ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

11/17/2003

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	**NYD982744815**
INSTALLATION NAME	**WASTE MANAGEMENT OF NEW YORK LLC**
INSTALLATION ADDRESS	**123 VARICK AVE BROOKLYN, NY 11237**
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 NEW YORK 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)

2006 NOV 12 PM 1:39

RCRA PROGRAMS BRANCH

MC

UPS EXP change (name)

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

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

C. Installation's EPA ID Number: NYD982744815

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

WASTE MANAGEMENT OF NEW YORK LLC

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

Street: 123 VARICK AVENUE

Street *(Continued)*:

City or Town: BROOKLYN

State: NY Zip Code: 11237-

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. COMPLIANCE MGR

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

Fax Number: 533-5170

VI. Installation Contact Address *(See instructions)*

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

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 NEW YORK 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 [ ] [X] No

Date Changed: Month / Day / Year

Joe Kaplan (718) 386-7900

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 Kaplan	Jay Kaplan, Environmental Compliance Mgr	11/10/03

XI. Comments

① Name change only (Section II)

② One time cleanout of a paint storage room and former QA/QC Lab.

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

Original signature required

ENVIRONMENTAL PROTECTION AGENCY RCRA PROGRAM BRANCH 2003 NOV 12 PM 1:39

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2002 MAY 21 AM 11:07
RCRA PROGRAMS
BRANCH

WASTE MANAGEMENT

123 Varick Ave.
Brooklyn, NY 11237
(718) 533-5310
(718) 533-5170 Fax

May 16, 2002

Jack Hoyt
USEPA-DEPP-RPB
290 Broadway, 22nd Floor
New York, NY 10007-1866

Re: Request to deactivate USEPA Transporter ID Number NYD982744815

Dear Mr. Hoyt:

As per our telephone conversation earlier today the purpose of this letter is to formally request that the above referenced transporter ID number be deactivated. The former name of this facility is Star Recycling located at 123 Varick Avenue, Brooklyn, New York 11237.

The facility is currently owned and operated by Waste Management of New York, LLC. However activities requiring a transporter ID no longer take place at this facility.

Thank you in advance for your assistance with this matter. Please contact me at (718) 533-5310 if you require any additional information.

Very truly yours,

Waste Management of New York, LLC

Jay Kaplan
Environmental Compliance Manager

cc: R. Grady

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

REGION 2

11/24/2003

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	➜	**NYD982744815**
INSTALLATION NAME	➜	**WASTE MANAGEMENT OF NEW YORK LLC**
INSTALLATION ADDRESS	➜	**123 VARICK AVE BROOKLYN, NY 11237**
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 NEW YORK LLC
or Current Occupant
ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY, 11237

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/30/98

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 ->	NYD982744815
FACILITY NAME ->	STAR RECYCLING - WASTE MGMT
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

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 : VALENTI, ANTHONY
EQUIP MGR
STAR RECYCLING - WASTE MGMT
123 VARICK AVE
BROOKLYN, NY 11237

safety-kleen®

U.S. EPA
AGENCY RO II
98 MAR 18 PM 12:52
HAZARDOUS WASTE
PROGRAMS BRANCH

Jack Hoyt
USEPA Region II
Air & Waste Management
290 Broadway-22nd Floor
New York, New York 10007-1866

Dear Mr. Hoyt:

Enclosed please find applications for EPA ID Numbers. Would you please rush these applications as these accounts need to have waste picked up immediately. Please call me at (718)429-0657, when you do receive the EPA ID numbers. That would be greatly appreciated.
Thank you.

Sincerely.

Kim Sartory

Kim Sartory
Lead Secretary

Safety-Kleen Corp.
58-05 52nd Ave
Woodside, NY 11377

enclosure

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

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-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)

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

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

C. Installation's EPA ID Number: NYD982744815

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

STAR RECYCLING - WASTE MNG.

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

Street: 123 VARICK ~~ST~~ AVE

Street *(Continued)*:

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

County Code: | County Name:

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 123 VARICK AVE

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

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

Name *(Last)*: VALENTI | *(First)*: ANTHONY

Job Title: EQUIP MGR | Phone Number *(Area Code and Number)*: 718-533-5279

VI. Installation Contact Address *(See instructions)*

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

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

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

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: WASTE MGMT

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

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

Phone Number *(Area Code and Number)*: 718-386-7900

B. Land Type: | C. Owner Type: | D. Change of Owner Indicator: Yes [✓] No [ ] | (Date Changed) Month Day Year

Call Kim Sartory (718) 429-0657

Kim Sartory

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. 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 Recycling 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
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - 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 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	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X				D006	D018	D027	D008

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
D039	D040				
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
Roger City	MGR	3-9-98

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

12/09/96

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 ->	NYD982744815
FACILITY NAME ->	W M OF NY INC DBA WASTE MGMT OF NY
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

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: CUCINOTTA, ANTHONY
DIRECTOR COMPL
W M OF NY INC DBA WASTE MGMT OF NY
123 VARICK AVE
BROOKLYN, NY 11237

★★ To avoid delays in processing, please complete all sections. Only original signature of the Generator is acceptable.

