INTERNATIONAL BUSINESS MACHINES CORPORATION

EAST FISHKILL FACILITY

DUTCHESS COUNTY, NEW YORK



SEP 2 0 1989

Bureau of Hazardous Waste Facility Permitting Division of Hazardous Substances Regulation

6NYCRR PART 373

SOLID WASTE

MANAGEMENT UNIT QUESTIONNAIRE

ADDENDUM

VOLUME 4

SEPTEMBER 1989

CORDDRY CARPENTER DIETZ AND ZACK
ENGINEERS AND PLANNERS
HARRISBURG PENNSYLVANIA

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VOLUME 1

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

UNIT				PAGE
I.D.#	DESCRIPTION	LOCATION	STATUS	NO.
TO 4 0 1707	Tout Tables Change Ange	B/303 W	Active	1
TS Area B/303	Tank Trailer Storage Area	B/309	Active	6
B/309 Room #5	Drum Storage Room	B/309	Active	11
B/309 Room #7	Drum Storage/Consolidation Room		Active	16
B/309 Room #8	Drum Storage Room	B/309		21
B/309 Room #9	Drum Storage Room	B/309	Active	
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
	Tank Truck Loading/Unloading Area	B/690 S	Active	121
L/UL Area #32	and Sludge Dumpster Storage Area	5,0,0		
L/UL Area B650	Tank Truck Loading/Unloading Area	B/650	Not yet active	126
LIOL WIEG DOTO	Talk II don Loading offeddaing in da			

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

UNIT <u>I.D.#</u>	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 	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	Active	31

PART 3-4 STORAGE/TREATMENT TANKS

UNIT 1.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	3 0000 Gal	Inactive	57
27	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	63
28	Fluoride / Heavy Metals Wastewater	B/385 E	3 0000 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	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
<u>I.D.#</u>	WASTE DESCRIPTION	LOCATION	3125	317103	
E /	Fluorida / Name Matala Unstauntan	B/312 S	15000 Gal	Active	155
54 57	Fluoride / Heavy Metals Wastewater 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
٥٠.	Figoriae / Heavy Metats wastewater	5,5005			
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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	217 223
91	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	223 229
92	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	235
93	Fluoride / Heavy Metals Wastewater	B/330D W	5000 Gal	Active	235 241
103	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	247
104	Container Storage Area Spill Waste	B/309 N	2000 Gal	Active	253
105	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	259
106	Container Storage Area Spill Waste	B/309 N	550 Gal	Active Removed	265
107	Solvent Waste-Mixed	B/330C E	500 Gal	Inactive, Removed	271
114	Industrial Wastewater	B/315 N	3500 Gal	Active	277
117	Solvent Waste-Mixed	B/304 N	470 Gal	Active	283
118	Solvent Waste-Mixed	B/304 \$	800 Gal	Active	289
121	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	295
122	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	301
123	N-Butyl Acetate Waste	B/320B N	300 Gal	Inactive, Not In Use	307
124	Isopropyl Alcohol	B/320B N	300 Gal	Inactive, Not In Use	313
125	Freon Waste	B/320B N	300 Gal	Inactive, Not In Use	319
127	Solvent Waste-Mixed	B/309 NW	5000 Gal 10000 Gal	Inactive, Not In Use Inactive, Closed	325
134	Methylene Chloride Waste	B/309 NW	10000 Gal	Inactive, Closed	331
135	N-Butyl Acetate	B/309 NW	10000 Gal	Inactive, Closed	337
136	Freon TP 35 Waste	B/309 NW	10000 Gat	Inactive, Closed	343
137	Perchloroethylene Waste	B/309 NW	10000 Gat	Inactive, Closed	349
138	Isoppropyl Alcohol Waste	B/309 NW	1000 Gat	Inactive, Closed Inactive, Not In Use	355
139	Solvent Waste-Mixed	B/309 NW	1000 Gat	Inactive, Not In Use	361
140	N-Butyl Acetate Waste	B/309 NW	1000 dat	inderve, not in ode	231

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

UNIT 1.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	F
4/4	West arms the sake	D (700 NII)	1000 0-1	In this is the second	
141	Xylene Waste	B/309 NW	1000 Gal	Inactive, Not In Use	
142	Freon TF Waste	B/309 NW	1000 Gal	Inactive, Not In Use	
143	Isopropyl Alcohol Waste	B/309 NW	1000 Gal	Inactive, Not In Use	
144	Industrial Waste	B/312 E	98000 Gal	Active	
145	Industrial Waste	B/312 E	98000 Gal	Active	
146	Industrial Waste	B/312 E	190000 Gal	Active	
147	Industrial Waste	B/312 E	190000 Gal	Active	
154	Industrial Wastewater	B/315 E	11940 Gal	Inactive, Removed	
155	Waste Oil, Containment Runoff	B/315 N	1500 Gal	Inactive, Removed	
156	Waste Oil	B/315 N	550 Gal	Inactive, Removed	
157	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Removed	
157B	Solvent Waste-Mixed	B/320B S	3 000 Gal	Inactive, Not In Use	
157C	Solvent Waste-Mixed	B/320B S	2000 Gal	Active	
158	Perchloroethylene Waste	B/335	10000 Gal	Active	
159	Recycled Perchloroethylene	B/335	10000 Gal	Active	
162	Fluoride / Heavy Metals Wastewater	B/330C Link	586 Gal	Active	
165	Fluoride / Heavy Metals Wastewater	B/320B S	3 000 Gal	Active	
168	Solvent Waste-Mixed	B/330C S	5000 Gal	Active	
169	Solvent Waste-Mixed	B/330C E	5000 Gal	Active	
171	Sanitary/Treated Industrial Waste	B/325 NE	500 Gal	Active	
173	Solvent Waste-Mixed	B/330C E	1000 Gal	Inactive, Not In Use	
178	Recycled Perchloroethylene	B/335	5900 Gal	Active	
179	Recycled Perchloroethylene	B/335	5900 Gal	Active	
182	Sanitary/Treated Industrial Waste	B/325 E	338000 Gal	Active	
183	Sanitary/Treated Industrial Waste	B/325 N	107000 Gal	Inactive, Not In Use	
188	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	
189	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	
193	Fluoride / Heavy Metals Wastewater	B/300 E	Not Known	Inactive	
196	Sanitary/Treated Industrial Waste	B/325	20000 Gal	Active	
197	Sanitary/Treated Industrial Waste	B/325 NW	47000 Gal	Active	
200	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	
201	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	
204	Solvent Waste-Mixed	B/322 E	5000 Gal	Active	
205	N-Butyl Acetate Waste	B/322 E	5000 Gal	Active	
206	Isopropyl Alcohol	B/322 E	5000 Gal	Active	
207	N-Methyl-2-Pyrrolidone	B/322 E	5000 Gal	Active	
208	Solvent Waste-Mixed	B/322 W	1268 Gal	Active	
214	Contaminated Groundwater	B/384 S Link	5875 Gal	Active	

