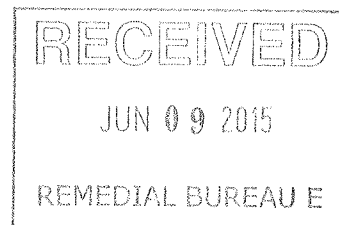




*Hudson Valley Research Park,
2070 Route 52
Hopewell Junction, NY 12533
Gary Marone Z/325*

June 4, 2015

USEPA Region 2
CASD-Hazardous Waste Program Branch
Att: RCRA Notifications
290 Broadway, 22nd Floor
New York, NY 10007-1866



Subject: Updated RCRA Subtitle C Site Identification Forms and Hazardous Waste Permit
Information Form

Reference: (1) IBM: USEPA ID # NYD000707901; NYS Permit ID 3-1328-00025/00249
(2) GLOBALFOUNDRIES: USEPA ID # NYR000217984

Dear USEPA:

The attached updates are being submitted as part of a divestiture of the IBM Microelectronics Division's East Fishkill facility to GLOBALFOUNDRIES U.S. 2 LLC. The target date for the transaction is July 1, 2015. IBM will be retaining responsibility for groundwater corrective action pursuant to the above-referenced hazardous waste management permit associated with USEPA ID # NYD000707901. IBM will also be a generator associated with laboratory and development activities as a tenant at the facility. GLOBALFOUNDRIES U.S. 2 LLC will be the owner of the facility and will generate hazardous waste associated with manufacturing and facilities operations.


Please contact Scott Danskin on my staff at (845) 892-1675 or danskins@us.ibm.com if you have any questions or require additional information.

Sincerely,
INTERNATIONAL BUSINESS
MACHINES CORPORATION

Gary Marone, Manager
IBM East Fishkill Environmental Engineering

C: S. C. Danskin, IBM
D. Whitehead, NYSDEC Region 3

T. Killeen, NYSDEC Albany

| | | | |
|---|--|--------------|---|
| SEND COMPLETED FORM TO: The Appropriate State or Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | |  |
| 1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # <u>4</u>) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) | | |
| 2. Site EPA ID Number | EPA ID Number <u>N</u> <u>Y</u> <u>D</u> <u>0</u> <u>0</u> <u>0</u> <u>7</u> <u>0</u> <u>7</u> <u>9</u> <u>0</u> <u>1</u> | | |
| 3. Site Name | Name: Former IBM East Fishkill | | |
| 4. Site Location Information | Street Address: B/330D Z/87S, 2070 Route 52 | | |
| | City, Town, or Village: Hopewell Junction | | County: Dutchess |
| | State: New York | Country: USA | Zip Code: 12533 |
| 5. Site Land 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 | | |
| 6. NAICS Code(s) for the Site (at least 5-digit codes) | A. <u>5</u> <u>6</u> <u>2</u> <u>9</u> <u>1</u> <u>0</u> | | C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> |
| | B. <u>5</u> <u>4</u> <u>1</u> <u>7</u> <u>1</u> <u>2</u> | | D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> |
| 7. Site Mailing Address | Street or P.O. Box: B/330D Z/87S, 2070 Route 52 | | |
| | City, Town, or Village: Hopewell Junction | | |
| | State: New York | Country: USA | Zip Code: 12533 |
| 8. Site Contact Person | First Name: Mitch | | MI: Last: Meyers |
| | Title: Manager, Environmental Remediation, Corporate Environmental Affairs | | |
| | Street or P.O. Box: 8976 Wellington Road | | |
| | City, Town or Village: Manassas | | |
| | State: Virginia | Country: USA | Zip Code: 20109 |
| | Email: meyersm@us.ibm.com | | |
| | Phone: (703) 257-2587 | Ext.: | Fax: (703) 257-0712 |
| 9. Legal Owner and Operator of the Site | A. Name of Site's Legal Owner: GLOBALFOUNDRIES U.S. 2 LLC | | Date Became Owner: 07/01/2015 |
| | 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 or P.O. Box: 2529 Route 52, Suite 204 - 205 | | |
| | City, Town, or Village: Hopewell Junction | | Phone: (408)462-3900 |
| | State: New York | Country: USA | Zip Code: 12533 |
| | B. Name of Site's Operator: International Business Machines Corporation | | Date Became Operator: 07/01/1963 |
| | 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 | | |

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; Complete all parts 1-10.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 any 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.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**
If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. 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) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ 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-refiner

