INTERNATIONAL BUSINESS MACHINES CORPORATION

EAST FISHKILL FACILITY

DUTCHESS COUNTY, NEW YORK

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Bureau of Hazardous Waste
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Substances Regulation

6NYCRR PART 373

SOLID WASTE

MANAGEMENT UNIT QUESTIONNAIRE

ADDENDUM

VOLUME 2

SEPTEMBER 1989

CORDDRY CARPENTER DIETZ AND ZACK

ENGINEERS AND PLANNERS

HARRISBURG PENNSYLVANIA

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PART 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

UNIT I.D.#	DESCRIPTION	LOCATION	STATUS	PAGE NO.
TS Area B/303	Tank Trailer Storage Area	B/303 W	Active	1
B/309 Room #5	Drum Storage Room	B/309	Active	6
B/309 Room #7	Drum Storage/Consolidation Room	B/309	Active	11
B/309 Room #8	Drum Storage Room	B/309	Active	16
B/309 Room #9	Drum Storage Room	B/309	Active	21
B/309 Room#11	Drum Loading/ Unloading Dock	B/309	Active	26
B/309 LW Dock	Drum Loading/ Unloading Dock	B/309 Link	Active	31
B/386 DB Area	Sludge Dumpster Bay	B/386	Active	36
B/386 DS Area	Sludge Dumpster Storage Area	B/386	Active	41
B/690 DB Area	Sludge Dumpster Bay	B/690	Active	46
L/UL Area #5	Tank Truck Loading/Unloading Area	B/320B	Active	51
L/UL Area #6	Tank Truck Loading/Unloading Area	B/309 NW	Active	56
L/UL Area #7	Tank Truck Loading/Unloading Area	B/309 N	Active	61
L/UL Area #11	Tank Truck Loading/Unloading Area	B/300 N	Active	66
L/UL Area #12	Tank Truck Loading/Unloading Area	B/330C NE	Active	71
L/UL Area #13	Tank Truck Loading/Unloading Area	B/330D NE	Active	76
L/UL Area #15	Tank Truck Loading/Unloading Area	B/335 NE	Active	81
L/UL Area #16	Tank Truck Loading/Unloading Area	B/320B E	Active	86
L/UL Area #21	Tank Truck Loading/Unloading Area	B/334 NW	Active	91
L/UL Area #22	Tank Truck Loading/Unloading Area	B/330D E	Inactive	96
L/UL Area #24	Tank Truck Loading/Unloading Area	B/338 SW	Active	101
L/UL Area #25	Tank Truck Loading/Unloading Area	B/322 E	Active	106
L/UL Area #26	Tank Truck Loading/Unloading Area	B/325 N	Active	111
L/UL Area #29	Tank Truck Loading/Unloading Area	B/303	Active	116
L/UL Area #32	Tank Truck Loading/Unloading Area and Sludge Dumpster Storage Area	B/690 S	Active	121
L/UL Area B650	Tank Truck Loading/Unloading Area	B/650	Not yet active	126

PART 3-2 LANDFILLS, SURFACE IMPOUNDMENTS AND/OR WASTE PILES

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
81	Sanitary/Treated Industrial Wastewater	B/325 N	3000000 Gal	Active	1
97	Sanitary/Treated Industrial Wastewater	B/325 N	1100000 Gal	Active	7

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PART 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

UNIT I.D.#	DESCRIPTION	STATUS	PAGE NO.
Building 312	Industrial Wastewater Neutralization Treatment	Active	1
Building 316	Defluoridation and Industrial Waste Recycling	Active	6
Building 325	Water Pollution Control Plant (Sanitary)	Active	11
Building 335	Perchloroethylene Recycling/Recovery Plant	Active	16
Building 385	Fluoride / Heavy Metals Wastewater Treatment	Inactive	21
Building 386	Fluoride / Heavy Metals Wastewater Treatment	Active	26
Building 690	Fluoride / Heavy Metals Wastewater Treatment and Industrial Wastewater Treatment	Active	31

PART 3-4 STORAGE/TREATMENT TANKS

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5	Solvent Waste-Mixed	B/309 NW	3000 Gal	Inactive, Closed	1
14	Perchloroethylene Sludge	B/310 E	2000 Gal	Inactive, Closed	9
15	Solvent Waste-Mixed	B/320B E	5000 Gal	Inactive, Not In Use	15
16	Perchloroethylene Waste	B/310 E	20000 Gal	Inactive, Closed	21
17	Perchloroethylene Waste	B/310 E	20000 Gal	Inactive, Closed	27
18	Fluoride / Heavy Metals Wastewater	B/385 S	71000 Gal	Inactive	33
23	Solvent Waste-Mixed	B/308 W	15000 Gal	Inactive, Removed	39
24	Solvent Waste-Mixed	B/308 W	2000 Gal	Inactive, Removed	45
25	Fluoroboric Acid Waste	B/308 SW	1500 Gal	Inactive, Removed	51
26	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	57
27	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	63
28	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	69
29	Fluoride / Heavy Metals Wastewater	B/385 SW	900 Gal	Inactive	75
35	Fluoride / Heavy Metals Wastewater	B/385 S	15000 Gal	Inactive	81
37	Fluoride / Heavy Metals Plant Effluent	B/385 S	20000 Gal	Inactive	87
40	Fluoride / Heavy Metals Wastewater	B/385 S	25000 Gal	Inactive	107
42	Fluoride / Heavy Metals Wastewater	B/385 N	12000 Gal	Inactive	113
43	Fluoride / Heavy Metals Wastewater	B/385 N	12000 Gal	Active	119
50	Fluoride / Heavy Metals Wastewater	B/312 S	15000 Gal	Active	125
51	Fluoride / Heavy Metals Wastewater	B/312 S	5000 Gal	Inactive	131
52	Fluoride / Heavy Metals Wastewater	B/320B	1000 Gal	Inactive, Removed	137
53	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Removed	143
53B	Solvent Waste-Mixed	B/320B S	400 Gal	Inactive, Not In Use	149

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
54	Fluoride / Heavy Metals Wastewater	B/312 S	15000 Gal	Active	155
57	DI Recycle Waste	B/322 N	4000 Gal	Inactive, Not In Use	161
58	Fluoride / Heavy Metals Wastewater	B/300B S	500 Gal	Active	167
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60	Solvent Waste-Mixed	B/300 NW	1500 Gal	Inactive, Removed	173
79	Fluoride / Heavy Metals Wastewater	B/308 W	5000 Gal	Inactive	179
80	Fluoride / Heavy Metals Wastewater	B/300B S	6000 Gal	Active	185
86	Solvent Waste-Mixed	B/330C S.Link	8369 Gal	Inactive, Closed	191
87	Fluoride / Heavy Metalss Wastewater	B/330C S.Link	8000 Gal	Active	197
88	Solvent Waste-Mixed	B/330D E	100 Gal	Inactive, Removed	205
89	Fluoride / Heavy Metal Wastewater	B/330D E	100 Gal	Inactive	211
90	Industrial Wastewater	B/315 E	200000 Gal	Inactive, Removed	217
91	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	223
92	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	229
93	Fluoride / Heavy Metals Wastewater	B/330D W	5000 Gal	Active	235
103	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	241
104	Container Storage Area Spill Waste	B/309 N	2000 Gal	Active	247
105	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	253
106	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	259
107	Solvent Waste-Mixed	B/330C E	500 Gal	Inactive, Removed	265
114	Industrial Wastewater	B/315 N	3500 Gal	Active	271
117	Solvent Waste-Mixed	B/304 N	470 Gal	Active	277
118	Solvent Waste-Mixed	B/304 S	800 Gal	Active	283
121	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	289
122	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	295
123	N-Butyl Acetate Waste	B/320B N	300 Gal	Inactive, Not In Use	301
124	Isopropyl Alcohol	B/320B N	300 Gal	Inactive, Not In Use	307
125	Freon Waste	B/320B N	300 Gal	Inactive, Not In Use	313
127	Solvent Waste-Mixed	B/309 NW	5000 Gal	Inactive, Not In Use	319
134	Methylene Chloride Waste	B/309 NW	10000 Gal	Inactive, Closed	325
135	N-Butyl Acetate	B/309 NW	10000 Gal	Inactive, Closed	331
136	Freon TP 35 Waste	B/309 NW	10000 Gal	Inactive, Closed	337
137	Perchloroethylene Waste	B/309 NW	10000 Gal	Inactive, Closed	343
138	Isoppropyl Alcohol Waste	B/309 NW	10000 Gal	Inactive, Closed	349
139	Solvent Waste-Mixed	B/309 NW	1000 Gal	Inactive, Not In Use	355
140	N-Butyl Acetate Waste	B/309 NW	1000 Gal	Inactive, Not In Use	361

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
141	Xylene Waste	B/309 NW	1000 Gal	Inactive, Not In Use	367
142	Freon TF Waste	B/309 NW	1000 Gal	Inactive, Not In Use	373
143	Isopropyl Alcohol Waste	B/309 NW	1000 Gal	Inactive, Not In Use	379
144	Industrial Waste	B/312 E	98000 Gal	Active	385
145	Industrial Waste	B/312 E	98000 Gal	Active	391
146	Industrial Waste	B/312 E	190000 Gal	Active	397
147	Industrial Waste	B/312 E	190000 Gal	Active	403
154	Industrial Wastewater	B/315 E	11940 Gal	Inactive, Removed	409
155	Waste Oil, Containment Runoff	B/315 N	1500 Gal	Inactive, Removed	415
156	Waste Oil	B/315 N	550 Gal	Inactive, Removed	421
157	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Removed	427
157B	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Not In Use	433
157C	Solvent Waste-Mixed	B/320B S	2000 Gal	Active	439
158	Perchloroethylene Waste	B/335	10000 Gal	Active	445
159	Recycled Perchloroethylene	B/335	10000 Gal	Active	451
162	Fluoride / Heavy Metals Wastewater	B/330C Link	586 Gal	Active	457
165	Fluoride / Heavy Metals Wastewater	B/320B S	3000 Gal	Active	463
168	Solvent Waste-Mixed	B/330C S	5000 Gal	Active	501
169	Solvent Waste-Mixed	B/330C E	5000 Gal	Active	507
171	Sanitary/Treated Industrial Waste	B/325 NE	500 Gal	Active	513
173	Solvent Waste-Mixed	B/330C E	1000 Gal	Inactive, Not In Use	519
178	Recycled Perchloroethylene	B/335	5900 Gal	Active	525
179	Recycled Perchloroethylene	B/335	5900 Gal	Active	531
182	Sanitary/Treated Industrial Waste	B/325 E	338000 Gal	Active	537
183	Sanitary/Treated Industrial Waste	B/325 N	107000 Gal	Inactive, Not In Use	543
188	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	549
189	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	555
193	Fluoride / Heavy Metals Wastewater	B/300 E	Not Known	Inactive	561
196	Sanitary/Treated Industrial Waste	B/325	20000 Gal	Active	567
197	Sanitary/Treated Industrial Waste	B/325 NW	47000 Gal	Active	573
200	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	579
201	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	585
204	Solvent Waste-Mixed	B/322 E	5000 Gal	Active	591
205	N-Butyl Acetate Waste	B/322 E	5000 Gal	Active	597
206	Isopropyl Alcohol	B/322 E	5000 Gal	Active	603
207	N-Methyl-2-Pyrrolidone	B/322 E	5000 Gal	Active	609
208	Solvent Waste-Mixed	B/322 W	1268 Gal	Active	615
214	Contaminated Groundwater	B/384 S Link	5875 Gal	Active	621

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UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
215	Sanitary/Treated Industrial Waste	B/325 N	107000 Gal	Inactive, Not In Use	627
219	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	633
220	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	639
221	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	645
222	Freon Tf Waste	B/303 D-4	5,000 Gal	Active	651
223	N-Methyl-2-Pyrrolidone	B/303 D-6	10000 Gal	Active	657
224	N-Butyl Acetate Waste	B/303 D-6	10000 Gal	Active	663
225	Isopropyl Alcohol	B/303 E-6	10000 Gal	Active	669
231	Treated Goundwater	B/384	9600 Gal	Active	675
249	Fluoride / Heavy Metals Wastewater	B/334 D-2	550 Gal	Active	681
250	Industrial Waste	B/334 D-2	1000 Gal	Active	687
251	Solvent Waste-Mixed	B/334 D-2 Tk Pit	550 Gal	Active	693
252	Solvent Waste-Mixed	B/334 D-2 Tk Pit	1500 Gal	Active	699
253	Industrial Waste	B/333 NW	800 Gal	Active	705
257	Solvent Waste-Mixed	B/330C S	2000 Gal	Inactive, Not In Use	715
263	Industrial Waste	B/323 K-14	3533 Gal	Active	721
264	Industrial Waste	B/323 K-14	3533 Gal	Active	727
265	Fluoride / Heavy Metals Wastewater	B/323 K-13	3000 Gal	Active	733
266	Fluoride / Heavy Metals Wastewater	B/323 K-14	3000 Gal	Active	739
267	Fluoride / Heavy Metals Wastewater	B/323 L-13	3000 Gal	Active	745
268	Fluoride / Heavy Metals Wastewater	B/323 L-14	3000 Gal	Active	751
272	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	550 Gal	Active	757
273	Freon TF Waste	B/323 BF-1 Tk Rm	550 Gal	Active	763
274	N-Methyl-2-Pyrrolidone	B/323 BF-1 Tk Rm	550 Gal	Active	769
275	N-Butyl Acetate	B/323 BF-1 Tk Rm	550 Gal	Active	775
276	Isopropyl Alcohol	B/323 BF-1 Tk Rm	550 Gal	Active	781
277	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	6000 Gal	Active	787
278	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	550 Gal	Active	793
281	Industrial Waste Effluent	B/315 E	12000 Gal	Inactive, Removed	799
282	Industrial Waste Effluent	B/315 E	12000 Gal	Inactive, Removed	805
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285	Solvent Waste-Mixed	B/309 NW	6000 Gal	Active	811
286	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	817
287	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	823
293	Fluoride / Heavy Metals Wastewater	B/334 MER	800 Gal	Inactive	829
294	Industrial Waste	B/334 MER	2000 Gal	Active	835

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
295	Industrial Waste	B/334 MER	500 Gal	Active	841
296	Perchloroethylene	B/334 C17	450 Gal	Inactive, Removed	847
297	Perchloroethylene	B/334 D17	450 Gal	Inactive, Removed	853
300	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	2000 Gal	Inactive	859
301	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	2000 Gal	Inactive	865
302	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	1100 Gal	Inactive	871
303	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	1100 Gal	Inactive	877
304	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	300 Gal	Inactive	883
334	Perchloroethylene Waste	B/330D AX-37	1100 Gal	Inactive, Not In Use	889
335	Perchloroethylene Waste	B/330D AX-37	1100 Gal	Inactive, Not In Use	895
345	Mixed Solvent Waste, DI Water And 10% HCl, Photo Active Compounds	B/330C D-28	300 Gal	Inactive, Removed	901
350	Fluoride / Industrial Wastewater	B/310 C-24	250 Gal	Inactive	907
396	Perchloroethylene Waste	B/330D BB-30	250 Gal	Inactive	913
397	Perchloroethylene Waste	B/330D AT-35	250 Gal	Active	919
427	Fluoride / Heavy Metals Wastewater	B/385	50 Gal	Inactive	925
429	Nickel Boron Waste	B/330D BB-38	70 Gal	Inactive, Removed	931
430	Immersion Gold	B/330D BB-38	70 Gal	Inactive, Removed	937
431	Potassium Ferricyanide	B/330D BB-38	70 Gal	Inactive, Removed	943
432	Neutra Clean Wastewater	B/330D BB-38	70 Gal	Inactive, Removed	949
433	Palladium Chloride	B/330D BB-38	70 Gal	Inactive, Removed	955
448	Fluoride / Heavy Metals Wastewater	B/308 M-8	1000 Gal	Active	961
455	Perchloroethylene Waste	B/335	550 Gal	Active	967
456	Recycled Perchloroethylene	B/335	300 Gal	Active	973
457	Recycled Perchloroethylene	B/335	300 Gal	Active	979
458	Perchloroethylene Waste	B/335	1200 Gal	Active	985
459	Perchloroethylene Waste	B/335	1200 Gal	Active	991
460	Perchloroethylene Waste	B/335	1200 Gal	Active	997
461	Perchloroethylene Waste	B/335	1200 Gal	Active	1003
Old 461	Perchloroethylene Waste	B/335	Not Known	Inactive, Removed	1009
462	Perchloroethylene Waste	B/335	1200 Gal	Active	1015
465	Perchloroethylene Waste	B/335	70 Gal	Active	1021
466	Perchloroethylene Waste	B/335	95 Gal	Active	1027
467	Recycled Perchloroethylene	B/335	285 Gal	Active	1033
473	Perchloroethylene Waste	B/330D BD-30	400 Gal	Active	1039
474	Perchloroethylene Waste	B/330D BD-31	250 Gal	Inactive	1045
475	Perchloroethylene Waste	B/330D BD-32	400 Gal	Inactive	1051
476	Perchloroethylene Waste	B/330D BD-33	250 Gal	Inactive	1057

