



Environmental, Planning, and Engineering Consultants

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May 10, 2022

NYSDEC
Division of Materials Management
Waste Transport and State Assistance Section
625 Broadway
Albany, NY 12233-7252

Re: 2021 Annual Hazardous Waste Reporting
Polychrome East
80-94 Alexander Street, Yonkers, New York
EPA ID No. NYR000247510
BCP Site No. C360098

To Whom It May Concern:

Please find the attached *Hazardous Waste Report Site Identification Form*, and *Waste Generation and Management Form* for New York State, for the property located at 80-94 Alexander Street, Yonkers, NY, for the 2021 Calendar Year. The site, which has been assigned EPA number NYR000247510, is enrolled in the New York State Department of Environment Conservation (NYSDEC) Brownfield Cleanup Program (BCP) and is seeking to receive the program's exemption from tax assessments and special assessments by the State of New York. The Site has been assigned BCP Site No. C360098.

Please feel free to contact me at (914) 922-2356 if you have any questions.

Sincerely,
AKRF, Inc.

A handwritten signature in black ink, appearing to read 'MG'.

Marc Godick
Senior Vice President
Site Assessment and Remediation

cc: Matt Hubicki – NYSDEC
Noah Hager/ Chadwick Hinkley/ Lindsey Romano/Christopher Reynolds/Michael Simpson/ Jon Vogel – AVB
Scott Caporizzo/Steve Grens/Rebecca Kinal/John Sulich – AKRF

Enclosures:

Attachment 1 – Hazardous Waste Report Site Identification Form
Attachment 2 – Waste Generation and Management Form

Hazardous Waste Report Site Identification Form
Calendar Year Being Reported- 2021



Department of
Environmental
Conservation

1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for <u>2021</u> (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

N	Y	R	0	0	0	2	4	7	5	1	0
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3. Site Name

Polychrome East

4. Site Location Address

Street Address 80-94 Alexander Street		
City, Town, or Village Yonkers	County Westchester	
State New York	Country United States of America	Zip Code 10701

5. Site Mailing Address

Same as Location Address

Street Address 1633 Broadway Suite 22B		
City, Town, or Village New York		
State New York	Country United States of America	Zip Code 10019

6. Site Land Type

Private County District Federal Tribal Municipal State Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 531110	C.
B.	D.

EPA ID Number

N	Y	R	0	0	0	2	4	7	5	1	0
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8. Site Contact Information

Same as Location Address

First Name	Noah	MI	Last Name	Hager	
Title	Owner's Representative				
Street Address	1633 Broadway Suite 22B				
City, Town, or Village	New York				
State	New York	Country	United States of America	Zip Code	10019
Email	Noah_Hager@avalonbay.com				
Phone	703-317-1018	Ext		Fax	

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name	Avalon Sun Sites, LLC	Date Became Owner (mm/dd/yyyy)	01/03/2018
Owner Type	<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 <input type="checkbox"/> Other		
Street Address	440 Wilson Blvd. Suite 1000		
City, Town, or Village	Arlington		
State	Virginia	Country	United States of America
Zip Code	22203		
Email	Noah_Hager@avalonbay.com		
Phone	703-317-1018	Ext	
Fax			
Comments			

B. Name of Site's Legal Operator

Same as Location Address

Full Name	Avalon Sun Sites, LLC	Date Became Operator (mm/dd/yyyy)	
Operator Type	<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 <input type="checkbox"/> Other		
Street Address	440 Wilson Blvd.		
City, Town, or Village	Arlington		
State	Virginia	Country	United States of America
Zip Code	22203		
Email	Noah_Hager@avalonbay.com		
Phone	703-317-1018	Ext	
Fax			
Comments			

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste —If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input checked="" type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste —Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace —If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D018						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)
A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator?
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____mm/dd/yyyy	
C. Requesting new closure date: _____mm/dd/yyyy	
D. Date closed : _____mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

N	Y	R	0	0	0	2	4	7	5	1	0
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16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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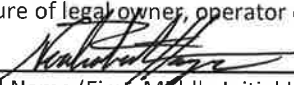
17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

Item 10.A.1.c - Very Small Quantity Generator:
 The Site was redeveloped under the New York State Department of Environmental Conservation Brownfield Cleanup Program (BCP #C360098). In accordance with its Site Management Plan, NAPL recovery is conducted once every two weeks. The recovered NAPL generated during these recovery events is a federally regulated hazardous waste. The amount of hazardous waste generated meets the conditions of VSQG.

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) <i>05/09/2022</i>
Printed Name (First, Middle Initial Last) Noah Hager	Title Owner Representative
Email Noah_Hager@avalonbay.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

Site Name: Polychrome East

EPA ID Number NYR000247510

Calendar Year Being Reported (CYBR) - 2021



Department of Environmental Conservation

WASTE GENERATION AND MANAGEMENT FORM

Sec. 1 Waste Characterization	A. Waste Description
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B. EPA Hazardous Waste Codes D001 D018	C. State Hazardous Waste Codes
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D. Source Code G49	E. Form Code W606	F. Quantity Generated in 1290.0 UOM lb Density lbs/gal sg	G. Waste Minimization Code
Management Method Code for Source Code G25 H		H. Regulatory Fees Wastewater [N] Exempt Remedial [X] Exempt Recycling [N] See Instructions if any box is checked	
		I. Mixed Waste []	

Sec. 2 Waste Management On Site	A. Was any of this waste managed on-site? <input type="checkbox"/> Yes (COMPLETE ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC 3)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed, or recycled on site in CYBR	On-site Management Method Code	Quantity treated, disposed, or recycled on site in CYBR
H		H	

Sec. 3 Waste Management Off Site	A. Was any of this waste shipped off site during CYBR? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)
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Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code shipped to	D. Total quantity shipped in CYBR
Site 1	NJD980536593	H141	1290.0
Site 2		H	
Site 3		H	

Comments