



GLOBALFOUNDRIES

East Fishkill Facility – HVRP
2070 Route 52
Hopewell Junction, NY 12533
Attn: G. Marone Z/325

August 1, 2017

Ms. Betsy Lopez, RCRA Notifications
USEPA Region 2
CASD – Hazardous Waste Program Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

Mr. John Petronella
Regional Permit Administrator
NYSDEC Region 3
21 South Putt Corners Road
New Paltz, NY 12561-1620

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

Reference: (1) IBM: USEPA ID # NYD000707901; NYS Permit ID 3-1328-00025/000249
(2) GLOBALFOUNDRIES: USEPA ID # NYR000217984
(3) i.Park East Fishkill LLC and i.Park East Fishkill I LLC,

Dear Ms. Lopez & Mr. Petronella:

The attached documents (3 RCRA Subtitle C Site Identification Forms; 2 Application for Permit Transfer and Application for Transfer or Pending Application Forms) are being submitted as part of the sale of a portion of the GLOBALFOUNDRIES Hudson Valley Research Park located at 2070 Route 52, Hopewell Junction, NY 12533. The facility is being subdivided into 8 Lots. GLOBALFOUNDRIES U.S. 2 LLC will retain Lots 1 & 5, and the remaining Lots (2 – 4, 6 – 8) will be sold to two separate companies (the “i.Park East Fishkill Companies”): i.Park East Fishkill LLC (Lots 4 and 6 – 8); i.Park East Fishkill I LLC (Lots 2 and 3 including Buildings 303 and 309 on Lot 5). The current target date for the transaction is August 11, 2017.

GLOBALFOUNDRIES U.S. 2 LLC will be the owner of Lots 1 & 5, and will generate hazardous waste associated with manufacturing and facilities operations at Lot 5 under EPA ID # NYR000218974. The i.Park East Fishkill Companies will be the landlords for current and future tenants at Lots 2 – 4 & 6 – 8. IBM will be retaining responsibility for groundwater corrective action pursuant to the above-referenced hazardous waste management permit associated with USEPA ID # NYD000707901 for all Lots.


If you have any questions concerning this matter or require additional information, please contact Scott Danskin of my staff at (845) 892-1675 or scott.danskin@globalfoundries.com.

Sincerely,
GLOBALFOUNDRIES U.S. 2 LLC

Gary Marone, Manager
Environmental Engineering

cc: S. C. Danskin, GLOBALFOUNDRIES
D. Chartrand, IBM
J. Cotter, i.Park East Fishkill Companies

T. Killeen, NYSDEC Albany
J. LaClair, NYSDEC Albany

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p style="margin-left: 20px;"><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)</p>	
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>3. Site Name</p>	<p>Name: <input type="text"/></p>	
<p>4. Site Location Information</p>	<p>Street Address: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	<p>County: <input type="text"/></p>
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
<p>8. Site Contact Person</p>	<p>First Name: <input type="text"/></p>	<p>MI: <input type="text"/></p>
	<p>Last: <input type="text"/></p>	
	<p>Title: <input type="text"/></p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	<p>Email: <input type="text"/></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <input type="text"/></p>	
	<p>Date Became Owner: <input type="text"/></p>	
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Phone: <input type="text"/></p>	<p>Zip Code: <input type="text"/></p>
<p>B. Name of Site's Operator: <input type="text"/></p>		
<p>Date Became Operator: <input type="text"/></p>		
<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

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 university

Y 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.

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.

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

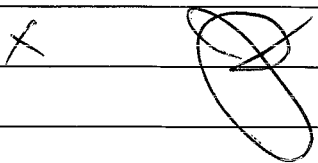
This form is being submitted as part of the sale of a portion (Lots 2 - 4, 6 - 8) of the GLOBALFOUNDRIES U.S. 2 LLC - East Fishkill Facility to two separate companies as identified in Attachment A. Also, a portion of the site (Lot 1) is being leased to a Sewage Works Transportation Corporation being formed by GLOBALFOUNDRIES U.S. 2 LLC. See Figure 1 for details regarding the properties. i.Park East Fishkill I LLC will also be purchasing B/303 and B/309 on Lot 5 (but not underlying property).

Information regarding the new/existing owners of the properties is being provided on separate RCRA Subtitle C Site Identification Forms. This form is for i.Park East Fishkill I LLC (Lots 2 and 3).