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
477	Perchloroethylene Waste	B/330D BD-34	250 Gal	Active	1063
529	Industrial Wastewater	B/316 L-2	7600 Gal	Active	1069
555	Defluoridation Waste	B/316 L-2	100 Gal	Active	1075
569	Sodium Hydroxide, DI Water, Hydrochloric Acid	B/330C OMF	400 Gal	Inactive, Removed	1081
570	Mixed Solvent Waste	B/330C OMF	400 Gal	Active	1087
577	Industrial Waste Sludge	B/312 E	12000 Gal	Active	1093
578	Defluoridation Sludge	B/316 D-3	2000 Gal	Active	1099
579	Industrial Wastewater	B/316 C-1	8000 Gal	Active	1105
580	Industrial Waste Sludge	B/312 E	12000 Gal	Active	1111
581	Fluoride / Heavy Metals Wastewater	B/316 B-1	1500 Gal	Active	1117
582	Fluoride / Heavy Metals Wastewater	B/316 B-2	5000 Gal	Active	1123
584	Industrial Wastewater	B/316 E Pumphouse	200000 Gal	Active	1129
588	Industrial Wastewater	B/316 E Pumphouse	100000 Gal	Active	1137
589	Fluoride / Heavy Metals Wastewater	B/316 N/W	70000 Gal	Active	1143
3002	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1149
3003	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1155
3004	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1161
3005	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1167
3017	Sanitary/Treated Industrial Waste	B/325 NW	9000 Gal	Active	1173
3018	Sanitary/Treated Industrial Wastewater	B/325 NW	7250 Gal	Active	1179
3019	Sanitary/Treated Industrial Wastewater	B/325 NE	1000 Gal	Inactive, Not In Use	1185
3020	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1191
3021	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1197
3022	Sanitary/Treated Industrial Wastewater	B/325 NW	7100 Gal	Active	1203
3023	Sanitary/Treated Industrial Wastewater	B/325 N	1000000 Gal	Active	1209
3024	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1215
3025	Sanitary/Treated Industrial Wastewater	B/325 N	1000000 Gal	Active	1221
3029	Sanitary/Treated Industrial Wastewater	B/325 W	143000 Gal	Active	1227
3030	Sanitary/Treated Industrial Wastewater	B/325 W	143000 Gal	Active	1233
3031	Sanitary/Treated Industrial Wastewater	B/325 W	4500 Gal	Active	1239
3033	Sanitary/Treated Industrial Wastewater	B/325 E	2700 Gal	Active	1245
3034	Sanitary/Treated Industrial Wastewater	B/325 NW	10000 Gal	Active	1251
3035	Sanitary/Treated Industrial Wastewater	B/325 E	90000 Gal	Active	1257
3036	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1263
3037	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1269
3038	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1275
3039	Sanitary/Treated Industrial Wastewater	B/325 N	900 Gal	Inactive, Not In Use	1281
3040	Sanitary/Treated Industrial Wastewater	B/325 E	4250 Gal	Inactive, Not In Use	1287

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UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
3041	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1293
3042	Sanitary/Treated Industrial Wastewater	B/325 N	1000 Gal	Active	1299
3043	Sanitary/Treated Industrial Wastewater	B/325 W	2000 Gal	Active	1305
3044	Fluoride / Heavy Metals Wastewater	B/386 E-4	4500 Gal	Active	1311
3045	Fluoride / Heavy Metals Wastewater	B/386 E-5	4500 Gal	Active	1317
3046	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1323
3047	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1329
3048	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1335
3049	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1341
3050	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1347
3051	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1353
3052	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1359
3053	Silicon Processing Waste, B/312 Bay 2 Cleaning Waste, Lagoon Cleaning Waste, Misc. Tanker Sludge, Fluoride / Heavy Metals Clarifier Sludge	B/386 N	79600 Gal	Active	1365
3054	Fluoride / Heavy Metals Wastewater Sludge	B/386 N	15000 Gal	Active	1371
3055	Fluoride / Heavy Metals Wastewater Sludge	B/386 N	15000 Gal	Active	1377
3056	Fluoride / Heavy Metals Wastewater Effluent	B/386 N	17125 Gal	Active	1383
3057	Fluoride / Heavy Metals Wastewater Effluent	B/386 N	5000 Gal	Active	1389
3063	Fluoride / Heavy Metals Wastewater	B/386 G-4	1000 Gal	Active	1395
3064	Fluoride / Heavy Metals Treated Wastewater	B/386 F-5	2000 Gal	Active	1401
3065	Fluoride / Heavy Metals Treated Wastewater	B/386 F-5	2000 Gal	Active	1407
3069	Fluoride / Heavy Metals Treated Wastewater	B/386 D-3	50 Gal	Active	1413

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3071	Fluoride / Heavy Metals Treated Wastewater	B/386 D-3	360 Gal	Active	1419
3072	Fluoride / Heavy Metals Wastewater	B/316 C-2	5000 Gal	Active	1425
3073	Fluoride / Heavy Metals Wastewater	B/316 NW	65000 Gal	Active	1431
3074	Fluoride / Heavy Metals Treated Wastewater	B/316 B-2	1500 Gal	Active	1437
3077	Perchloroethylene Waste	B/335	60 Gal	Active	1443
3079	Perchloroethylene Waste	B/335	60 Gal	Active	1449
3083	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1455
3084	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1461
3085	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1467
3087	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1473
3088	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1479

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VOLUME 4 (cont')

PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
3089	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1485
3090	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1491
3091	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1497
3092	Industrial Wastewater	B/316 Recycle Tank Farm	200 Gal	Active	1503
3094	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1509
3095	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1515
3096	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1521
3098	Industrial Wastewater	B/335	60 Gal	Active	1527
3111	Fluoride/Heavy Metal Wastewater	B/334 E-9	700 Gal	Active	1533
3121	Mixed Solvent Waste	B/330C	2400 Gal	Inactive, Not In Use	1539
3122	Fluoride / Heavy Metals Wastewater	B/330C Pumphouse (B/330G)	1000 Gal	Inactive, Under Construction	1545
3123	Fluoride / Heavy Metals Wastewater	B/330C Pumphouse (B/330G)	1000 Gal	Inactive, Under Construction	1551
3124	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	500 Gal	Inactive, Under Construction	1557
3125	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	8500 Gal	Inactive, Under Construction	1563
3126	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	8500 Gal	Inactive, Under Construction	1569
3127	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	2500 Gal	Inactive, Under Construction	1575
3128	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	2500 Gal	Inactive, Under Construction	1581
3129	Industrial Wastewater	B/310	7000 Gal	Active	1587
3131	Industrial Wastewater	B/325 Basement	750 Gal	Active	1593
3132	Industrial Wastewater	B/330C Pumphouse (B/330G)	8500 Gal	Inactive, Not In Use	1599
3133	Industrial Wastewater	B/330C Pumphouse (B/330G)	8500 Gal	Inactive, Not In Use	1605
3134	Industrial Wastewater	B/310	7000 Gal	Active	1611
3135	Fluoride / Heavy Metals Wastewater	B/310 B-24	300 Gal	Active	1617
3166	Industrial Wastewater	B/338 P-41	550 Gal	Active	1623
3167	Industrial Wastewater	B/330C D-26	90 Gal	Active	1629
3168	Industrial Wastewater	B/330C D-26	140 Gal	Active	1635
3198	Contaminated Groundwater	B/384	709 Gal	Active	1641
3200	Perchloroethylene Waste	B/330D BE-33	300 Gal	Active	1647
3201	Perchloroethylene Waste	B/330D BE-33	300 Gal	Active	1653
3226	Mixed Solvent Wastes	B/309 NW (Room3)	500 Gal	Active	1659
5000	Industrial Wastewater	B/690 N	100000 Gal	Active	1665
5001	Industrial Wastewater, Water Softener Regeneration Wastes	B/694 W	740 Gal	Active	1671
5017	Industrial Wastewater	B/690 A-10	1500 Gal	Active	1677
5018	Industrial Wastewater	B/640 L-1 1st Floor	1100 Gal	Active	1683
5019	Industrial Wastewater	B/600 J-8 1st Floor	1100 Gal	Active	1689
5020	Industrial Wastewater	B/690 N	350 Gal	Active	1695
5021	Sanitary/Treated Industrial Wastewater	B/344 N	900 Gal	Inactive, Not In Use	1701

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5024	Industrial Wastewater	B/690 N	350 Gal	Active	1707
5029	Industrial Wastewater, Water Softener Regeneration Wastes	B/694	740 Gal	Active	1713
5031	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1719
5032	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1725
5033	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1731
5034	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Inactive, Under Construction	1737
5035	Industrial Wastewater	B/690 S	100000 Gal	Active	1743
5036	Industrial Wastewater	B/690 H-14	4500 Gal	Inactive, Under Construction	1749
5037	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 L-14	8000 Gal	Active	1755
5038	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 L-14	8000 Gal	Active	1761
5039	Fluoride / Heavy Metals Wastewater	B/690 G-14	1500 Gal	Inactive, Under Construction	1767
5040	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 B-12	1000 Gal	Inactive, Under Construction	1773
5041	Industrial Wastewater	B/690 K-14	15000 Gal	Active	1779
5046	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 G-12	30 Gal	Inactive, Under Construction	1785
5047	Industrial Wastewater	B/690 H-14	4500 Gal	Inactive, Under Construction	1791
5068	IPA Waste	B/650 1-N-2	1400 Gal	Inactive, Not In Service	1797
5069	NMP Waste	B/650 1-N-2	500 Gal	Inactive, Not In Service	1803
5070	Solvent Waste-Anisole	B/650 1-N-2	500 Gal	Inactive, Not In Service	1809
5071	Solvent Waste-Mixed	B/650 1-N-2	750 Gal	Inactive, Not In Service	1815
5081	Fluoride / Heavy Metals Wastewater	B/690 S	20000 Gal	Inactive, Not In Service	1821
5082	Industrial Wastewater	B/690 S	100000 Gal	Inactive, Not In Service	1827
5300	Industrial Wastewater	B/690 A-10	3300 Gal	Active	1833
5301	Fluoride / Heavy Metals Wastewater Sludge, Industrial Wastewater Sludge	B/690 A-13	7100 Gal	Active	1839
5302	Industrial Wastewater	B/690	1000 Gal	Inactive, Removed	1845
5303	Fluoride / Heavy Metals Wastewater	B/690 Pmp Hs	700 Gal	Inactive, Under Construction	1851
5305	Fluoride / Heavy Metals Wastewater	B/690 G-15	2000 Gal	Inactive, Under Construction	1857
5306	Fluoride / Heavy Metals Wastewater	B/690 G-15	2000 Gal	Inactive, Under Construction	1863
5309	Fluoride / Heavy Metals Wastewater	B/690	40000 Gal	Inactive, Under Construction	1869

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5324	Industrial Wastewater	B/630 L-1	1100 Gal	Active	1875
9001*	Perchloroethylene Waste	B/335	400 Gal	Active	1881
9002*	Perchloroethylene Waste	B/335	200 Gal	Active	1887
9003*	Industrial Wastewater, Cooling Tower Blowdown/Overflow	B/335	150 Gal	Active	1893
9004*	Perchloroethylene Waste	B/335	200 Gal	Active	1899
9005*	Perchloroethylene Waste	B/335	200 Gal	Active	1905
9008*	Contaminated Groundwater, Solvent Waste-Mixed	B/384 S Link	Not Known	Active	1911
9009*	Contaminated Groundwater, Solvent Waste-Mixed	B/384 S Link	750 Gal	Active	1917
9010*	Fluoride / Heavy Metals Wastewater	B/300 Shelter Basement	807 Gal	Inactive, Not In Service	1923
9011*	Fluoride / Heavy Metals Wastewater	B/300 Shelter Basement	807 Gal	Inactive, Not In Service	1929
9012*	Industrial Wastewater	B/312 SE	2600 Gal	Active	1935
9013*	Industrial Wastewater	B/300 N	Not Known	Inactive	1941
TANK A	Solvent Waste-Mixed, Corrosive Wastewater	B/330C E	1000 Gal	Inactive, Removed	1947
TANK B	Solvent Waste-Mixed, Corrosive Wastewater	B/330C E	1000 Gal	Inactive, Removed	1953

PART 3-8 OTHER

UNIT I.D.#	DESCRIPTION	LOCATION	STATUS	PAGE NO.
B/310 LS FL	Fluoride/Heavy Metals Lift Stations	B/310	Active	1
B/310 LS IW	Industrial Wastewater Lift Stations	B/310	Active	5
B/310 LS SO	Solvent Waste Lift Stations	B/310	Active	9
B/320B LS FL	Fluoride/Heavy Metals Lift Stations	B/320B	Active	13
B/320B LS IW	Industrial Wastewater Lift Stations	B/320B	Active	17
B/320B LS SO	Solvent Waste Lift Stations	B/320B	Active	21
B/330C LS FL	Fluoride/Heavy Metals Lift Stations	B/330C	Active	25
B/330C LS IW	Industrial Wastewater Lift Stations	B/330C	Active	29
B/330C LS SO	Solvent Waste Lift Stations	B/330C	Active	33
B/330D LS FL	Fluoride/Heavy Metals Lift Stations	B/330D	Active	37
B/330D LS IW	Industrial Wastewater Lift Stations	B/330D	Active	41
B/330D LS SO	Solvent Waste Lift Stations	B/330D	Active	45
B/386 FP-1	Fluoride/Heavy Metals Filter Press	B/386	Active	49

* Temporary Unit I.D.#

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PART 3-8 OTHER (cont')

UNIT I.D.#	DESCRIPTION	LOCATION	STATUS	PAGE NO.
B/386 FP-2	Fluoride/Heavy Metals and Industrial Wastewater Filter Press	B/386	Active	53
B/690 FP-1	Fluoride/Heavy Metals and Industrial Wastewater Filter Press	B/690	Not active yet	57
202	Fluoride/Heavy Metals Filter Press	B/385	Inactive	61

PART 3-4 (Con't)

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
60	1,500 gal	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X REMOVED				
		INCLUSIVE YEARS: 1976 - NK				

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/300 NW, Horizontal, Steel, 5'2" Diam. x 9'0" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
79	5000 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X INCLUSIVE YEARS: 1973 - 1986		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit was designated as a B/308 F/HM waste Tank.
Information concerning annual quantities is not available.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/308 W, Horizontal, FRP, Inground Tank, 7' Diam. x 10'8" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank was constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This tank was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
80	6000 gal.	ACTIVE X YEAR START: 1973	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 58 & 80 serve B/300 & B/300B, combined total estimate is 350,000 gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/300B S, Horizontal, FRP, 6'6" Diam. x 20' L. This tank is equipped with a level control system and high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Monthly		The inspection procedures include a monthly preventive maintenance check of the tank system.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank can be diverted to Tank 58.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 6 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
86	8369 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X CLOSED-SEE NOTE INCLUSIVE YEARS: 1976 - 1987				

NOTE: This tank has been Closed and filled with sand.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C S.LINK, Horizontal, Steel, 8' Diam. x 21'8" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to tank 168.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
87	8000 gal.	ACTIVE X YEAR START: 1972	S02	Fluoride / Heavy Metalss	SEE NOTE	X
				Wastewater		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 87, 91, 92, 93, and 162 service Buildings 330C and 330D. These buildings generate a total of 9.1 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C S.Link, Vertical, FRP, 8' Diam. x 21'8" Ht. The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a cylindrical type tank with a non-watertight flat top and a manway extending to grade which houses the pumps.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X The tank level is maintained by liquid level control pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 162.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 8 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Investigation revealed the transfer line had a cracked elbow.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	12/9/84	A transfer line with a cracked elbow caused contaminated
Wastewater			liquid in the excavation.
D002, D007			

NOTE: IBM Spill Control No. 84-129.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			12/9/84	Appropriate personnel were notified; flow was switched to another system in order for operation to continue; the transfer line was excavated and repaired.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

pg. 202a.
84-129

CHEMICAL/ENVIRONMENTAL ANALYSIS I
D/76B
ANALYTICAL REPORT

Report to:S. Danskin Date:12-12-84

Sample requestor:S. Danskin

Sample id:NR843385-NR843386

Sample date:12-11-84 Bldg:330-D
Location: Type of sample:Liquid

Sample description: NR843385 taken in pit near loading dock
NR843386 taken from groundwater sump
near loading dock.

****

		ANALYSIS	
	pH	Cr+6	Free F-
NR843385	7.1	ND	1.70mg/l
NR843386	7.2	ND	0.24mg/l

HARDY PIERCE JR.

cc:

TBM-EE-88

TBM-EE-88

IBM-EF-88

CHEMICAL/ENVIRONMENTAL ANALYSIS I
D/76B
ANALYTICAL REPORT

Report to:S. Danskin Date:12/13/84

Sample requestor:M.West

Sample id:NR843389/90/92

Sample date:12/12/84 Bldg:B/330D
Location:GWMW & sump at dock area Type of sample:Liquid

Sample description: Analysis of liquid samples submitted by J.Ronis on 12/12/84.

****

ANALYSIS

		mg/L	
	pH	Cr+6	Free F-
NR843389 (841212-180)	6.6	<0.005	0.83
NR843390 (841212-181)	7.1	<0.005	1.70
NR843392 (sump)	7.1	<0.005	0.20

S. Brannen

S.Brannen

cc:

IBM-EF-88

IBM-EF- 88

CHEMICAL/ENVIRONMENTAL ANALYSIS I
D/76B
ANALYTICAL REPORT

Report to: S. Danskin

Date: 12/19/84

Sample Requestor:

Sample ID: NR843383

Date Sample Taken: 12/10/84

Type of Sample: Liquid

Location: B330

Sample Description: Muddy water sample taken from excavation near loading dock.

****

ANALYSIS
Results of Extraction Procedure Toxicity Test:

Sample #	Ph	Cu	Cr	Ni	Pb	Zn	Fe	Cd	Mn	Cr+6	F-Fl
		mg/L.									
3383	6.7	<.1	1.71	.22	<.1	.14	.23	.009	.18	2.0	6.0

CN/A.T. Fern

cc:

IBM-EF- 88

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Leakage had occurred at a joint that had been broken by contractors during construction activity. This leak was contained by a bucket until the line could be repaired.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Estimate:	6/20/85	Slight leakage had occurred at a joint.
Wastewater	1 Drip per 10 Seconds		
D002, D007			

NOTE: IBM Spill Control No. 85-075.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X	X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			6/20/85	Leakage was contained with buckets. The pipe was repaired over the 7/4/85 weekend.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

Ro8049
85-025

IBM-EF- 88

DATE: 06/25/85 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

SAMPLE ID: NR854295 SAMPLE DATE: 85-06-24
LOCATION: 330C X TYPE: LIQUID- ONE PHASE
GRID: REQUESTER: HARGRAVE
DESCRIPTION: LINE LEAK BETWEEN F1&F2 FURNACE BLDG.S

ADDITIONAL DATA

CHLORIDE	41.2	MG/L
HEXAVALENT CHROME	<0.005	MG/L
NITRATE	97.6	MG/L
PH	2.3	SU
TOTAL FLUORIDE	0.1	MG/L

(SIGNATURE)

END OF REPORT

IBM-EF- 88

DATE: 06/25/85 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

SAMPLE ID: NR854260 SAMPLE DATE: 85-06-20
LOCATION: 330C X TYPE: LIQUID- ONE PHASE
GRID: REQUESTER: KLOTZ
DESCRIPTION: SAMPLE TAKEN BETWEEN TWO FURNANCE BLDGS. F- O
R RECYCLE DI LINE BREAK.

