1 Yes
☒ 2 No N/A	☒ 2 No N/A	☒ 2 No N/A

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No			
☐1	☒	2	a.	Insufficient capital to install new source reduction equipment or implement new source reduction practices
☐1	☒	2	b.	Lack of technical information on source reduction techniques applicable to the specific production processes
☐1	☒	2	c.	Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
☐1	☒	2	d.	Concern that product quality may decline as a result of source reduction
☐1	☒	2	e.	Technical limitations of the production processes
☐1	☒	2	f.	Permitting burdens
☐1	☒	2	g.	Source reduction previously implemented -- additional reduction does not appear to be technically feasible
☐1	☒	2	h.	Source reduction previously implemented - additional reduction does not appear to be economically feasible
☐1	☒	2	i.	Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
☐1	☒	2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

Yes	No			
☐1	☒	2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice
☐1	☒	2	b.	Lack of technical information on recycling techniques applicable to this site's specific production processes
☐1	☒	2	c.	Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment
☐1	☒	2	d.	Concern that product quality may decline as a result of recycling
☐1	☒	2	e.	Requirements to manifest wastes inhibit shipments off site for recycling
☐1	☒	2	f.	Financial liability provisions inhibit shipments off site for recycling
☐1	☒	2	g.	Technical limitations of production processes inhibit shipments off site for recycling
☐1	☒	2	h.	Technical limitations of production processes inhibit on-site recycling
☐1	☒	2	i.	Permitting burdens inhibit recycling
☐1	☒	2	j.	Lack of permitted off-site recycling facilities
☐1	☒	2	k.	Unable to identify a market for recyclable materials
☐1	☒	2	l.	Recycling previously implemented -- additional recycling does not appear to be technically feasible
☐1	☒	2	m.	Recycling previously implemented -- additional recycling does not appear to be economically feasible
☐1	☒	2	n.	Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
☐1	☒	2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)

Comments: Do not generate hazardous wastes of any type

SIMON RESOURCES, INC.
2525 TRENTON AVENUE · P.O. BOX 3275 · WILLIAMSPORT, PA 17701
TELEPHONE (717) 326-9041 · FAX (717) 326-5028

April 24, 1992

VIA UPS SECOND DAY AIR

PA DER
Bureau of Waste Management
Information Management Section
Fulton Building, Basement
Third and Locust Streets
Harrisburg, PA 17105-2063

Attention: Mr. Jeffrey A. Beatty
Chief
Information Management Section
Division of Waste Minimization and Planning

RE: PAD003417599

Dear Mr. Beatty:

Enclosed is our completed Form IC for the 1991 Hazardous Waste Report. We have completed this form under the direction of the Hazardous Waste Report Help Telephone Line, even though our company does not generate hazardous waste materials. The Hazardous Waste Report Help Telephone Line representative indicated to us that our response should take place prior to April 30, 1992.

Because we do not, and have never, generated hazardous waste materials, please discontinue and void the EPA identification number that has been assigned to our company.

Thank you.

Yours truly,

SIMON RESOURCES, INC.

Larry J. Simon
Treasurer

LJS/lac

Enclosure

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PAD 003417599
I. NAME OF INSTALLATION	SIMON WRECKING COMPANY
II. INSTALLATION MAILING ADDRESS	P.O. Box 3275 Williamsport, PA 17701
III. LOCATION OF INSTALLATION	City of Williamsport 2525 Trenton Avenue Lycoming County, PA

INSTRUCTIONS: If you received a pr label, affix it in the space at left. If an information on the label is incorrect, dra through it and supply the correct info in the appropriate section below. If the complete and correct, leave Items I, II, below blank. If you did not receive a pr label, complete all items. "Installation" single site where hazardous waste is ge treated, stored and/or disposed of, or porter's principal place of business. Plea to the INSTRUCTIONS FOR FILING N CATION before completing this for information requested herein is required *(Section 3010 of the Resource Conservat Recovery Act).*

RECEIVED

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS EPA REGION II

C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
PA0034175991	A	

I. NAME OF INSTALLATION

SIMON WRECKING COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX			
PO BOX 3275			
CITY OR TOWN	**ST.**	**ZIP CODE**	
WILLIAMSPORT	PA	17701	

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER			
2525 TRENTON AVENUE			
CITY OR TOWN	**ST.**	**ZIP CODE**	
WILLIAMSPORT	PA	17701	

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
SIMON SAMUEL SECRETARY	717-326-9041

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SIMON WRECKING COMPANY

DETACH A

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

F = FEDERAL
M = NON-FEDERAL

M

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 notific If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