The properties (Lots 1 - 8) are associated with the Part 373 Corrective Action Permit held by IBM Corporation (EPA ID # NYD000707901).

The target date for the property sale (Lots 2 - 4 and 6 - 8 to the two companies as identified on Attachment A) and lease (to the Sewage Works Transportation Corporation being formed) is August 7, 2017.

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)
	Joseph Cotter, President, i.Park East Fishkill I LLC	07/24/2017

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)?

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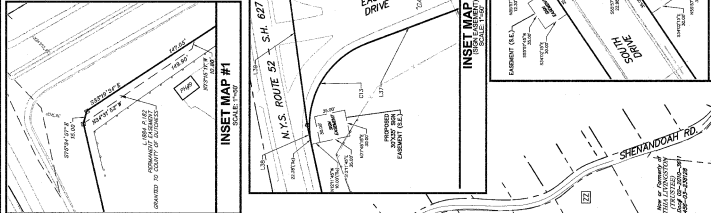
Attachment A: Ownership Information for Lots 1 – 8 (Properties Associated with Part 373 Corrective
Action Permit for NYD000707901)

Item	Lots 1 and 5	Lots 2 and 3	Lots 4, 6, 7 and 8
A. Name of Site's Legal Owner:	GLOBALFOUNDRIES U.S. 2 LLC	i.Park East Fishkill I LLC	i.Park East Fishkill LLC
Date Became Owner:	07/01/2015	08/07/2017 (Estimated)	08/07/2017 (Estimated)
Owner Type:	Private	Private	Private
Street or P.O. Box:	2070 Route 52	485 West Putnam Avenue	485 West Putnam Avenue
City, Town, or Village:	Hopewell Junction	Greenwich	Greenwich
Phone:	(408) 462-3900	(203) 661-0055	(203) 661-0055
State:	New York	Connecticut	Connecticut
Country:	USA	USA	USA
Zip Code:	12533	06830	06830

Curve No.	Stationing	Length	Radius	Delta	Chord	Offset
1	1+00.00 TO 1+100.00	100.00	1000.00	18.00	100.00	1.57
2	1+100.00 TO 1+200.00	100.00	1000.00	18.00	100.00	1.57
3	1+200.00 TO 1+300.00	100.00	1000.00	18.00	100.00	1.57
4	1+300.00 TO 1+400.00	100.00	1000.00	18.00	100.00	1.57
5	1+400.00 TO 1+500.00	100.00	1000.00	18.00	100.00	1.57
6	1+500.00 TO 1+600.00	100.00	1000.00	18.00	100.00	1.57
7	1+600.00 TO 1+700.00	100.00	1000.00	18.00	100.00	1.57
8	1+700.00 TO 1+800.00	100.00	1000.00	18.00	100.00	1.57
9	1+800.00 TO 1+900.00	100.00	1000.00	18.00	100.00	1.57
10	1+900.00 TO 2+000.00	100.00	1000.00	18.00	100.00	1.57

LINE TABLE	STATION	CHORD BEARING	CHORD LENGTH	CHORD OFFSET
1	1+00.00	N 89° 59' 59" E	100.00	1.57
2	1+100.00	N 89° 59' 59" E	100.00	1.57
3	1+200.00	N 89° 59' 59" E	100.00	1.57
4	1+300.00	N 89° 59' 59" E	100.00	1.57
5	1+400.00	N 89° 59' 59" E	100.00	1.57
6	1+500.00	N 89° 59' 59" E	100.00	1.57
7	1+600.00	N 89° 59' 59" E	100.00	1.57
8	1+700.00	N 89° 59' 59" E	100.00	1.57
9	1+800.00	N 89° 59' 59" E	100.00	1.57
10	1+900.00	N 89° 59' 59" E	100.00	1.57
11	2+000.00	N 89° 59' 59" E	100.00	1.57

AREA TABLE	AREA	PERCENTAGE
1	45.84 AC.	100.00%
2	48.34 AC.	106.13%
3	23.85 AC.	52.03%
4	13.72 AC.	29.93%
5	98.84 AC.	215.61%
6	56.19 AC.	124.56%
7	85.05 AC.	187.70%
8	99.40 AC.	219.22%



INSET MAP #1	INSET MAP #2	INSET MAP #3	INSET MAP #4	INSET MAP #5
Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'

ADJOINER INFORMATION TABLE ON SHEET SV1

PROPOSED RESTRICTIVE USE AREA B-1 AND B-2: [Detailed description of the proposed restrictive use areas, including their locations and boundaries.]

