Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/29/2005

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:	**NYR000133298**
INSTALLATION NAME:	**WASTE MANAGEMENT OF NY LLC**
INSTALLATION ADDRESS :	**221 VARICK AVE** **BROOKLYN, NY 11237-1026**
MAILING ADDRESS :	**123 VARICK AVE** **BROOKLYN, NY 11237**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NY LLC
or Current Occupant

ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY 11237

Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

2005 JUL 22 PM 4:36 RCRA PROGRAMS BRANCH

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

[X] A. Initial Notification [ ] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: NYR000133298

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

WASTE MANAGEMENT OF NY LLC

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

Street: 221 VARICK AVENUE

Street *(Continued)*:

City or Town: BROOKLYN | State: NY | Zip Code: 11237-1026

County Code: | County Name: KINGS

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 123 VARICK AVENUE

City or Town: BROOKLYN | State: NY | Zip Code: 11237-

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

Name *(Last)*: KAPLAN | *(First)*: JAY

Job Title: ENV MANAGER | Phone Number *(Area Code and Number)*: 718-533-5310 | Extension:

VI. Installation Contact Address *(See instructions)* | Fax Number: 533-5170

A. Contact Address: Location [ ] Mailing [X]

B. Street or P.O. Box: 123 VARICK AVENUE

City or Town: BROOKLYN | State: NY | Zip Code: 11237-

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: WASTE MANAGEMENT OF NY, LLC

Street, P.O. Box, or Route Number: 123 VARICK AVENUE

City or Town: BROOKLYN | State: NY | Zip Code: 11237-

Phone Number *(Area Code and Number)*: 718-533-5310

B. Land Type: P

C. Owner Type: P

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

Date Changed: Month | Day | Year

EPA Form 8700 (Rev. 12/99)

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

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

Form Approved. OMB No. 2050-0028 Expires
GSA No. 0246

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)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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
   - [X] 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]	[ ]	[ ]

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s): D005

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
Jay K	Jay Kaplan, Env. Compliance Mgr	7/20/05

XI. Comments

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

EPA Form 8700-12 (Rev. 10/09/96)

STF ENV438F.2

Original signature required