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VOLUME 2 (cont')

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

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

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

UNIT		LOGATION	0175	STATUS	PAGE NO.
1.D.#	WASTE DESCRIPTION	LOCATION	SIZE	318103	
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,	B/330C D-28	300 Gal	Inactive, Removed	901
343	Photo Active Compounds	-,		·	
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
467 473	Perchloroethylene Waste	B/330D BD-30	400 Gal	Active	1039
474	Perchloroethylene Waste	B/330D BD-31	250 Gal	Inactive	1045
474 475	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				AT 17110	PAGE
<u>I.D.#</u>	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	<u>NO.</u>
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 Gai	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
3 034	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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PART 3-4 STORAGE/TREATMENT TANKS (cont')

Sanitary/Treated Industrial Wastewater B/325 NW 1500 Gal Active	NO.
3044 Sanitary/Treated Industrial Wastewater B/325 N 2000 Gal Active 3043 Sanitary/Treated Industrial Wastewater B/325 W 2000 Gal Active 3044 Fluoride / Heavy Metals Wastewater B/386 E-5 4500 Gal Active 3045 Fluoride / Heavy Metals Wastewater B/386 E-5 4500 Gal Active 3046 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3047 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3048 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3049 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3049 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3050 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3052 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Fluoride / Heavy Metals Wastewater Sludge Fluoride / Heavy Metals Wastewater Sludge Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3056 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3063 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 5000 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 5066 Fluoride / Heavy Metals Treate	
3042 Sanitary/Treated Industrial Wastewater B/325 N 2000 Gal Active 3043 Sanitary/Treated Industrial Wastewater B/325 W 2000 Gal Active 4040 Metals Wastewater B/386 E-4 4500 Gal Active 3045 Fluoride / Heavy Metals Wastewater B/386 E-5 4500 Gal Active 3046 Fluoride / Heavy Metals Wastewater B/386 E-5 4500 Gal Active 3047 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3048 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3048 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3050 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3050 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3052 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Silicon Processing Waste, B/3812 Bay 2 Cleaning Waste, Eagoon Cleaning Waste, Fluoride / Heavy Metals Wastewater Sludge B/386 N 79600 Gal Active 3054 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3056 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3064 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3064 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3064 Fluoride / Heavy Metals Vastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3060 Fluoride / Heavy Metals Treated Wastewa	1293
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3044 Fluoride / Heavy Metals Wastewater B/386 E-4 4500 Gal Active 3045 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3047 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3048 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3049 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3050 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3052 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Silicon Processing Waste, B/312 Bay 2 Cleaning Waste, B/386 N 79600 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge Fluoride / Heavy Metals Wastewater Sludge Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3056 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3057 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3063 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 5000 Gal Active 5000 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 5000 Ga	1305
3045 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3046 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3047 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3048 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3049 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active 3050 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3051 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3052 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Silicon Processing Waste, B/312 Bay 2 Cleaning Waste, Lagoon Cleaning Waste, Misc. Tanker Sludge, Fluoride / Heavy Metals Wastewater Sludge B/386 N 79600 Gal Active 3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Effluent B/386 N 15000 Gal Active 3056 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3063 Fluoride / Heavy Metals Wastewater Effluent B/386 N 5000 Gal Active 3063 Fluoride / Heavy Metals Wastewater B/386 F-5 2000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 5066 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 506 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Acti	1311
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3049 Fluoride / Heavy Metals Wastewater B/386 F-4 2900 Gal Active Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active	1335
3050 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 79600 Gal Active 8/386 N 15000 Gal Active 8/386 N 17125 Gal Active 8/386 Fluoride / Heavy Metals Wastewater Effluent 8/386 N 1000 Gal Active 8/386 Fluoride / Heavy Metals Wastewater 8/386 G-4 1000 Gal Active 8/386 Fluoride / Heavy Metals Treated Wastewater 8/386 F-5 2000 Gal Active 8/386 Fluoride / Heavy Metals Treated Wastewater 8/386 F-5 2000 Gal Active 8/386	1341
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3052 Fluoride / Heavy Metals Wastewater B/386 N 79600 Gal Active 3053 Silicon Processing Waste,	1353
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3054 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3055 Fluoride / Heavy Metals Wastewater Effluent B/386 N 17125 Gal Active 3057 Fluoride / Heavy Metals Wastewater Effluent B/386 N 5000 Gal Active 3063 Fluoride / Heavy Metals Wastewater B/386 G-4 1000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 50 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active	
3055 Fluoride / Heavy Metals Wastewater Sludge B/386 N 15000 Gal Active 3056 Fluoride / Heavy Metals Wastewater Effluent B/386 N 5000 Gal Active 3057 Fluoride / Heavy Metals Wastewater Effluent B/386 N 5000 Gal Active 3063 Fluoride / Heavy Metals Wastewater B/386 G-4 1000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active	1371
3056 Fluoride / Heavy Metals Wastewater Effluent 3057 Fluoride / Heavy Metals Wastewater Effluent 3063 Fluoride / Heavy Metals Wastewater B/386 N 5000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active	1377
3057 Fluoride / Heavy Metals Wastewater Effluent 3063 Fluoride / Heavy Metals Wastewater B/386 G-4 1000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active VOLUME 4	1383
3063 Fluoride / Heavy Metals Wastewater B/386 G-4 1000 Gal Active 3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active VOLUME 4	1389
3064 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active VOLUME 4	1395
3065 Fluoride / Heavy Metals Treated Wastewater B/386 F-5 2000 Gal Active 50 Gal Active Wolume 4	1401
3069 Fluoride / Heavy Metals Treated Wastewater B/386 D-3 50 Gal Active	1407
	1413
7074 Stanish (News Market Treated Heateupter P/394 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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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT					PAGE
I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	NO.
=000	a to the second to describe the because	B/325 NW	104000 Gal	Active	1485
3089	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1491
3090	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1497
3091	Sanitary/Treated Industrial Wastewater	B/316 Recycle Tank Farm	200 Gal	Active	1503
3092	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1509
3094	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1515
3095	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1521
3096	Industrial Wastewater	B/335	60 Gal	Active	1527
3098	Industrial Wastewater	B/334 E-9	700 Gal	Active	1533
3111	Fluoride/Heavy Metal Wastewater	B/330C	2400 Gal	Inactive, Not In Use	1539
3121	Mixed Solvent Waste	8/330C Pumphouse (B/330G)		Inactive, Under Construction	1545
3122	Fluoride / Heavy Metals Wastewater	B/330C Pumphouse (B/330G)	1111	Inactive, Under Construction	1551
3123	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	500 Gal	Inactive, Under Construction	1557
3124	Fluoride / Heavy Metals Wastewater	· · · · · · · · · · · · · · · · · · ·	8500 Gal	Inactive, Under Construction	1563
3125	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	8500 Gal	Inactive, Under Construction	1569
3126	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	2500 Gal	Inactive, Under Construction	1575
3127	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	2500 Gat	Inactive, Under Construction	1581
3128	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	7000 Gal	Active	1587
3129	Industrial Wastewater	B/310	750 Gal	Active	1593
3131	Industrial Wastewater	B/325 Basement			1599
3132	Industrial Wastewater	B/330C Pumphouse (B/330G)		Inactive, Not In Use	1605
3133	Industrial Wastewater	B/330C Pumphouse (B/330G)		Inactive, Not In Use	1611
3134	Industrial Wastewater	B/310	7000 Gal	Active	1617
3135	Fluoride / Heavy Metals Wastewater	B/310 B-24	300 Gal	Active	1623
3166	Industrial Wastewater	B/338 P-41	550 Gal	Active	1629
3167	Industrial Wastewater	B/330C D-26	90 Gal	Active	
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,	B/694 ₩	740 Gal	Active	1671
	Water Softener Regeneration Wastes				
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 <u> .D.#</u>	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5024	Industrial Wastewater	B/690 N	350 Gal	Active	1707
5029	Industrial Wastewater,	B/694	740 Gal	Active	1713
	Water Softener Regeneration Wastes	-, -, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 13
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 <u>I.D.#</u>	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5324 9001* 9002* 9003*	Industrial Wastewater Perchloroethylene Waste Perchloroethylene Waste Industrial Wastewater,	B/630 L-1 B/335 B/335 B/335	1100 Gal 400 Gal 200 Gal 150 Gal	Active Active Active Active	1875 1881 1887 1893
9004* 9005* 9008* 9010* 9011* 9012* 7013* TANK A	Cooling Tower Blowdown/Overflow Perchloroethylene Waste Perchloroethylene Waste Contaminated Groundwater, Solvent Waste-Mixed Contaminated Groundwater, Solvent Waste-Mixed Fluoride / Heavy Metals Wastewater Fluoride / Heavy Metals Wastewater Industrial Wastewater Industrial Wastewater Solvent Waste-Mixed, Corrosive Wastewater Solvent Waste-Mixed, Corrosive Wastewater	B/335 B/335 B/384 S Link B/384 S Link B/300 Shelter Basement B/300 Shelter Basement B/312 SE B/300 N B/330C E	200 Gal 200 Gal Not Known 750 Gal 807 Gal 807 Gal 2600 Gal Not Known 1000 Gal	Active Active Active Active Inactive, Not In Service Inactive, Not In Service Active Inactive Inactive Inactive, Removed Inactive, Removed	1899 1905 1911 1917 1923 1929 1935 1941 1947 1953