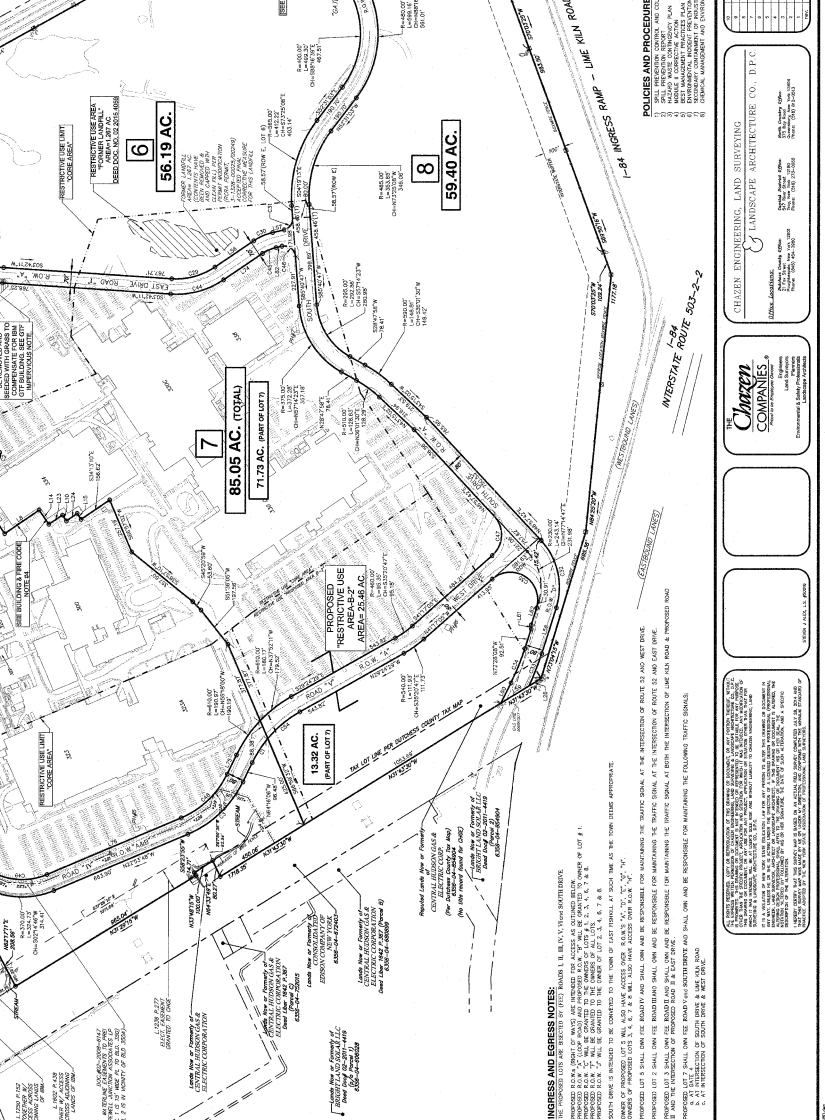
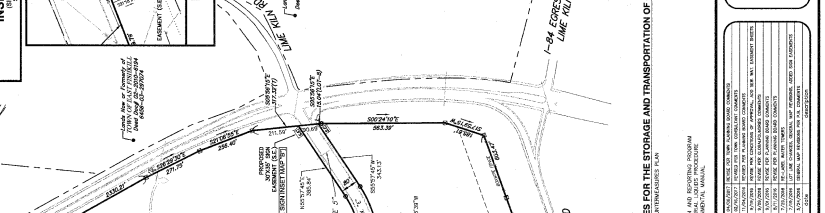
RESTRICTIVE USE EASEMENT DECLARATION: [Declaration regarding the restrictive use easement, including the names of the parties and the terms of the easement.]

NOTES: [List of notes providing additional information and instructions regarding the site plan and restrictive use areas.]

POLICIES AND PROCEDURES FOR THE STORAGE AND TRANSPORTATION OF CHEMICALS: [Detailed policies and procedures for the storage and transportation of chemicals, including safety protocols and emergency response plans.]

