# SOCIOSIS REPOSPORATORIO DE PROPERTO DE CONTROLO DE CON

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, 22<sup>nd</sup> 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 <u>danskins@us.ibm.com</u> if you have any questions or require additional information.

Sincerely,

INTERNATIONAL BUSINESS MACHINES CORPORATION

Jary Marone, Manager

IBM East Fishkill Environmental Engineering

C: S. C. Danskin, IBM

D. Whitehead, NYSDEC Region 3

T. Killeen, NYSDEC Albany

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FO The	MPLETED RM TO: Appropriate te or Regional		ironmental Protection Agency SITE IDENTIFICATION FORM	THE PACTULE									
1.	Reason for Submittal	Reason for Submittal:  □ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)											
В	MARK ALL BOX(ES) THAT APPLY	<ul> <li>■ To provide a Subsequent Notification (to update site identification information for this location)</li> <li>□ As a component of a First RCRA Hazardous Waste Part A Permit Application</li> <li>□ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # 4)</li> <li>□ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</li> </ul>											
			nerator of >1,000 kg of hazardous waste, >1 kg of ac te spill cleanup in one or more months of the report y										
2.	Site EPA ID Number	EPA ID Number N Y D 0 0 0	[7   0   7 ] [9   0   1 ]										
3.	Site Name	Name: Former IBM East Fishkill		- W- AWA to takahala masa ana ana ana ana									
4.	Site Location	Street Address: B/330D Z/87S, 2070 Rout	e 52										
	Information	City, Town, or Village: Hopewell Junction		County: Dutchess									
			try: USA	Zip Code: 12533									
5.	Site Land Type	Private County District	Federal Tribal Municipal S	State LI Other									
6.	NAICS Code(s) for the Site	A. <u>  5   6   2   9   1   0</u>	c										
	(at least 5-digit codes)	в. 5 4 1 7 1 2	D										
7.	Site Mailing	Street or P.O. Box: B/330D Z/87S, 2070 R	oute 52										
	Address	City, Town, or Village: Hopewell Junction											
		State: New York Coun	try: USA	Zip Code: 12533									
8.	Site Contact	First Name: Mitch MI:	Last: Meyers										
	Person	Title: Manager, Environmental Remediation, Corporate Environmental Affairs											
		Street or P.O. Box: 8976 Wellington Road											
		City, Town or Village: Manassas		·									
			try: USA	Zip Code: 20109									
		Email: meyersm@us.ibm.com		T									
		Phone: (703) 257-2587	Ext.:	Fax: (703) 257-0712  Date Became									
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: GLOBALF	OUNDRIES U.S. 2 LLC	Owner: 07/01/2015									
	of the Site	- 3	strict Federal Tribal Municipal	State Other									
		Street or P.O. Box: 2529 Route 52, Suite 2											
		City, Town, or Village: Hopewell Junction		Phone: (408)462-3900									
		State: New York Coun		Zip Code: 12533									
		B. Name of Site's Operator: International I		Date Became Operator: 07/01/1963									
		Operator ☑ Private ☐ County ☐ Di	strict Federal Tribal Municipal	State Other									