IBM-EF- 88

INORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS

ORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
910302900	PERCHLOROETHYLENE	<1.0	MG/L
910706000	N- BUTYL ACETATE	<1.0	MG/L

ADDITIONAL DATA

	HEXAVALENT CHROME	<0.005	MG/L
	PH	5.2	
	TOTAL FLUORIDE	0.12	MG/L

H. Pence
(SIGNATURE)

END OF REPORT

IBM-EF- 88

Pg 204C
85-075

DATE: 07/15/85 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

SAMPLE ID: NR854391 SAMPLE DATE: 85-07-02
LOCATION: 330C X TYPE: SOIL SAMPLE
GRID: REQUESTER: KLOTZ
DESCRIPTION: SOIL UNDER FLUORIDE LINE BREAK
BETWEEN FURNACE BUILDINGS

IBM-EF- 88

INORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
000000002	SELENIUM	<.1	MG/L.
000000003	BERYLLIUM	<.1	MG/L.
920026200	ZINC	<.1	MG/L.
921200000	CALCIUM	25.48	MG/L.
921240010	CHROME	<.1	MG/L.
921260000	IRON	<.1	MG/L.
921290000	COPPER	<.1	MG/L.
921330000	ARSENIC	<.1	MG/L.
921480000	CADMIUM	<.1	MG/L.
922252500	MANGANESE	<.1	MG/L.
924285000	NICKEL	<.1	MG/L.
924560000	BARIUM	<.1	MG/L.
924820000	LEAD	<.5	MG/L.

ADDITIONAL DATA

HEXAVALENT CHROME	<0.005	MG/L
PH	8.9	
TOTAL FLUORIDE	0.15	MG/L

(SIGNATURE)

END OF REPORT

cc: G. KLOTZ
S DANSKIN

IBM-EF- 88

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
88	100 gal ?	ACTIVE YEAR START:	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X REMOVED INCLUSIVE YEARS: NK - 1984				

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330D E, vertical, Concrete manhole.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a manhole used as an over flow container.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
89	100 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metal	SEE NOTE	
				Wastewater		
		INACTIVE X		D002, D007		
		INCLUSIVE YEARS: NK - 1984				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Annual quantity information is not available for this unit.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330D E, Concrete Manhole.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
		X		Manual
				Automatic
				Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
		X		Information to address this question is not available for this unit.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
		X		Information to address this question is not available for this unit.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		Information to address this question is not available for this unit.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank was constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
90	200000gal	ACTIVE _____ YEAR START: _____	T01	Industrial Wastewater	265 million gal/yr.	
				D002		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1967 - 1987				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank was designated as a Lime Softening Clarifier for the treatment of raw well water.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/315 E, Vertical, Steel, 50' Diam. x 16' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	A daily visual inspection was performed.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				An overflow pipe was located 2' to 3' below the top of the tank to maintain the freeboard.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped via shutdown of influent pumping system. Flow could also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	This tank has been removed.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		This tank was used to treat raw well water by the addition of ferric chloride, hydrated lime, and Cl2.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit was not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
91	8000 gal.	ACTIVE X YEAR START: 1972	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 87, 91, 92, 93, and 162 service Buildings 330C and 330D. These buildings generate a total of 9.1 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330D W, Horizontal, FRP, 8' Diam. x 21'8" L. The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
92	8000 gal.	ACTIVE X YEAR START: 1972 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 87, 91, 92, 93, and 162 service Buildings 330C and 330D. These buildings generate a total of 9.1 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330D W, Horizontal, FRP, 8' Diam. x 21'8" L. The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
93	5000 gal.	ACTIVE X YEAR START: 1972	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 87, 91, 92, 93, and 162 service Buildings 330C and 330D. These buildings generate a total of 9.1 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330D W, Horizontal, FRP, 8'Diam. x 13'L. The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
103	550 gal.	ACTIVE X YEAR START: 1976	S02	SEE NOTE	NOT KNOWN	
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				

NOTE: This tank is designated as the B/309 Rooms #7 and #8 Spill Tank. See Units B/309 Room #7 and B/309 Room #8 for waste descriptions.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309, N, Horizontal, Steel, 3'6" Diam. X 8'1" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	There are/were no established inspection or testing procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is considered a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank. Contents are removed immediately upon occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
104	2000 gal	ACTIVE X YEAR START: 1976 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	SEE NOTE	NOT KNOWN	

NOTE: This unit is designated as the B/309 Room #9 Spill Tank. See Unit B/309 Room #9 for waste descriptions.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 N, Horizontal, Lined Steel, 5'Diam X 15'L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	There are/were no established inspection or testing procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is considered a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank. Contents are removed immediately upon occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
105	550 gal.	ACTIVE X YEAR START: 1976	S02	SEE NOTE	NOT KNOWN	
		INACTIVE _____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/309 Rooms #3 and #9 Spill Tank. See Units 3226 and B/309 Room #9 for waste descriptions.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 N, Horizontal, Lined, 3'6" Diam. X 8'1" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	There are/were no established inspection or testing procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is considered a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank. Contents are removed immediately upon occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
106	550	ACTIVE X YEAR START: 1976 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	SEE NOTE	NOT KNOWN	

NOTE: This unit is designated as the B/309 Room #11 Spill Tank. See Unit B/309 Room #11 for waste descriptions.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 N, Horizontal, Lined steel, 3'6" Diam. x 8'1" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	There are/were no established inspection or testing procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is considered a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank. Contents are removed immediately upon occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
107	500 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X REMOVED INCLUSIVE YEARS: 1971 - 1985				

NOTE: This unit was designated as a B/330C Solvent Waste-Mixed Spill Tan

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C E, Horizontal, Steel, 3'6" Diam. x 8' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 90 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
114	3500 gal.	ACTIVE X YEAR START: 1969	S02	Industrial Wastewater	1.5 million gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Salt Brine Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/315 N, Horizontal, Concrete, 18' L. x 8' W. x 4' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank is located within a paved access road to B/315 and is accessed through a manway with a non-watertight manhole cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Yearly		This tank is cleaned out and internally inspected for infiltration yearly.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The liquid level within the tank is maintained by a float device that sounds an alarm to warn of a high liquid level.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		5 hours.	This tank stores water softener regenerate which is a mixture of salt and potable water.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
117	470 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This tank is designated as a Spill Tank for B/304 Solvent Waste-Mixed.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/304 N, Vertical, Steel, 4' Diam. x 5' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material. Spill tank for B/304; to date no spills have been discharged to this tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Quarterly		This unit is not routinely inspected. Quarterly inspection of leak sensor in vault.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Coated steel vault with leak detection. Approximately 6600 gal capacity.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is coated with an alphalt coating and inspected quarterly.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is a spill tank for B/304. Contents of are removed immediately upon spill occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
118	800 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a Spill Tank for B/304 Solvent Waste-Mixed.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/304, S, Vertical, Steel, 5' Diam. x 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material. Spill tank for B/304; to date no spills have been discharged to this tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Quarterly	X	This tank is not routinely inspected. Quarterly inspection of leak detection sensor.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a coated steel vault. Approximate capacity is 6600 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	This unit is a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is coated with an asphalt coating.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank for B/304. Contents of this tank are removed immediately upon a spill occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
121	135000gal	ACTIVE _____ YEAR START: _____	T01	Sanitary Wastewater	NOT KNOWN	
		INACTIVE X - NOT IN USE INCLUSIVE YEARS: 1963 - 1982				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This tank was a Sanitary Clarifier.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 E, Vertical, Inground Concrete, 60' L. x 30' W. x 10' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The liquid level in this tank was maintained by a V-notch weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank was diverted to Tank 122.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank was constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment consisted of sanitary solids settling.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit was not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
122	135000gal	ACTIVE _____ YEAR START: _____	T01	Sanitary Wastewater	NOT KNOWN	
		INACTIVE X - NOT IN USE				
		INCLUSIVE YEARS: 1963 - 1982				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This tank was a Sanitary Clarifier.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 E, Vertical, Inground Concrete, 60' L. x 30' W. x 10' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The liquid level in this tank was maintained by a V-notch weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank was diverted to Tank 121.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank was constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment consisted of sanitary solids settling.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank was not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
123	300 gal.	ACTIVE _____ YEAR START: _____	S02	N-BUTYL ACETATE WASTE (D001)	NOT KNOWN	X
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1977 - 1983				

NOTE: This unit was designated as a B/320B NBA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/320B N, Horizontal, Steel, 3'2" Diam. X 5' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow may be diverted to tank 15

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X	X	Direct- Obersvation of release occurrance.
				Analysis- Soil sampling and analysis.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
SOLVENT WASTE-MIXED (F001,F002,F003,F005)	< 25 gal.	5-15-85	On 5-15-85 backflow from tank 135 in building 309 filled and overflowed tank 123. The tank's check valve did not prevent the backflow. Tank 123 was not in operation at the the time of release.

NOTE: IBM Spill Control Number 85-048.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			5/85	The affected soil was excavated, removed and disposed.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

CHEMICAL/ENVIRONMENTAL I
ANALITICAL REPORT
D/76B-4A1

**********SAMPLE NUMBER: NR854024-25-26 **********

SAMPLE DATE: 5/15/85 TODAY'S DATE: 5/16/85
REQUESTER NAME: S.DANSKIN SCHEDULE A#:
FACILITIES/PROJ.#: AREA.RCR

LOCATION= BLD/PHA: 320-: SYSTEM: QTAT FLOOR/COL: -:
GRID LOCATION:

SAMPLE DESCRIPTION: ANALYSIS OF SOLVENT AND SOIL SAMPLES COLLECTED AT THE QTAT SOLVENT TANKS. THE SAMPLES WERE COLLECTED AS A RESULT OF A LIQUID DISCHARGE.

COMMENTS:
THE SOIL SAMPLE WAS COLLECTED FROM THE SURFACE AT THE SITE.

ANALYSIS DATA

VOLATILE ORGANIC	UNITS:	INORGANIC	UNITS:
NR854026 (soil)	FLASH POINT= 48°C		

COMMENTS: see attached sheet for solvent analysis on liquid samples.

S. Dansk

cc:

IBM-EF-60

IBM-EF-60

WASTE SOLVENT REPORT

****

Date5/16/85

Requestor: N. Ayengar Department 92D

Analyst:R HILBRANDT JR-H PIERCE JR Department: 76B

Lab ID:NR854025 sample date:5/15/85 Manifest no.:

This truck represents tank numbers: - ROOF LINE

Tank truck contained ONEphase(s)

This phase is 100 % of the total truck

SPECIES	WT./WT. CONC.
ACETONE	7.81
BUTYL ACETATE,N	3.81
ETHYL CELLOSOLVE	0.19
ISOPROPYL ALCOHOL	3.23
WATER	84.97

pH: 6.89

SPECIFIC GRAVITY: .985

B.T.U./POUND: 0.00

FLASH POINT DEG C.:<23

SCRUB VALUE:GRAM NaOH/GRAM SAMPLE: 0.000

PERCENT Cl BY MOLECULAR WEIGHT: 0.000

OH VALUE PERCENT BY WEIGHT: 0.000

H. Pierce

R HILBRANDT JR-H PIERCE JR

cc: K. Bannura Z/308
RCRA file Z/535

IBM-EF-60

IBM-EF-60

WASTE SOLVENT REPORT

****

Date5/16/85

Requestor: N. Ayengar — Department 92D

Analyst:R HILBRANDT JR-H PIERCE JR — Department: 76B

Lab ID:NR854024 sample date:5/15/85 Manifest no.:

This truck represents tank numbers:- CATCH PAN

Tank truck contained ONEphase(s)

This phase is 100 % of the total truck

SPECIES	WT./WT. CONC.
ACETONE	2.42
BUTYL ACETATE,N	1.30
ETHYL CELLOSOLVE	0.06
ISOPROPYL ALCOHOL	1.04
WATER	95.18

pH: 6.9

SPECIFIC GRAVITY: .985

B.T.U./POUND: 0.00

FLASH POINT DEG C.:<21

SCRUB VALUE:GRAM NaOH/GRAM SAMPLE: 0.007

PERCENT CL BY MOLECULAR WEIGHT: 0.000

-SH VALUE PERCENT BY WEIGHT: 0.000

H. Pierce Jr

R HILBRANDT JR-H PIERCE JR

cc: K. Bannura Z/308
RCRA file Z/535

IBM-EF-80

IBM-EF-80

pg 306d
85-04

CHEMICAL/ENVIRONMENTAL I
ANALITICAL REPORT
D/76B-4A1

**********SAMPLE NUMBER:NR854024-26,34-5**********

SAMPLE DATE: 5/15/85 — TODAY'S DATE: 5/22/85
REQUESTER NAME: S.DANSKIN — SCHEDULE A#:
FACILITIES/PROJ.#: — AREA.RCR

LOCATION= BLD/PHA: 320-: SYSTEM: QTAT FLOOR/COL: -:
GRID LOCATION:

SAMPLE DESCRIPTION: ANALYSIS OF SOLVENT AND SOIL SAMPLES COLLECTED AT THE QTAT SOLVENT TANKS. THE SAMPLES WERE COLLECTED AS A RESULT OF A LIQUID DISCHARGE.

COMMENTS:
THE SOIL SAMPLE (4026) WAS COLLECTED FROM THE SURFACE AT THE SITE. SAMPLES 4034 WAS COLLECTED FROM THE QTAT TANK EXCAVATION (EAST SIDE). SAMPL 4035 WAS ALSO COLLECTED FROM THE TANK EXCAVATION, BUT FROM THE WEST SIDE.

ANALYSIS DATA

VOLATILE ORGANIC — UNITS: mg/l

NR854026: Flash Point = 48 °C

NR854026:		
Acetone	1238.75	(0.12 %)
IPA	344.49	
NR854034:		
None Detected	<5.0	
NR854035:		
Acetone	53.66	
IPA	15.14	

INORGANIC — UNITS:

For Solvent Analysis on NR854024 & NR854045 — See report to S. Danskin; issued 5/16/85

COMMENTS: see attached sheet for solvent analysis on liquid samples.

(RCF)
S.P. Brannen (BEF)

cc:

IBM-EF-60

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
124	300 gal.	ACTIVE _____ YEAR START: _____	S02	ISOPROPYL ALCOHOL	NOT KNOWN	
				(D001)		
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1977 - 1983				

NOTE: This unit was designated as the B/320B IPA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/320B N, Horizontal, Steel, 3'2" Diam. X 5' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to tank may be diverted to tank 15.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
125	300 gal.	ACTIVE _____ YEAR START: _____	S02	FREON WASTE - SEE NOTE	NOT KNOWN	
				(F001,F002)		
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1977 - 1983				

NOTE: This unit was designated as the B/320B Freon Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/320B N, Horizontal, Steel, 3'2" Diam X 5' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to tank may be diverted to tank 15.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
127	5000 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	310,000 gal/yr.	
				(F001,F002,F003,F005)		
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1975 - 1986				

NOTE: This unit was designated as a B/309 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 7'Diam X 16'L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual hydrostatic testing (last tested 8-9-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 7 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
134	10000 gal	ACTIVE _____ YEAR START: _____	S02	METHYLENE CHLORIDE WASTE (F001,F002)	NOT KNOWN	
		INACTIVE X CLOSED INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 Methylene Chloride Waste Tank
This unit has been closed in accordance with an
EPA approved Closure Plan.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 8' Diam. X 27' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring.
		Annual hydrostatic testing (last tested 10-21-86)
		Ultrasonic wall thickness tests were performed periodically (last test 6/88)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Ultrasonic wall thickness tests and corrosion analysis performed June 1988 indicate no significiant corrosion was evident.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
135	10000 gal	ACTIVE _____ YEAR START: _____	S02	N-BUTYL ACETATE	12,000 gal/yr.	
				(D001)		
		INACTIVE X CLOSED INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit was designated as the B/309 NBA Waste Tank. This unit has been closed in accordance with an EPA approved Closure Plan.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 8' Diam. X 27' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring.
		Annual hydrostatic testing (last tested 10-5-86)
		Ultrasonic wall thickness testing was performed periodically (last test 6/88)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Ultrasonic wall thickness tests and corrosion analysis performed June 1988 indicate no significant corrosion was evident.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
136	10000 gal	ACTIVE _____ YEAR START: _____	S02	FREON TP 35 WASTE	NOT KNOWN	
				(F001,F002)		
		INACTIVE X CLOSED INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit was designated as the B/309 Freon TP 35 Waste Tank. This unit has been closed in accordance with an EPA approved Closure Plan.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 8'Diam X 27'L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring. Annual hydrostatic testing (last tested 8-9-86) Ultrasonic wall thickness tests were performed peroidically (last test 6/88)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		Contents may be pumped to a tanker.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Ultrasonic wall thickness tests and corrosion analysis performed June 1988 indicate no significant corrosion was evident.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
137	10000 gal	ACTIVE _____ YEAR START: _____	S02	PERCHLOROETHYLENE WASTE (F001, F002)	NOT KNOWN	
		INACTIVE X CLOSED INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit was designated as the B/309 Perchloroethylene Waste Tank
This unit has been closed in accordance with an
EPA approved Closure Plan.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 8' Diam. X 27' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual hydrostatic testing (last tested 8-9-86) Ultrasonic wall thickness tests were performed periodically (last test 6/88).

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Ultrasonic wall thickness tests and corrosion analysis performed June 1988 indicate no significant corrosion was evident.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 90 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
138	10000 gal	ACTIVE _____ YEAR START: _____	S02	ISOPPROPYL ALCOHOL WASTE (D001)	NOT KNOWN	X
		INACTIVE X CLOSED INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit was designated as the B/309 Isopropyl Alcohol Waste Tank
This unit has been closed in accordance with an
EPA approved Closure Plan.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 8' Diam. X 27' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual hydrostatic testing (last tested 8-9-86) Ultrasonic wall thickness tests were performed periodically (last test 6/88).