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UNIT 1.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/3300 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.#

SOLID WASTE MANAGEMENT UNIT (SWMU) QUESTIONNAIRE ADDENDUM

SWMU INDEX

VOLUME 4 (cont')

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

UNIT	ID: _		3071	1
Page	1419	of	1958	

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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	3071	360 gal.	ACTIVE X YEAR START: 1987	<u> </u>	Fluoride / Heavy Metals	SEE NOTE	
			INACTIVE INCLUSIVE YEARS: -		Treated Wastewater D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	
					Lead & Compounds	Trace	
NOTE	: This unit i	s part of the	Bldg. 386 treatment plant which	processes	Methyl Ethyl Ketone	Trace	
	approximate	ly 46.5 milli and 3.6 milli	on gal. of Fluoride/Heavy Metal on gal. of Silicon wastewater an	nually.	Trichloroethylene	Trace	
	Tank design	ated as Treat	ed Fluoride/Heavy Metal Tank T-2	4.	Chromium & Compounds	Trace	
1 ι	JNIT ID as cod	led on your fa	cility site map.				
	and criteria o	onstituting w	rdous Waste Codes wastes are defined his questionnaire.				

UNIT	ID: _		3071	1
Dago	1/20	٥f	1058	

3-4.2 WASTE MANAGEMENT PRACTICES

se answer th	e following question	s concerning was	ste management practices associated with the SWMU identified on the preceding page.
Was/is the	tank above or below	ground? Please	describe basic design parameters and materials of construction.
Above Groun	d Below Ground	<u>NK</u>	Description/COMMENT
X			B/386 D-3, Vertical, Concrete, 3' L. x 4' W. x 3' Ht.
			This unit is a concrete, epoxy-coated floor sump containing Tank 3069.
Is/was the	unit covered or unco	vered? If cove	red, briefly describe.
Covered	Uncovered	NK	<u>Description/COMMENT</u>
	X		
Describe in	nspection procedures e date of latest insp	for tanks and a	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
Date of	·	ection.	
Latest Insp		Inspection	Procedures/COMMENT
Daily	,	A visual in	spection of the unit is performed daily.
		N	
If the tank	: is/was uncovered, a	re/were procedu	res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
_Yes	No. NK NA	Description	/COMMENT
х		Manual	
		Automatic _	
			s equipped with a automatic pumping system.
		mis sump i	s equipped with a automatic pumping system.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: .		3071	1
Page	1421	of	<u>1958</u>	

	Cont		as lincover	red. are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
•	Yes	No_	NK_	NA_	Monitoring Description/COMMENT
		<u> </u>	*******		
	If the	tank is/w	as uncovei	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
		<u>x</u>			
i.	Was/is Yes	the tank	equipped NK_	<u>Descri</u>	ndary containment structure (e.g., dike or trench)? Please describe.
	***************************************	X		<u> </u>	
5.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No_	<u>NK</u>	<u></u>	ption/COMMENT
		<u>X</u>		M	
				<u></u>	
7.	If haz	ardous was p inflow (ste was/is (e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	_NA_	COMMENT
	-	A	<u></u>	_X	Wastes are not continuously fed to this unit.

¹ UNIT ID as coded on your facility map.

UNIT	ID: .	3071
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3-4.2 (Cont'	d)
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Yes	No	NK	<u>Description/COMMENT</u>
	<u> x</u>	•	This unit is concrete with an epoxy coating.
	tank was/i		waste treatment, briefly describe the treatment process. Process Description/COMMENT
			Waste treatment, briefly describe the treatment process. Process Description/COMMENT This unit is not used for waste treatment.
NA (no	treatment) X	<u>NK</u>	Process Description/COMMENT
NA (no	treatment) X	NK s used for	Process Description/COMMENT This unit is not used for waste treatment.
NA (no	X X tank was/i	NK s used for	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time?
NA (no	X X tank was/i	NK s used for	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID: .		3071	1
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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 Releas	:0

None X	Indirect*	Positive Proof from Direct Observation	Positive Proof fr Laboratory Analys	om es <u>COMMENT</u>
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha or Was	zardous Wasto te Descritpio	Estimated Quantit on Volume released (y or Date(s) o Units) Release	Nature of Release
		4		

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.