ΕI	PΑ	ID	Number	N	l

OMB#: 2050-0024; Expires 01/31/2017

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  B. Universal Waste Activities; Complete all parts 1-2.  Y N 1 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.  B. Batteries  D. Pesticides  D. Pesticides  D. Pesticides  D. Pesticides  D. Mercury containing equipment  D. Re-refiner  M. J. Used Oil Processor and/or Re-refiner if "Yes," mark all that apply.  J. 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.  D. Transporter  D. Transporter  D. Transfer Facility (at your site)  J. 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.  D. Transfer Facility (at your site)  J. Receives Hazardous Waste from Off-site in Yes," mark all that apply.  J. Used Oil Processor and/or Re-refiner if "Yes," mark all that apply.  J. Used Oil Fuel Marketer if "Yes," mark all that apply.  J. Used Oil Fuel Marketer if "Yes," mark all that apply.  A. Used Oil Fuel Marketer if "Yes," mark all that apply.  A. Marketer Who Directs Shipment of	10.					Activity (at your site) current activities (as of the	e date submitting the	form); com	plete any additional boxes as instructed.
If "Yes," mark only one of the following – a, b, or complete all parts 1-2.   Y	A.	Hazardo	us V	/as	te Activitie	s; Complete all parts 1-10.			
(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 10 kg/mo. (220 lbs/mo.) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 10 kg/mo. (220 lbs/mo.) of acute hazardous waste.  □ b. SQG: □ more dealed acute hazardous spill cleanup material.  □ b. SQG: □ loss/mo.) of non-acute hazardous waste. □ c. CESQG: □ Less than 100 kg/mo. (220 lbs/mo.) of non-acute hazardous waste. □ c. CESQG: □ Less than 100 kg/mo. (220 lbs/mo.) of non-acute hazardous waste. □ c. CESQG: □ Less than 100 kg/mo. (220 lbs/mo.) of non-acute hazardous waste. □ lf "Yes," mark all that apply. □ lf "Yes," mark all that apply. □ a. Small Quantity On-site Burner Exemption □ b. Smelling, Melting, and Refining Furnace Exemption □ b. S	Y 🔽	] N 🗌	1.				– a, b, or c.	Y N	<ol><li>Transporter of Hazardous Waste If "Yes," mark all that apply.</li></ol>
D. SGG: 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  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)  g. Other (specify)  g. Other (specify)  T □ N ☑ 2. Destination Facility for Universal Waste  a. Marketer Who Directs Shipment of			<b>V</b>	a.		(2,200 lbs/mo.) or more of hat Generates, in any calendar raccumulates at any time, mo (2.2 lbs/mo) of acute hazard Generates, in any calendar raccumulates at any time, mo (220 lbs/mo) of acute hazard (220 lbs/mo) of acute hazard	azardous waste; or month, or ore than 1 kg/mo ous waste; or month, or ore than 100 kg/mo		<ul> <li>b. Transfer Facility (at your site)</li> <li>6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.</li> </ul>
hazardous waste.  If "Yes," above, indicate other generator activities in 2-10.  Y						non-acute hazardous waste.	- -		
Exemption    Exemption		15 624				hazardous waste.	ŕ	YNV	
y	ΥĽ		2. 5	ho ver	rt-Term Ge	enerator (generate from a shorom on-going processes). If	ort-term or one-time		Exemption b. Smelting, Melting, and Refining
B. Universal Waste Activities; Complete all parts 1-2.  Y	Y_	NV	3.	Uni	ted States	Importer of Hazardous Wa	ste	Y N V	9. Underground Injection Control
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. Transfer Facility (at your site)  b. Pesticides □ □ a. Processor and/or Re-refiner If "Yes," mark all that apply.  c. Mercury containing equipment □ □ □ b. Re-refiner  d. Lamps □ □ □ b. Re-refiner  f. Other (specify) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Y_	N	4. I	Mix	ed Waste (	hazardous and radioactive	) Generator	Y N	10. Receives Hazardous Waste from Off-site
1. Large equantity Handler of Orliversal 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. Transporter	В.	Univers	al Wa	ste	• Activities	; Complete all parts 1-2.		C. Used C	il Activities; Complete all parts 1-4.
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) g. Other (specify)  Y N Z  Destination Facility for Universal Waste  If "Yes," mark all that apply.  a. Processor  b. Re-refiner  Y N J  3. Off-Specification Used Oil Burner  Y N J  4. Used Oil Fuel Marketer  If "Yes," mark all that apply.  A Marketer Who Directs Shipment of		∕	<b>V</b>	1.	accumula regulation types of u	te 5,000 kg or more) [refer ns to determine what is reg niversal waste managed at	to your State ulated]. Indicate	Y N	If "Yes," mark all that apply.  a. Transporter
activity.  Off-Specification Used Oil to Off-Specification Used Oil to Off-Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications	`	( □ N [	V	2.	b. Pesticio c. Mercun d. Lamps e. Other (s f. Other (s g. Other (s Note: A h	les y containing equipment specify)specify)specify)specify)specify)specify)specify)specify for Universal Wa		Y N V	If "Yes," mark all that apply.  a. Processor  b. Re-refiner  3. Off-Specification Used Oil Burner  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