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Ultrasonic wall thickness tests and corrosion analysis performed June 1988 indicate no significant corrosion was evident.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Within 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X	X	NYDEC spill number 875855

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
(F001,F002,F003,F005)	2,000 gal.	10-12-87	On 10-12-87 tank # 138 was pressurized in preparation for loading to a tanker. Approximately 2000 gal. of mixed solvent waste was released through an uncapped fill line.

NOTE: IBM Spill Control Number 87-059.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X	X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			10/87	Remediation of this release included the immediate closure of the storm drains, removal of affected soil, the installation and operation of collection wells and the disposal of all affected wastes.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

AG 354a
87-059

IBM-EF-77

Date: 87/10/13

IBM East Fishkill
Chemical/Environmental Analysis I
Multiple Sample Analytical Report

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Beginning Sample Id: NR870750
Ending Sample Id: NR870751

Sample ID: NR870750
Location: 309 X
Grid:

Sample Date: 87 / 10 / 12
Type: SOLID
Requester: KING
Manifest No:
Facilities Prj No:

Request #: SPILL
Description: SOIL COLLECTED FROM THE AREA OF THE SPILL FROM TANK #138

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000000	UNKNOWN	96		TOTAL	MG/KG
000000004	O-DICHLOROBENZENE	25.6		TOTAL	MG/KG
210145160	N-METHYL-2-PYRROLIDONE	1566		TOTAL	MG/KG
910137100	2-ETHOXYETHYL ACETATE	19.7		TOTAL	MG/KG
910145280	PHENOL	664		TOTAL	MG/KG
910208000	XYLENES	1143		TOTAL	MG/KG
910302300	TRICHLOROETHYLENE	906		TOTAL	MG/KG
910302900	PERCHLOROETHYLENE	80		TOTAL	MG/KG
910603000	ISO-PROPYL ALCOHOL	1248		TOTAL	MG/KG
910706000	N-BUTYL ACETATE	1899		TOTAL	MG/KG
911003000	ACETONE	1565		TOTAL	MG/KG
912070000	TOLUENE	ND	<0.5	TOTAL	MG/KG

Additional Data

		Method Detect Limit	Total or Leachate	Units
FLASH POINT	<23			C

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(signature)

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87-05

Date: 87/10/16 IBM East Fishkill IBM Internal Use On
Chemical/Environmental Analysis I Page 1 of 1
Analytical Report

Sample ID: NR870751 Sample Date: 87 / 10 / 12
Location: 309 X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQUID COLLECTED FROM THE AREA OF THE SPILL FROM TANK #138

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000000	UNKNOWN	0.08		TOTAL	%
210145160	N-METHYL-2-PYRROLIDONE	33.6		TOTAL	%
910137100	2-ETHOXYETHYL ACETATE	0.03		TOTAL	%
910208000	XYLENES	2.0		TOTAL	%
910301010	DICHLOROMETHANE	4.2		TOTAL	%
910302300	TRICHLOROETHYLENE	3.5		TOTAL	%
910302900	PERCHLOROETHYLENE	0.06		TOTAL	%
910603000	ISO-PROPYL ALCOHOL	32.4		TOTAL	%
910706000	N-BUTYL ACETATE	13.2		TOTAL	%
911003000	ACETONE	6.3		TOTAL	%
934271460	FREON, TF	1.6		TOTAL	%

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Additional Data

		Method Detect Limit	Total or Leachate	Units
RESIDUE	0.15			%
WATER	2.9			%

(signature)

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Beginning Sample Id: NR870750
Ending Sample Id: NR870752

Sample ID: NR870752
Location: 309 X
Grid:

Sample Date: 87 / 10 / 12
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: Response
Description: SAFETY CHECK OF STORM SYSTEM; SAMPLE TAKEN FROM STREAM NEAR GATE #2

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000001	VOLATILE ORGANIC CONTENT	ND	0.25	TOTAL	MG/L

(signature)

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End of Report

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Date: 87/10/19 | IBM East Fishkill | IBM Internal Use On
Chemical/Environmental Analysis I | Page 1 of 1
Analytical Report

Sample ID: NR870760 | Sample Date: 87 / 10 / 13
Location: 309X | Type: LIQUID- ONE PHASE
Grid: | Requester: KING
Manifest No:
Request #: SPILL | Facilities Prj No:
Description: SECOND LIQUID SAMPLE FROM B/309 STORM DRAIN OUTFALL AT EAST SIDE OF EAST DRIVE BY GATE 2.

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000000	UNKNOWN	ND	50.0	T	UG/L
910302300	TRICHLOROETHYLENE	ND	50.0	T	UG/L
910302900	PERCHLOROETHYLENE	ND	50.0	T	UG/L

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IBM-EF-87

87-059

Date: 87/10/19

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Chemical/Environmental Analysis I
Analytical Report

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Page 1 of 1

Sample ID: NR870762
Location: 309 X
Grid:

Sample Date: 87 / 10 / 13
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPEN
Description: SAMPLE FROM SUMP ON THE EAST SIDE OF THE CYLINDER STORAGE AREA IN TANK FARM.

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000004	O-DICHLOROBENZENE	22.1	5.0	T	MG/L
910208000	XYLENES	138.9	5.0	T	MG/L
910302300	TRICHLOROETHYLENE	25.9	5.0	T	MG/L
910302900	PERCHLOROETHYLENE	261.0		T	MG/L
912070000	TOLUENE	10.6	5.0	T	MG/L
916006120	METHYL ISOBUTYL KETONE	9.4	5.0	T	MG/L

(Signature)

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Date: 87/10/15 | IBM East Fishkill | IBM Internal Use Only
Chemical/Environmental Analysis I | Page 1 of 1
Analytical Report

Sample ID: NR870766
Location: 309 X
Grid:

Sample Date: 87 / 10 / 14
Type: MIXTURE (LIQUID AND SOLID)
Requester: KING
Manifest No:

Request #: RESPEN
Facilities Prj No:
Description: LIQUID AND MUD FROM WEST WELL POINT IN THE 309 TANK FARM AREA. APPROX DEPTH 9 FOOT

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
210145160	N-METHYL-2-PYRROLIDONE	13.29		TOTAL	%
910208000	XYLENES	5.66		TOTAL	%
910301010	DICHLOROMETHANE	2.49		TOTAL	%
910302300	TRICHLOROETHYLENE	2.20		TOTAL	%
910302900	PERCHLOROETHYLENE	1.33		TOTAL	%
910601000	METHYL ALCOHOL	0.27		TOTAL	%
910603000	ISO-PROPYL ALCOHOL	15.41		TOTAL	%
910706000	N-BUTYL ACETATE	17.87		TOTAL	%
911003000	ACETONE	2.68		TOTAL	%
916006120	METHYL ISOBUTYL KETONE	0.85		TOTAL	%
934271460	FREON, TF	1.03		TOTAL	%

Additional Data

		Method Detect Limit	Total or Leachate	Units
CHLORIDE BY MOLE WEIGHT	5.63		TOTAL	%
RESIDUE	0		TOTAL	%
WATER	36.9		TOTAL	%

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(signature)

87-659

IBM-EF-

Date: 87/10/20

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

IBM Internal Use Only
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Sample ID: NR870770
Location: 309 X
Grid:

Sample Date: 87 / 10 / 15
Type: SOIL SAMPLE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPON
Description: COMPOSITE OF SAMPLES NR870767, NR870768 AND NR870769.2.5' CORES AT SPILL LOCATION.

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000004	O-DICHLOROBENZENE	ND	5.0	TOTAL	MG/KG
210145160	N-METHYL-2-PYRROLIDONE	119.57		TOTAL	MG/KG
910137100	2-ETHOXYETHYL ACETATE	ND	5.0	TOTAL	MG/KG
910208000	XYLENES	116.75		TOTAL	MG/KG
910302300	TRICHLOROETHYLENE	144.3		TOTAL	MG/KG
910302900	PERCHLOROETHYLENE	9.37	5.0	TOTAL	MG/KG
910603000	ISO-PROPYL ALCOHOL	942.09		TOTAL	MG/KG
910706000	N-BUTYL ACETATE	642.59		TOTAL	MG/KG
911003000	ACETONE	352.28		TOTAL	MG/KG
912070000	TOLUENE	ND	5.0	TOTAL	MG/KG

Additional Data

		Method Detect Limit	Total or Leachate	Units
FLASH POINT	32		T	C

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Date: 87/10/16

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

IBM Internal Use Only

Sample ID: NR870771
Location: 309 X
Grid:

Sample Date: 87 / 10 / 15
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPON
Description: SAMPLE OF LIQUID FROM DRUM. LIQUID IS FROM PUMPS ON NEW WELL POINTS. 1ST PUMPED SAMPLE

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
910706000	N-BUTYL ACETATE	0.10	0.10	T	%
210145160	N-METHYL-2-PYRROLIDONE	5.27		T	%
910137100	2-ETHOXYETHYL ACETATE	0.06		T	%
910208000	XYLENES	3.08		T	%
910301010	DICHLOROMETHANE	0.44		T	%
910302300	TRICHLOROETHYLENE	0.35		T	%
910603000	ISO-PROPYL ALCOHOL	5.24		T	%
911003000	ACETONE	1.04		T	%
934271460	FREON, TF	0.15		T	%

Additional Data

		Method Detect Limit	Total or Leachate	Units
WATER	84.3			%
				%

(signature)

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Date: 87/10/16

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

Sample ID: NR870774
Location: SITEX
Grid:

Sample Date: 87 / 10 / 15
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPON
Description: SAMPLE FROM OUTFALL ACROSS FROM 303.
INTO LITTLE POND LIKE AREA.,

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
910147720	1,1,1-TRICHLOROETHANE	ND	1.0	TOTAL	PPB
910154120	CIS 1,2 DICHLOROETHYLENE	2.9	1.0	TOTAL	PPB
910302300	TRICHLOROETHYLENE	3.6	1.0	TOTAL	PPB
910302900	PERCHLOROETHYLENE	46.6		TOTAL	PPB

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Date: 87/10/16 IBM East Fishkill IBM Internal Use Onl
Chemical/Environmental Analysis I Page 1 of 2
Multiple Sample Analytical Report

Beginning Sample Id: NR870785
Ending Sample Id: NR870786

Sample ID: NR870785 Sample Date: 87 / 10 / 15
Location: 309X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Manifest No:
Request #: RESPON Facilities Prj No:
Description: SAMPLE FROM DRUM COLLECTING LIQ. FROM WEST PUMP AT B/309 TANK FARM

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
210145160	N-METHYL-2-PYRROLIDONE	3.7		TOTAL	%
910208000	XYLENES	2.6		TOTAL	%
910302900	PERCHLOROETHYLENE	0.01		TOTAL	%
910603000	ISO-PROPYL ALCOHOL	3.0		TOTAL	%
910706000	N-BUTYL ACETATE	0.1		TOTAL	%
911003000	ACETONE	0.35		TOTAL	%

Additional Data

		Method Detect Limit	Total or Leachate	Units
WATER	90.3		TOTAL	%

(signature)

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Date: 87/10/16

IBM East Fishkill
Chemical/Environmental Analysis I
Multiple Sample Analytical Report

Beginning Sample Id: NR870785
Ending Sample Id: NR870786

Sample ID: NR870786
Location: 309X
Grid:

Sample Date: 87 / 10 / 15
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPON
Description: SAMPLE FROM DRUM COLLECTING LIQ. FROM EAST PUMP AT B/309 TANK FARM

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
210145160	N-METHYL-2-PYRROLIDONE	6.2		TOTAL	%
910208000	XYLENES	4.0		TOTAL	%
910301010	DICHLOROMETHANE	0.41		TOTAL	%
910302300	TRICHLOROETHYLENE	0.27		TOTAL	%
910302900	PERCHLOROETHYLENE	0.01		TOTAL	%
910603000	ISO-PROPYL ALCOHOL	6.3		TOTAL	%
910706000	N-BUTYL ACETATE	0.1		TOTAL	%
911003000	ACETONE	1.3		TOTAL	%
934271460	FREON, TF	0.1		TOTAL	%

Additional Data

		Method Detect Limit	Total or Leachate	Units
WATER	81.4		TOTAL	%

(signature)

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Date: 87/10/19

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

IBM Internal Use Only

Sample ID: NR870793
Location: 309 X
Grid:
Request #: RESPON
Description: STREAM OUTFALL NEAR GATE #2.

Sample Date: 87 / 10 / 16
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000000	UNKNOWN	ND	50	TOTAL	PPB
910147720	1,1,1-TRICHLOROETHANE	ND	50	TOTAL	PPB
910302900	PERCHLOROETHYLENE	ND	50	TOTAL	PPB
934271460	FREON, TF	ND	50	TOTAL	PPB

(signature)

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87-059

DATE: 87/10/19 KOLL ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

SAMPLE ID: NR870808 SAMPLE DATE: 87-10-16
LOCATION: 309 X TYPE: MIXTURE (LIQUID AND SOLID)
GRID: REQUESTER: KING
MANIFEST NO:
ENG#(OP23-1): SPILL FACILITIES PRJ NO:
DESCRIPTION: SAMPLE TAKEN FROM NEWLY DRIVEN WELL POINT, CLOSE TO THE BUILDING, MOST EASTERLY.

ORGANIC ANALYSIS

CORP #	SPECIE NAME	QUANTITY	METHOD DETECT LIMIT	TOTAL OR LEACHATE	UNITS
2101451160	N-METHYL-2-PYRROLIDONE	2.00			%
9102080000	XYLENES	1.65			%
9103010100	DICHLOROMETHANE	0.07			%
9103023000	TRICHLOROETHYLENE	0.00			%
9106030000	ISO-PROPYL ALCOHOL	2.13			%
9110030000	ACETONE	0.30			%
9160061200	METHYL ISOBUTYL KETONE	0.07			%
9342714600	FREON, TF	0.00			%

ADDITIONAL DATA

	QUANTITY	METHOD DETECT LIMIT	TOTAL OR LEACHATE	UNITS
WATER	93.7			%

(SIGNATURE)

END OF REPORT

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DATE: 87-11-11 TOTAL ANALYTICAL REPORT IBM CORPORATION ORI
PAGE:

SAMPLE ID: NR870822
LOCATION: 309 X
GRID:

SAMPLE DATE: 87-10-22
TYPE: LIQUID- OIL PHASE
REQUESTER: KING
MANIFEST NO: RESPONSE

ENG#(OP2B-1):
FACILITIES PRJ NO:
DESCRIPTION: SAMPLE TAKEN FROM TANK TRUCK FROM EXCAVATION
OF 309 EXCAVATION. [illegible] TO TANK [illegible]

ORGANIC ANALYSIS

CORP #	SPECIE NAME	QUANTITY	METHOD DETECT LIMIT	TOTAL OR LEACHATE	UNITS
000000000	UNKNOWN	2.05			%
210145160	N-METHYL-2-PYRROLIDONE	2.02			%
910301010	DICHLOROMETHANE	0.01			%
910302300	TRICHLOROETHYLENE	0.00			%
910603000	ISO-PROPYL ALCOHOL	0.34			%
911003000	ACETONE	0.06			%
911006000	CYCLOHEXANONE	2.27			%

ADDITIONAL DATA

	QUANTITY	METHOD DETECT LIMIT	TOTAL OR LEACHATE	UNITS
RESIDUE	0			%
WATER	93.2			%

(SIGNATURE)

END OF REPORT

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Date: 87/10/26

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

IBM Internal Use Only

Sample ID: NR870821
Location: SITE
Grid:

Sample Date: 87 / 10 / 21
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Request #: RESPON
Description: LIQUID FROM OUTFALL BY SITE GATE #2, FOLLOW-UP TO B/309 TANK FARM SPILL

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
910154120	CIS 1,2 DICHLOROETHYLENE	ND	25.0	T	UG/L
910301010	DICHLOROMETHANE	ND	25.0	T	UG/L
916006300	1,2 DICHLOROETHANE	ND	25.0	T	UG/L
934271460	FREON, TF	ND	25.0	T	UG/L

(signature)

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Date: 87/10/27

IBM East Fishkill
Chemical/Environmental Analysis I
Analytical Report

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Sample ID: NR870823
Location: SITEX
Grid:

Sample Date: 87 / 10 / 27
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:

Request #:
Facilities Prj No:
Description: SAMPLE FROM ROYAL TANK TRUCK AT THE 309 LOADING DOCK. LIQ. FROM SOLVENT SPILL

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
000000000	UNKNOWN	150.0		T	MG/L
000000004	O-DICHLOROBENZENE	178.0		T	MG/L
210145160	N-METHYL-2-PYRROLIDONE	17309.0		T	MG/L
910004700	BENZYL ALCOHOL	490.0		T	MG/L
910137100	2-ETHOXYETHYL ACETATE	41.3		T	MG/L
910208000	XYLENES	676.0		T	MG/L
910302300	TRICHLOROETHYLENE	523.0		T	MG/L
910302900	PERCHLOROETHYLENE	195.0		T	MG/L
910601000	METHYL ALCOHOL	162.0		T	MG/L
910603000	ISO-PROPYL ALCOHOL	10066.0		T	MG/L
910706000	N-BUTYL ACETATE	4137.0		T	MG/L
911003000	ACETONE	4454.0		T	MG/L
911006000	CYCLOHEXANONE	12.5		T	MG/L
912070000	TOLUENE	50.0		T	MG/L
916006120	METHYL ISOBUTYL KETONE	80.0		T	MG/L

(signature)

