

**Hazardous Waste Report  
Site Identification Form  
Calendar Year Being Reported - 2016**



**Department of  
Environmental  
Conservation**

<b>1. Site EPA ID Number</b>	EPA ID Number <u>NY 10000284000</u>		
<b>2. Site Name</b>	Name: <u>CARVILLE LEATHER CO INC</u>		
<b>3. Site Location Information</b>	Street Address: <u>10 Knox Ave</u>		
	City, Town, Village: <u>Johnstown</u>	County Code: <u>NY 035</u>	
	State: <u>NY</u>	Zip Code: <u>12095</u>	
<b>4. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		
<b>5. NAICS Codes for the Site: (enter at least a 5 digit code)</b>	A. <u>95110401</u>		B. <u>          </u>
	C. <u>          </u>		D. <u>          </u>
<b>6. Site Mailing Address</b>	Street or P.O. Box:		
	City, Town, Village:		
	State:	Country:	Zip Code:
<b>7. Site Contact Person</b>	First Name: <u>PAUL</u>	MI:	Last: <u>KAHN</u>
	Title: <u>Federal On-Scene Coordinator</u>		
	Street or P.O. Box: <u>2890 Woodbridge Ave</u>		
	City, Town, Village: <u>Edison</u>		
	State: <u>NJ</u>	Country:	Zip Code: <u>08837</u>
	Email: <u>KAHN.Paul@EPA.Gov</u>		
	Phone: <u>732-321-6617</u>	Ext:	Fax:
<b>8. Legal Owner of the Site</b>	Name of Site's Legal Owner: <u>UNK</u>		Date Became Owner:
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		
	Street or P.O. Box:		
	City, Town, Village:		Phone:
	State:	Country:	Zip Code:
<b>9. Legal Operator of the Site</b>	Name of Site's Operator: <u>UNK</u>		Date Became Operator: <u>UNK</u>
	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State		

## **Appendix A**

### **Site Identification Form**

**10. Type of Regulated Waste Activity**

Mark "Y" or "N" for all current activities (as of the date submitting this form); complete any additional boxes as instructed.

**A. Current Hazardous Waste Activities; Complete all parts 1 -7.**Y ☒ N ☐ **1. Generator of Hazardous Waste**  
If "Yes", mark only one of the following - a, b, or c.☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ **2. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.☐ a. Transporter☐ b. Transfer Facility (at your site)Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: a hazardous waste permit is required for these activities.Y ☐ N ☒ **4. Recycler of Hazardous Waste**Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Furnace ExemptionY ☐ N ☒ **6. Underground Injection Control**Y ☐ N ☒ **7. Receives Hazardous Waste from Off-Site****B. Universal Waste Activities; Complete all parts 1 - 2**Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more of any universal wastes at any time) Indicate types of universal waste managed at your site. If "Yes", mark all that apply.☐ a. Batteries☐ b. Pesticides☐ c. Mercury containing equipment☐ d. LampsY ☐ N ☒ **2. Destination Facility for Universal Waste**  
Note: A hazardous waste permit may be required for this activity.**C. Used Oil Activities; Complete all parts 1 -4**Y ☐ N ☒ **1. Used Oil Transporter**  
If "Yes", mark all that apply.☐ a. Transporter☐ b. Transfer Facility (at your site)Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.☐ a. Processor☐ b. Re-refinerY ☐ N ☒ **3. Off-Specification Used Oil Burner**Y ☐ N ☒ **4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.☐ a. Marketer Who Directs Shipment of Off-Specification used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Comments

The wastes shipped from this abandoned site were generated by the former owner and operator. EPA conducted a Superfund Removal Action and newly repackaged the wastes into sound containers and had them shipped off-site for disposal.

12. 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 of legal owner, operator, or their authorized representative	Name and Official Title (please print)	Date Signed (mm/dd/yyyy)
Paul L. Kahn for the USEPA	PAUL L. KAHN OSC	5-25-17