You ca	in ONLY Opt into Sub	part K if:				
agre		or university; or a no		hing hospital that is or itute that is owned by		
• you	have checked with yo	our State to determine	if 40 CFR Part 262	Subpart K is effective	in your state	
				irt K for the managem eligible academic ei		
	a. College or Univer	sity				
t	b. Teaching Hospita	l that is owned by o	r has a formal writt	en affiliation agreem	nent with a college o	r university
	c. Non-profit Institu	te that is owned by o	or has a formal writ	ten affiliation agreer	ment with a college	or university
Y N 2. V	Vithdrawing from 40 C	FR Part 262 Subpart	K for the manageme	ent of hazardous was	tes in laboratories	
1. Description	of Hazardous Waste					
	at them in the order th			waste codes of the F D001, D003, F007, U		
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
	astes handled at your			. Please list the waste ented in the regulation		
B002	B003	B004	B005	B006	B007	

2. Notification of Hazardous Secondary Material (HSM) Activity									
Y N V	Are you notifying under 40 CFR 260 secondary material under 40 CFR 26	.42 that you will begin managing, are managing 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)	, or will stop managing hazardous						
	If "Yes," you must fill out the Addend Material.	lum to the Site Identification Form: Notification f	or Managing Hazardous Secondary						
3. Comments									
This updated RCRA Subtitle C Site Identification Form is being submitted as part of IBM Corporation's divestiture of the									
Microelectro	nics Division's East Fishkill facility	. GLOBALFOUNDRIES U.S. 2 LLC is acq	uiring the facility, and will be the legal						
owner of the	facility. IBM is retaining responsi	ibility for groundwater corrective action as v	well as some laboratory/R&D operations						
(as a site ter	nant). The target date for the acqu	uisition is July 1, 2015.							
IBM will cont	inue its operations of the groundy	vater remediation systems located on the C	GLOBALFOUNDRIES U.S. 2 LLC's						
East Fishkill	facility. As a result, IBM is consid	dered the generator of the hazardous waste	e produced by the remediation systems.						
In addition, I	BM will retain the current Part 373	Permit for corrective action under EPA ID	No. NYD000707901.						
IBM will also	be a tenant at the GLOBALFOUR	NDRIES U.S. 2 LLC's - East Fishkill facility	with respect to laboratory and R&D						
activities. H	azardous waste generation is ass	ociated with these activities.							
			The second secon						
****			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
accordar on my ind information penalties	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).								
	legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)						
Anth	~ J~	Anthony Yu, IBM East Fishkill Senior	5/20/2015						
	8 /	Location Executive							
5	e -	Steve Groseciose, GLOBALFOUNDRIES	5/22/2015						
		Director - Risk Mgmt, Sustain. & R/E							

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



_					44 . *		
u	N	LY	THE	out	tnis	form	IT:

- 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 <a href="http://www.epa.gov/epawaste/hazard/dsw/statespf.htm">http://www.epa.gov/epawaste/hazard/dsw/statespf.htm</a> 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. <u>Do not include any information regarding your hazardous</u> 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	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 cod (answer using codes listed in th Code List section the instructions)	e	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 intermediate	financial assurance pursuant to 40 facilities managing excluded HSM und	CFR 261.4(a)(24)(vi). (Financial ass der 40 CFR 261.4(a)(24) and (25))	urance is required for rec	laimers and							
Y N D	oes this facility have financial assuranc	ce pursuant to 40 CFR 261.4(a)(24)(	vi)?								