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3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
139	1000 gal	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 5' Diam. X 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual pressure testing (last tested 10-21-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
140	1000 gal	ACTIVE _____ YEAR START: _____	S02	N-BUTYL ACETATE WASTE	NOT KNOWN	
				(D001)		
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 N-Butyl Acetste Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 5' Diam. X 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual pressure testing (last tested 10-21-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
141	1000 gal	ACTIVE _____ YEAR START: _____	S02	XYLENE WASTE	NOT KNOWN	
				(F003)		
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 Xylene Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 5' Diam. X 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual pressure testing (last tested 10-21-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
142	1000 gal	ACTIVE _____ YEAR START: _____	S02	FREON TF WASTE	NOT KNOWN	
				(F001,F002)		
		INACTIVE X NOT IN USE				
		INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 Freon TF Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 5' Diam. X 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual pressure testing (last tested 8-9-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
143	1000 gal	ACTIVE _____ YEAR START: _____	S02	ISOPROPYL ALCOHOL WASTE (D001)	NOT KNOWN	
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1975 - 1989				

NOTE: This unit is designated as the B/309 Isopropyl Alcohol Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/309 NW, Horizontal, Steel, 5' Diam. X 6' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring. Annual pressure testing (last tested 10-21-86)

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
144	98000 gal	ACTIVE X YEAR START: 1963	T01	Industrial Waste	445 Million gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Bay #1A, Influent Flow Equilization Tank.
This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/312 E, Horizontal, Inground Concrete coated with Fiberglass and Epoxy, 34' L. x 21'6" x 17' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections of the tank system. The tank system was hydrostatically tested between 8/85 and 11/85.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X The liquid level in this tank is maintained by gravity flow through pipes from Tank 144 to 146 to 147. These tanks are interconnected at different levels.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Tank inflow may be diverted to Tank 146. High level alarm in Tank 147 monitors high level for Tanks 144, 146, and 147.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of concrete coated with fiberglass and epoxy.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Various Induatrial Waste Streams from buildings are mixed to form a homogenous mixture.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is used for waste treatment.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
145	98000 gal	ACTIVE X YEAR START: 1963	T01	Industrial Waste	445 Million gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Bay #1B, Recycle Tank.
This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/312 E, Horizontal, Inground Concrete coated with Fiberglass and Epoxy, 34' L. x 21'6" W. x 17' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections of the tank system. The tank system was hydrostatically tested between 8/85 and 11/85.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X The liquid level is maintained by gravity flow through a wall channel connected to Tank 146.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Influent may be diverted to Tank 144.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of concrete coated with fiberglass and epoxy.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Sulfuric acid or caustic soda is added for pH neutralization.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is used for waste treatment.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
146	190000gal	ACTIVE X YEAR START: 1963	T01	Industrial Waste	445 Million gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Bay #2, Sludge Settling Bay. This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/312 E, Horizontal, Inground Concrete coated with Fiberglass and Epoxy, 34' L. x 21'6" x 17' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections of the tank system. The tank system was hydrostatically tested between 8/85 and 11/85.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X The liquid level in this tank is maintained by gravity flow through pipes from Tank 144 to 146 to 147. These tanks are interconnected at different levels.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Tank inflow may be diverted to Tank 147. High level alarm in Tank 147 monitors high level for Tanks 144, 146, and 147.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of concrete coated with fiberglass and epoxy.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		This tank is used for sludge settling.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is used for waste treatment.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
147	190000gal	ACTIVE X YEAR START: 1963	T01	Industrial Waste	445 Million gal/yr.	X
				D002		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Bay #3, Final Treatment Tank. This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/312 E, Horizontal, Concrete, 34' L. x 45' W. x 17' Ht.
			This tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections of the tank system.
		The tank system was hydrostatically tested between 8/85 and 11/85.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				This tank is equipped with a level control system and a high level alarm.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Tank inflow may be diverted by closing influent valves and bypassing flow by pumping to the B/325 equalization lagoon (Unit 97).

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of concrete coated with fiberglass and epoxy.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment consists of: pH neutralization by the addition of sulfuric acid or sodium hydroxide; fluoride removal by the addition of tri-calcium phosphate; hexavalent chrome and copper precipitation by the addition of sodium sulfide.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is used for waste treatment.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A break in the 10' I.W. Effluent Transfer Line near B/322 resulted in manhole overflow.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Industrial Waste Effluent	Several thousand gal.	6/23/85	A break occurred in the I.W. Effluent Transfer Line.

NOTE: IBM Spill Control No. 85-074.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X				The liquid in the manhole was pumped out and disposed of at an I.W. Treatment Plant and the line break was repaired.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
154	11940 gal	ACTIVE YEAR START:	T01	Industrial Wastewater	SEE NOTE	
				D002		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1978 - 1986				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank was designated as a Neutralization Tank, however it was never used prior to its removal.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/315 E, Vertical, FRP, 12' Diam. x 16'10" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	This tank was never used.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank was serviced by a concrete dike which has also been removed.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
			This tank was made of FRP and was never used.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This tank was designated as a neutralization tank, however it was never used.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank was never used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
155	1500 gal.	ACTIVE _____ YEAR START: _____	T01	Waste Oil	NOT KNOWN	
				Containment Runoff		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1980 - 1989				

NOTE: This tank was designated as an Oil/Water Separator for the B/315 fuel oil storage tank containment structure.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/315 N, Horizontal, Inground Steel, 10' L. x 8' W. x 7'1" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank was covered by steel plates which could be removed to access the internal chambers.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
None		There were no formal inspection procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		This tank was used as an oil/water separator.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit was not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
156	550 gal.	ACTIVE _____ YEAR START: _____	S02	Waste Oil	NOT KNOWN	
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1980 - 1986				

NOTE: Waste Oils were contained in this tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/315 N, Horizontal, Steel, 4' Diam. x 5'6" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	Wastes were feed to this unit manually.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		6 months	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
157	3000 gal	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X REMOVED INCLUSIVE YEARS: NK - 1983				

NOTE: This unit was designated as the B/320B Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/320B S, Horizontal, Lined Steel, 6'6" Diam. x 12' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical type tank,completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures included daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could have been stoped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
157B	3000 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	X
		INACTIVE X NOT IN USE INCLUSIVE YEARS: 1983 - 1987				

NOTE: This unit is designated as a B/320B Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/320B, S, Horizontal, Steel, 6'6" Diam. x 18' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a concrete vault with dimensions of 22' L. x 8' W. x 8' D.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
X			There is visible rust on the tank surface.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Direct observation by contraaaactors dismantling pipe system.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
SOLVENT WASTE-MIXED	3-4 gallons	2-10-86	On 2-10-86 , 3 to 4 gal. of waste solvent
(F001,F002,F003,F005)			were spilled during pipeline maintance work.

NOTE: IBMSpill Control Number 86-014.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented

Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			2/10/86	Two drums of affected soil were excavated, removed and disposed.

Currently Implemented

Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented

Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

DATE: 02/27/86 RCRA ANALYTICAL REF. IBM INTERNAL USE ONLY
(MULTIPLE SAMPLE) PAGE: 1

BEGIN SAMPLE ID: NR860148
END SAMPLE ID: NR860151

SAMPLE ID: NR860148 SAMPLE DATE: 86-02-11
LOCATION: 320 X TYPE: SOIL SAMPLE
GRID: REQUESTER: DANSKIN
MANIFEST NO:
ENG$(OP23-1): FACILITIES PRJ NO:
DESCRIPTION: SPILL NEXT TO HYDRANT AND DRAIN PIPES.

ORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
910208000	XYLENES	1.2	MG/KG
910302300	TRICHLOROETHYLENE	14.0	MG/KG
910603000	ISO-PROPYL ALCOHOL	>50.0	MG/KG
910706000	N-BUTYL ACETATE	11.0	MG/KG
911003000	ACETONE	35.0	MG/KG

ADDITIONAL DATA

FLASH POINT	55	C

COMMENTS: TWO SIGNIFICANT PEAKS APPROXIMATELY <15.0 MG/KG TOTAL.ND EQUALS <1.0 MG/KG FOR VOC EXCEPT IPA WHICH EQUALS <2.0 MG/KG.

H. Price
(SIGNATURE)

Pg 9386
86-014

DATE: 02/27/86 RCRA ANALYSIS REPORT (MULTIPLE) TRM INTERNAL USE ONLY
PAGE: 2

SAMPLE ID: NR860149
LOCATION: 320 X
GRID:
ENG#(OP23-1):
DESCRIPTION: SOIL TAKEN FROM EXCAVATION AROUND TANK 157 AREA.

SAMPLE DATE: 86-02-13
TYPE: SOIL SAMPLE
REGISTER: DANSKIN
MANIFEST NO:
FACILITIES PRJ NO:

ORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
000000001	VOLATILE ORGANIC CONTENT	ND	MG/KG

COMMENTS: ND EQUALS <1.0 MG/KL FOR VOC EXCEPT IPA WHICH IS ND EQUALS <2.0 MG/KG.

H. Prince
(SIGNATURE)

86-014

DATE: 02/27/86 ERA ANALYTICAL REPORT (MULTIPLE SAMPLE) IBM INTERNAL USE ONLY
PAGE: 3

SAMPLE ID: NR860150
LOCATION: 320 X
GRID:
ENG#(OP23-1):
DESCRIPTION: SAMPLE TAKEN AT SOLVENT HOOKUP AND TRANSFER LINE AREA.

SAMPLE DATE: 86-02-13
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN
MANIFEST NO:
FACILITIES PRJ NO:

ORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
000000001	VOLATILE ORGANIC CONTENT	ND	MG/KG

COMMENTS: ND EQUALS <1.0 MG/KG FOR VOC EXCEPT IPA WHICH IS ND EQUALS <2.0 MG/KG

H. Pierce
(SIGNATURE)

9

DATE: 02/27/86 RU[illegible]TICAL REPO[illegible] IBM INTERNAL USE ONLY
[illegible]LE SAMPLE) PAGE: 4

SAMPLE ID: NR860151 SAMPLE DATE: 86-02-13
LOCATION: 320 X TYPE: SOIL SAMPLE
GRID: REQUESTER: DANSKIN
MANIFEST NO:
ENG#(OP23-1): FACILITIES PRJ NO:
DESCRIPTION: SAMPLE TAKEN IN TRENCH UNDER SOLVENT LINE NEXTTOTANK157.

ORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
000000001	VOLATILE ORGANIC CONTENT	ND	MG/KG

COMMENTS: ND EQUALS <1.0 FOR VOC EXCEPT IPA WHICH IS ND EQUALS <2.0MG/KG.

H. Price
(SIGNATURE)

END OF REPORT

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
157C	2000 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/320B Solvent Waste-Mixed Tank. This unit is used as an emergancy backup tank for B/320B.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/320B, S, Vertical, Double Walled, Steel, 5'4" Diam x 18' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is a Double Walled tank serviced by a concrete vault. Approximate dimensions of vault are 10' L x 7' W x 25' D.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Contents of this tank may be dirverted to tank 157B. Drainage control is achieved using the tank vault.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
X			There is visible rust on the tank surface.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
158	10000 gal	ACTIVE X YEAR START: 1979	S02	PERCHLOROETHYLENE WASTE (F001,F002)	2.8 million gal/year. SEE NOTE	
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is the B/335 Perchloroethylene Waste Tank. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Horizontal, Stainless Steel, 8' Diam. x 30' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 158 and 159 are serviced by a common, epoxy coated concrete dike with approximate dimensions of 35' L. x 25' W. x 4' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Daily external visual inspection and routine internal cleaning and visual inspection.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		A tank level of 33% is maintained from either dirty PERC influent or recycled PERC from plant buffer tanks 178 and 179.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
159	10000 gal	ACTIVE X YEAR START: 1979 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	RECYCLED PERCHLOROETHYLENE (F001,F002)	SEE NOTE	

NOTE: This unit is the B/335 Recycled Perchloroethylene Tank. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Horizontal, Stainless Steel, 8' Diam. x 30' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 158 and 159 are serviced by a common, epoxy coated concrete dike with approximate dimensions of 35' L. x 25' W. x 4' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to tank 178 or 179.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is made of stainless steel and visually inspected.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Diallyalimine is added to the feed for pH control.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	A tank level of 75% is maintained using either of the two buffer tanks, 178 or 179. Makeup PERC is added to the recycling system at this tank when needed.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
162	586 gal.	ACTIVE X YEAR START: 1980	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 87, 91, 92, 93, and 162 service Buildings 330C and 330D. These buildings generate a total of 9.1 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C Link, Vertical, FRP, Inground Vaulted Tank, 6' Diam. x 5' Ht.
			This tank is an overflow tank for Tank 87.
			This tank is equipped with a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				The tank level is maintained by liquid level control pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a FRP vault with dimensions approximately 7' Diam. x 21' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 87.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
165	3000 gal.	ACTIVE X YEAR START: 1981	S02	Fluoride / Heavy Metals	14,600,000 gal/yr	X
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/320B S, Vertical, FRP, Inground Vaulted Tank, 8' Diam. x 8'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged, watertight cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The tank level is maintained by a liquid level controlled pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a coated concrete vault with approximate dimensions of 18' L. x 11' W. x 16'6" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 1 hour.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Evidence of leak found by facility maintenance in containment structure of Tank 165.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	2/20/84	Leak at pipe flange into containment.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-019.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			2/20/84	Containment area was pumped out until repairs could be made.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Maintenance personnel discovered a pool of liquid from a fluoride line break in B/310.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	4/10/84	An underground pipe was broken.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-034.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			Not Known	Remedial actions included excavation of 75-100 cubic yards of contaminated soil and repair of the broken line.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		During excavation of soil near the pipeline, discoloration was noted in the soil of B/320B.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	4/20/84	Fluoride Wastewater was leaking from the pipeline.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-038.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			Not Known	Approximately 3 cubic yards of discolored soil was removed.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A pipe leaking Fluoride Wastewater was found in a pipe trench at column Q-38 in B/320.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	5/18/84	A leak was discovered in a pipe trench.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-052.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			Not Known	The trench was to be cleaned up and repairs made during the 5/31/84 weekend shutdown.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A spill/leak occurred at column Q-28 in B/320B. A section of the fluoride trench system acted as a trap accumulating wastewater.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Sulfuric Acid	Not Known	6/22/84	A break and leakage occurred in the DF line.
Ammonia-			
Persulfate			
D002			

NOTE: IBM Spill Control No. 84-066.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			6/22/84	The flow through the line was shutdown. The line was then repaired, 35-40 55 gal. drums were filled with contaminated soil and disposed, and the liquid in the trench was neutralized.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A break occurred in the fluoride transfer line between B/320 and B/385 inside a manhole near Building 310.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Several thousand gal.	9/19/84	The release of the fluoride wastewater was contained by the manhole and piping system.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-107.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			NOT KNOWN	Repairs were made to the piping and wastewater was pumped from the manhole to an on site fluoride treatment plant B/385.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

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ENVIRONMENTAL ANALYSIS I

ANALYTICAL REPORT

Report to:S. Danskin Date:9/19/84

Sample requestor:S.Danskin

Sample id:NR3057

Sample date:9/19/84 Bldg: 310
Location: B/310 IW comp. sampler MANHOLE Type of sample:liquid

Sample description: Analysis of liquid in the B/310 comp. sampler collected as a result of an influent acid line leak to B/385.

****

ANALYSIS

NR3057	pH	Cr+6	T.F-
		-----mg/l-------	
	7.5	<0.005	4.0

A.T.Fern

cc:

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3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Fluoride Wastewater was discovered in a manhole south of B/320B. The release was from a leaking flange in the pipe line.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	200 gal.	10/27/84	Fluoride Wastewater leaked from a flange.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-122.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			10/84	Liquid was removed, the manhole ffushed and the flange/connections tightened. There was no kown release from the manhole.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Three leaks were found in a fluoride transfer line and liquid was found in a nearby partially lined manhole.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	12/14/84	Manhole #1 had a dripping fluoride line at a flange.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 84-132.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			12/14/84	Procedures were initiated to remove the liquid from the manholes and to stop the leaks by tightening the flange.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

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IBM-EF-88

CHEMICAL/ENVIRONMENTAL ANALYSIS I
D/76B
ANALYTICAL REPORT

Report to:S. Danskin Date:12/14/84

Sample requestor:J.Rywalt

Sample id: NR843395

Sample date:12/13/84 Bldg:B/320B
Location:Column X-33 Type of sample:liquid

Sample description: Analysis of liquid under the floor,in the pit,in the clean room.

****

ANALYSIS
---------mg/l----------

	pH	FreeF-	Fe	Mn	Cu	Cr+6	VOC
NR843395	2.3	0.7	<.1	<.1	<.1	<.005	7.8 Acetone <1.0 Trichlor. <1.0 Perchlor. <1.0 Tol./n-BA

S. Brannen

cc:

IBM-EF-88

Pg 4886
84-12

IBM-EF- 88

CHEMICAL/ENVIRONMENTAL ANALYSIS I
D/76B
ANALYTICAL REPORT

Report to: S. Danskin Date: 12/19/84

Sample Requestor:

Sample ID: NR843402

Date Sample Taken: 12/14/84 Type of Sample: Liquid

Location: B/320B X-33

Sample Description: Sump under floor.

****

ANALYSIS

Sample #	pH	Cr+6	F-Fl
		mg/L.	
3402	7.10	<.005	3.48

VOA- None Detected.

CN/A.T. Fern

cc:

IRM-EF- 88

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A break in a fluoride wastewater transfer line was discovered during construction activities.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	500-1000 gal.	4/9/85	A break occurred in an underground Fluoride Wastewater transfer line.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 85-034.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X	X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			4/9/85	Contaminated liquid in the excavation was pumped to an on-site treatment plant. Excavated soil was disposed of off-site.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

CHEMICAL/ENVIRONMENTAL I
ANALITICAL REPORT
D/76B-4A1

**********SAMPLE NUMBER: NR853857 **********

SAMPLE DATE: 4/10/85 TODAY'S DATE: 85/04/25
REQUESTER NAME: SCHEDULE A#:
FACILITIES/PROJ.#: AREA.RCR

LOCATION= BLD/PHA: 310-: SYSTEM: FLOOR/COL: -:
GRID LOCATION:

SAMPLE DESCRIPTION: Soil.

COMMENTS: Soil from flouride line break site near south-east corner B/310.