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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 Moni <u>Data At</u>	toring <u>tached</u>		W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the	prior/	-	nologge desiments	al alexander at the second	
		current	retease documente	u above please describe i	relevant remediation implemented or planned.
Previou Impleme Yes	sly nted NO	NK	<u>Inclusive Dates</u>	Description/COMMENT	
			***************************************	Marie	
Current Impleme Yes		NK_	Start Date	Description/COMMENT	
Planned be Impl Yes		NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		3072	1
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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
	3072	5000 gal.	ACTIVE X YEAR START: 1987	<u></u>	Fluoride / Heavy Metals	23 Million gal/yr.	**************************************
			INACTIVE		Wastewater D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
NOTE	: This unit i	s part of the	Treated Fluoride/Heavy Metal	Effluent	Phenols	Trace	
	recycle pla	nt in Buildin	ng 316. as DF MIX TF-111.		Lead & Compounds	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
1 (INIT ID as coo	ded on your fa	acility site map.		Chromium & Compounds	Trace	
ε	and criteria d	constituting w	ardous Waste Codes wastes are defined his questionnaire.				

UNIT	ID:	3072	1
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3-4.2 WASTE MANAGEMENT PRACTICES

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

	Was/is the tar				
	Above Ground	Below Groun	<u>nd</u>	NK	Description/COMMENT
	<u> </u>			-	B/316 C-2, Vertical, FRP, 10' Diam. x 9' Ht.
					This unit is equipped with a mixing unit.
	Is/was the uni	it covered o	r uncove	red? If cove	ered, briefly describe.
	Covered	Uncovered		<u>NK</u>	Description/COMMENT
		х			
	Describe insperand provide de Date of Latest Inspec	ate of lates		tion.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
	and provide d	ate of lates	t inspec	Inspection	Procedures/COMMENT
	and provide do Date of Latest Inspec	ate of lates	t inspec	Inspection	
	and provide do Date of Latest Inspec	ate of lates	t inspec	Inspection	Procedures/COMMENT
	and provide da Date of Latest Inspect Daily	ate of lates	NK_	Inspection A visual in	Procedures/COMMENT nspection of the tank system is performed daily.
	Date of Latest Inspector Daily If the tank is	ate of lates tion s/was uncove	NK NK 	Inspection A visual in	Procedures/COMMENT Inspection of the tank system is performed daily. Unusual
	Date of Latest Inspector Daily If the tank is Yes No.	ate of lates tion s/was uncove	NK_	Inspection A visual in /were procedu	Procedures/COMMENT Inspection of the tank system is performed daily. Unusual control of the tank system is performed daily. Unusual control of the tank system is performed daily. Unusual control of the tank system is performed daily. Unusual control of the tank system is performed daily. Unusual control of the tank system is performed daily. Unusual control of the tank system is performed daily.
	Date of Latest Inspector Daily If the tank is	ate of lates tion s/was uncove	NK NK 	Inspection A visual in /were procedu Description Manual	Procedures/COMMENT Inspection of the tank system is performed daily. Unusually in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. Inspection of the tank system is performed daily.
•	Date of Latest Inspector Daily If the tank is Yes No.	ate of lates tion s/was uncove	NK NK 	Inspection A visual in /were procedu Description Manual Automatic	Procedures/COMMENT Inspection of the tank system is performed daily. Unusually in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. Inspection of the tank system is performed daily.

¹ UNIT ID as coded on your facility site map.

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5-4.	2 (Cont'd				to the etmeenhore? Describe
٠.	If the ta	nk is/wa	s uncovet	ed, are/were	devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	<u>NA</u>	Monitoring Description/COMMENT
		<u>x</u>			
	If the ta	nk is/wa	as uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK_	<u>NA</u>	Control Description/COMMENT
	desire the same	<u>X</u>	Apr. 11 Apr. 1 - 170		
5.	Was/is tl	ne tank e	equipped	Descrip	dary containment structure (e.g., dike or trench)? Please describe.
	<u>x</u>			<u>This un</u>	it is serviced by the floor trench drains and building holding tank system.
				<u>.</u>	
6.	Was/is t	he tank	equipped	Descrip	age control system or a diversion structure (e.g., standby tank)? Describe.
	_X			Inflow	to this tank may be diverted to Tank 582.
				description of the second	
7.	If hazar to stop	dous was	te was/i	s continuousl ste cutoff or	y fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	<u>No</u>	<u>NK</u>	<u>NA</u>	COMMENT
	<u>X</u>				Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

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3-4.2	(Cont'	d)
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			otection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).	
<u>Yes</u>	No No	<u>NK</u>	Description/COMMENT	
	X	**************************************	The tank is constructed of FRP.	

9. If	the tank was/i	e lised for	waste treatment, briefly describe the treatment process.	
		3 4364 101	waste treatment, billetty describe the treatment process.	
	(no treatment)		Process Description/COMMENT	
				• 11. • • • • • • • • • • • • • • • • • •
			Process Description/COMMENT	
			Process Description/COMMENT	
NA 	(no treatment)	<u>NK</u>	Process Description/COMMENT	
10. If	(no treatment)	NK NK	Process Description/COMMENT Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content.	
10. If	(no treatment) the tank was/i	NK NK	Process Description/COMMENT Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT	
10. If	(no treatment) the tank was/i	NK NK	Process Description/COMMENT Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content. storage of hazardous waste, what was/is average residence time?	
10. If	(no treatment) the tank was/i	NK NK	Process Description/COMMENT Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT	
10. If	(no treatment) the tank was/i	NK 	Process Description/COMMENT Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>3072</u>	_1
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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.

<u>Eviden</u>	ce of Release	:		
None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>x</u>			****	
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Waste te Descritpio	Estimated Quanti on Volume released	ty or Date(s) of (Units) Release	Nature of Release
			4	
		Name of the latest and the latest an		

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.

UNIT	ID:	3072 1	
Page	1430 of	1958	

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 SW Analytical Soil Analytical Air Monitoring

Data At			Data Attached	Data Attached Data Attached	
			SIVE the book of t	• • • • • • • • • • • • • • • • • • •	
For the	prior/	currer	nt release documente	d above please describe relevant remediation implemented or planned.	
Previou Impleme Yes	sly nted NO	NK_	Inclusive Dates	Description/COMMENT	

					·····
Current Impleme Yes		NK	<u>Start Date</u>	Description/COMMENT	
					
Planned be Impl Yes	to emented No	NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>3073</u>		
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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. 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. 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 descriptions. 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.

	TYPE/ IDENTIFIER	<u>SIZE</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	3073	65000 gal	ACTIVE X YEAR START: 1987	то1	Fluoride / Heavy Metals	SEE NOTE	
			INACTIVE		Wastewater D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
NOTE	· This unit i	s part of the	Treated Fluoride/Heavy Me	tal Effluent	Phenols	Trace	
	recycle pla	ent in Buildin	g 316. Mation facility process cla		Lead & Compounds	Trace	
	,,,,,,		. ,		Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
1 L	UNIT ID as coo	ded on your fa	acility site map.		Chromium & Compounds	Trace	
ŧ	and criteria (constituting w	ardous Waste Codes wastes are defined his questionnaire.				

