



DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND, MID-ATLANTIC
9742 MARYLAND AVENUE
NORFOLK, VA 23511-3095

IN REPLY REFER TO:
5090
OPTE3-6
10 Mar 2010

Mr. Ernest Robbins
New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Hazardous Waste Manifest & Reporting Section
9th Floor
625 Broadway
Albany, New York 12233-7252

Subj: 2009 HAZARDOUS WASTE REPORT, NAVAL WEAPONS INDUSTRIAL RESERVE
PLANT CALVERTON, NEW YORK, EPA ID # NYD003995198

Dear Mr. Robbins:

Enclosed are the signed, paper copies of the Completed New York State Department of Environmental Conservation Site Identification Form, Waste Generation and Management Form and the 2009 Hazardous Waste Regulatory Fee Information Form for NWIRP Calverton (EPA ID# NYD003995198). Flat files generated using the EASI TRAK software were submitted electronically.

Should you have any questions or comments, please contact Ms. Lora Fly at (757) 341-2021.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nina M. Johnson".

NINA M. JOHNSON
Northeast IPT
Environmental Business Line Team Leader
By direction of the Commanding Officer

Enclosure: 2009 Hazardous Waste Report

cc: NAVAIR, Richard Smith, w/o enclosure
NYSDEC (Albany), Henry Wilkie, w/o enclosure
NYSDEC (Albany), Larry Rosenmann, w/o enclosure
ECOR Solutions, Al Taormina, w/o enclosure
Public Repository, w/o enclosure

MAIL COMPLETED FORM TO: NYSDEC 625 BROADWAY ALBANY, NY 12233-7252	NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION SITE IDENTIFICATION FORM 2009		
2. Site EPA ID Number (See page 8)	EPA ID Number [NY] [D] [E] [1] [0] [3] [9] [9] [5] [1] [9] [8]		
3. Site Name (See page 8)	Name: U.S. NAVY - NAVFAC Calverton (formerly Grumman Aerospace Corp.)		
4. Site Location Information (See page 8)	Street Address: Grumman Blvd City, Town, or Village: Calverton State: NY County Name: Suffolk Zip Code: 11933		
5. Site Land Type (See page 8)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See page 8)	A. 928110	B.	
	C.	D.	
7. Site Mailing Address (See page 8)	Street or P. O. Box: 999 South Oyster Bay Rd City, Town, or Village: Bethpage State: NY Zip Code: 11714 COUNTRY(ie;USA): USA		
8. Site Contact Person (See page 8)	First Name: AI	MI:	Last Name: Tadromina
	Phone Number: 516-346-0344	Ext:	Email address: atadromina@aatt.net
9. Operator and Legal Owner of the Site (See pages 9)	A. Name of Site's Operator: U.S. NAVY - NAVFAC Mid-Atlantic		Date Became Operator (mm/dd/yyyy): 02/14/1996
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State		

N | Y | D | C | 0 | 3 | 4 | 9 | 5 | 1 | 9 | 8

9. Operator and Legal Owner of the Site -con't (See pages 9)	B. Name of Site's Legal Owner: <i>U.S. NAVY - NAVAIR</i>		Date Became Owner (mm/dd/yyyy): <i>1 1 1954</i>
	Owner Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State		
	Street or P O Box: <i>22145 Arnold Circle</i>		
	City: <i>Patuxent River</i>		State: <i>MD</i>
	COUNTRY (ie; USA): <i>USA</i>		Zip Code: <i>20676</i>

10. Type of Regulated Waste Activity
Mark Yes or No for all activities; complete any additional boxes as instructed. (See instructions on pages 9 -12.)

A. Hazardous Waste Activities in 2010
Complete all parts for 1 through 6.

1. Generator of Hazardous Waste
If Yes, choose only one of the following - a, b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
(only for NCL and DEC 2005)
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste
- In addition, indicate other generator activities.
- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste
3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
4. Recycler of Hazardous Waste (at your site)
5. Exempt Boiler and/or Industrial Furnace
If Yes, mark each that applies.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If Yes, mark all boxes that apply:
- | | | |
|---------------------------------|--------------------------|--|
| | <u>Manage</u> | |
| a. Batteries | <input type="checkbox"/> | |
| b. Pesticides | <input type="checkbox"/> | |
| c. Mercury Containing Equipment | <input type="checkbox"/> | |
| d. Lamps | <input type="checkbox"/> | |
2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

1. Used Oil Transporter
If Yes, mark each that applies.
- a. Transporter
- b. Transfer Facility
2. Used Oil Processor and/or Re-refiner
If Yes, mark each that applies.
- a. Processor
- b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
If Yes, mark each that applies.
- 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 (See instructions on page 12)

Block 8 - Alternative Point of Contact: Lora Fly Phone # 757-341-2012,
 e-mail: lora.fly@navy.mil

Block 10 - Generated PCB waste (State Hazardous Waste) in NOV and DEC

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.
 (See instructions on page 12)

SIGNATURE of owner, operator, or an authorized representative	Name (type or print)	Official Title	Date Signed (mm/dd/yyyy)
<i>Crystal St. Clair-Cancian</i>	Crystal St. Clair-Cancian	Director, HW Compliance & P&E	03/09/2010

N.Y.S. DEPARTMENT OF ENVIRONMENTAL CONSERVATION

2009 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT



FORM GM

SITE NAME: U.S. NAVY - NWRP Culverton

EPA ID NO: N.Y.D. 003 995 198

Instructions: Please see the detailed instructions on pages 13 to 18 of this booklet before completing this form.