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EPA ID Number

	United States Environmental Protection Agency HAZARDOUS WASTE PERMIT INFORMATION FORM																
Facility Permit     Contact	Fire	st Na	me:	Mito	ch						MI:	Last Name: Meyers					
	Contact Title: Manager, Environmental Remedia										al Rei	med	liation, Corporate Environmental Affairs				
	Pho	one:	(703	3) 25	57-2	2587	,					Ex	t.:	·····	Email:meyersm@us.ib	m.com	
2. Facility Permit Contact Mailing	Str	Street or P.O. Box: 8976 Wellington Road															
Address	City	y, To	wn,	or V	/illa	ge: N	Иar	ass	sas								
	Sta	State: Virginia															
	Col	untry	ı:US	SA_										Zip Code	e:20109-3925		
3. Operator Mailing Address and	Str	eet o	r P.C	э. в	ox:	897	6 V	/elli	ngto	n R	oad						
Telephone Number	City	City, Town, or Village: Manassas															
	Sta	te:V	irgin	ia			•••••					Phone: (703) 257-2587					
	Col	untry	ı:US	SA.										Zip Code	Code: 20109-3925		
4. Facility Existence Date	Fac	ilitv	Exis	ten	ce [	Date	(mı	m/d	d/vv	vv):	07/01	1/19	63				
5. Other Environmenta																	
A. Facility Type (Enter code)				В.	Per	mit I	Nun	nbei	r			C. Description					
N	N Y	0	0	0	5	0	တ	6				SPDES (to be transferred to GLOBALFOUNDRIES)					
E	3-13	328-	000	25	/01	02	8					Т	itle V (t	to be tran	sferred to GLOBALFOU	NDRIES)	
E	3-13	328-	002	269	-02	00	0					Α	ir Emis	sion Regi	stration (Pentagon Tech	nologies)	
E	3-13	328-	003	345	/00	00	1					Α	ir Emis	sion Regi	stration (eMagin Corpor	ation)	
E	3-1	160										M	IOSF (1	to be tran	sferred to GLOBALFOU	NDRIES)	
E	3-0	001	16									С	BS (to	be transf	erred to GLOBALFOUNI	ORIES)	
6. Nature of Business:	Semi	conc diati	lucto on a	or co	omp ciat	one ed v	ent vith	rese	earc	h ar wne	nd de rship	velo of t	pment he faci	including lity.	associated laboratories	; groundwater	

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

- A. <u>PROCESS CODE</u> 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. <u>AMOUNT</u> 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. <u>UNIT OF MEASURE</u> 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 Meas Process Design Capa		Process Code	Proces		Appropriate Unit of Measure for Process Design Capacity		
	East-Control Control C	osal	A. 440-14-14-14-14-14-14-14-14-14-14-14-14-14-	and the second s	eatment (Continu Cement Kiln	ed)	(for T81 - T94)		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Pe Liters Per Day	•	T81	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per				
D80	Landfill	Acre-feet; Hectares-meter; Cubic Meters; Hectares; Cu Yards		T82	Lime Kiln		Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour;		
D81	Land Treatment	Acres or Hectares		T83	Aggregate Kiln		Kilograms Per Hour; or Million BTU Per Hour		
D82	Ocean Disposal	Gallons Per Day or Liters F					nour		
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Mete Cubic Yards	ers; or	T85	Coke Oven				
D99	Other Disposal	Any Unit of Measure Listed	Below	T86	Blast Furnace				
	Sto	rage		T87	Smelting, Meltin	g, or Refining	Furnace		
S01	Container	Gallons; Liters; Cubic Mete Cubic Yards	·	T88	Titanium Dioxide	e Chloride Ox	dation Reactor		
S02	Tank Storage	Gallons; Liters; Cubic Mete Cubic Yards	ers; or	T89	Methane Reform	•			
S03	Waste Pile	Cubic Yards or Cubic Mete		T90	Pulping Liquor F	Recovery Furi	nace		
S04	Surface Impoundment	Gallons; Liters; Cubic Mete Cubic Yards		T91	Combustion Dev Sulfuric Acid	vice Used in t	he Recovery of Sulfur Values from Spent		
S05	Drip Pad	Gallons; Liters; Cubic Mete Hectares; or Cubic Yards		T92	Halogen Acid Furnaces				
S06	Containment Building Storage	Cubic Yards or Cubic Mete	ers	T93					
S99	Other Storage	Any Unit of Measure Listed	d Below	T94	Containment Bu Treatment	ilding	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per		
	Treat	ment					Hour; BTU Per Hour; Pounds Per Hour;		
T01	Tank Treatment Surface Impoundment	Gallons Per Day; Liters Pe	-				Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per		
102	ourrace impoundment	Callotto i et Day, Litero i e	i Day			×61	Hour; or Million BTU Per Hour		
T03	Incinerator	Short Tons Per Hour; Metri		X01		us (Subpart X)			
		Per Hour; BTUs Per Hour; Per Hour; Short Tons Per I	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			pen	Any Unit of Measure Listed Below		
		Day; Metric Tons Per Hour Million BTU Per Hour				cessing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per		
T04	Other Treatment	Gallons Per Day; Liters Pe Pounds Per Hour; Short To	ons Per				Hour; or Gallons Per Day		
Tons Per BTUs Per		Tons Per Day; Short Tons BTUs Per Hour; Gallons Pe Liters Per Hour; or Million E Hour	our; Gallons Per Day;		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; or Million BTU		
T80	Boiler	Gallons; Liters; Gallons Pe Liters Per Hour; BTUs Per Million BTU Per Hour		X04	X04 Geologic Repository		Per Hour  Cubic Yards; Cubic Meters; Acre-feet;		
		Minimor D 1 O FEI Floui		X99	Other Subpart X	•	Hectare-meter; Gallons; or Liters Any Unit of Measure Listed Below		
Unit of Me	asure Unit of Me	asure Code Unit of Meas	sure	Unit of Measure Code Unit of Me					
Gallons Gallons Po Gallons Po Liters	er Hourer Day	G Short Tons F E Short Tons F U Metric Tons L Metric Tons	hort Tons Per Hour			Cubic Yard Cubic Mete Acres Acre-feet	lsY ersC B		
	Day	V Kilograms P	er Hour	J HectaresX Hectare-meterX  DurX BTU Per Hour					