Y ☐ 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

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

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. 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 | D002 | D003 | D004 | D005 | D006 | D007 |
| D008 | D009 | D010 | D011 | D019 | D022 | D035 |
| D039 | D040 | F001 | F002 | F003 | F005 | F006 |
| F007 | P003 | P022 | P030 | P098 | P105 | P119 |
| U002 | U037 | U044 | U070 | U117 | U133 | U134 |
| U144 | U154 | U161 | U162 | U165 | U188 | U190 |
| U196 | U211 | U213 | U220 | U226 | U359 | U404 |
| | | | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated 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.

| | | | | | | |
|------|------|------|------|------|------|--|
| B002 | B003 | B004 | B005 | B006 | B007 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ 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 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

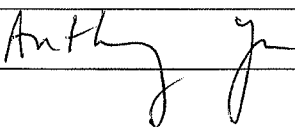
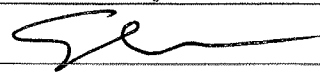
13. Comments

This updated RCRA Subtitle C Site Identification Form is being submitted as part of IBM Corporation's divestiture of the Microelectronics Division's East Fishkill facility. GLOBALFOUNDRIES U.S. 2 LLC is acquiring the facility, and will be the legal owner of the facility. IBM is retaining responsibility for groundwater corrective action as well as some laboratory/R&D operations (as a site tenant). The target date for the acquisition is July 1, 2015.

IBM will continue its operations of the groundwater remediation systems located on the GLOBALFOUNDRIES U.S. 2 LLC's East Fishkill facility. As a result, IBM is considered the generator of the hazardous waste produced by the remediation systems. In addition, IBM will retain the current Part 373 Permit for corrective action under EPA ID No. NYD000707901.

IBM will also be a tenant at the GLOBALFOUNDRIES U.S. 2 LLC's - East Fishkill facility with respect to laboratory and R&D activities. Hazardous waste generation is associated with these activities.

14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|--|--------------------------|
|  | Anthony Yu, IBM East Fishkill Senior Location Executive | 5/20/2015 |
|  | Steve Groseclose, GLOBALFOUNDRIES Director - Risk Mgmt, Sustain. & R/E | 5/22/2015 |

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

**ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- ☐ Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

| a. Facility code (answer using codes listed in the Code List section of the instructions) | b. Waste code(s) for HSM | c. Estimated short tons of excluded HSM to be managed annually | d. Actual short tons of excluded HSM that was managed during the most recent odd- numbered year | e. Land-based unit code (answer using codes listed in the Code List section of the instructions) |
|---|--------------------------|---|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

This page intentionally left blank

United States Environmental Protection Agency
HAZARDOUS WASTE PERMIT INFORMATION FORM

| | | | | | | | | | | | | |
|---|--|-----------------------|---------------------------|---|---|---|---|---|---|--|----------------|---|
| 1. Facility Permit Contact | First Name: Mitch | MI: | Last Name: Meyers | | | | | | | | | |
| | Contact Title: Manager, Environmental Remediation, Corporate Environmental Affairs | | | | | | | | | | | |
| | Phone: (703) 257-2587 | Ext.: | Email: meyersm@us.ibm.com | | | | | | | | | |
| 2. Facility Permit Contact Mailing Address | Street or P.O. Box: 8976 Wellington Road | | | | | | | | | | | |
| | City, Town, or Village: Manassas | | | | | | | | | | | |
| | State: Virginia | | | | | | | | | | | |
| | Country: USA | Zip Code: 20109-3925 | | | | | | | | | | |
| 3. Operator Mailing Address and Telephone Number | Street or P.O. Box: 8976 Wellington Road | | | | | | | | | | | |
| | City, Town, or Village: Manassas | | | | | | | | | | | |
| | State: Virginia | Phone: (703) 257-2587 | | | | | | | | | | |
| | Country: USA | Zip Code: 20109-3925 | | | | | | | | | | |
| 4. Facility Existence Date | Facility Existence Date (mm/dd/yyyy): 07/01/1963 | | | | | | | | | | | |
| 5. Other Environmental Permits | | | | | | | | | | | | |
| A. Facility Type (Enter code) | B. Permit Number | | | | | | | | | | C. Description | |
| N | N | Y | 0 | 0 | 0 | 5 | 0 | 9 | 6 | | | SPDES (to be transferred to GLOBALFOUNDRIES) |
| E | 3-1328-00025/01028 | | | | | | | | | | | Title V (to be transferred to GLOBALFOUNDRIES) |
| E | 3-1328-00269-02000 | | | | | | | | | | | Air Emission Registration (Pentagon Technologies) |
| E | 3-1328-00345/00001 | | | | | | | | | | | Air Emission Registration (eMagin Corporation) |
| E | 3-1160 | | | | | | | | | | | MOSF (to be transferred to GLOBALFOUNDRIES) |
| E | 3-000116 | | | | | | | | | | | CBS (to be transferred to GLOBALFOUNDRIES) |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 6. Nature of Business: Semiconductor component research and development including associated laboratories; groundwater remediation associated with prior ownership of the facility. | | | | | | | | | | | | |

