HWR-001
3/95 State of New Jersey

Department of Environmental Protection
Solid & Hazardous Waste Regulation Element
Manifest Section
P.O. Box 421
401 East State Street
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. NJD000705651

Company Name: SUNOCO INC. (R&M)

Site Address: 1062 RTE. 22 E. (street) SOMERVILLE (city / town)

NJ (state) 08876 (zip code) _____ (lot) _____ (block)

Mailing Address: 1801 MARKET ST. 22nd FL. (street / P.O. box) PHILA. (city / town)

PA (state) 19103 (zip code)

Company Contact: LINDA HOFFMAN (name) 215. 977. 6841 (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

✓	The EPA ID number was obtained for a one time cleanup which is completed.
o	The site has completed an ECRA cleanup (indicate ECRA Case #)
o	Other

Is the site presently occupied? (circle **yes** or **no**)

Sign and date the application below, and retain the last page (pink copy) for your records.

LINDA HOFFMAN (printed name) [signature]

COMPLIANCE COORDINATOR (title) 6/4/04 (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: **NJDEP/DSHW** Manifest section (address above)
Applicant is to keep a copy

deact 6-17-04 (BB)

REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/28/98

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 →	**NJD000705657**
INSTALLATION NAME →	**SUNOCO SERVICE STATION**
INSTALLATION ADDRESS →	**1062 RTE 22 E SOMERVILLE, NJ 08876**
MAILING ADDRESS →	**1801 MARKET ST 20 - 10 PC PHILADELPHIA, PA 19103-1699**

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: HICKEY, SUSAN
COMPL COORD
1801 MARKET ST 20 - 10 PC
PHILADELPHIA, PA 19103-1699

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

Form Approved. OMB No. 2050-0028; Expires 9-30-96
EPA No. 0248 EPA-07

Please refer to the *Instructions for 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)

U.S. ENVIRONMENTAL PROTECTION AGENCY REGION II
SEP 9 AM 8:25
98 SEP -9 AM 8:25

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

- [ ] A. First Notification
- [X] B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: NJD000705657

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

SUNOCO SERVICE STATION

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

Street: 1062 ROUTE 22 EAST

Street *(Continued)*:

City or Town: SOMERVILLE | State: NJ | Zip Code: 08876-

County Code: 14 | County Name: SOMERSET

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 1801 MARKET STREET 20/10 PC

City or Town: PHILADELPHIA | State: PA | Zip Code: 19103-1699

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

Name *(Last)*: HICKEY | *(First)*: SUSAN

Job Title: COMPLIANCE COOR | Phone Number *(Area Code and Number)*: 610-941-9054

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [ ] Mailing [X] Other [ ]

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: SUN COMPANY, INC. (R+M)

Street, P.O. Box, or Route Number: 1801 MARKET STREET

City or Town: PHILADELPHIA | State: PA | Zip Code: 19103-1699

Phone Number *(Area Code and Number)*: 610-941-9054

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X] | (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete. 00103283

Continued on Reverse

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

OSA No. 0246-EPA-01

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.)
   - [ ] 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
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	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
X				D018

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	Name and Official Title *(Type or print)*	Date Signed
Susan B. Hickey	SUSAN B. HICKEY COMPLIANCE COORDINATOR ASSOC.	8/14/98

XI. Comments

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