CHAZEN ENGINEERING LAND SURVEYING & LANDSCAPE ARCHITECTURE CO., P.C. [Contact information for the engineering and landscape architecture firm.]

INGRESS AND EGRESS NOTES: [Notes regarding ingress and egress routes, including the locations of entrances and exits and the required clearances.]



INSET MAP #1	INSET MAP #2	INSET MAP #3	INSET MAP #4	INSET MAP #5
Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'


2079 ROUTE 88
FINAL SUBDIVISION P.L.S. 2 LLC
TOWN OF EAST GORRAL, GORRAL COUNTY, NEW YORK

Figure 1

CHAZEN ENGINEERING LAND SURVEYING & LANDSCAPE ARCHITECTURE CO., P.C.
1000 WEST 10TH STREET, SUITE 100
ROCHESTER, NEW YORK 14620
PHONE: 716.243.1100
WWW.CHAZENENGINEERING.COM

DATE: 08/14/2024
SCALE: AS SHOWN

SV2
DATE: 08/14/2024
SCALE: AS SHOWN

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
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<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>3. Site Name</p>	<p>Name: <input type="text"/></p>	
<p>4. Site Location Information</p>	<p>Street Address: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	<p>County: <input type="text"/></p>
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
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<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	
<p>8. Site Contact Person</p>	<p>First Name: <input type="text"/></p>	<p>MI: <input type="text"/></p>
	<p>Last: <input type="text"/></p>	
	<p>Title: <input type="text"/></p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	
	<p>Email: <input type="text"/></p>	
<p>Phone: <input type="text"/></p>	<p>Ext.: <input type="text"/></p>	<p>Fax: <input type="text"/></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <input type="text"/></p>	
	<p>Date Became Owner: <input type="text"/></p>	
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Phone: <input type="text"/></p>	
	<p>Zip Code: <input type="text"/></p>	
<p>B. Name of Site's Operator: <input type="text"/></p>		
<p>Date Became Operator: <input type="text"/></p>		
<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

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 university

Y 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.

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.

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

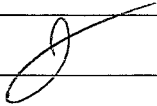
This form is being submitted as part of the sale of a portion (Lots 2 - 4, 6 - 8) of the GLOBALFOUNDRIES U.S. 2 LLC - East Fishkill Facility to two separate companies as identified in Attachment A. Also, a portion of the site (Lot 1) is being leased to a Sewage Works Transportation Corporation being formed by GLOBALFOUNDRIES U.S. 2 LLC. See Figure 1 for details regarding the properties.

Information regarding the new/existing owners of the properties is being provided on separate RCRA Subtitle C Site Identification Forms. This form is for i.Park East Fishkill LLC (Lots 4, 6, 7 and 8).

The properties (Lots 1 - 8) are associated with the Part 373 Corrective Action Permit held by IBM Corporation (EPA ID # NYD000707901).

The target date for the property sale (Lots 2 - 4 and 6 - 8 to the two companies as identified on Attachment A) and lease (to the Sewage Works Transportation Corporation being formed) is August 7, 2017.

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)
	Joseph Cotter, President, i.Park East	07/26/2017
	Fishkill LLC	

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)?

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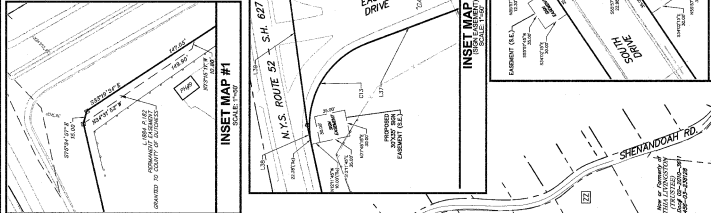
Attachment A: Ownership Information for Lots 1 – 8 (Properties Associated with Part 373 Corrective
Action Permit for NYD000707901)

Item	Lots 1 and 5	Lots 2 and 3	Lots 4, 6, 7 and 8
A. Name of Site's Legal Owner:	GLOBALFOUNDRIES U.S. 2 LLC	i.Park East Fishkill I LLC	i.Park East Fishkill LLC
Date Became Owner:	07/01/2015	08/07/2017 (Estimated)	08/07/2017 (Estimated)
Owner Type:	Private	Private	Private
Street or P.O. Box:	2070 Route 52	485 West Putnam Avenue	485 West Putnam Avenue
City, Town, or Village:	Hopewell Junction	Greenwich	Greenwich
Phone:	(408) 462-3900	(203) 661-0055	(203) 661-0055
State:	New York	Connecticut	Connecticut
Country:	USA	USA	USA
Zip Code:	12533	06830	06830