ANALYSIS DATA

VOLATILE ORGANIC
UNITS:

INORGANIC
UNITS: mg/Kg.
Results of E.P. Toxicity Test

pH	-	10.9
Cr+6	-	<.005
F-	-	.96
Cu	-	<.1
Cr	-	<.1
Ni	-	<.1
Pb	-	<.5
Zn	-	<.1
Fe	-	<.1
Cd	-	<.1
Mn	-	<.1

COMMENTS:

CN/A.T.Fern

cc:

IBM-EF-88
IBM-EF-88

ANALITICAL REPORT
D/768-4A1

NR 4848
85-034

**********SAMPLE NUMBER: NR853854 **********

SAMPLE DATE: 4/9/85
REQUESTER NAME: S. DANSKIN
ACILITIES/PROJ.#:

TODAY'S DATE: 4/10/85
SCHEDULE A#:
AREA.RCR

LOCATION= BLD/PHA: 310-: SYSTEM: FLOOR/COL: X-:
GRID LOCATION:

SAMPLE DESCRIPTION: LIQUID

COMMENTS: LIQUID FROM F- LINE BREAK AT SOUTH EAST CORNER B/310

ANALYSIS DATA

VOLATILE ORGANIC
UNITS:

INORGANIC
UNITS: MG/L

pH	2.45
FF	250
CR+6	<0.005
CU	0.12
CR	57.1
FE	8.0
NI	<.1
PB	<.1
ZN	0.64
CD	<.1
MN	9.41
CA	30

MMENTS:

M.J. LEIFELS SB

cc:

IBM-EF- 88

IBM-EF- '88

**********SAMPLE NUMBER: NR853857 **********

SAMPLE DATE: 4/10/85
REQUESTER NAME: S. DANSKIN
FACILITIES/PROJ.#:

TODAY'S DATE: 4/10/85
SCHEDULE A#:
AREA.RCR

LOCATION= BLD/PHA: 310-:
GRID LOCATION:

SYSTEM:

FLOOR/COL: X-:

SAMPLE DESCRIPTION: SOIL

COMMENTS: QUICK LEACHATE FROM SOIL UNDER PIPE AT SPILL AT SOUTH EAST CORNER B/310

ANALYSIS DATA

VOLATILE ORGANIC
UNITS:

INORGANIC
UNITS: MG/L

pH	11.2
CR+6	<0.005
CU	<.1
CR	<.1
FE	<.1
NI	<.1
PB	<.1
ZN	<.1
CD	<.1
MN	<.1
TF-	2.0

COMMENTS:

M. J. LEIFELS

CC:

catt

85-034

CHEMICAL/ENVIRONMENTAL I
ANALITICAL REPORT
D/76B-4A1

**********SAMPLE NUMBER: NR853857 **********

SAMPLE DATE: 4/10/85 TODAY'S DATE: 85/04/25
REQUESTER NAME: SCHEDULE A#:
ACILITIES/PROJ.#: AREA.RCR

OCATION= BLD/PHA: 310-: SYSTEM: FLOOR/COL: -:
GRID LOCATION:

SAMPLE DESCRIPTION: Soil.

COMMENTS: Soil from flouride line break site near south-east corner B/310.

ANALYSIS DATA

VOLATILE ORGANIC
UNITS:

INORGANIC
UNITS: mg/Kg.
Results of E.P. Toxicity Test

pH	-	10.9
Cr+6	-	<.005
F-	-	.96
Cu	-	<.1
Cr	-	<.1
Ni	-	<.1
Pb	-	<.5
Zn	-	<.1
Fe	-	<.1
Cd	-	<.1
Mn	-	<.1

CuMMENTS:

CN/A.T.Fern

cc:

IBM-EF- 88

IBM-EF- 88

Pg 42yd
85-034

CHEMICAL/ENVIRONMENTAL I
ANALITICAL REPORT
D/768-4A1

**********SAMPLE NUMBER: NR853856 **********

SAMPLE DATE: 4/9/85 TODAY'S DATE: 85/04/10
REQUESTER NAME: S. Danskin SCHEDULE A#:
FACILITIES/PROJ.#: AREA.RCR

LOCATION= BLD/PHA: 310-: SYSTEM: FLOOR/COL: -:
GRID LOCATION:

SAMPLE DESCRIPTION: Muddy soil.

COMMENTS: Taken from line break at southwest corner of B/385.
Results from Extraction Procedure Toxicity Test. Results are

ANALYSIS DATA

VOLATILE ORGANIC
UNITS:

INORGANIC
UNITS: mg/L.

pH	-	6.6
Cr+6	-	.026
F-	-	1.20
Cu	-	<.1
Cr	-	<.1
Ni	-	<.1
Pb	-	<.5
Zn	-	<.1
Fe	-	<.1
Cd	-	<.1
Mn	-	.11

COMMENTS:

CN/A.T.Fern

cc:

IBM-EF- 88

IBM-EF-'89

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		During repair of a double walled pipeline, contractors released Fluoride Wastewater to the B/310 courtyard area.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Less than 5 gal.	7/5/85	Fluoride Wastewater was released during repair work.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 85-077.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			7/5/85	Liquid in the excavation was absorbed and contaminated soil was removed in 4 (55 gal.) drums.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

/08/85 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

PLE ID: NR854393
LOCATION: 310 X
GRID:
IPTION: F- LINE BREAK BLDG. 310 COURTYARD.
SAMPLE CONTAINS LIME.

SAMPLE DATE: 85-07-05
TYPE: LIQUID- ONE PHASE
REQUESTER: DANSKIN

INORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
21240010	CHROME	0.29	MG/L

ADDITIONAL DATA

HEXAVALENT CHROME	0.24	MG/L
PH	11.8	
TOTAL FLUORIDE	<1.0	MG/L

(SIGNATURE)

END OF REPORT

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Fluoride Wastewater was discovered in several manholes south of B/310. Upon removal of the liquid, leaks were noted in expansion joints within the manhole. Significant holes were noted in the concrete manhole.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride Wastewater D002, D007	Not Known	2/3/86	Expansion joints were leaking in 3 manholes.

NOTE: IBM Spill Control No. 86-011.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			2/3/86	The appropriate personnel were notified; the liquid was removed and the manholes flushed; the expansion joints and the concrete manholes were repaired.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

DATE: 02/03/86 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY

FAC

SAMPLE ID: NR860135 SAMPLE DATE: 86-02-03
LOCATION: 310 X TYPE: LIQUID- ONE PHASE
GRID: REQUESTER: KLOTZ
MANIFEST NO:
ENG#(OP23-1): FACILITIES PRJ NO:
DESCRIPTION: SOUTH EAST CORNER B/310 FLOURIDE LINE BREAK
C.S.#1232.

INORGANIC ANALYSIS

CORP #	SPECIE NAME	CONCENTRATION	UNITS
920026200	ZINC	<0.1	MG/L
921200000	CALCIUM	7.33	MG/L
921240010	CHROME	7.77	MG/L
921260000	IRON	1.17	MG/L
921290000	COPPER	<0.1	MG/L
921330000	ARSENIC	<0.1	MG/L
921480000	CADMIUM	<0.1	MG/L
922252500	MANGANESE	0.38	MG/L
924285000	NICKEL	<0.1	MG/L
[illegible]	BARIUM	<0.1	MG/L
[illegible]	LEAD	<0.5	MG/L

ADDITIONAL DATA

HEXAVALENT CHROME	<0.005	MG/L
FREE FLUORIDE	230.0	MG/L
PH	2.3	

M/Cu
(SIGNATURE)

END OF REPORT

TBM-EF-77

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A drain pipe leaked Fluoride Wastewater near B/310.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	4/8/86	A drain pipe leaked Fluoride Wastewater near B/310.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 86-044.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			4/8/86	The pipe was repaired.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Fluoride Wastewater leaked from a flange into a manhole - (CS 1439).

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	3000 gal.	6/19/86	Fluoride Wastewater leaked from a flange.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 86-072.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented

Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			6/86	The contents of the manhole was pumped to a tanker and disposed at the fluoride Fluoride treatment facility. The manhole was cleaned, inspected and found to be water tight. The leaking flange was repaired.

Currently Implemented

Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented

Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A Fluoride line flange, east of B/320, leaked into a manhole.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	6/17/87	Fluoride Wastewater leaked from flange into a manhole.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 87-034.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
		X	NOT KNOWN	

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		A leak was discovered in the fluoride pipe line in the B/310 courtyard.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	6/23/87	Fluoride Wastewater leaked from a pipe line upstream of manhole (CS 1207) in B/310 courtyard.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 87-035.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			6/87	The pipeline from the manhole downstream to the manhole upstream of the leak, was replaced with new double walled pipe.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses
		X	

COMMENT

This tank was pumped dry causing it to float on 2' of water that had collected in the containment area. Several PVC lines cracked releasing fluorides to the containment vault.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Less than 30 gal.	4/12/88	The cracked pipes released fluorides which became diluted in the containment water.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 88-020.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			4/88	A tank truck was on standby to immediately remove the liquid from the vault.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

Page 2 of 2

Date: 88/04/13 | IBM East Fishkill | IBM Internal Use Only

Chemical/Environmental Analysis I | Page 2 of 2

NYSDOH-ELAP #10426

Multiple Sample Analytical Report

Beginning Sample Id: NR880208
Ending Sample Id: NR880209

Sample ID: NR880209 Sample Date: 88 / 04 / 13
Location: 320X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQ. SAMPLE FROM FLUORIDE VAULT OUTSIDE B/320/SAMPLE TIME - 1:00 PM

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	5.96		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	2.9		TOTAL	SU

Comments: CHROME ANALYSIS BASED ON A QUICK METHOD FOR SPILL RESPONSE. EPA MANDATED METHOD ANALYSIS TO FOLLOW

(signature)

3.00 Cr 55.5 mg/L 1.9 gal

IBM-EF-88

IBM-EF-88

Sample ID: NR880210 Sample Date: 88 / 04 / 13
Location: 320X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQUID SAMPLE FROM FLUORIDE VAULT OUTSIDE B/320; COLLECTED AT 2:45 P.M.

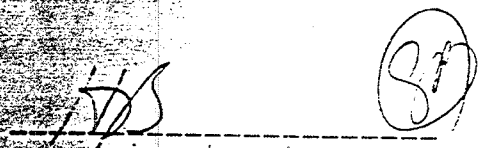
Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	55.5		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	1.9		TOTAL	SU

Comments: ELEMENTAL ANALYSIS IS PRESUMPTIVE AND FOLLOW-UP ANALYSIS WILL REFLECT ACCEPTED METHODOLOGY.



(signature)

End of Report

IBM-EF- 77
IBM-EF- 88
IBM-EF- 77
IBM-EF- 88

Date: 88/04/14

IBM East Fishkill
Chemical/Environmental Analysis I
NYSDOH-ELAP #10426
Multiple Sample Analytical Report

IBM Internal Use Only

Beginning Sample Id: NR880213
Ending Sample Id: NR880215

Sample ID: NR880213
Location: 320 X
Grid:
Schedule A#:
Request #: RESPON
Description: SAMPLE FROM LIQUID ON THE EAST SIDE OF THE F- VAULT. OUTSIDE VAULT

Sample Date: 88 / 04 / 14
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
721240010	CHROME	9.9		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	4.8			S.U.

Comments: TOTAL CHROME ANALYSIS PERFORMED BY QUICK RESPONSE METHODOLOGY. EPA APPROVED ANALYSIS TO FOLLOW

(signature)

Date: 88/04/13

IBM East Fishkill
Chemical/Environmental Analysis I
NYSDOH-ELAP #10426
Analytical Report

IBM Internal Use Only
Page 1 of 1

Sample ID: NR880211
Location: 320BX
Grid:
Schedule A#:
Request #: RESPON
Description: LIQUID LEAKING IN VAULT, LOCATED AT SOUTH WALL OUTSIDE BUILDING BETWEEN DF VAULT AND ALCOVE.

Sample Date: 88 / 04 / 13
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

(1630 HRS)

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	0.10	0.10	T	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
HEXAVALENT CHROME	ND	0.005	T	MG/L
PH	2.6			
TOTAL FLUORIDE	0.324	0.2	T	MG/L

Comments: THE TOTAL CR ANALYSIS WAS AN ABRIEVIATED TEST TO SCAN FOR THE PRESENCE OF CHROMIUM.

(signature)

End of Report

Multiple Sample Analytical Report

Beginning Sample Id: NR880213
Ending Sample Id: NR880215

Sample ID: NR880214
Location: 320 X
Grid:
Schedule A#:
Request #: RESPON
Description: SAMPLE FROM LIQUID COMING INTO F- VAULT FROM B/320.

Sample Date: 88 / 04 / 14
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
21240010	CHROME	2.46		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	2.2			S.U.

Comments: TOTAL CHROME ANALYSIS PERFORMED BY QUICK RESPONSE METHODOLOGY. EPA APPROVED ANALYSIS TO FOLLOW

(signature)

Multiple Sample Analytical Report

Beginning Sample Id: NR880213
Ending Sample Id: NR880215

Sample ID: NR880215 Sample Date: 88 / 04 / 14
Location: 320 X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: SAMPLE FROM LIQUID COMING INTO F- VAULT FROM GROUND ON THE EAST SIDE OF VAULT

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	0.22		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	1.9			S.U.

Comments: TOTAL CHROME ANALYSIS PERFORMED BY QUICK RESPONSE METHODOLOGY. EPA APPROVED ANALYSIS TO FOLLOW

(signature)

End of Report

ate: 88/04/16

IBM East Fishkill
Chemical/Environmental Analysis I
NYSDOH-ELAP #10426
Multiple Sample Analytical Report

Beginning Sample Id: NR880227
Ending Sample Id: NR880230

Sample ID: NR880227
Location: 320 X
Grid:
Schedule A#:
Request #: RESPON
Description: LIQUID FLOWING FROM B/320 TO GROUND

Sample Date: 88 / 04 / 16
Type: LIQUID- ONE PHASE
Requester: KING
Manifest No:
Facilities Prj No:

IBM-EF- 88

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
21240010	CHROME	39.9		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
HEXAVALENT CHROME	23.75		TOTAL	MG/L
PH	2.4			S.U.

(signature)

Outside
PH 2.4
Total Cr 39.9
Fluoride NO
23.75 Cr+6

Col E33 W. side Trench
9300 ppm Total, F=1941.2
E. side
9.4 ppm Total F=4.7

W.Side 1E33-F=1941.2
E.Side 1E33-F=14.2
E.side 1E31-F=1823.5

IBM-EF- 88

Sample ID: NR880216 Sample Date: 88 / 04 / 14
Location: 320 X Type: LIQUID- ONE PHASE
Grid: Requester: KING
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: REPEAT SAMPLE FROM LIQUID OUTSIDE F- VAULT
ON THE EAST SIDE OF VAULT

Additional Data

		Method Detect Limit	Total or Leachate	Units
HEXAVALENT CHROME	ND	0.005	TOTAL	MG/L

(signature)

End of Report

IBM-EF- 77
IBM-EF- 88
IBM-EF- 77
IBM-EF- 88

Multiple Sample Analytical Report

Beginning Sample Id: NR880227
Ending Sample Id: NR880230

Sample ID: NR880228 Sample Date: 88 / 04 / 16
Location: 320 1E33 Type: LIQUID- ONE PHASE
Grid: Requester: TRANCHIN
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQUID IN CORE AREA TRENCH. WESTERN SIDE OF TRENCH. SAMPLE IS GREEN IN COLOR

IBM-EF- 88

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
21240010	CHROME	9300		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	3.1			S.U.

_____
(signature)

IBM-EF- 88

Multiple Sample Analytical Report

Beginning Sample Id: NR880227
Ending Sample Id: NR880230

Sample ID: NR880229 Sample Date: 88 / 04 / 16
Location: 320 1E33 Type: LIQUID- ONE PHASE
Grid: Requester: TRANCHIN
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQUID IN CORE AREA TRENCH. EAST SIDE OF TRENCH. COLOR GREEN/YELLOW

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	9.4		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	9.1			S.U.

_____
(signature)

IBM-EF-88

Multiple Sample Analytical Report

Beginning Sample Id: NR880227
Ending Sample Id: NR880230

Sample ID: NR880230 Sample Date: 88 / 04 / 16
Location: 320 1C31 Type: LIQUID- ONE PHASE
Grid: Requester: TRANCHIN
Schedule A#: Manifest No:
Request #: RESPON Facilities Prj No:
Description: LIQUID IN CORE AREA TRENCH. EAST SIDE OF TRENCH. COLOR GREEN/BROWN

IBM-EF- 88

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
21240010	CHROME	1112		TOTAL	MG/L

Additional Data

		Method Detect Limit	Total or Leachate	Units
PH	2.2			S.U.

_____
(signature)

IBM-EF- 88

End of Report

IBM-EF- 77

89498/
88-06.

Date: 88/04/20

IBM East Fishkill
Chemical/Environmental Analysis I
NYSDOH-ELAP #10426
Analytical Report

Sample ID: NR880240
Location: 320 X
Grid:
Schedule A#:
Request #: RESPON
Description: ROYAL TANKER # 3A-047, TANK IS TO BE HOLDING LIQUID FROM THE CONTAINMENT, KNOWN AS TANK #15.

Sample Date: 88 / 04 / 18
Type: LIQUID- ONE PHASE
Requester: TRANCHIN
Manifest No:
Facilities Prj No:

Inorganic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
921240010	CHROME	86.40		TOTAL	MG/L

Organic Analysis

Corp#	Specie Name	Quantity	Method Detect Limit	Total or Leachate	Units
910208000	XYLENES	ND	5.0	TOTAL	MG/L
910603000	ISO-PROPYL ALCOHOL	21.6		TOTAL	MG/L

Additional Data

	Quantity	Method Detect Limit	Total or Leachate	Units
HEXAVALENT CHROME	33.3		TOTAL	MG/L
PH	2.6		TOTAL	S.U.
TOTAL FLUORIDE	156		TOTAL	MG/L

(signature)

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IBM-EF- 88

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Fluoride Wastewater leaked from a line break near Building 310.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	Not Known	8/17/88	Fluoride Wastewater leaked from a line break.
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 88-039.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			8/88	The pipeline between manholes was replaced and a leak detector installed.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
168	5000	ACTIVE X YEAR START: 1980	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	64,000 gal/yr.	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/330C Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C S, Horizontal, Double Walled, Steel, 6'8" Diam. x 19' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is a Double Walled tank.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. [2] Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. [2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. [2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER [1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION [2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
169	5000 gal	ACTIVE X YEAR START: 1980 INACTIVE _____ INCLUSIVE YEARS: ____ - ____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	19,000 gal/yr.	X

NOTE: This unit is designated as a B/330C Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C E, Horizontal, Steel, 6'8" Diam. x 19' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is a dubble walled steel tank with leak detection between the walls.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank was cleaned and inspected in 1988.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X	X	Direct- Visual observation of release occurring
				Analysis- Soil and liquid analysis

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
SOLVENT WASTE-MIXED	40 gal.	6-12-85	On 6-12-85 waste solvent form tank 169 was
(F001,F002,F003,F005)			released during transfer operations. An
			estimated 40 gal. of solvent waste was
			released from the tanks removal pipe.