# 7. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 7 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Li	ne	A	. Proc Code		B. PROCESS DESIGN C	APACITY	C. Process Total	For Official Use Only		
Number		(Fro	m list a	ibove)	(1) Amount (Specify)	(2) Unit of Measure	Number of Units			
Х	1	S	0	2	533.788	G	001			
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8				·					
	9									
1	0									
1	1									
1	2									
1	3									

Note: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the line sequentially, taking into account any lines that will be used for "other" process (i.e., D99, S99, T04, and X99) in Item 8.

# 8. Other Processes (Foliow instructions from Item 7 for D99, S99, T04, and X99 process codes)

	ne nber				B. PROCESS DESIGN CAPACITY				ALCOHOLD CO.		
(Ente	r#s in lence tem 7)	#s in (From list above)		bove)	(1) Amount (Specify)	(2) Unit of Measure	C. Process Total Number of Units	l	For Official Use Only		
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	-										
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#### 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	Р	KILOGRAMS	К
TONS	T	METRIC TONS	М

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:

- 1. Enter the first two as described above.
- 2. Enter "000" in the extreme right box of Item 9.D(1).
- 3. 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.
- 2. 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.
- 3. 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		EPA Hazardous Waste No.		dous	B. Estimated Annual	C. Unit of Measure	D. PROCESSES									
Nur	nber			Qty o		Qty of Waste	(Enter code)		(1) P	ROC	ESS	CODE	S (E		(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))		
X	1	K	0	5	4	900	Р	Т	0	3	D	8	0				
Х	2	D	0	0	2	400	Р	Т	0	3	D	8	0				
Х	3	D	0	0	1	100	P ·	Т	0	3	D	8	0				
Х	4	D	0	0	2												Included With Above

(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))		oqe)		S	ODE	:88 C	30CE	I4 (1)	 C. Unit of Measure (Enter code)	B. Estimated and Annual for YD aste	sno	ON 6	H AGB Wast Enter o	umber	M əni₋
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J. De3011	1			azard		B. Estimated	C. Unit of	al sheet(s) as necessary; number pages as 5a, etc.)  D. PROCESSES										
Line Numbe		Waste No. (Enter code)				Annual Qty of Waste	Measure (Enter code)		(1) P	ROCI	ESS (	CODE	ES (Er	nter C	ode)		(2) PROCESS DESCRIPTION (If code is not entered in 9.D.1	
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OMB#: 2050-0024; Expires 01/31/2017

#### 10. Map

Aftach 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).