UNIT	ID:	3073	1
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3-4.2 WASTE MANAGEMENT PRACTICES

		ground? Pleas	e describe basic design parameters and materials of construction.
as/is the ta	ink above or below	• • • • • • • • • • • • • • • • • • • •	
pove Ground	Below Ground	NK	Description/COMMENT
Х	<u> </u>	Manufacture 1 Aug	B/316 N/W, Vertical, Steel, 30' Diam. x 13' Ht.
e/wae tha ur	nit covered or un	rovered? If cov	ered, briefly describe.
overed	Uncovered	NK	Description/COMMENT
	X		
escribe insp nd provide o	pection procedure: date of latest in:	s for tanks and spection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide of	date of latest in	spection.	
nd provide d	date of latest in	spection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
nd provide of	date of latest in	spection. <u>Inspection</u>	
nd provide of Date of atest Inspec	date of latest in	spection. <u>Inspection</u>	Procedures/COMMENT
nd provide of Date of atest Inspec	date of latest in	spection. <u>Inspection</u>	Procedures/COMMENT
nd provide of Date of atest Inspec	date of latest ins	Inspection. A visual i	nspection of the tank system is performed daily.
Date of atest Inspection Daily f the tank	date of latest instance of lates	Inspection A visual i	nspection of the tank system is performed daily. Mures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspection Daily f the tank	date of latest institution NK is/was uncovered,	Inspection A visual i Are/were proced	nspection of the tank system is performed daily. Sures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspection Daily f the tank	date of latest instance of lates	Inspection A visual i are/were proced NA Description	nspection of the tank system is performed daily. Mures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspection Daily f the tank	date of latest institution NK is/was uncovered,	Inspection. A visual i are/were proced NA Descriptio Manual Automatic	nspection of the tank system is performed daily. Rures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspection Daily f the tank	date of latest institution NK is/was uncovered,	Inspection. A visual i are/were proced NA Descriptio Manual Automatic	nspection of the tank system is performed daily. Mures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspection Daily f the tank	date of latest institution NK is/was uncovered,	Inspection. A visual i are/were proced NA Descriptio Manual Automatic	nspection of the tank system is performed daily. Rures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3073
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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.								
	<u>Yes</u>	No	NK_	<u>NA</u>	Monitoring Description/COMMENT				
		<u>X</u>		And the state of t					
	If the ta	nk is/wa	s uncovei	red, are/were	devices or procedures in place to control releases to the atmosphere? Describe.				
	<u>Yes</u>	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT				
		<u>X</u>							
5.	Was/is th	ne tank e	quipped	with a second	ary containment structure (e.g., dike or trench)? Please describe.				
	<u>Yes</u>	No	NK_		i on/COMMENT				
	_X			<u>This tan</u>	k is serviced by an epoxy coated concrete dike with dimensions of				
				44'L x 3	6'W x 16' Ht. This containment is equipped with a sump which may be pumped to the				
				clarifie	r or to a truck connection.				
6.	Was/is t	ne tank e	equipped		ge control system or a diversion structure (e.g., standby tank)? Describe.				
	Yes	No	NK_	Descript	ion/COMMENT				
	<u> </u>			Flow to	this tank may be diverted to Tank 589.				
				<u></u>					

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.

UNIT	ID: _		3073	1
Dana	1/3/	٥f	1058	

J 4.6 (COIL U	3-4	4.2	(Con	t'd)
---------------	-----	-----	------	-----	---

8.					es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
		<u>X</u>	f 	This tank is painted	and is visually inspected	daily.
			•			

				Harita Andrews		
9.	If the t	ank was/is	used for	waste treatment, briefl	y describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/C	COMMENT	
				This tank is used as	a clarifier for settling o	ut solids.
				The sludge is pumped	to a sludge collection tan	k (Unit # 578) while the supernatant is pumped to a
				<u>transfer</u> tank (Unit #	<i>‡</i> 581).	
10.	If the t	tank was/is	s used for	storage of hazardous wa	nste, what was/is average r	esidence time?
	NA (no s	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	>	(**************************************			This tank is not used for waste storage.

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	3073 1	
Page	<u>1435</u> o	f <u>1958</u>	

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.

	Evi	dence	of	Rel	ease
--	-----	-------	----	-----	------

None	Indirect*	Positive Proof from Direct Observation	Positi <u>Labora</u>	ve Proof from atory Analyses	<u>COMMENT</u>
<u>X</u>	***************************************				
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Wasto te Descritpi	e # ₂ Estimated Quantit on <u>Volume released</u>	ty or (Units)	Date(s) of Release	Nature of Release
			·····		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<u></u>	
,_, _			,		
		Attended to the second			
		WARRY			
			<u></u>		

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.

UN	IT I	D: _		307.	3	1
Da	no 1	474	٥f	1058		

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:

Data At			ata Attached	Data Attached	Data Attached
		-		Parameter (Sparker) and a different annual dispersion of the company of the compa	
For the	prior/	current	release documente	d above please describe :	relevant remediation implemented or planned.
Previou Impleme Yes		<u>NK</u>	Inclusive Dates	Description/COMMENT	
					
Current Impleme Yes	ly nted No	NK_	Start Date	Description/COMMENT	
			-		
Planned be Impl Yes	to emented No	<u>NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3074	
Dago	1/3	7 of 1058	

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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION 2	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
3074	<u>1500 gal.</u>	ACTIVE X YEAR START: 1987	<u> </u>	Treated Fluoride/	23 million gal/yr.	
		INACTIVE		Heavy Metal Waste		
		INCLUSIVE YEARS:		D0052		
				May Contain: Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This unit i	s designated a	as the D.F. Surge Tank.		Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
1 UNIT ID as coo	led on your fa	cility site map.				
and criteria d	constituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT ID: 3074	1	
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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 pred	ceding page.
---------------	---------------	-----------	------------	------------------	-----------	-----------------	----------	---------------	----------	--------------

١.	Was/is the tar	nk abo	ove or be	low gro	und? Pleas	se describe basic design parameters and materials of construction.
	Above Ground	Belo	w Ground	Į	<u>NK</u>	Description/COMMENT
	Х			-		B/316 B-2, Vertical, FRP, 7' Diam. x 6'6" Ht.
						This tank is equipped with a level control system and a high level alarm.
	Is/was the wei	it cov	varad ar	uncover	od? If co	vered, briefly describe.
	15/Was the un	it cov	relea oi	uncover	ed: II Co	vered, billetty describe.
	Covered	Unco	vered		NK	<pre>Description/COMMENT</pre>
	X		********			This tank has a flanged cover, bolted to the top of the tank.
2.	Describe inspe	ection	n procedu	ures for	tanks and	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide d	ate of	latest	inspect	ion.	
	Date of Latest Inspec	+ion		NK	Inchestic	n Procedures/COMMENT
			•	NK_		
	Daily		•		Inspection	n procedures include daily visual inspections and daily inventory monitoring.
3.	If the tank is	s/was	uncovere	ed, are/	were proce	dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	•	NK	NA	Description	on/COMMENT
				_X	Manual	
			5-10-INDX	(ACCUMANCE SAME)		
					11115 15 8	covered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3074
Page	<u>1439</u> of	<u>1958</u>