7. Process Codes and Design Capacities – Enter information in the Section on Form Page 3

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For “other” processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.

B. PROCESS DESIGN CAPACITY – For each code entered in Item 7.A; enter the capacity of the process.

1. **AMOUNT** – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.

2. **UNIT OF MEASURE** – For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.

C. PROCESS TOTAL NUMBER OF UNITS – Enter the total number of units for each corresponding process code.

| Process Code | Process | Appropriate Unit of Measure for Process Design Capacity | Process Code | Process | Appropriate Unit of Measure for Process Design Capacity |
|------------------------|-------------------------------------|--|---|--|---|
| Disposal | | | Treatment (Continued) (for T81 – T94) | | |
| D79 | Underground Injection Well Disposal | Gallons; Liters; Gallons Per Day; or Liters Per Day | T81 | Cement Kiln | Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilograms Per Hour; or Million BTU Per Hour |
| D80 | Landfill | Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards | T82 | Lime Kiln | |
| D81 | Land Treatment | Acres or Hectares | T83 | Aggregate Kiln | |
| D82 | Ocean Disposal | Gallons Per Day or Liters Per Day | T84 | Phosphate Kiln | |
| D83 | Surface Impoundment Disposal | Gallons; Liters; Cubic Meters; or Cubic Yards | T85 | Coke Oven | |
| D99 | Other Disposal | Any Unit of Measure Listed Below | T86 | Blast Furnace | |
| Storage | | | T87 | Smelting, Melting, or Refining Furnace | |
| S01 | Container | Gallons; Liters; Cubic Meters; or Cubic Yards | T88 | Titanium Dioxide Chloride Oxidation Reactor | |
| S02 | Tank Storage | Gallons; Liters; Cubic Meters; or Cubic Yards | T89 | Methane Reforming Furnace | |
| S03 | Waste Pile | Cubic Yards or Cubic Meters | T90 | Pulping Liquor Recovery Furnace | |
| S04 | Surface Impoundment | Gallons; Liters; Cubic Meters; or Cubic Yards | T91 | Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid | |
| S05 | Drip Pad | Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards | T92 | Halogen Acid Furnaces | |
| S06 | Containment Building Storage | Cubic Yards or Cubic Meters | T93 | Other Industrial Furnaces Listed in 40 CFR 260.10 | |
| S99 | Other Storage | Any Unit of Measure Listed Below | T94 | Containment Building Treatment | Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour |
| Treatment | | | Miscellaneous (Subpart X) | | |
| T01 | Tank Treatment | Gallons Per Day; Liters Per Day | X01 | Open Burning/Open Detonation | Any Unit of Measure Listed Below |
| T02 | Surface Impoundment | Gallons Per Day; Liters Per Day | X02 | Mechanical Processing | Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour |
| T03 | Incinerator | Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour | X03 | Thermal Unit | Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour |
| T04 | Other Treatment | Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour | X04 | Geologic Repository | Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters |
| T80 | Boiler | Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour | X99 | Other Subpart X | Any Unit of Measure Listed Below |
| Unit of Measure | | Unit of Measure Code | Unit of Measure | | Unit of Measure Code |
| Gallons | | G | Short Tons Per Hour | | D |
| Gallons Per Hour | | E | Short Tons Per Day | | N |
| Gallons Per Day | | U | Metric Tons Per Hour | | W |
| Liters | | L | Metric Tons Per Day | | S |
| Liters Per Hour | | H | Pounds Per Hour | | J |
| Liters Per Day | | V | Kilograms Per Hour | | X |
| | | | Million BTU Per Hour | | X |
| | | | Unit of Measure | | Unit of Measure Code |
| | | | Cubic Yards | | Y |
| | | | Cubic Meters | | C |
| | | | Acres | | B |
| | | | Acre-feet | | A |
| | | | Hectares | | Q |
| | | | Hectare-meter | | F |
| | | | BTU Per Hour | | I |

9. Description of Hazardous Wastes - Enter Information in the Sections on Form Page 5

- A. EPA HAZARDOUS WASTE NUMBER** – Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** – For each listed waste entered in Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** – For each quantity entered in Item 9.B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS | P | KILOGRAMS | K |
| TONS | T | METRIC TONS | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all listed hazardous wastes.