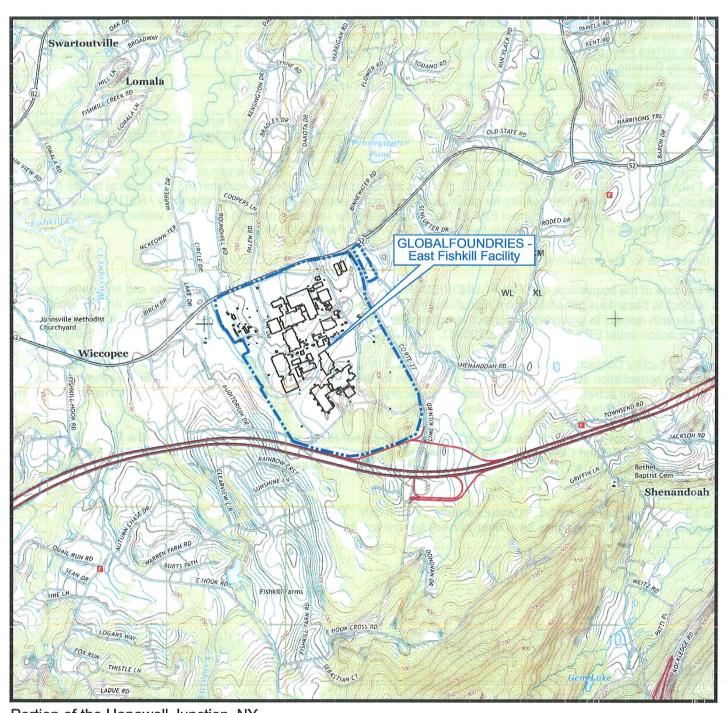
The target date for the acquisition of the facility by GLOBALFOUNDRIES U.S. 2 LLC is July 1, 2015.

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.

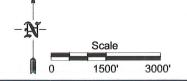


Portion of the Hopewell Junction, NY 7.5-minute USGS Quadrangle

(The National Map US Topo, 2013)

Latitude/Longitude: 41°32'27"N, 73°49'28"W (41.540714, -73.824185)





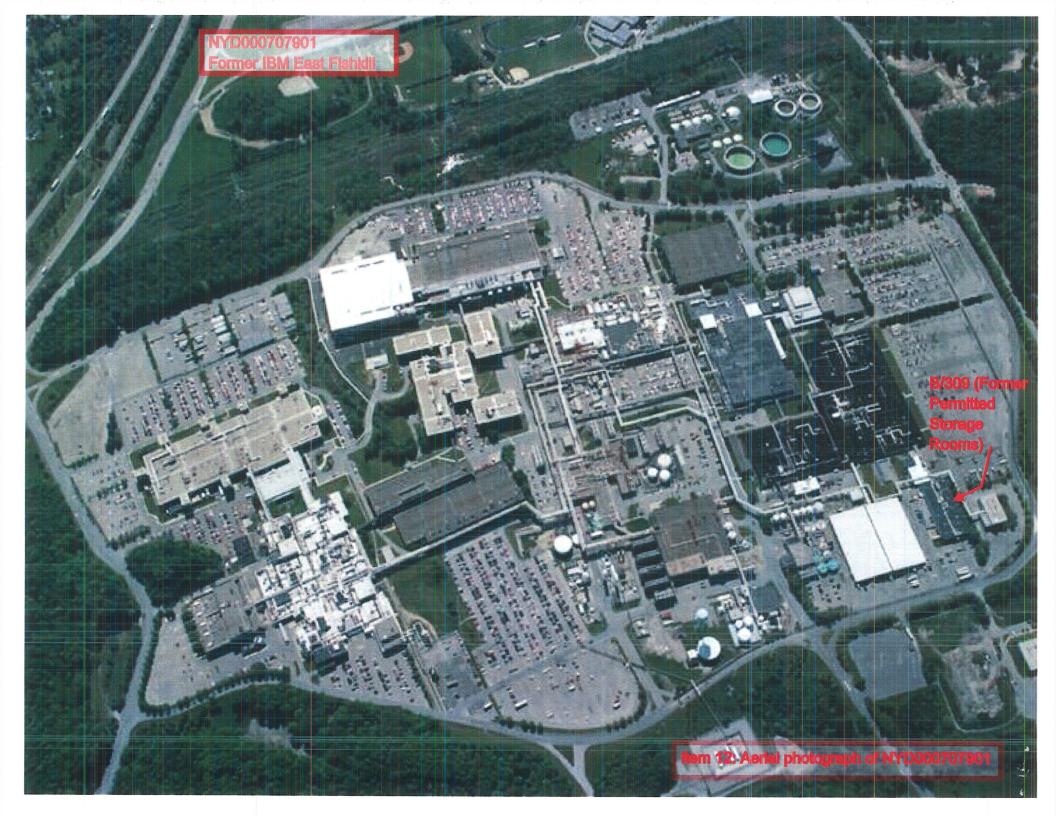
Item 10: Topographic Map for EPA ID No. NYD000707901