3-4.	2 (Cont'd				
.	If the ta	ank is/wa	is uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
				<u>_X</u>	Ihis is a covered tank.
	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Control Description/COMMENT
			***************************************	<u> </u>	This is a covered tank.
					W. A. A. Disease describe
5.	Was/is t	he tank (equipped	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
	<u>Yes</u>	No_	NK_		ption/COMMENT
		<u>X</u>			ill would flow to the concrete floor trench drains which would divert the spill to a holding
				tank i	n B/316.
				<u> </u>	The Application of the Applicati
6.	Was/is t	he tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK		ption/COMMENT
	<u> </u>	4	***************************************	Flow m	ay be diverted to Tank 581.
7.	If hazar	dous was	te was/i e.g., wa	s continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Yes_	No	NK_	NA	<u>COMMENT</u>
	X				Flow into the tank may be stopped by closing influent valve.
	<u>a didina mente</u>	\$100,000 MINERAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY		***************************************	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3074
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3-4.2 (COIL'U	3-4	.2	(Cont'	ď۷
---------------	-----	----	--------	----

8.	Was/is If no,	there evide describe co	nce of externosion pro	rnal corrosion? If yes etection provided (e.g.,	, briefly describe the ext corrosion resistant coati	ent of the problem. ngs or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
	elektrodycznamodenia	X	EZACOZ OFFICOZOFICZNOS	The tank is constructed	d of FRP.	
9.		tank was/is treatment)	used for I	waste treatment, briefly Process Description/CO This unit is not used		rocess.
		^		THIS CHITC IS HOT USEC	TOT HUSEC CI COCHICITES	
10.	If the	tank was/is	used for	storage of hazardous was	te, what was/is average r	esidence time?
	NA (no	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
			***************************************		Less than 24 Hrs.	

¹ UNIT ID as coded on your facility map.

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Pane	1441	l of 1958	

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	f Re	lease
-------------	------	-------

None	Indirect*	Positive Proof from Direct Observation	Positive <u>Laborato</u>	Proof from ry Analyses	COMMENT
<u>X</u>					
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	teristics of	Release			
DEC Has	zardous Wasto te Descritpi	e # ₂ Estimated Quantity on Volume released (ate(s) of Release	Nature of Release
			-		
			•		

				1.17	

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.

UNIT	ID:	3074

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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

GW Monitoring Data Attached		/ Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		and the second s		· · · · · · · · · · · · · · · · · · ·
·	current	release documente	ed above please describ	pe relevant remediation implemented or planned.
Previously Implemented Yes NO	NK_	Inclusive Dates	Description/COMMENT	
-	B-1			
			-	
Currently Implemented				
Yes No	NK_	Start Date	Description/COMMENT	
	A	Annual value of the state of th		
Planned to	•	Chart Data	Description/COMMENT	
Yes No	<u>NK</u>	Start Date	Description/COMMENT	
	Egonolina van Auralinaa	111111111111111111111111111111111111111		

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>3077</u>	
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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. 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. 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 descriptions. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3077	60 gal.	ACTIVE X YEAR START: 1979	<u>\$02</u>	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE		1,00,,100		
Thic tank i	e part of the	Bed Decanter Sump (Perchlore Building 335 Perchloroethy proximately 2.8 million gal	/lene Recycling			
1 UNIT ID as coo	led on your fa	acility site map.				
and criteria d	constituting (ardous Waste Codes wastes are defined his questionnaire.				

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3-4.2	WASTE	MANAGEMENT	PRACTICES

Plea	se answer the 1	following qu	estions c	oncerning was	te management practices associated with the SWMU identified on the preceding page.				
1.	Was/is the tar	as/is the tank above or below ground? Please describe basic design parameters and materials of construction.							
	Above Ground	Below Grou	<u>nd</u>	<u>NK</u>	Description/COMMENT				
	<u> </u>	27-25-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-	************	B/335, Vertical, Steel.				
	Is/was the un	it covered o	r uncover	ed? If cover	ed, 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 inspeand provide d	ection proce ate of lates	dures for t inspect	tanks and an	cillary equipment (e.g., ultrasound, tank tightness tests, etc)				
	Date of Latest Inspec	Date of <u>Latest Inspection</u>		Inspection P	rocedures/COMMENT				
	Daily			Inspection p	rocedures 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	s/was uncove	red, are/	were procedur	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.				
	Yes No	. <u>NK</u>	NA	Description/	COMMENT				
			X	Manual					
				Automatic					
				This is a co	vered tank.				

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3077	1
Page	1445 o	f <u>1958</u>	

» /	2 (Camble	ıs			
5-4. 4.	2 (Cont'o		s uncove	red. are/we	re 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.
					land and releases to the atmosphere? Describe
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
	aurunaraumaris	,		<u>X</u>	This is a covered tank.
5.	Uac/ic t	he tank :	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
٠.			_NK_		ption/COMMENT
	Yes	No.	111		ank is located inside the building where the majority of any spill would be contained by the
		<u>X</u>			ank is tocated mistac the bartang.
				TLOOP.	
6.	Was/is t	he tank	eguipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	<u>NK</u>		iption/COMMENT
		<u> </u>			
7.	If hazar to stop	dous was	te was/is	s continuous ste cutoff (sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK_	_NA_	COMMENT
	***************************************	<u> </u>		MAN	

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	3077	1
Page	1446	of <u>1958</u>	

3-4.	2 (Cont	d)		
8.	Was/is t If no, c	here evide describe co	ence of extended	ernal corrosion? If yes, briefly describe the extent of the problem. otection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).
	Yes	<u>No</u>	NK_	Description/COMMENT
		<u>x</u>	***************************************	This tank is visually inspected daily.
9.	If the t	ank was/is	used for	waste treatment, briefly describe the treatment process.
	NA (no t	reatment)	<u>NK</u>	Process Description/COMMENT
		х		This unit is not used for waste treatment.
10.	If the 1	tank was/is	used for	storage of hazardous waste. What was/is average residence time?

. 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 perchloroethylene fraction from the Carbon
			Bed Regeneration Decantor enters this unit to be
			pumped to unit 158 for recycling.

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>3077</u>	
Page	<u>1447</u> of <u>1958</u>	

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.

Evi	dence	of	Re	leas	e

None X	Indirect*		ive Proof from t Observation		ve Proof from itory Analyses	COMMENT
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	<u>se</u>			
DEC Ha or Was	zardous Wasto te Descritpi	e #2 on_	Estimated Quantit Volume released (y or Units)	Date(s) of <u>Release</u>	Nature of Release
				····		
<u>.,, ,</u>						

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.