Curve No.	Stationing	Length	Radius	Delta	Chord	Offset
1	1+00.00 TO 1+100.00	100.00	1000.00	18.00	100.00	1.57
2	1+100.00 TO 1+200.00	100.00	1000.00	18.00	100.00	1.57
3	1+200.00 TO 1+300.00	100.00	1000.00	18.00	100.00	1.57
4	1+300.00 TO 1+400.00	100.00	1000.00	18.00	100.00	1.57
5	1+400.00 TO 1+500.00	100.00	1000.00	18.00	100.00	1.57
6	1+500.00 TO 1+600.00	100.00	1000.00	18.00	100.00	1.57
7	1+600.00 TO 1+700.00	100.00	1000.00	18.00	100.00	1.57
8	1+700.00 TO 1+800.00	100.00	1000.00	18.00	100.00	1.57
9	1+800.00 TO 1+900.00	100.00	1000.00	18.00	100.00	1.57
10	1+900.00 TO 2+000.00	100.00	1000.00	18.00	100.00	1.57

LINE TABLE	STATIONING	CHORD	OFFSET
1	1+00.00 TO 1+100.00	100.00	1.57
2	1+100.00 TO 1+200.00	100.00	1.57
3	1+200.00 TO 1+300.00	100.00	1.57
4	1+300.00 TO 1+400.00	100.00	1.57
5	1+400.00 TO 1+500.00	100.00	1.57
6	1+500.00 TO 1+600.00	100.00	1.57
7	1+600.00 TO 1+700.00	100.00	1.57
8	1+700.00 TO 1+800.00	100.00	1.57
9	1+800.00 TO 1+900.00	100.00	1.57
10	1+900.00 TO 2+000.00	100.00	1.57

AREA TABLE	AREA	PERCENTAGE
1	45.84 AC.	100.00%
2	48.34 AC.	105.69%
3	23.85 AC.	52.03%
4	13.72 AC.	29.93%
5	98.84 AC.	215.71%
6	56.19 AC.	124.58%
7	85.05 AC.	187.63%
8	99.40 AC.	219.19%



INSET MAP #1	INSET MAP #2	INSET MAP #3	INSET MAP #4
Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'
Area: 45.84 AC.	Area: 48.34 AC.	Area: 13.72 AC.	Area: 99.40 AC.

ADJOINER INFORMATION TABLE ON SHEET SV1

PROPOSED RESTRICTIVE USE AREA B-1 AND B-2: [Detailed description of the proposed use areas and their compliance with zoning regulations.]