95007-044-D3 / 4-10-15



Item 11: Facility Drawing for EPA ID No. NYD000707901



FO The	MPLETED RM TO: a Appropriate te or Regional	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	THE PROTULE									
1.		Reason for Submittal:										
	Submittal	☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)										
_	MARK ALL	■ To provide a Subsequent Notification (to update site identification information for this location)	on)									
E	BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application										
		<ul> <li>☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendm</li> <li>☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</li> </ul>	nent#)									
		☐ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acu >100 kg of acute hazardous waste spill cleanup in one or more months of the report ye LQG regulations)	ute hazardous waste, or ear (or State equivalent									
2.	Site EPA ID Number	EPA ID Number N Y R 0 0 0 2 1 8 9 7 4										
3.	Site Name	Name: GLOBALFOUNDRIES U.S. 2 LLC - East Fishkill Facility										
4.	Site Location	Street Address: Building 325 Z/325, 2070 Route 52	Ţ									
	Information	City, Town, or Village: Hopewell Junction	County: Dutchess									
		State: New York Country: USA	Zip Code: 12533									
5.	Site Land Type	Private County District Federal Tribal Municipal St	tate Unther									
6.	NAICS Code(s) for the Site	A. 3 3 4 4 1 3 C. C.										
	(at least 5-digit codes)	D. 0 0 1 1 1 1 0										
7.		Street or P.O. Box: Building 325 Z/325, 2070 Route 52										
	Address	City, Town, or Village: Hopewell Junction	T									
		State: New York Country: USA	Zip Code: 12533									
8.		First Name: Gary MI: Last: Marone										
	Person	Title: Manager, Environmental Engineering										
		Street or P.O. Box: Building 325 Z/325, 2070 Route 52										
		City, Town or Village: Hopewell Junction	10500									
		State: New York Country: USA	Zip Code: 12533									
		Email: maroneg@us.ibm.com	(0.45) 000 4007									
		Phone: (845) 894-5700 Ext.:	Fax: (845) 892-4627									
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: GLOBALFOUNDRIES U.S. 2 LLC	Owner: 07/01/2015									
	of the Site	Owner Type: Private County District Federal Tribal Municipal	State Other									
		Street or P.O. Box: 2529 Route 52, Suite 204 - 205										
			hone: (408) 462-3900									
			Zip Code: 12533									
		B. Name of Site's Operator: GLOBALFOUNDRIES U.S. 2 LLC	Date Became Operator: 07/01/2015									
		Operator Type: Private County District Federal Tribal Municipal	State Other									