For non-listed waste: For each characteristic or toxic contaminant entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- Enter the first two as described above.
- Enter "000" in the extreme right box of Item 9.D(1).
- Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.

- 2. PROCESS DESCRIPTION:** If code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.E(2).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.
- In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.D.2 on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING Item 9 (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| Line Number | | A. EPA Hazardous Waste No. (Enter code) | | | | B. Estimated Annual Qty of Waste | C. Unit of Measure (Enter code) | D. PROCESSES | | | | | | | | | |
|-------------|---|--|---|---|---|----------------------------------|------------------------------------|--------------------------------|---|---|---|---|---|--|---|--|---------------------|
| | | | | | | | | (1) PROCESS CODES (Enter Code) | | | | | | | (2) PROCESS DESCRIPTION (If code is not entered in 9.D(1)) | | |
| X | 1 | K | 0 | 5 | 4 | 900 | P | T | 0 | 3 | D | 8 | 0 | | | | |
| X | 2 | D | 0 | 0 | 2 | 400 | P | T | 0 | 3 | D | 8 | 0 | | | | |
| X | 3 | D | 0 | 0 | 1 | 100 | P | T | 0 | 3 | D | 8 | 0 | | | | |
| X | 4 | D | 0 | 0 | 2 | | | | | | | | | | | | Included With Above |

| | | | | | | | | | | | | | |
|--|---|--|--|--|----------------------------------|--|---------------------------------|--------------------------------|--|--|--|--|--|
| 9. Description of Hazardous Wastes (Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.) | | | | | | | | | | | | | |
| Line Number | A. EPA Hazardous Waste No. (Enter code) | | | | B. Estimated Qty of Annual Waste | | C. Unit of Measure (Enter code) | (1) PROCESS CODES (Enter Code) | | | | | (2) PROCESS DESCRIPTION (If code is not entered in 9.D(1)) |
| | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | |
| 33 | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | | |
| 52 | | | | | | | | | | | | | |
| 53 | | | | | | | | | | | | | |
| 54 | | | | | | | | | | | | | |
| 55 | | | | | | | | | | | | | |
| 56 | | | | | | | | | | | | | |
| 57 | | | | | | | | | | | | | |
| 58 | | | | | | | | | | | | | |
| 59 | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | |
| 61 | | | | | | | | | | | | | |
| 62 | | | | | | | | | | | | | |
| 63 | | | | | | | | | | | | | |
| 64 | | | | | | | | | | | | | |
| 65 | | | | | | | | | | | | | |
| 66 | | | | | | | | | | | | | |
| 67 | | | | | | | | | | | | | |
| 68 | | | | | | | | | | | | | |
| 69 | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | |
| 71 | | | | | | | | | | | | | |
| 72 | | | | | | | | | | | | | |
| 73 | | | | | | | | | | | | | |
| 74 | | | | | | | | | | | | | |
| 75 | | | | | | | | | | | | | |
| 76 | | | | | | | | | | | | | |
| 77 | | | | | | | | | | | | | |
| 78 | | | | | | | | | | | | | |
| 79 | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | |
| 81 | | | | | | | | | | | | | |
| 82 | | | | | | | | | | | | | |
| 83 | | | | | | | | | | | | | |
| 84 | | | | | | | | | | | | | |
| 85 | | | | | | | | | | | | | |
| 86 | | | | | | | | | | | | | |
| 87 | | | | | | | | | | | | | |
| 88 | | | | | | | | | | | | | |
| 89 | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | |
| 91 | | | | | | | | | | | | | |
| 92 | | | | | | | | | | | | | |
| 93 | | | | | | | | | | | | | |
| 94 | | | | | | | | | | | | | |
| 95 | | | | | | | | | | | | | |
| 96 | | | | | | | | | | | | | |
| 97 | | | | | | | | | | | | | |
| 98 | | | | | | | | | | | | | |
| 99 | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | |

10. Map

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

11. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

12. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas (see instructions for more detail).

