



Laurie E. Scheuing
Manager, Hudson Falls

GE
25 Allen Street
Hudson Falls, NY 12839

M 518 429-4505
Laurie.Scheuing@ge.com

February 27, 2020

New York State Department of Environmental Conservation
Division of Waste Manifest & Reporting Section
625 Broadway, 12th Floor
Albany, New York 12233-7252

**Subject: 2019 Annual Hazardous Waste Report
Declaration of Electronic Filing
EPA ID No.: NYD002231272
Former Powerex, Inc. Facility, Auburn, NY**

To Whom it May Concern:

Enclosed please find the Declaration of Electronic Filing of the 2019 Annual Hazardous Waste Report for EPA ID No. NYD002231272. The report for the former Powerex, Inc. facility was submitted electronically through the ARM Web Site on February 27, 2020.

Please feel free to contact me at 518-429-4505 if you have any questions or comments.

Sincerely,

Laurie Scheuing
Project Manager

Enclosure

cc: Electronic Copy only
J. LaClair - NYSDEC
T. O'Toole - GE
E. Merrifield - GE
D. Sauda - Arcadis
P. Hare - Ramboll

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

DECLARATION OF ELECTRONIC FILING OF THE 2019 ANNUAL HAZARDOUS WASTE REPORT

For the calendar year January 1, 2019, through December 31, 2019



Department of Environmental Conservation

EPA ID NYD002231272
Site/Company Name GENERAL ELECTRIC CO.
Site Address 2181 WEST GENESEE ST
City AUBURN State NY Zip 13021
Mailing Address 25 ALLEN STREET
City HUDSON FALLS State NY Zip 12839
Contact Name LAURIE E. SCHEUING Phone No 518-429-4505 Ext
Contact Title PROJECT MANAGER

Part 1 - Waste Generation and Management Information (Tons only)

Table with 3 rows: 1. Total hazardous waste generated(non-wastewater) in 2019 (Tons), 2. Total hazardous waste generated(wastewater only) in 2019 (10,517.6366 Tons), 3. Total hazardous waste received from off-site in 2019 (Tons)

Part II - Declaration of Filer

I certify under penalty of law that the amounts described in Part I above agree with the amounts shown on my 2019 Hazardous Waste Report, which I filed electronically, and that this document and all attachments were prepared under my direction or supervision...

Part III- Signature of Certification

Last Name SCHEUING First Name LAURIE Title PROJECT MANAGER
Signature [Handwritten Signature] Date 2/27/2020

Part IV - Method of File Transmittal

3 1/2" Diskette or CD Email (Send to HazardousReport@dec.ny.gov) X ARM Web Site

** Note: This is not the 2019 Annual Hazardous Waste Report. Only file this form if you submitted your 2019 Annual Hazardous Waste Report electronically. For questions regarding this form please contact the NYSDEC's Annual Reporting Section at (518) 402-8730.

Submit Date:

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time (includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for Reporting Year <u>2019</u>
<input checked="" 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)
<input type="checkbox"/>	Notifying that regulated Activity is not longer occurring at this site.
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

NYD002231272

3. Site Name

GENERAL ELECTRIC CO.

4. Site Location Address

Street Address	2181 WEST GENESEE ST		
City, Town, or Village:	AUBURN	County:	NY011
State:	NY	Country	US
		Zip Code:	13021

5. Site Mailing Address

Street Address	25 ALLEN STREET		
City, Town, or Village:	HUDSON FALLS		
State:	NY	Country:	US
		Zip Code:	12839

6. Site Land Type

Private County District Federal Indian Municipal State Other

7. NAICS Code(s) for the Site

A. 339999 B. C. D.

8. Site Contact Information

First Name	LAURIE	MI	E	Last Name	SCHEUING
Title	PROJECT MANAGER				
Street Address	25 ALLEN STREET				
City, Town, or Village	HUDSON FALLS				
State	NY	Country	US	Zip Code	12839
Email :	LAURIE.SCHEUING@GE.COM				
Phone	5184294505	Ext		Fax	

9. Legal Owner and Operator of the Site**A. Name of Site's Owner:**

Full Name	GENERAL ELECTRIC CO	Date Became Owner	11/01/1990		
Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
Street Address	25 ALLEN STREET				
City, Town, or Village	HUDSON FALLS				
State:	NY	Country	US	Zip Code	12839
Email	LAURIE.SCHEUING@GE.COM				
Phone	5184294505	Ext		Fax	
Comments					

B. Name of Site's Operator:

Full Name	GENERAL ELECTRIC CO	Date Became Operator	11/01/1990		
Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
Street Address	25 ALLEN STREET				
City, Town, or Village	HUDSON FALLS				
State:	NY	Country	US	Zip Code	12839
Email	LAURIE.SCHEUING@GE.COM				
Phone	5184294505	Ext		Fax	
Comments					

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

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

A. Hazardous Waste Activities

Y N	1. Generator of Hazardous Waste -- If Yes, mark only one of the following - a, b, or c.	
<input checked="" type="checkbox"/>	a. LQG	- Generates, in any calendar month (including quantities imported by importer site) 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
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and n more than 100 kg (220 lb) of any acute hazardous spill cleanup material
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
Y N	2. Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
Y N	3. Mixed Waste (hazardous and radioactive) Generator	
Y N	4. Treater, Storer, or Disposer of Hazardous Waste -- Note: A hazardous waste Part B permit is required for these activities.	
Y N	5. Receives Hazardous Waste from Off-site	
Y N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
Y N	7. Exempt Boiler and/or Industrial Furnace -- If Yes, mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes.