<ol> <li>Type of Regulated Waste Activity (at your site)</li> <li>Mark "Yes" or "No" for all current activities (as of the date submitting the</li> </ol>	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.	Y N Z 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
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.	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
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	Y N V 8. Exempt Boiler and/or Industrial Furnace
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	If "Yes," mark all that apply.  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining Furnace Exemption
explanation in the Comments section.  Y N S 3. United States Importer of Hazardous Waste  Y N S 4. Mixed Waste (hazardous and radioactive) Generator	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.	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)
a. Batteries  b. Pesticides  c. Mercury containing equipment  d. Lamps  e. Other (specify)	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

	emic Entities with L ant to 40 CFR Part		ication for opting int	o or withdrawing fr	om managing labora	atory hazardous
❖ You car	ONLY Opt into Sub	part K if:				
agree	are at least one of the ement with a college lege or university; AN	or university; or a no	e or university; a teach on-profit research insti	ning hospital that is o tute that is owned by	wned by or has a form or has a formal affilia	nal affiliation ition agreement with
• you h	nave checked with yo	our State to determin	e if 40 CFR Part 262	Subpart K is effective	e in your state	•
Y N 1. 0	pting into or currently	operating under 40	CFR Part 262 Subpar	t K for the managem	nent of hazardous was	tes in laboratories
	ee tne item-by-item .  College or Univer		finitions of types of t	eligible academic e	nuues. Mark an ulat	appiy.
	-	•	or has a formal writte	en affiliation agreen	nent with a college o	r university
THINNING		· · · · · · · · · · · · · · · · · · ·	or has a formal writt			
Y N 2. W	ithdrawing from 40 C	FR Part 262 Subpa	rt K for the manageme	ent of hazardous was	stes in laboratories	
11. Description o	of Hazardous Waste		,			
A. Waste Codes your site. List spaces are ne	t them in the order th	lated Hazardous W ey are presented in t	astes. Please list the the regulations (e.g., I	waste codes of the 0001, D003, F007, U	Federal hazardous wa l112). Use an addition	astes handled at nal page if more
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
		я				
B. Waste Codes hazardous was	astes handled at you	d (i.e., non-Federal r site. List them in th	Hazardous Wastes. e order they are prese	Please list the was ented in the regulation	te codes of the State- ons. Use an additiona	Regulated I page if more
B002	B003	B004	B005	B006	B007	
				-		
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12. Notificat	ion of Hazardous Secondary Mate	ial (HSM) Activity	
Y N V	Are you notifying under 40 CFR 260 secondary material under 40 CFR 2	.42 that you will begin managing, are managing 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25	g, or will stop managing hazardous i)?
	If "Yes," you must fill out the Addeno	lum to the Site Identification Form: Notification	for Managing Hazardous Secondary
13. Commer	nts		
This applica	tion is being submitted as part of t	he divestiture of the IBM Microelectronics	Division's East Fishkill facility. The
entity acquir	ng the IBM East Fishkill facility ha	as been changed to GLOBALFOUNDRIES	U.S. 2 LLC (it was identified as
GLOBALFO	UNDRIES US Inc. on the original	RCRA Subtitle C Site Information Form re	questing an EPA ID #). The target
date for the	acquisition remains July 1, 2015.		
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accordan on my inc information penalties	ce with a system designed to assure juiry of the person or persons who ma on submitted is, to the best of my kno for submitting false information, inclu	at this document and all attachments were prepart that qualified personnel properly gather and evanage the system, or those persons directly resolved and belief, true, accurate, and complete ding the possibility of fines and imprisonment for the system of the system of the possibility of the system of the possibility of the system of th	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA
	legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
5	7	Steve Groseclose, Director - Risk	05/22/2015
		Management, Sustainability and Real	
		Estate	

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



ONI	V fill	out thi	e form	if٠

❖ 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. b. Waste code(s) for HSM c. Estimated short d. Actual short tons e. Land-based unit a. Facility code tons of excluded HSM of excluded HSM code (answer using (answer using codes listed in the that was managed codes listed in the to be managed during the most Code List section of annually Code List section of recent oddthe instructions) the instructions) numbered year 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 Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

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