UNIT	ID:	3077
		3077

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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental conta	mination that exist	s as a result of release	data that may be available which would describe the nature and/or extent of the extent
constituents in co	ntaminated soil, gro	undwater (GW), surface w	
groundwater monitor	ing data) submitted	to EPA and the State	
GW Monitoring	SW Analytical	Soil Analytical	Air Monitoring Data Attached
Data Attached	Data Attached	Data Attached	

For the	prior/	current	release documented	d above please describe relevant remediation implemented or planned.
Previou Impleme Yes	isly ented NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT
Current Impleme Yes	ly ented No	NK_	Start Date	Description/COMMENT
Planned be Impl Yes	to emented No	NK	Start Date	Description/COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	3079
Dago	1///0	of 1958

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. 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. 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 descriptions. 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	<u>S1ZE</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3079	60 gal.	ACTIVE X YEAR START: 1979	\$02	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE				
Thic tank i	e nart of the	Bed Decantor Sump (Water Fra B/335 Pechloroethylene Recy mately 2.8 million gallons ar	cing Plant			
1 UNIT ID as cod	led on your fa	acility site map.				
and criteria o	constituting (ardous Waste Codes wastes are defined nis questionnaire.				

UNIT	ID: _		3079	
Page	1450	of	1958	

3-4.2	WASTE	MANAGE	MENT	PRACTICE	S

	THE COUNTY OF	betom ground: rtea.	se describe basic design parameters and materials of construction.
Above Gr	ound Below Grou	nd NK	<pre>Description/COMMENT</pre>
	X	\$477. 2	B/335, Vertical, Steel.
			This tank is used to pump the water fraction from the Decantor (Unit 455) for
			the Carbon Bed Regeneration Waste, to the Calgon Carbon Filters (Units 9004,
			9005).
Is/was t	he unit covered o	r uncovered? If co	vered, briefly describe.
Covered	Uncovered	<u>NK</u>	Description/COMMENT
	X	-	This sump has a bolted cover with an access hole for the pump unit and float.
and prov	inspection proce ide date of lates	dures for tanks and t inspection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
Date Latest I	of nspection	NK Inspection	n Procedures/COMMENT
	ily	Inspection	n procedures include visual inspections made by the plant operator during his rounds eacl
Da		shift The	ere are generally three shifts each day.
Da		31111 61 111	

and deactivated when the level reduces to 10% of the capacity.

An automatic pump is activated when the float level reaches 90% of the unit's capacity

Description/COMMENT

Manual

Automatic X

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3079
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3-4.	.2 (Cont'				
4.	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	<u>NA</u>	Monitoring Description/COMMENT
		<u>X</u>			
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	<u>NA</u>	Control Description/COMMENT
	<u></u>	<u>X</u>		No Section reserves	
			. ,		ndary containment structure (e.g., dike or trench)? Please describe.
5.	Was/is	the tank	equipped		
	Yes	<u>No</u>	<u>NK</u>		otion/COMMENT
	<u>X</u>			The tar	nk is serviced by a concrete vault slightly larger than itself.
					diversion ethyleture (e.g. standby tank)? Describe.
6.	Was/is	the tank	equipped		nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	<u>No</u>	<u>NK</u>		ption/COMMENT
		<u> X</u>			
					Local interests and applies the tent equipped with a means
7.	If haza to stop	rdous was inflow (te was/is e.g., was	s continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK	_NA_	COMMENT
	_X		B#####################################		Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

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3-4.2	(Cont'	d)
-------	--------	----

Was/is th If no, de	ere evide scribe co	nce of externosion pro	ernal corrosion? If ye otection provided (e.g.	es, briefly describe the ex ., corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
Yes	<u>No</u>	NK_	Description/COMMENT		
	-	<u>X</u>	Visual inspection of	this unit's external surfa	ce is not possible due to insufficient space
If the tar	nk was/is	used for w	waste treatment, briefl	y describe the treatment p	rocess.
		NK_		•	
X			This unit is not used	d for waste treatment.	
If the tar	nk was/is	used for s	storage of hazardous wa	aste, what was/is average r	esidence time?
NA (no sto	orage)	NK (Resi	dence Time Unknown)	Residence Time (units)	COMMENT
				Less than 2 minutes.	Wastewater entering this unit is automatically
					pumped to the Carbon Filter Units.
	If the tal	If the tank was/is NA (no treatment)	If the tank was/is used for was NA (no treatment) X If the tank was/is used for was NA (no treatment) X	Yes No NK Description/COMMENT X Visual inspection of If the tank was/is used for waste treatment, briefly NA (no treatment) NK Process Description/C X Ihis unit is not used If the tank was/is used for storage of hazardous was	If the tank was/is used for waste treatment, briefly describe the treatment post (no treatment) NK Process Description/COMMENT

UNIT	ID: 3079
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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.

constituents as	ssociated	With the Swite desc	, bca iii c	ic procuring par	9
Evidence of Re	<u>lease</u>				
None Indire		tive Proof from ect Observation		e Proof from ory Analyses	COMMENT
<u>X</u>			4		
					*e.g., discoloration of surrounding soil, dead vegetation
<u>Characteristic</u>	s of Relea	ase			
DEC Hazardous or Waste Descr	Waste #2	Estimated Quantit Volume released (Date(s) of Release	Nature of Release
			····		
		<u> </u>			

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.

UNIT	ID:	3079	1
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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 Monit Data Att		<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/c	urrent	release documente	d above please describe	e relevant remediation implemented or planned.
Previous Implemer Yes	ited NO	<u>NK</u> _	Inclusive Dates	Description/COMMENT	
Current I Implemer Yes		NK_	Start Date	Description/COMMENT	
Planned be Imple Yes		<u>NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNI	T	ID: _		3083	1
Pag	e	1455	of	1958	

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. 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. 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. 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)	RELEASE?
3083	9000 gal.	ACTIVE X YEAR START: 1985	то1	Sanitary/Treated	110 million gal/yr.	
		INACTIVE		Industrial Waste		
		INCLUSIVE YEARS:				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
4.0 MGD ma	ximum flow.	ndle 3.0 MGD average flow and		Formaldehyde	Trace	
This tank through th	is designated e facility is	as Sand Filter #2. The average fl split between Tanks 3017, 3083,	low	Fluorides	Trace	
3084, and	3085.			Lead & Compounds	Trace	
1 UNIT ID as cod	ed on your fa	cility site map.		Silver	Trace	
and criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.		Cyanide	Trace	

UNIT	ID:	3083	1
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3-4.2 WASTE MANAGEMENT PRACTICES

elow Ground	NK	Description/COMMENT B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht. Vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
covered or unco	vered? If cov	B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht. Vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	vered, briefly describe. Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
Incovered	<u>NK</u> 	Description/COMMENT This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
ion procedures		This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.
ion procedures	for tartic and	3084, and 3085.
ion procedures	for toute and	
ion procedures	for touls and	
on NK		n Procedures/COMMENT n procedures include daily visual inspections.
was uncovered, a	re/were proced	dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures
NK NA	<u>Description</u>	DN/COMMENT
(date-in-department temperature	Manual	
	Automatic	X
	1' of free	eboard is maintained within this tank by flow over a weir.
_	was uncovered, a	Inspection Was uncovered, are/were proced NK NA Description Manual Automatic