13. Comments

This application is being submitted as part of GLOBALFOUNDRIES U.S. 2 LLC's acquisition of the IBM Microelectronics Division's East Fishkill facility. GLOBALFOUNDRIES U.S. 2 LLC is acquiring manufacturing operations and the physical facility (lands and buildings). IBM is retaining responsibility for groundwater corrective action as well as some laboratory / R&D operations (as a site tenant). IBM will be retaining the current EPA ID No. for the facility for use in its ongoing hazardous waste activities at the site. GLOBALFOUNDRIES U.S. 2 LLC has acquired a new US EPA ID # (NYR000218974).

The target date for the acquisition of the facility by GLOBALFOUNDRIES U.S. 2 LLC is July 1, 2015.

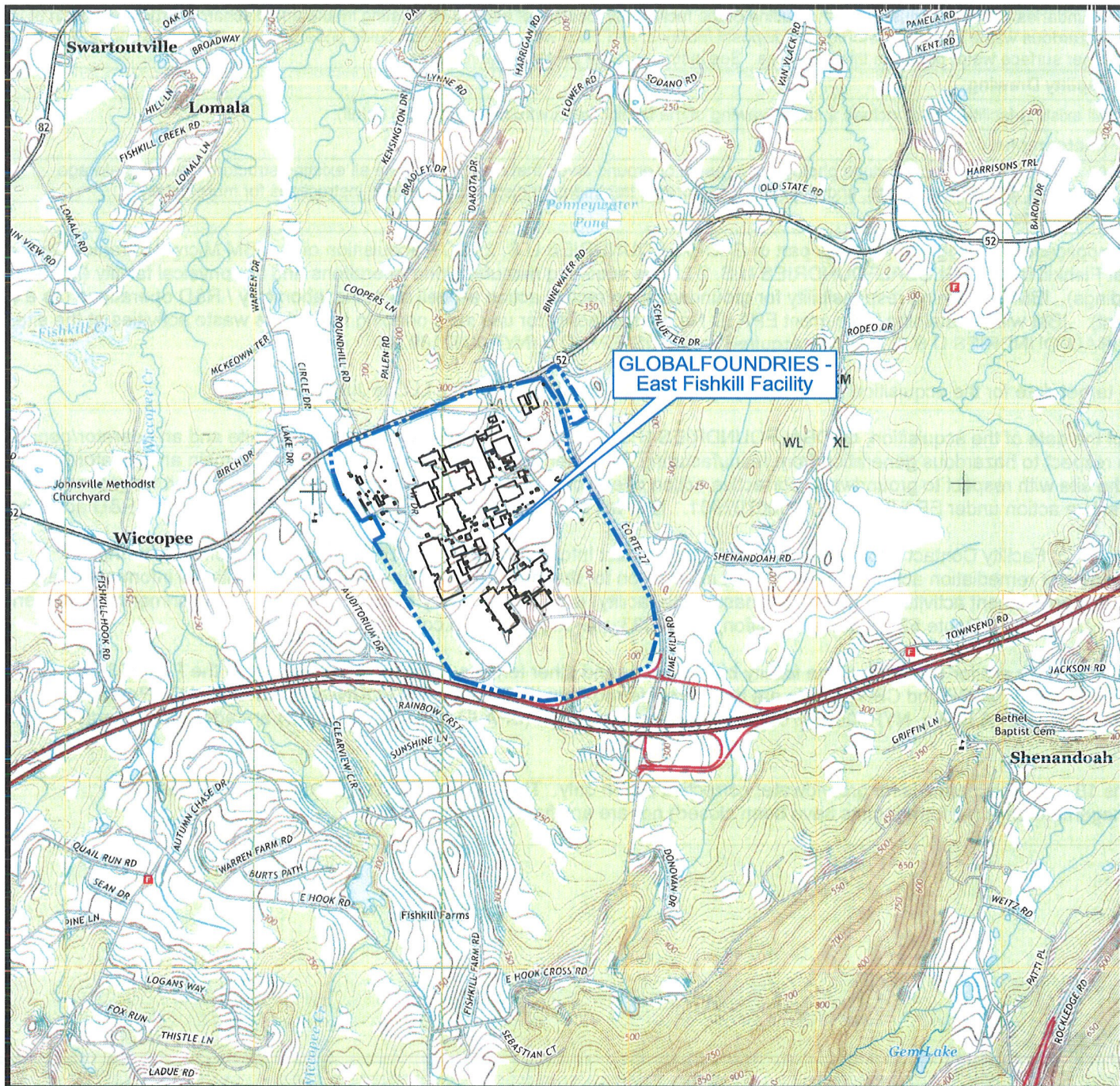
As of the date of the acquisition, GLOBALFOUNDRIES U.S. 2 LLC would be the legal owner of the site and an operator/generator with respect to hazardous generation from manufacturing and other operations. In addition, IBM will remain an operator/generator at the site with respect to groundwater corrective action operations, and will retain the current Part 373 Permit for groundwater corrective action under EPA ID No. NYD000707901. IBM will also be a generator with respect to laboratory and R&D activities.