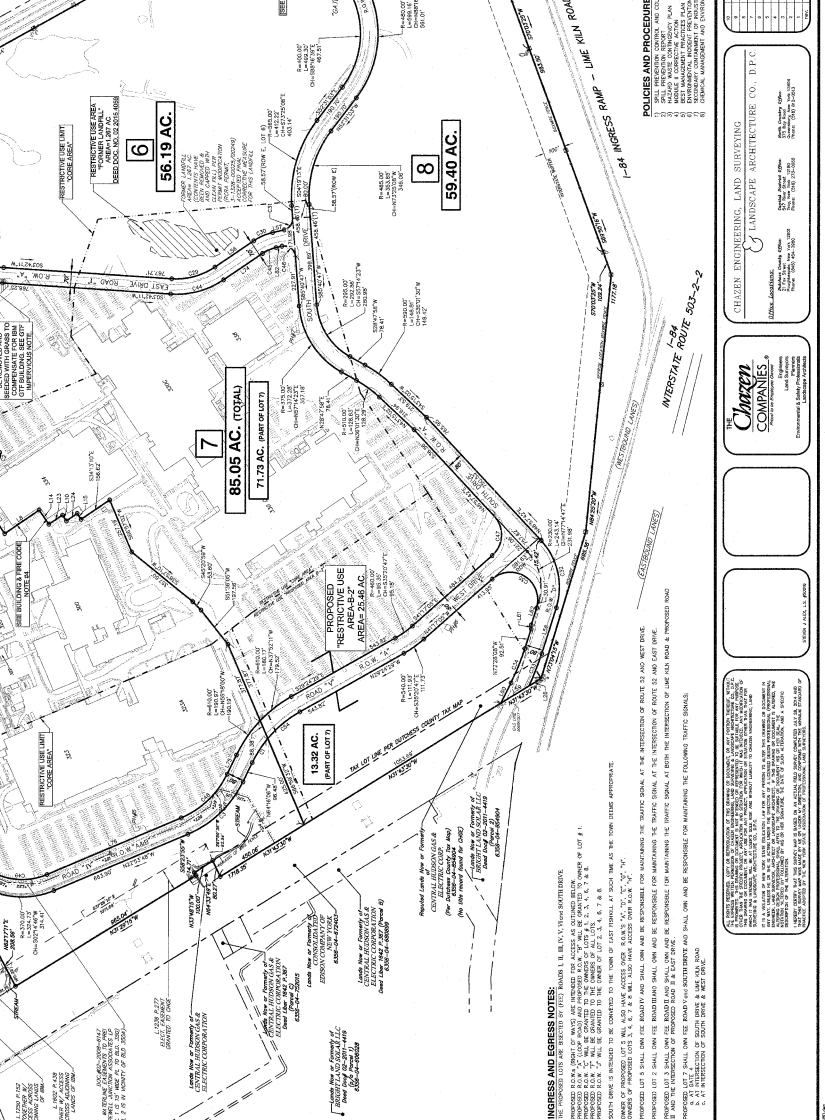
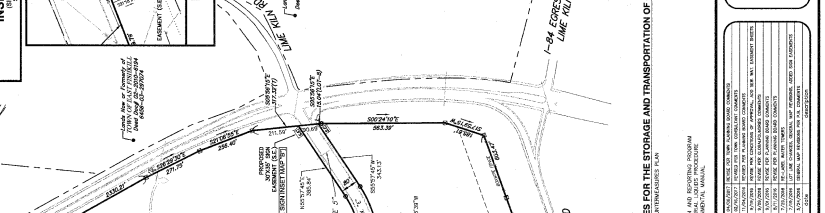
RESTRICTIVE USE EASEMENT DECLARATION: [Legal declaration regarding the restrictive use easement.]

NOTES: [List of notes providing additional information and instructions.]

POLICIES AND PROCEDURES FOR THE STORAGE AND TRANSPORTATION OF CHEMICALS: [Detailed policies and procedures for chemical storage and transport.]

CHAZEN ENGINEERING LAND SURVEYING & LANDSCAPE ARCHITECTURE CO., P.C. [Company information and contact details.]

INGRESS AND EGRESS NOTES: [Notes regarding ingress and egress requirements and procedures.]



INSET MAP #1	INSET MAP #2	INSET MAP #3	INSET MAP #4
Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'
Area: 45.84 AC.	Area: 48.34 AC.	Area: 13.72 AC.	Area: 99.40 AC.

2079 ROUTE 88

FINAL SUBDIVISION P.L.S. 2 LLC

FIGURE 1


CHAZEN ENGINEERING LAND SURVEYING & LANDSCAPE ARCHITECTURE CO., P.C.

CHAZEN COMPANIES

SV2

DATE: 11/15/2011

SCALE: 1" = 100'

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p style="margin-left: 20px;"><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)</p>	
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>3. Site Name</p>	<p>Name: <input type="text"/></p>	
<p>4. Site Location Information</p>	<p>Street Address: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	<p>County: <input type="text"/></p>
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
<p>8. Site Contact Person</p>	<p>First Name: <input type="text"/></p>	<p>MI: <input type="text"/></p>
	<p>Last: <input type="text"/></p>	
	<p>Title: <input type="text"/></p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Zip Code: <input type="text"/></p>	<p>Email: <input type="text"/></p>
<p>Phone: <input type="text"/></p>	<p>Ext.: <input type="text"/></p>	<p>Fax: <input type="text"/></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <input type="text"/></p>	
	<p>Date Became Owner: <input type="text"/></p>	
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>Street or P.O. Box: <input type="text"/></p>	
	<p>City, Town, or Village: <input type="text"/></p>	
	<p>State: <input type="text"/></p>	<p>Country: <input type="text"/></p>
	<p>Phone: <input type="text"/></p>	<p>Zip Code: <input type="text"/></p>
<p>B. Name of Site's Operator: <input type="text"/></p>		
<p>Date Became Operator: <input type="text"/></p>		
<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

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 university

Y 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.