NOTE: IBM Spill Control Number 85-070.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		X	

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			6/85	The overflow release was contained using sorbents. Remediation included removal, excavation and disposal of 50 drums of soil and sorbent materals.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

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B/330C - OMF tank #169

Sample #	NR854185	NR854190	NR854196	NR854198	NR854199
Date	6/12	6/12	6/12	6/15	6/13
Type	Liq.	Soil (Top)	Soil (under side walk)	Speedi-Dry	Soil (North Excad.
Flash Point (°C)	≤ 21°	≤ 19°	> 65°	≤ 21°	> 65°
Concentration [%wt/wt]	[ppm]	[ppm]	[ppm]		
Freon	4.98			1,125.	
Acetone	9.34	1,604.		7,712.	
IPA	0.24	256.		134.4	
CH_2Cl_2	0.88	69.		571.4	
Toluene	24.92	5,633.	167.1	4.7%	
Cello. Acet.	44.18	6,961.	2738.	5.2%	
Et. Cello.	0.39	384.	167.8	3093.	
MIBK	0.49	65.	11.8	797.5	
?	0.62	236.	58.8	1,006.	
Xylenes	0.07			165.5	
n-Pyrol	0.25				
MeOH	0.99		28.4	3,696.	
Cyclohexanone	1.81			713.3	
Benz.	0.12			175.2	
Water	2.91				
n-BA	7.80		137.1	9,214.	

B/330 C - OMF : TANK #169

SAMPLE #	NR854200	NR854201	NR854202	NR854204	NR8542
DATE	6/13	6/13	6/13	6/13	6/13
TYPE	Soil (WEST END EXCAV.)	Soil (N.E. EXCAV.)	Soil (S.E. EXCAV.)	Soil pile	Soil
Flash Point (°F)	> 69°	> 65°	> 60°		
Concentration:			[ppm]		
Freon					
Acetone			29.6	3.0	
IPA					
MeCl2					
Toluene			24.8		
Cell. Acet.			74.0	209.5	69.1
Et. Cello.			33.2	8.7	
MIBK					
?			57.9		
Xylene					
N-Pyrol					
MeOH					
Cyclo.			3.5		
Perc.					
Water					
n-BA			5.9		

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RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY
PAGE: 1

BEG SAMPLE ID = NR854369
END SAMPLE ID = NR854388

SAMPLE ID: NR854369
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	49	C

(SIGNATURE)

B/330C - OMF : TANK #169

Sample #	: NR854210	: NR854211	: NR854212	: NR85421
Date	: 6/14	: 6/14	: 6/14	: 6/14
Type	: Soil (Southside)	: Soil (Next to Solvent pipe)	: Soil (directly IN Front of TANK)	: Soil (Northside)
Flash Point:	>60°C	>60°C	>100°C	>60°C
Concentration:		mg/Kg		
Toluene	ND	< 1.0	ND	< 1.0

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY
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SAMPLE ID: NR854370
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	>100	C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY
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SAMPLE ID: NR854371
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF#WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	54	C

(SIGNATURE)

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DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY

SAMPLE ID: NR854372
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	44	C

(SIGNATURE)

MPLE ID: NR854373 SAMPLE DATE: 85-07-02
OCATION: 330C X TYPE: SOIL SAMPLE
GRID: REQUESTER: DANSKIN
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

ADDITIONAL DATA

FLASH POINT	47	C

(SIGNATURE)

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RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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E ID: NR854374
TION: 330C X
GRID:
TION: DRUMS FROM OMF#169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	49	C

SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY
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SAMPLE ID: NR854375 SAMPLE DATE: 85-07-02
LOCATION: 330C X TYPE: SOIL SAMPLE
GRID: REQUESTER: DANSKIN
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

ADDITIONAL DATA

FLASH POINT	49	C

(SIGNATURE)

07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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E ID: NR854376
TION: 330C X
GRID:
TION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	>100	C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854377
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	45	C

(SIGNATURE)

SAMPLE ID: NR854378
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF # WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	51	C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: N854379
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	>100	C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854380
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF #WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	<24	C

(SIGNATURE)

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RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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MPLE ID: NR854381
JCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF# WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	<24	C

(SIGNATURE)

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RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854382
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF # WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	<24	C

(SIGNATURE)

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DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854383
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF# WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	<24	C

R L Howe
(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854384
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF#WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	24	C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854385
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF # WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT <24 C

(SIGNATURE)

DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

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SAMPLE ID: NR854386
LOCATION: 330C X
GRID:
DESCRIPTION: DRUMS FROM OMF # WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	>100	C

(SIGNATURE)

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DATE: 07/09/85 RCRA ANALYTICAL REPORT (MULTIPLE SAMPLE) IBM INTERNAL USE ONLY
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SAMPLE ID: NR854387 SAMPLE DATE: 85-07-02
LOCATION: 330C X TYPE: SOIL SAMPLE
GRID: REQUESTER: DANSKIN
DESCRIPTION: DRUMS FROM OMF # WS169 TANK

ADDITIONAL DATA

FLASH POINT	<24	C

R. J. Sears
(SIGNATURE)

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DATE: 07/09/85

RCRA ANALYTICAL REPORT
(MULTIPLE SAMPLE)

IBM INTERNAL USE ONLY

MPLE ID: NR854388
OCATION: 330C X
GRID:
ESCRIPTION: DRUMS FROM OMF # WS169 TANK

SAMPLE DATE: 85-07-02
TYPE: SOIL SAMPLE
REQUESTER: DANSKIN

ADDITIONAL DATA

FLASH POINT	<20	C

R. L. Sears
(SIGNATURE)

END OF REPORT

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
171	500 gal.	ACTIVE X YEAR START: 1980	S02	Sanitary/Treated	SEE NOTE	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as a By-Pass Pump Pit.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NE, Vertical, Concrete, 5'6" Diam. x 4' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			The cover consists of a flat concrete top with a non-watertight, metal-hinged hatch.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections of the tank operations.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual X Automatic The level is maintained by pumps which draw from the emergancy storage lagoon (unit 81).

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow will go to Tank 182, the Clarigester, by closing influent valves and opening Tank 182 valves.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is a pump pit used to bypass the Clarigester, Unit 182, with treated Industrial Waste from Lagoons 81 and 97.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
173	1000 gal	ACTIVE YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X NOT IN USE				
		INCLUSIVE YEARS: 1981 - 1988				

NOTE: This unit was designated as a B/330C Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/330C E, Vertical, 316 Stainless Steel, 4'8" Diam. x 8' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a circular concrete vault with dimensions of 6' Diam. x 12' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
178	5900 gal.	ACTIVE X YEAR START: 1981 INACTIVE _____ INCLUSIVE YEARS: ____ - ____	S02	RECYCLED PERCHLOROETHYLENE (F001,F002)	SEE NOTE	

NOTE: This unit is a B/335 Recycled Perchloroethylene Buffer Tank. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Horizontal, Stainless Steel, 8'10" Diam. x 10' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 178, 179, and clean PERC tank 177 are serviced by a common concrete dike with approximate dimensions of 25' W. x 30' L. x 4' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to tank 158 or tank 179.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is made of stainless steel and is inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	The content of this tank is used to maintain set levels in tanks 158 and 159.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
179	5900 gal.	ACTIVE X YEAR START: 1981 INACTIVE _____ INCLUSIVE YEARS: ____ - ____	S02	RECYCLED PERCHLOROETHYLENE (F001,F002)	SEE NOTE	

NOTE: This unit is designated as a Perchloroethylene Buffer Tank. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Horizontal, Stainless Steel, 8'10" Diam. x 10' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 178, 179, and clean PERC tank 177 are serviced by a common concrete dike with approximate dimensions of 25' W. x 30' L. x 4' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to tank 178 or tank 158.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is made of stainless steel and is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	The content of this tank is used to maintain set levels in tanks 158 and 159.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
182	338000gal	ACTIVE X YEAR START: 1963	T01	Sanitary/Treated	440 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank is designated as the Clarigester.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 E, Vertical, Inground Concrete, 50' Diam. x 23' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X	X		This tank is a combination unit. A digester is located directly below the uncovered clarifier.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level within the clarifier is maintained by flow over a V-notch weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
X				The off-gases generated in the digester are collected and flared.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		Clarifier effluent is passed on to the trickling filter splitter box (unit 3022). Clarifier sludge is pumped to the units digester. Digested sludge within the digester is pumped to the sludge thickener (unit 3035).

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment consists of primary solids settling within the clarifier and sludge digestion in the digester. Methane gas produced within the digester is drawn off and burned.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
183	107000gal	ACTIVE YEAR START:	T01	Sanitary/Treated	SEE NOTE	
				Industrial Waste		
		INACTIVE X - NOT IN USE INCLUSIVE YEARS: 1963 - 1982				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is designated as Intermediate Clarifier #1. This unit is presently not in use.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 N, Vertical, Inground Concrete, 45' Diam. x 9' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	This tank is no longer in service.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level within this tank was maintained by flow over a V-notch weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank could be diverted to Tank 215. However, Tank 215 was never placed in service.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment within this tank consisted of secondary solids settling.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit was not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
188	143000gal	ACTIVE X YEAR START: 1971	T01	Sanitary/Treated	110 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as the Final Clarifier #1. The average daily flow through the facility is split between Tanks 188, 189, 3029, and 3030.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 W, Vertical, Inground Concrete, 45' Diam. x 12' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank is covered with a non-watertight, aluminum dome to prevent freezing in the winter.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level within this tank is maintained by flow over a V-notch.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 189, 3029, or 3030.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow to this tank may be stopped by closing the slide gate.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment within this tank consists of final solids settling. The retention time of this unit is 5 hours.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
189	143000gal	ACTIVE X YEAR START: 1971	T01	Sanitary/Treated	110 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as the Final Clarifier #2. The average daily flow through the facility is split between Tanks 188, 189, 3029 and 3030.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 W, Vertical, Inground Concrete, 45' Diam. x 12' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank is covered with a non-watertight, aluminum dome to prevent freezing in the winter.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level within this tank is maintained by flow over a V-notch.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 188, 3029, or 3030.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow to this tank may be stopped by closing the slide gate.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment within this tank consists of final solids settling. The retention time of this unit is 5 hours.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
193	NK	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X INCLUSIVE YEARS: NK - 1985		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit was designated as a B/300 F/HM waste tank. Information concerning annual quantities is not available.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/300 E, Horizontal, FRP, 9' Diam. x 31' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
196	20000 gal	ACTIVE X YEAR START: 1963 INACTIVE INCLUSIVE YEARS: ____ - ____	T01	Sanitary/Treated	440 million gal/yr.	
				Industrial Waste		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Chlorine Contact Chamber #1.
(Final Effluent Tank).

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325, Vertical, Inground Concrete, 20' L. x 17' W. x 10' Ht. This tank is the final unit in the process treatment system prior to discharge to the receiving stream.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X Liquid level in this tank is maintained by flow through a parshall flume.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 197.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing a slide gate.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment consists of dechlorination by the addition of sulfur dioxide (SO2) allowing excess chlorine to be driven off as Cl2. The effluents pH is sufficient to buffer the acid formed.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		15 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
197	47000 gal	ACTIVE X YEAR START: 1981	T01	Sanitary/Treated	440 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Chlorine Contact Chamber #2.
(Chlorine Residual Tank).

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 24' L. x 24' W. x 11'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level in this tank is maintained by flow through a Parshall flume.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 196.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing a slide gate.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment consists of the addition of chlorine gas for the destruction of pathogenic micro-organisms in order to prevent contamination of the receiving stream.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
200	SEE NOTE	ACTIVE _____ YEAR START: _____	T04	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1963 - 1979		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually.
This unit was a rotary vacuum filter.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/385, Horizontal, Steel

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	A process check was performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
		X		Manual
				Automatic
				Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit could be diverted to Tank 201.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Sludge was pumped to a vat, drawn onto the filter medium by vacuum, and scraped off into a dumpster.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank was not used for storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
201	SEE NOTE	ACTIVE _____ YEAR START: _____	T04	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1963 - 1979		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually.
This unit was a rotary vacuum filter.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/385, Horizontal, Steel

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	A process check was performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit could be diverted to Tank 200.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the unit may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Sludge was pumped to a vat, drawn onto the filter medium by vacuum, and scraped off into a dumpster.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit was not used for storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
204	5000 gal	ACTIVE X YEAR START: 1983	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	7,000 gal/yr.	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/322 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/322 E, Horizontal, Steel, 8' Diam. X 13' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 204, 205, 206 and 207 are serviced by a coated concrete vault. Approximate capacity 21,600 cu.ft.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow from B/320 & B/334 may be shut down by valving off virgin flow to tools. Inflow from building B/322 cannot be valved off.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is painted and vault is heated and ventilated to remove moisture.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
205	5000 gal	ACTIVE X YEAR START: 1983	S02	N-BUTYL ACETATE WASTE	18,000 gal/yr.	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/322 N-Butyl Acetate Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/322 E, Horizontal, Steel, 8' Diam. x 13' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks204, 205, 206 and 207 are serviced by a coated concrete vault. Approximate capacity of 21,600 cu.ft.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow from B/322 may by stopped by shutting of virgin flow to tools.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is painted and the vault is heated and ventilated to remove moisture.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
206	5000 gal	ACTIVE X YEAR START: 1983	S02	ISOPROPYL ALCOHOL	52,000 gal/yr.	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/322 Isopropyl Alcohol Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/322 E, Horizontal, Steel, 8' Diam. x 13' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 204, 205, 206 and 207 are serviced by a coated concrete vault. Approximate capicity of 21,600 cu.ft.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow to this tank may be stopped by shutting down virgin flow to tools

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is painted and vault is heated and ventilated to revove moisture.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
207	5000 gal	ACTIVE X YEAR START: 1983 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	N-METHYL-2-PYRROLIDONE (F001,F002,F003,F005)	165,000 gal/yr.	

NOTE: This unit is designated as the B/322 NMP Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/322 E, Horizontal, Steel, 8' Diam. x 13' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 204, 205,206 and 207 are serviced by a coated concrete vault. Approximate capicity of 21,600 cu.ft.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by shutting off virgin flow to tools.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is painted and the vault is heated and ventilated to remove moisture.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 30 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
208	1268 gal	ACTIVE X YEAR START: 1983	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/322 Room Spill Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/322 W, Vertical, Steel, 6' Diam. x 7' Ht.
			This unit is considered a room spill tank.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Weekly		Weekly visual inspections from above.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a concrete vault with dimentions of 9.8'D x 9.1'W x 10'L.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank vault.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Weekly visual inspection.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Upon spill occurrance	This unit is considered a spill tank, contents are removed immediately upon occurrance.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descripion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
214	5875 gal.	ACTIVE X YEAR START: 1985	S02	Contaminated Groundwater	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is part of the Groundwater Treatment Facility for the Remedial Action Plan of Area A. This unit is designated as the Influent Storage Tank. Flow from the Solvent Separator is stored in this tank until batched through the Air Stripper.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/384 S Link, Vertical, Onground FRP Tank, 10' Diam. x 9.3' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a FRP cover which has an access hole for the unit's pump, mixer, and liquid level control equipment.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				This tank is equipped with a liquid level control system which automatically activates the air stripping treatment process.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Secondary containment for the complete system is provided by the building's concrete floor and trench system. The containment dimensions are approximately 45' L. x 38' W. x 1.5' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Unit 231.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 48 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
215	107000gal	ACTIVE _____ YEAR START: _____	T01	Sanitary/Treated	SEE NOTE	
				Industrial Waste		
		INACTIVE X - NOT IN USE INCLUSIVE YEARS: 1981 - 1982				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trcae	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This tank is designated as Intermediate Clarifier #2.
This tank has never been used.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 N, Vertical, Concrete, 45' Diam. x 9' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	This tank has never been used since being installed.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				Liquid level within this tank would be maintained by a V-notch weir. However, this tank was never placed in service.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 183. However, this tank was never placed in service.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Treatment within this tank would have consisted of secondary solids settling, however the tank was never placed in service.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This would not have been used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
219	10000 gal	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	11,500 gal/yr.	
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/303 Solvent Standby tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-5, Vertical, Stainless Steel, 10'8" Diam. x 17'3" Ht.
			This unit is considered a standby tank.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 219, 220 and 221 are serviced by an epoxy coated steel dike. Dimensions are 15.9' x 46.0' x 3.2', approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. Tank 219 can be diverted to other tanks using flexible connections

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Inflow to this tank may also be pumped from or to tankers at L/UL Area #29.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tanks is made of stainless steel and inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	Waste is transferred to tankers when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
220	10000 gal	ACTIVE X YEAR START: 1985 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	49,000 gal/yr.	

NOTE: This unit is designated as a B/303 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-5, Vertical, Stainless Steel, 10'8" Diam. x 17'3" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 219, 220 and 221 are serviced by an epoxy coated steel dike. Dimensions are 15.9' L. x 46.0' W. x 3.2' Ht. approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. Flow to tank 220 can be diverted to tank 221.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and visualy inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 Days	Waste is transferred to tankers for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
221	10000 gal	ACTIVE X YEAR START: 1985 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	35,000 gal/yr.	