Items 1 - 3: Facility Contact Information and Operator Contact Information is for the IBM personnel responsible for the groundwater remediation activities. The contact information for the facility owner (who would have additional information regarding waste management activities of IBM as a tenant at the facility) is as follows: Gary Marone, Manager - Environmental Engineering, B/325 Z/325, 2070 Route 52, Hopewell Junction, NY 12533; maroneg@us.ibm.com; (845) 894-5700.

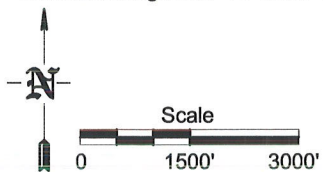
Item 5: Permits are for operation of the facility by the owner and other tenants. IBM will be the owner of the Part 373 Permit. SPDES, Title V, MOSF and CBS permits are being transferred from IBM to GLOBALFOUNDRIES U.S. 2 LLC. Pentagon Technologies (EPA ID No. NYR000089706) and eMagin Corporation (EPA ID No. NY000081521) are additional tenants at the site.

Items 10 - 12: This permit is for groundwater corrective action only. There are no existing permitted hazardous waste management units (all former units have been closed) nor are any future units planned.

NYD000707901
Former IBM East Fishkill



Portion of the Hopewell Junction, NY
7.5-minute USGS Quadrangle
(The National Map US Topo, 2013)
Latitude/Longitude: 41°32'27"N, 73°49'28"W (41.540714, -73.824185)



Item 10: Topographic Map for EPA ID No. NYD000707901

 **GROUNDWATER SCIENCES CORPORATION**

IBM
East Fishkill, New York

95007-044-D3 / 4-10-15

NYD000707901

Former IBM East Fishkill



NYD000707901
Former IBM East Fishkill

B/309 (Former
Permitted
Storage
Rooms)

Item 12: Aerial photograph of NYD000707901

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; Complete all parts 1-10.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 any 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.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. 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) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☒
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☒
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ 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-refiner

Y ☐ 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

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

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. 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 | D002 | D003 | D004 | D005 | D006 | D007 |
| D008 | D009 | D010 | D011 | D019 | DD022 | D035 |
| D039 | D040 | F001 | F002 | F003 | F005 | F006 |
| F007 | P003 | P022 | P030 | P098 | P105 | P119 |
| U002 | U037 | U044 | U070 | U117 | U133 | U134 |
| U144 | U154 | U161 | U162 | U165 | U188 | U190 |
| U196 | U211 | U213 | U220 | U226 | U359 | U404 |
| | | | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated 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.

| | | | | | | |
|------|------|------|------|------|------|--|
| B002 | B003 | B004 | B005 | B006 | B007 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Notification of Hazardous Secondary Material (HSM) Activity

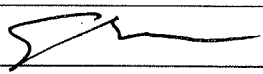
Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This application is being submitted as part of the divestiture of the IBM Microelectronics Division's East Fishkill facility. The entity acquiring the IBM East Fishkill facility has been changed to GLOBALFOUNDRIES U.S. 2 LLC (it was identified as GLOBALFOUNDRIES US Inc. on the original RCRA Subtitle C Site Information Form requesting an EPA ID #). The target date for the acquisition remains July 1, 2015.

14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|  | Steve Groseclose, Director - Risk | 05/22/2015 |
| | Management, Sustainability and Real | |
| | Estate | |
| | | |

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

**ONLY fill out this form if:**

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- ☐ Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

| a. Facility code (answer using codes listed in the Code List section of the instructions) | b. Waste code(s) for HSM | c. Estimated short tons of excluded HSM to be managed annually | d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year | e. Land-based unit code (answer using codes listed in the Code List section of the instructions) |
|--|--------------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

This page intentionally left blank