Sec. 1	A. Waste description (page 15) <u>Lead Paint (chips) scraped from steel prior to building demolition</u>		
	B. EPA hazardous waste code (page 15) <u>D008</u>	C. State hazardous waste code (page 15) _____	
	D. Source code (Page 15) <u>G42</u> Management Method code ONLY for Source code G25 <u>H</u>	E. Form code (Page 15) <u>W002</u>	F. Quantity generated in 2009 (Page 15) _____ <u>1.1</u>
			G. UOM (Page 16) <u>2</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (page 16)

1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2
On-site Management Quantity treated, disposed, or Method code recycled on site in 2009 (page 17) <u>H</u> _____	On-site Management Quantity treated, disposed, or Method code recycled on site in 2009 (page 17) <u>H</u> _____

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>NJ.D. 980 536 543</u>	C. Off-site Management Method code Shipped to <u>H1H1</u>	D. Total quantity shipped in 2009 _____ <u>1.1</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to <u>H</u> _____	D. Total quantity shipped in 2009 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to <u>H</u> _____	D. Total quantity shipped in 2009 _____

Comments:
Work at site is under RCRA Corrective Action
Waste generated during remedial action



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF SOLID & HAZARDOUS MATERIALS
 625 BROADWAY, 9th FLOOR, ALBANY, NY 12233-7252
 Phone: (518) 402-8610 • FAX: (518) 402-9024 (Attn: BHWR)
2009 HAZARDOUS WASTE REGULATORY FEE INFORMATION FORM

NOTE: Please carefully read the instructions before completing the form.

SECTION I - GENERAL		
NAME OF GENERATOR OR TSD FACILITY US NAVY, NWIRP CALVERTON	EPA ID # NYD003995198	
FACILITY MAILING ADDRESS NWIRP, 999 SOUTH OYSTER BAY ROAD		
CITY BETHPAGE	STATE NY	ZIP CODE 11714
LOCATION OF GENERATOR OR FACILITY (if different from above) GRUMMAN BLVD., CALVERTON, NY 11933		

SECTION II - GENERATOR (Report all quantities in TONS) Please see the Instructions	
1.(a) TOTAL HAZARDOUS WASTE (other than wastewater) generated at this facility in 2009, including any exempted remedial or recycled waste.....	492.2 tons
(b) Remedial Hazardous Waste exempted from Fees by 72-0402(1)(f) and 3(1)(m)* (if any)	492.2 tons
(c) SUBTRACT Line (b) from Line (a).....	0 tons
2.(a) TOTAL HAZARDOUS WASTEWATER generated at this facility in 2009, including that treated by on-site systems and including exempted or recycled wastewater	0 tons
(b) Remedial Hazardous Wastewater exempted from Fees by 72-0402(1)(f) and 3(1)(m)* (if any)	0 tons
(c) SUBTRACT Line (b) from Line (a).....	0 tons
3. Recycled Waste: ECL 72-0403(2) contains an exemption from Surcharge Fees for recycled waste for those recycling more than 90% of hazardous waste or hazardous wastewater. Claims (including backup documentation) for the recycling exemption must be made by means of a written certification submitted to the Department in addition to this form (see instructions). If applicable, show the amounts claimed to be eligible for the 90% recycling exemption from Surcharge Fees for 2009:	
(a) Recycled Hazardous Waste	0 tons
(b) Recycled Hazardous Wastewater	0 tons
* 4. For Remedial Waste exemptions claimed, show (a) DER Site Code # (or other reference) <u>1-4730-00013/00045</u>	
(b) Exemption Type # from p. 2 of instructions (e.g., "iii" for Article 27 Title 13 Order) <u>"v"</u>	
Note: 72-0402(1)(f) & 72-0403(1)(m) only exempt certain remedial wastes from formally approved Department programs	
5. (a) Do you expect that the facility's hazardous waste and wastewater generation in 2010 will be significantly different from that shown above for 2009? <u>YES</u> (b) If "Yes" please explain: <u>NO HAZARDOUS WASTE WILL BE GENERATED FROM THIS SITE</u>	

SECTION III - TREATMENT, STORAGE AND DISPOSAL FACILITY (Complete This Section ONLY If Your Facility is a RCRA TSD Facility)
1. Please check all applicable Hazardous Waste TSD Facility units. <input type="checkbox"/> Landfill <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Incinerator/Energy Recovery How Many Incinerators/Energy Recovery Units? _____
2. TOTAL HAZARDOUS WASTE RECEIVED from OFF SITE during 2009 _____ tons Please summarize and convert the total to tons.
3. TOTAL HAZARDOUS WASTE MANAGED in RCRA REGULATED TSD UNITS during 2009 _____ tons For RCRA TSD Facility Units: Summarize all totals and convert the totals to tons.
4. Amount of hazardous waste stored on-site on December 31, 2009 _____ tons
5. Is your facility under post-closure care? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV - CERTIFICATION	
I hereby affirm under penalty of perjury that the information provided in this form and attached statements and exhibits is true to the best of my knowledge and belief and accurately represents the hazardous waste activity at this site during 2009. This activity may be subject to regulatory base fees and surcharge fees.	
NAME: <u>Crystal St. Clair-Canali</u>	TITLE: <u>Director, Hazardous Waste Compliance & P2</u>
(ORIGINAL ONLY - NO PHOTOCOPIES) SIGNATURE: <u>Crystal St. Clair-Canali</u>	DATE: <u>3/9/10</u>
CONTACT IF OTHER THAN ABOVE: <u>Lora Fly 757-341-2012</u>	TELEPHONE NUMBER: <u>757-444-2911</u>

A PAPER COPY OF THIS FORM MUST BE COMPLETED, SIGNED & RETURNED TO NYSDEC BY MARCH 1, 2010