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

C. INSTALLATION'S EPA I.D. PAD034175

IX. DESCRIPTION OF HAZARDOUS WASTES

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

I.D. – FOR OFFICIAL USE ONLY

S W | T/A C 2 1

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.)*

☐ 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
Samuel Simon	Samuel Simon, Secretary	11-18-80

DETACH A

DETACH A

...ECTION AGENCY

...TIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

INSTRUCTIONS: If you received a pre label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct infor in the appropriate section below. If the l complete and correct, leave Items I, II, a below blank. If you did not receive a prep label, complete all items. "Installation" m single site where hazardous waste is gene treated, stored and/or disposed of, or a porter's principal place of business. Please to the INSTRUCTIONS FOR FILING NO CATION before completing this form. information requested herein is required by *(Section 3010 of the Resource Conservation Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F PAD003417599 3 1		AUG 680000003 80080 6

I. NAME OF INSTALLATION

SIMON WRECKING COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 PO BOX 3275	4 WILLIAMSPORT	PA	17701

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 2525 TRENTON AVENUE	6 WILLIAMSPORT	PA	17701

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 SIMON SAMUEL	717-326-9041

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 SIMON WRECKING COMPANY

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

F = FEDERAL
M = NON–FEDERAL

M

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

- [ ] A. GENERATION
- [X] 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
- [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.: PAD003417599

IX. DESCRIPTION OF HAZARDOUS WASTES

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

W P A D 0 0 3 4 1 1 7 2 1 1 0 2

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 F001	2 F006	3 F009	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 K062	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)
- [X] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D004)

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
Samuel Simon	V. Pres.	8/4/80

DETACH A

SIMON WRECKING COMPANY INC.

LEGAL HAULERS - SPENT CHEMICALS P.U.C. A-97673

RAILWAY CONSTRUCTION AND REPAIRS

2525 Trenton Avenue
P.O. Box 3275
WILLIAMSPORT, PA. 17701
Telephone (717) 326-9041

October 7, 1980

EPA Region III
P.O. Box 1480
Philadelphia, Pennsylvania 19107

Attention: Shirley Bulkin

Dear Shirley:

Simon Wrecking Co.,Inc., in complying with the RCRA rules and regulations relative to transporters of hazardous wastes has properly notified the EPA of the various waste streams it handles.

Since the initial time of notification, other wastes from prospective accounts have been approved by the disposal and processing facilities that we presently do business with. We would now like to amend our original hauler's notification form by adding the following waste streams:

F003, F005 added 10/29/80

This letter, as directed by Sharon Potter of your office, should prove sufficient for this subsequent notification. Thank you.

Yours truly,

SIMON WRECKING CO., INC.

Larry Simon

Larry Simon

LS:bas

SIMON RESOURCES, INC.

2525 Trenton Avenue
P.O. Box 3275
Williamsport, Pa. 17701
Telephone (717) 326-9041

April 1, 1981

EPA Region III
P. O. Box 1480
Philadelphia, Pa. 19107

Attention: Shirley Bulkin

Dear Shirley:

Since the initial time of notification of hazardous waste activity, Simon Wrecking Company, Inc. has changed its name to Simon Resources, Inc. Because the principal ownership is the same, we would like the Simon Wrecking Company EPA transporter identification number, #PAD 00 34 17599, to be transferred accordingly.

We would also like to amend our original hauler's notification form to include the generation of waste. We are presently involved in a small clean-up operation which will temporarily generate small quantities of the following waste streams:

F006; F008, D007, Oil Sludges 6

This letter, as advised by Joan Henry of your office, should prove as sufficient notification for the above-mentioned amendments and revisions.

Thank you.

Yours truly

SIMON RESOURCES, INC.

Larry Simon

Larry Simon

LS/mh

Changed.
4/9/81

Simon Wrecking Co.

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM

WASTE DEFINITION MAINTENANCE FORM

	FACILITY IDENTIFICATION NUMBER	TRANSACTION CODE	CARD NUMBER	CONFIDENTIALITY FLAG	WASTE DEFINITION	AMOUNT – PRESENT	UNIT – PRESENT	AMOUNT – FUTURE	UNIT FUTURE	DENSITY – PRESENT	DENSI
W	PAD003417599	3	1		F003						
W	PAD003417599	3	1		F005						
W			1								
W			1								
W			1								
W			1								
W			1								
W			1								
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80017 (5-80)

Simon wrecking co.