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.

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

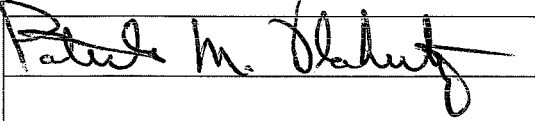
This form is being submitted as part of the sale of a portion (Lots 2 - 4, 6 - 8) of the GLOBALFOUNDRIES U.S. 2 LLC - East Fishkill Facility to two separate companies as identified on Attachment A. Also, a portion of the site (Lot 1) is being leased to a Sewage Works Transportation Corporation being formed by GLOBALFOUNDRIES U.S. 2 LLC. See Figure 1 for details regarding the properties. i.Park East Fishkill I LLC will also be purchasing B/303 and B/309 on Lot 5 (but not the underlying property).

Information regarding the new/existing owners of the 8 properties is being provided on separate RCRA Subtitle C Site Identification Forms. This form is for GLOBALFOUNDRIES U.S. 2 LLC (Lots 1 and 5).

The properties (Lots 1 - 8) are associated with the Part 373 Corrective Action Permit held by IBM Corporation (EPA ID # NYD000707901).

The target date for the property sale (Lots 2 - 4 and 6 - 8 to the two companies as identified on Attachment A) and lease (to the Sewage Works Transportation Corporation being formed) is August 7, 2017.

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)
	Patrick Flaherty, GLOBALFOUNDRIES	07/31/2017
	Fab 10 Site Operations Manager	

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)?

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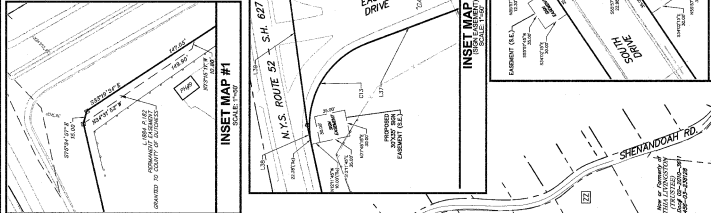
Attachment A: Ownership Information for Lots 1 – 8 (Properties Associated with Part 373 Corrective
Action Permit for NYD000707901)

Item	Lots 1 and 5	Lots 2 and 3	Lots 4, 6, 7 and 8
A. Name of Site's Legal Owner:	GLOBALFOUNDRIES U.S. 2 LLC	i.Park East Fishkill I LLC	i.Park East Fishkill LLC
Date Became Owner:	07/01/2015	08/07/2017 (Estimated)	08/07/2017 (Estimated)
Owner Type:	Private	Private	Private
Street or P.O. Box:	2070 Route 52	485 West Putnam Avenue	485 West Putnam Avenue
City, Town, or Village:	Hopewell Junction	Greenwich	Greenwich
Phone:	(408) 462-3900	(203) 661-0055	(203) 661-0055
State:	New York	Connecticut	Connecticut
Country:	USA	USA	USA
Zip Code:	12533	06830	06830

Curve No.	Stationing	Length	Radius	Delta	Chord	Offset
1	1+00.00 TO 1+100.00	100.00	1000.00	18.00	100.00	1.57
2	1+100.00 TO 1+200.00	100.00	1000.00	18.00	100.00	1.57
3	1+200.00 TO 1+300.00	100.00	1000.00	18.00	100.00	1.57
4	1+300.00 TO 1+400.00	100.00	1000.00	18.00	100.00	1.57
5	1+400.00 TO 1+500.00	100.00	1000.00	18.00	100.00	1.57
6	1+500.00 TO 1+600.00	100.00	1000.00	18.00	100.00	1.57
7	1+600.00 TO 1+700.00	100.00	1000.00	18.00	100.00	1.57
8	1+700.00 TO 1+800.00	100.00	1000.00	18.00	100.00	1.57
9	1+800.00 TO 1+900.00	100.00	1000.00	18.00	100.00	1.57
10	1+900.00 TO 2+000.00	100.00	1000.00	18.00	100.00	1.57