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

F002, F003

C. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activity

A. Other Waste Activities

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

B. Universal Waste Activities

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

C. Used Oil Activities

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

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

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

13. Episodic Generation

Y <input checked="" type="radio"/>	Are you an SQG or BSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
---	---

14. LQG Consolidation of VSQG Hazardous Waste

Y <input checked="" type="radio"/>	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
---	--

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) OR Entire Facility

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

16. Notification of Hazardous Secondary Material (HSM) Activity

Y <input checked="" type="radio"/>	A. Are you notifying 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
Y <input checked="" type="radio"/>	B. Are you notifying 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site,

17. Electronic Manifest Broker

Y <input checked="" type="radio"/>	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
---	--

18. Comments (include item number for each comment)

Public Notes:
 7A MFG ENDED 1990; REMEDIATION UNDERWAY. 10A3 SITE IS NOT A MIXED WASTE GENERATOR. 10A4 PRIOR OWNER CLOSED REGULATED UNITS UNDER INTERIM STATUS REGS, CLOSURE PLAN APVD BY NYSDEC. 11A2 AS PART OF NYSDEC APVD REMEDIATION PLAN, 4 CLASS IV OR V INJECTION WELLS PREVIOUSLY INSTALLED; NOTICE PROVIDED TO USEPA; THESE WELLS WEREN'T OPERATED IN 2019. 13 CLASS V INJECTION WELLS WERE PREVIOUSLY INSTALLED FOR BIOREMEDIATION AS PART OF A NYSDEC APVD PILOT TEST; NOTICE PROVIDED TO USEPA. NONE OF THESE 13 INJECTION WELLS WERE USED IN 2019. 10 INJECTION WELLS WERE PREVIOUSLY INSTALLED AS PART OF AN USEPA APVD PILOT TEST AND 7 OF THESE WELLS WERE USED FOR INJECTIONS IN 2019. AN ADDITIONAL 6 INJECTION WELLS WERE INSTALLED IN LATE 2019 AND 9 EXISTING PUMPING/MONITORING WELLS WERE CONVERTED FOR INJECTION AS PART OF THE FINAL REMEDY SELECTED BY NYSDEC, BUT THE INITIAL INJECTIONS WILL NOT OCCUR UNTIL 2020; NOTICE WAS PROVIDED TO USEPA.

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy) 02/18/2020
Printed Name LAURIE E. SCHEUING, PROJECT MANAGER	Title PROJECT MANAGER
Email LAURIE.SCHEUING@GE.COM	
Signature of Operator, Owner, or an Authorized Representative	Date (mm/dd/yyyy)
Printed Name	Title
Email	

Site Name: GENERAL ELECTRIC CO.



Calendar Year Being Reported (CYBR) - 2019

WASTE GENERATION AND MANAGEMENT (GM) FORM

Hazardous Waste Report

1. Waste Characteristics

A. Waste description GROUNDWATER CONTAINING SOLVENTS TREATED IN SYSTEM			
B. EPA hazardous waste code F002 F003			
C. State hazardous waste code			
D. Source code G44 Management method code for source code G25	E. Form code W219	F. Quantity generated in CYBR 2,522,215.00 UOM Gallons Density 8.34 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minimization code N H. Regulatory Fees Wastewater <input checked="" type="checkbox"/> Exempt Remedial <input checked="" type="checkbox"/> Exempt Recycling <input type="checkbox"/>

2. Waste Management On-site

<input checked="" type="radio"/> N	A. Was any of this waste managed on-site? If yes, continue to on-site process system 1; otherwise skip to Sec 3.		
Process System 1	B. On-site management method code H135	C. Quantity in CYBR 2,522,215.00	
Process System	B. On-site management method code	C. Quantity in CYBR	

3. Waste Management Off-site

<input checked="" type="radio"/> N	A. Was any of this waste shipped off site during CYBR? If yes, continue to site 1; if no, form is complete.		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in CYBR
Site			
Site			
Site			

4. Comments:

1E EXTRACTED GROUNDWATER FROM REMEDIAL WORK. 1H CONSENT ORDER WITH NYSDEC IN 3/1993, AMENDED 5/19 97; SITE #706006. 2 VACUUM STRIPPING, BAG FILTRATION, AEROBIC BIODEGRADATION, MULTI-MEDIA FILTRATION AND AIR STRIPPING.