NOTE: This unit is designated as a B/303 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-5, Vertical, Stainless Steel, 10'8" Diam. X 17'3" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 219, 220 and 221 are serviced by an epoxy coated steel dike. Dimensions are 15.9' W. x 46.0' L. x 3.2' Ht., approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to tank 221 may be diverted to tank 220. Contents of tank 221 can be pumped to a tanker. Drainage control uses secondary containment addressed above.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	Waste is transferred to tankers for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
222	5,000 gal	ACTIVE X YEAR START: 1985	S02	FREON TF WASTE	13,000 gal/yr.	
				(F001,F002)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/303 Freon TF Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-4, Vertical, stainless steel, 7'4" Diam. x 15' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tank 222 is serviced by an epoxy coated steel dike. Dimensions are 15.9' x 46.0' x 3.2', approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		less than 14 days	Waste is transferred to a tanker for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
223	10000 gal	ACTIVE X YEAR START: 1985	S02	N-METHYL-2-PYRROLIDONE (F001,F002,F003,F005)	35,000 gal/yr	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/303 NMP Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-6, Vertical, Stainless Steel, 10'8" Diam. X 17'3" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 223, 224 and 225 are serviced by an epoxy coated steel dike. Dimensions are 15.9' L. x 46.0' W. x 3.2' Ht., approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	Waste is transferred to tankers for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
224	10000 gal	ACTIVE X YEAR START: 1985	S02	N-BUTYL ACETATE WASTE	48,000 gal/yr.	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/303 NBA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 D-6, Vertical, Stainless Steel, 10'8" Diam. x 17'3" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 223, 224 and 225 are serviced by an epoxy coated steel dike. Dimensions are 15.9' W. x 46.0' L. x 3.2' Ht., approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	Waste is transferred to tankers for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
225	10000 gal	ACTIVE X YEAR START: 1985	S02	ISOPROPYL ALCOHOL	127,000 gal/yr.	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as the B/303 IPA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/303 E-6, Vertical, Stainless Steel, 10'8" Diam, x 17'3" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 223, 224 and 225 are serviced by an epoxy coated steel dike. Dimensions are 15.9' L. x 46.0' W. x 3.2' Ht., approximately 19,000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is made of stainless steel and visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	Waste is tranferred to tankers for disposal when space is available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
231	9600 gal.	ACTIVE X YEAR START: 1985	S02	Treated Goundwater	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is part of the Groundwater Treatment Facility for the Remedial Action Plan of Area A. This unit is designated as the Effluent Storage Tank. Flow from the Air Stripping Tower is stored in this unit before disposal to the Industrial Waste Neutralization Treatment Facility (B/312).

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/384, Vertical, Onground Fiberglass Tank, 12' Diam. x 12' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a FRP cover which has an access hole for the unit's pump, mixer, and liquid level control equipment.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual X Automatic This tank is equipped with a high level alarm which then requires manual shut off of pumping units and draining of the tank to the DA Wastewater drain lines.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Secondary containment for the complete system is provided by the buildings concrete floor and trench system. The containment dimensions are approximately 45' L. x 38' W. x 1.5' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 2 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
249	550 gal.	ACTIVE X YEAR START: 1985	S02	Fluoride / Heavy Metals	1.8 Million gal/yr	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is designates as a B/334 F/HM waste tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/334 D-2, Horizontal, Epoxy-lined Steel, 3'5" Diam. x 6'8" L. The tank is equipped with a level control system and high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			The tank is contained in a large walk-in vault and is situated over a steel pan approximately 27' L. x 14' W. x 1'6" Ht. The pan is equipped with a leak sensing device. The pan can be drained to a sump and pumped to tanker.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is painted, lined, and can be visually inspected.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 3 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
250	1000 gal.	ACTIVE X YEAR START: 1985	S02	Industrial Waste	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Containe:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank is designated as the Industrial Waste Acid Drain #8.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/334 D-2, Horizontal, Steel, 5' Diam. x 8' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a cylindrical type tank with a bolted-down 24" access cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
May 1989		Cleaning and internal inspections are performed biannually.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The liquid level within this tank is controlled by a float activated discharge pump and a high level alarm.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a steel spill pan with dimensions of 18' L. x 12' W. x 1'6" Ht. The pan is located within the Vaulted Tank Room of B/334. The pan is equipped with a liquid level sensor.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	This tank is coated with epoxy internally and paint externally.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		30 minutes.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
251	550 gal	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE _____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/334 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/334 D-2 TK PIT, Horizontal, Steel, 3'6" Diam. x 7'8" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a steel dike with dimensions of 13.8' L. x 26' W. x 1.4' HT.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Daily visual inspections.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 7 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
252	1500 gal	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/334 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/334 D-2 TK PIT, Horizontal, Steel, 5'4" Diam. x 9' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a steel dike with an approximate capacity of 4200 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Daily visual inspections.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
253	800 gal.	ACTIVE X YEAR START: 1969	S02	Industrial Waste	NOT KNOWN	X
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Containe:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: Tank designated as I.W. Pump Station wet well.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/333 NW, Vertical, Typical Concrete Manhole, 4' Diam. x 8'6" Ht.
			This unit is equipped with a level control system and a high level alarm.
			This tank is a coated, inground unit.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		This unit is a typical manhole with a vented cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The liquid level is maintained within the tank by a mechanical float which controls the pumps.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is constructed of concrete with a corrosion resistant coating.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 1 hour.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		On 2/20/84, a high level alarm was activated when Industrial Waste was overflowing from manholes.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Industrial Waste	Several thousand gal.	2/20/84	Industrial Waste overflowed manholes.

NOTE: IBM Spill Control No. 84-017.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
				Discharge was stopped by pumping flow from wet well to a sanitary drain.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

UPSETS - LOG

GRAB SAMPLES: IW B/330 LIFT STATION OVERFLOW

DATE: 2/20/84

WASTE-WATER #	Time:	Sample Point Description	Cr^{+6}	Ph	FE
SW0020	9:30AM	B/330 LIFT STATION AT DISCHARGE TO STREAM	<0.005	7.2	0.05
SW0021	"	STREAM- 40' FROM DISCHARGE	"	7.2	<0.04
W0022	"	STREAM- 100' FROM DISCHARGE	"	7.2	0.06
SW0023	"	WEST DR/ DEV. DR BRIDGE	"	7.3	0.06
W0024	"	UPSTREAM	"	7.2	<0.04
SW0025	"	DOWNSTREAM	"	7.3	0.14
W0030	9:30AM	MANHOLE 114 LIFT STA. DISCHARGE	"	7.0	0.10
W0031	"	STREAM AT DISCHARGE	"	7.3	0.08
SW0032	"	STREAM AT WEST DR.	"	7.4	0.09
W0033	"	DNST	"	7.4	0.26
SW0034	"	UPST	"	7.2	<0.04
W0035	"	MANHOLE 116 ACROSS LIFT STN	"	6.1	0.20
W0037	2:00PM	MANHOLE 114 AT DISCHARGE	"	7.5	0.14
SW0038	"	STREAM AT DISCHARGE	"	7.4	0.14
W0039	"	WEST DR. STREAM	"	7.4	0.14
SW0040	"	DNST	"	7.4	0.28
W0041	"	UPST	"	7.4	0.12
W0042	3:00PM	B/300-330 BRIDGE UPST. FROM DISCHARGE	"	7.7	0.05
SW0043	"	MANHOLE 114 AT DISCHARGE	"	7.5	0.45
W0044	"	STREAM AT DISCHARGE	"	7.6	0.06
SW0045	"	WEST DR. STREAM	"	6.8	0.06
SW0046	"	DNST	"	7.8	<0.22
W0047	"	UPST	"	8.0	<0.04

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		During construction activities in B/330, an I.W. drain was broken by the contractor and wastewater spilled into the excavation.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Industrial Wastewater	1500 gal.	5/12/84	A break occurred in an underground Industrial Waste Line.

NOTE: IBM Spill Control No. 84-048.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			5/12/84	The pipeline was plugged upstream of the break and liquid in the excavation was pumped to tankers and taken to an I.W. Plant.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

IBM

84-048

Pg 712a

Request for Laboratory Work

WORK REQUESTED OF	TITLE OF LABORATORY	DEPT. NO.
	Environmental Lab	[redacted] 76B
REQUESTING EMPLOYEE'S JOB OR REFERENCE NO.		DATE 5/16

PART NAME	PART NUMBER
VENDOR NAME	PURCHASE ORDER NO.
QUANTITY	ENG. CHANGE
UNIT	MACHINES AFFECTED

(PLEASE PRINT)

DESCRIPTION OF PART & REASON FOR WORK:

Sample of liquid in excavation in front of B/330 lobby on 5/12/84 Due to I.W. line Break.

Sample contained $F^- = <0.1 mg/L$

$Cr^{+6} =$ None Detected

$pH = 7.0$

DISPOSITION OF PARTS UPON COMPLETION OF WORK: ☐ RETURN ☐ DISCARD ☐ SALVAGE

WRITTEN REPORT TO BE FORWARDED: ☐ YES ☐ NO TO _____

ENCLOSURES:			
REQUESTED BY: S Dowskin	DEPT. 92D	EXT. 9815	DATE SUBMITTED
APPROVED BY:	DATE		PRIORITY

(FOR LABORATORY USE ONLY)

LABORATORY PROJECT NO. NR 2210	ESTIMATED DATE OF COMPLETION		
ASSIGNED TO: AH	APPROVED BY:	DATE	
REMARKS:	ORDER-REF. / ACCOUNT / JOB / DEPT. CHG.		
	ESTIMATES:		
	MATERIAL COST		
	LABOR COST		
	BURDEN		
	TOTAL HOURS	DATE COMPLETED	

923-6574-7
MRO. CAT. NO. 780600785

LAB TESTER'S COPY

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceeding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		The Industrial Waste Lift Station at B/330 overflowed as a result of a malfunction in the liquid level sensing device.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Industrial	Several thousand gal.	7/16/85	A level sensor failure resulted in an overflow.
Wastewater			

NOTE: IBM Spill Control No. 85-090.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X			7/16/85	Flow and liquid in the lift station was removed using portable pumps. The pump station was repaired; contaminated soil was drummed and disposed of offsite; liquid was collected in a tanker and was taken to an on-site I.W. Plant.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

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86-096

DATE: 86/10/27 RCRA ANALYTICAL REPORT IBM INTERNAL USE ONLY
PAGE: 1

SAMPLE ID: NR861303 SAMPLE DATE: 86-10-27
LOCATION: 323 B TYPE: LIQUID- ONE PHASE
GRID: REQUESTER: R. GUNN
MANIFEST NO:
ENG#(OP23-1): SPILL FACILITIES PRJ NO:
DESCRIPTION: SAMPLE FROM CONTAINMENT AREA IN BASEMENT OF B/323. TANK FARM IN MIDDLE OF BUILDING

IBM-EF- 88

ADDITIONAL DATA

	QUANTITY	METHOD DETECT LIMIT	TOTAL OR LEACHATE	UNITS
HEXAVALENT CHROME	0.02	0.005	TOTAL	MG/L
FREE FLUORIDE	35.6		TOTAL	MG/L
PH	7.3		TOTAL	S.U.

COMMENTS: PH TAKEN AT TANK WITH PH PAPER SHOWED NUETRAL. PH TAKEN IN LAB WITH METER REPORTED ABOVE.
R. GUNN IN EMERGENCY CONTROL CONTACTED AND ADVISED OF ANALYSIS AT APPROX: 0520 CC: EMERGENCY CONTROL

(SIGNATURE) HBS

END OF REPORT

IBM-EF- 88

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
257	2000 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X NOT IN USE				
		INCLUSIVE YEARS: NK - 1985				

NOTE: This unit is designated as a B/330C Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/330C S, Horizontal, Steel, 5'6" Diam. x 12'2" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a sheet metal dike with dimensions of 12.2' L. x 10' W. x 4' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
X			There is some evidence of external rust.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		See Comment	This tank has never been used.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
263	3533 gal.	ACTIVE X YEAR START: 1985 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	Industrial Waste	NOT KNOWN	
				D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank is designated as Acid Drain Tank #5.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 K-14, Vertical, FRP, 10' Diam. x 7'2" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This containment structure is equipped with a liquid leak sensor. Tanks 263 and 264 are serviced by a common, epoxy-coated concrete dike with dimensions of 35'8" L. x 45'6" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 264.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 2 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
264	3533 gal.	ACTIVE X YEAR START: 1985	S02	Industrial Waste	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank is designated as Acid Drain Tank #6.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 K-14, Vertical, FRP, 10' Diam. x 7'2" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This containment structure is equipped with a liquid leak sensor. Tanks 263 and 264 are serviced by a common, epoxy-coated concrete dike with dimensions of 35'8" L. x 45'6" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 263.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 2 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
265	3000 gal.	ACTIVE X YEAR START: 1985	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 265, 266, 267, and 268 serve Building 323. The total estimated quantity of waste generated in this building is 50000 gal/day or 18.3 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 K-13, Vertical, FRP, 10'3" Diam. x 7'2" Ht.
			The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 265, 266, 267, and 268 are serviced by a common, epoxy coated concrete dike, with dimensions of 45'6" L. x 35'8" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Fluoride/Heavy Metal Waste Tanks 266, 267, and 268 and Industrial Waste Tanks 263 and 264.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		3 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
266	3000 gal.	ACTIVE X YEAR START: 1985	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 265, 266, 267, and 268 serve Building 323. The total estimated quantity of waste generated in this building is 50000 gal/day or 18.3 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 K-14, Vertical, FRP, 10'3" Diam. x 7'2" Ht.
			The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 265, 266, 267, and 268 are serviced by a common, epoxy coated concrete dike, with dimensions of 45'6" L. x 35'8" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Fluoride/Heavy Metal Waste Tanks 265, 267, and 268 and Industrial Waste Tanks 263 and 264.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		3 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
267	3000 gal.	ACTIVE X YEAR START: 1985	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 265, 266, 267, and 268 serve Building 323. The total estimated quantity of waste generated in this building is 50000 gal/day or 18.3 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 L-13, Vertical, FRP, 10'3" Diam. x 7'2" Ht.
			The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 265, 266, 267, and 268 are serviced by a common, epoxy coated concrete dike, with dimensions of 45'6" L. x 35'8" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Fluoride/Heavy Metal Waste Tanks 265, 266, and 268 and Industrial Waste Tanks 263 and 264.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		3 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
268	3000 gal.	ACTIVE X YEAR START: 1985	S02	Fluoride / Heavy Metals	SEE NOTE	X
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: Tanks 265, 266, 267, and 268 serve Building 323. The total estimated quantity of waste generated in this building is 50000 gal/day or 18.3 million gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 L-14, Vertical, FRP, 10'3" Diam. x 7'2" Ht.
			The tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 265, 266, 267, and 268 are serviced by a common, epoxy coated concrete dike, with dimensions of 45'6" L. x 35'8" W. x 1' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Fluoride/Heavy Metal Waste Tanks 265, 266, and, 267 and Industrial Waste Tanks 263 and 264.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		3 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		X		Fluoride pump malfunction (seizing) caused tank to overflow.

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Fluoride	100 gal.	10/27/86	Fluoride Waste
Wastewater			
D002, D007			

NOTE: IBM Spill Control No. 86-096.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	X		

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT
X				Material was removed using a wet vacuum pump and then dumped into the fluoride drain.

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT
X			4/81	IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
272	550 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 272,273,274,275 and 276 are serviced by a common steel dike. The approximate capacity is 4500 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Tank is inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
273	550 gal.	ACTIVE X YEAR START: 1985 INACTIVE ____ INCLUSIVE YEARS: ____ - ____	S02	FREON TF WASTE (F001,F002)	NOT KNOWN	

NOTE: This unit is designated as a B/323 Freon TF Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6"Diam X 7'L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 272, 273, 274, 275, and 276 are serviced by a common steel dike. The approximate capacity is 4500 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
274	550 gal.	ACTIVE X YEAR START: 1985	S02	N-METHYL-2-PYRROLIDONE	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 NMP Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6" Diam x 7'.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 272, 273, 274, 275 and 276 are serviced by a common steel dike. Capacity of the dike is approximatly 4500 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS [EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
275	550 gal.	ACTIVE X YEAR START: 1985	S02	N-BUTYL ACETATE	NOT KNOWN	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 NBA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 272, 273, 274, 275 and 276 are serviced by a common steel dike. Capacity of the dike is approximatly 4500 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
276	550 gal.	ACTIVE X YEAR START: 1985	S02	ISOPROPYL ALCOHOL	NOT KNOWN	
				(D001)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 IPA Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 272, 273, 274, 275 and 276 are serviced by a common steel dike. Capacity of this dike is approximatly 4500 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the tank dike. This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		2 to 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
277	6000 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 8' Diam. x 16'1" L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____
				Automatic _____
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a steel dike with an approximate capacity of 12000 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Pumps from tank 278 may be shut down to stop inflow to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less tnan 14 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
278	550 gal.	ACTIVE X YEAR START: 1985	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a B/323 Solvent Waste-Mixed Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/323 BF-1 TK RM, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a steel dike with an approximate capacity of 1800 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Drainage control is achieved using the steel dike.
			This tank has no diversion structure.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 14 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
281	12000 gal	ACTIVE _____ YEAR START: _____	S02	Industrial Waste	NOT KNOWN	
				Effluent		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1985 - 1987				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank was used to contain Industrial Wastewater effluent from B/330.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/315 E, Vertical, FRP, 12' Diam. x 11' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank was serviced by a concrete dike equipped with an overflow pipe leading to the Industrial Waste Treatment Plant. The dike has also been removed.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped via shutdown of influent pumping system. Flow could also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank was constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
282	12000 gal	ACTIVE _____ YEAR START: _____	S02	Industrial Waste	NOT KNOWN	
				Effluent		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1985 - 1987				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: Industrial Wastewater Effluent was contained in this tank before being used in the cooling towers.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/315 E, Vertical, FRP, 12' Diam. x 11' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit was a typical cylindrical tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This was a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This was a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This was a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank was serviced by a concrete dike equipped with an overflow pipe leading to the Industrial Waste Treatment Plant. The dike has also been removed.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank could be stopped via shutdown of influent pumping system. Flow could also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank was constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.