LINE TABLE	STATION	CHORD BEARING	CHORD LENGTH	CHORD OFFSET
1	1+00.00	N 89° 59' 59" W	100.00	1.57
2	1+100.00	N 89° 59' 59" W	100.00	1.57
3	1+200.00	N 89° 59' 59" W	100.00	1.57
4	1+300.00	N 89° 59' 59" W	100.00	1.57
5	1+400.00	N 89° 59' 59" W	100.00	1.57
6	1+500.00	N 89° 59' 59" W	100.00	1.57
7	1+600.00	N 89° 59' 59" W	100.00	1.57
8	1+700.00	N 89° 59' 59" W	100.00	1.57
9	1+800.00	N 89° 59' 59" W	100.00	1.57
10	1+900.00	N 89° 59' 59" W	100.00	1.57

AREA TABLE	AREA	PERCENTAGE
1	45.84 AC.	100.00%
2	48.34 AC.	106.35%
3	23.85 AC.	52.03%
4	13.72 AC.	29.93%
5	98.84 AC. (TOTAL)	215.61%
6	56.19 AC.	124.58%
7	85.05 AC. (TOTAL)	185.50%
8	99.40 AC.	216.81%



INSET MAP #1	INSET MAP #2	INSET MAP #3	INSET MAP #4
Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'	Scale: 1" = 100'
Area: 45.84 AC.	Area: 48.34 AC.	Area: 56.19 AC.	Area: 85.05 AC.

ADJOINER INFORMATION TABLE ON SHEET SV1

PROPOSED RESTRICTIVE USE AREA B-1 AND B-2:
 PROPOSED RESTRICTIVE USE AREA B-1 AND B-2 ARE LOCATED ON THE EAST SIDE OF SHENANDOAH ROAD, BETWEEN LIME KILN ROAD AND WEST DRIVE. THE PROPOSED RESTRICTIVE USE AREA B-1 IS 45.84 AC. AND THE PROPOSED RESTRICTIVE USE AREA B-2 IS 48.34 AC. THE TOTAL AREA OF THE PROPOSED RESTRICTIVE USE AREAS B-1 AND B-2 IS 94.18 AC.

RESTRICTIVE USE EASEMENT DECLARATION:
 THE RESTRICTIVE USE EASEMENT DECLARATION IS A LEGAL INSTRUMENT THAT GRANTS THE RESTRICTIVE USE AREAS B-1 AND B-2 TO THE COUNTY OF GARFIELD, NEW YORK. THE RESTRICTIVE USE EASEMENT DECLARATION IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.

NOTES:
 1. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE LOCATED ON THE EAST SIDE OF SHENANDOAH ROAD, BETWEEN LIME KILN ROAD AND WEST DRIVE.
 2. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.
 3. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.
 4. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.
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 9. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.
 10. THE RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.

INGRESS AND EGRESS NOTES:
 PROPOSED RESTRICTIVE USE AREAS B-1 AND B-2 ARE LOCATED ON THE EAST SIDE OF SHENANDOAH ROAD, BETWEEN LIME KILN ROAD AND WEST DRIVE. THE PROPOSED RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.

POLICIES AND PROCEDURES FOR THE STORAGE AND TRANSPORTATION OF CHEMICALS:
 THE POLICIES AND PROCEDURES FOR THE STORAGE AND TRANSPORTATION OF CHEMICALS ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.

CHAZEN ENGINEERING AND ARCHITECTURE CO., P.C.
 100 WEST 10TH STREET, SUITE 200
 ALBANY, NEW YORK 12206
 TEL: 518-869-1111
 FAX: 518-869-1112
 WWW.CHAZEN.COM

CHAZEN COMPANIES
 100 WEST 10TH STREET, SUITE 200
 ALBANY, NEW YORK 12206
 TEL: 518-869-1111
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2019 ROUTE 88

FINAL SUBDIVISION P.L.S. 2 LLC

Figure 1

INGRESS AND EGRESS NOTES:
 PROPOSED RESTRICTIVE USE AREAS B-1 AND B-2 ARE LOCATED ON THE EAST SIDE OF SHENANDOAH ROAD, BETWEEN LIME KILN ROAD AND WEST DRIVE. THE PROPOSED RESTRICTIVE USE AREAS B-1 AND B-2 ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RESTRICTIVE USE EASEMENT DECLARATION.

POLICIES AND PROCEDURES FOR THE STORAGE AND TRANSPORTATION OF CHEMICALS:
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