Please print or type with ELITE

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: NYD982744815

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

WMO FINEWYORK INC DBA WASTE MANAGEMENT OF NEW YORK

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

Street: 123 VARICK AVENUE

Street *(Continued)*:

City of Town: BROOKLYN | State: NY | Zip Code: 11237

County Code: 047 | County Name: KINGS

IV. Installation Mailing Address

Street or P.O. Box: SAME 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)*: CUCINOTTA | *(First)*: ANTHONY

Job Title: DIRECTOR COMPLIANCE | Phone Number *(Area Code and Number)*: 718-386-7900

VI. Installation Contact Address

A. Contract Address Location Mailing Other: [ ] [✓] [ ] | B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner: SEE NOTE WMO FINEWYORK INC

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

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

Phone Number *(Area Code and Number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
7183867900	P	P	Yes [✓] No [✓]	

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

PROPERTY LEASED THRU THE NYC INDUSTRIAL DEVELOPMENT AGENCY BUT BENEFICIALLY OWNED BY COMPANY LISTED IN VII

They brought all this out per Anthony 12/3/96 1:00 pm

Call

FED X

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

Form Approved. OMB No. 2050-0028 Expires 9-30-96
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.)
   - [ ] 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) TRANSPORTER ONLY
   - [ ] a. For own waste only
   - [X] 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
[ ]	[ ]	[ ]	[ ]

(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	Name and Official Title *(Type or print)*	Date Signed
ORIGINAL	DIRECTOR CORPORATE ANTHONY J. LUCINETTA CONTAINER	11/25/96

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. 11-30-93) Previous edition is obsolete.

STF ENVOS

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

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 ->	NYD982744815
FACILITY NAME ->	ALLIED SANITATION INC
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO : TWIBELL, FRANK
DISPATCHER
ALLIED SANITATION INC
123 VARICK AVE
BROOKLYN, NY 11237

Form Approved. OMB No. [illegible] 0028. Expires [illegible] 30 88
GSA No. 0246 EPA-01

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

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 NYD982744815 T/A C 1		890808

047 Kings

I. Name of Installation

ALLIED SANITATION CORP

II. Installation Mailing Address

Street or P.O. Box: 123 VARICK AVE

City or Town: BROOKLYN | State: NY | ZIP Code: 11237

III. Location of Installation

Street or Route Number: 123 VARICK AVE

City or Town: BROOKLYN | State: NY | ZIP Code: 11237

IV. Installation Contact

Name and Title *(last, first, and job title)*: ROBERT LOMANGINO Foreman

Phone Number *(area code and number)*: 718 779 4650

V. Ownership

A. Name of Installation's Legal Owner: LEO LOMANGINO

B. Type of Ownership *(enter code)*: INC

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

OVER →

ID For Official Use Only

C W | A C

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
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

D001

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 [illegible]	Foreman	8/4/89

EPA Form 8700-12 (Rev. 11-85) Reverse

89 AUG -8 AM 11:40
BRANCH

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)

U.S. EPA AGENCY RO II 94 DEC 26 111:2

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: NYD982744815

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

ALLIED SANITATION INC.

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

Street: 123 VARICK AVENUE

Street *(Continued)*:

City or Town: BROOKLYN

State: NY

Zip Code: 11237-

County Code:

County Name: BROOKLYN

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box:

City or Town:

State:

Zip Code:

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

Name *(Last)*: TWIBELL

(First): FRANK

Job Title: DISPATCHER

Phone Number *(Area Code and Number)*: 718-386-7900

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [X] 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: ALLIED SANITATION INC.

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

City or Town: BROOKLYN

State: NY

Zip Code: 11237-

Phone Number *(Area Code and Number)*: 718-386-7900

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.

Continued on Reverse

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.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [x] 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
   - [x] 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	(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	Name and Official Title *(Type or print)*	Date Signed
Frank Twibell	FRANK TWIBELL	12/28/94

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

08/22/89

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 ->	NYD982744815
FACILITY NAME ->	ALLIED SANITATION CORP
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ROBERT LOMANGINO
ALLIED SANITATION CORP
123 VARICK AVE
BROOKLYN, NY 11237