EPA

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY INVENTORY MAINTENANCE FORM

CARD CODE	FACILITY IDENTIFICATION NUMBER	TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME
F	PAD 003417599	3	1	A				
1	2 – 13	14	15	16	17	22	23 – 29	30

CARD CODE	DUP	CARD NO.	FACILITY CONTACT NAME/POSITION	AREA CODE CONTACT TELEPHONE NUMBER
F		2		
1	2 – 13	14 – 15	16 – 45	46 – 55

CARD CODE	DUP	CARD NO.	MAILING ADDRESS
F		3	
1	2 – 13	14 – 15	16 – 45

CARD CODE	DUP	CARD NO.	MAILING CITY	STATE	ZIP CODE
F		4			
1	2 – 13	14 – 15	16 – 40	41 – 46	47 – 51

CARD CODE	DUP	CARD NO.	FACILITY ADDRESS
F		5	
1	2 – 13	14 – 15	16 – 45

CARD CODE	DUP	CARD NO.	FACILITY CITY	STATE	ZIP CODE	COUNTY CODE	DISTRICT CODE	RIVER BASIN CODE	LATITUDE
F		6							
1	2 – 13	14 – 15	16 – 40	41 – 46	47 – 51	52 – 54	55 – 57	58 – 64	65

CARD CODE	DUP	CARD NO.	NEW SIC	OLD SIC
F		7		
1	2 – 13	14 – 15	16 – 19	20 – 23

CARD CODE	DUP	CARD NO.	NEW SIC	OLD SIC
F		7		
1	2 – 13	14 – 15	16 – 19	20 – 23

CARD CODE	DUP	CARD NO.	NEW SIC	OLD SIC
F		7		
1	2 – 13	14 – 15	16 – 19	20 – 23

CARD CODE	DUP	CARD NO.	FACILITY OWNER'S NAME
F	3	8	
1	2 – 13	14 – 15	16 – 55

OWNER TYPE	ACTIVITY CODE: GEN	ACTIVITY CODE: TRANS	ACTIVITY CODE: TSD	ACTIVITY CODE: UIC	TRANSPORT MODE: AIR	TRANSPORT MODE: RAIL	TRANSPORT MODE: ROAD	TRANSPORT MODE: WATER	TRANSPORT MODE: OTHER	FAC. STAT.	PERM. STAT.	CLOSURE DATE
		X					X					
56	57		60	61				65	66 – 70	71	72	73 – 78

CARD CODE	DUP	CARD NO.	TYPE	NEW PERMIT NUMBER	TYPE	OLD PERMIT NUMBER
F		9				
1	2 – 13	14 – 15	16	17 – 18 – 30	31	32 – 33 – 45

CARD CODE	DUP	CARD NO.	TYPE	NEW PERMIT NUMBER	TYPE	OLD PERMIT NUMBER
F		9				
1	2 – 13	14 – 15	16	17 – 18 – 30	31	32 – 33 – 45

CARD CODE	DUP	CARD NO.	TYPE	NEW PERMIT NUMBER	TYPE	OLD PERMIT NUMBER
F		9				
1	2 – 13	14 – 15	16	17 – 18 – 30	31	32 – 33 – 45

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F		9				
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F		9				
1	2 – 13	14 – 15	16	17 – 18 – 30	31	32 – 33 – 45

CARD CODE	DUP	CARD NO.	TYPE	NEW PERMIT NUMBER	TYPE	OLD PERMIT NUMBER
F		9				
1	2 – 13	14 – 15	16	17 – 18 – 30	31	32 – 33 – 45

BERN ASSOCIATES, INC.
THREE PARKWAY CENTER
PITTSBURGH, PA. 15220

RETURN RECEIPT REQUESTED

CERTIFIED
P29 3812659
MAIL

U. S. Environmental Protection Agency
Region III
P.O. Box 1480
Philadelphia, PA 19107

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 ➤ PAD003417599

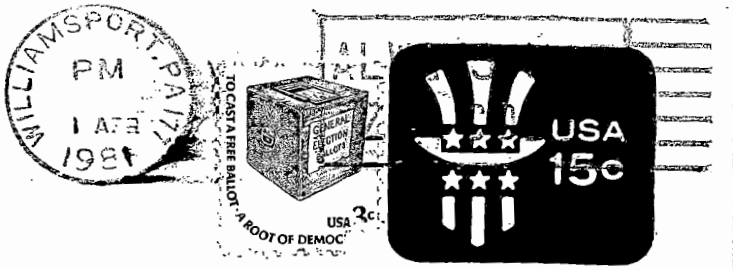
SIMON WRECKING COMPANY
P O BOX 3275
WILLIAMSPORT PA 17701

INSTALLATION ADDRESS ➤ 2525 TRENTON AVENUE
WILLIAMSPORT PA 17701

EPA Form 8700-12B (4-80) 10/09/80

☆ U.S. GOVERNMENT PRINTING OFFICE 319-162

Simon Wrecking Co. Inc.
P. O. Box 3275
Williamsport, Pa. 17701



EPA Region III
P.O.Box 1480
Philadelphia, Pa. 19107

Attention: Shirley Bulkin