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3083
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<u>Yes</u>	No	NK	NA	Monitoring Description/COMMENT
	<u>x</u>		***************************************	
If the	tank is/wa	ıs uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No	NK	<u>NA</u>	Control Description/COMMENT
	<u>X</u>			
Une/ie	the tank e	auinned	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
Yes	No	NK_		ption/COMMENT
	No			
<u>Yes</u>	<u>No</u> _X	NK_	Descrip	
<u>Yes</u>	<u>No</u> _X	NK_	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Was/is	X X the tank o	NK 	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Was/is Yes	X X the tank o	NK 	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Was/is Yes X	No X the tank of No	NK equipped	Descrip with a drain Descrip Inflow	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Was/is Yes X	No X the tank of No	NK equipped	Descrip with a drain Descrip Inflow	nage control system or a diversion structure (e.g., standby tank)? Describe. ption/COMMENT may be diverted to Tank 3017, 3084, or 3085.
Yes Was/is Yes X If hazato stop	No X the tank of No Ardous was a inflow (NK N	Descrip with a drain Descrip Inflow s continuous ste cutoff on	nage control system or a diversion structure (e.g., standby tank)? Describe. ption/COMMENT may be diverted to Tank 3017, 3084, or 3085. ly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3083
Page	<u>1458</u> of	<u>1958</u>

3-4 STORAGE/TREATMENT TAN

8.					s, briefly describe the ext , corrosion resistant coati	ent of the problem. ngs or liners, or cathodic protection systems).
	<u>Yes</u>	No	NK_	Description/COMMENT		
		<u> x</u>	****	Cathodic protection w	as installed in 1989 after	the tank was sand blasted, primed, and
				epoxy-coated.		
9.	If the	tank was/is	used for w	waste treatment, briefl	y describe the treatment pr	ocess.
	NA (no	treatment)	<u>NK</u>	Process Description/C	OMMENT	
				Waste treatment withi	n this tank consists of sar	nd filtration for removal of suspended solids
				carried over from the	Final Clarifier Tanks 188,	189, 3029, and 3030.
10.	If the	tank was/is	used for	storage of hazardous wa	ste, what was/is average re	esidence time?
	NA (no	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
		Х				This tank is not used for waste storage.

3-4.2 (Cont'd)

¹ UNIT ID as coded on your facility map.

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Dane	1459 of 1958

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.

Fvi	dence	٥f	Rel	ease
EVI	uence	O:	Ret	casc

None	Indirect*	Positive Proof from Direct Observation	Pos i ti <u>Labora</u>	ve Proof from atory Analyses	COMMENT
<u>X</u>					
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	Estimated Quantit on Volume released (y or (Units)	Date(s) of Release	Nature of Release

·		**************************************			
		What is a supply of the state o			
	· 				

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.

UNIT	ID:		3083	1
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3-4.3 (Cont'd)

Planned to be Implemented

No

constituents in contaminated soil, grour groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or extent of as a result of release. Any information on the concentration of hazardous waste or hazardous waste or dwater (GW), surface water (SW) or air should be attached. Include any information/data (including to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or If any analytical data are attached for the unit, please indicate below:
	Soil Analytical Air Monitoring Data Attached Data Attached
Mark Control of the C	
For the prior/current release documented	above please describe relevant remediation implemented or planned.
Previously <u>Implemented</u> <u>Yes NO NK Inclusive Dates</u>	Description/COMMENT
Paralle Millerine parallel par	
Currently <u>Implemented</u> <u>Yes No NK Start</u> Date	Description/COMMENT

		•

Description/COMMENT

Start Date

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>3084</u>	ı
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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	<u>S1ZE</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	3084	9000 gal.	ACTIVE X YEAR START: 1985	т01	Sanitary/Treated	110 million gal/yr.	
					Industrial Waste		
			INACTIVE INCLUSIVE YEARS:				
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	· This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
11012	facility d	lesigned to ha ximum flow.	ndle 3.0 MGD average flow and		Formaldehyde	Trace	
	This tank	is designated	as Sand Filter #3. The average split between Tanks 3017, 3083,	flow	Fluorides	Trace	
	3084, and				Lead & Compounds	Trace	
1 1	INIT ID as coo	led on your fa	cility site map.		Silver	Trace	
			rdous Waste Codes		Cyanide	Trace	
ε	and criteria d	constituting W	vastes are defined nis questionnaire.				

UNIT	ID:	3084	1
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3-4.2	WASTE	MANAGEMENT	PRACTICES

Please answer	the following	questions	concerning	waste management	practices	associated wi	th the	SWMU	identified	on th	ne preceding	g page	
---------------	---------------	-----------	------------	------------------	-----------	---------------	--------	------	------------	-------	--------------	--------	--

ove Ground E	Below Ground	NK_	Description/COMMENT
х		bull-recognished	B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht.
/was the unit	covered or unco	vered? If cov	ered, briefly describe.
<u>vered</u> <u>U</u>	Incovered	NK_	Description/COMMENT
<u>x</u>	***************************************		This tank is located inside an aluminum enclosure which includes Tanks 3083,
			7007 and 7005
			3083, and 3085.
			3083, and 3083.
scribe inspect d provide date	ion procedures e of latest insp	for tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
d provide date Date of	e of latest insp	ection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
d provide date Date of test Inspection	e of latest insp	ection. <u>Inspection</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
d provide date Date of	e of latest insp	ection. <u>Inspection</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
d provide date Date of test Inspection	e of latest insp	ection. <u>Inspection</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
Date of test Inspectio	e of latest insp on <u>NK</u>	Inspection Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures include daily visual inspections.
Date of test Inspection Daily the tank is/w	e of latest insp on <u>NK</u>	Inspection Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
Date of test Inspection Daily the tank is/w	e of latest insp on <u>NK</u>	Inspection Inspection Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures include daily visual inspections. . ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of test Inspection Daily the tank is/w	e of latest inspon NK. NK. NK.	Inspection Inspection Inspection are/were procedure	Ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of test Inspection Daily the tank is/wes No.	e of latest inspon NK. NK. NK.	Inspection Inspection Inspection Inspection Inspection Description	Ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: .		3084	
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3-4.	2 (Cont'				
4.	If the t	ank is/wa	s uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	NA	Monitoring Description/COMMENT
	***************************************	<u> x</u>			
					e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes_	No_	NK_	NA_	Control Description/COMMENT
		<u>X</u>	*************		
5.	Was/is t	he tank (equipped	Descrip	dary containment structure (e.g., dike or trench)? Please describe.
		<u>X</u>			
				<u></u>	
6.	Was/is t	the tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No_	NK_		otion/COMMENT
	<u> </u>			Inflow	may be diverted to Tank 3017, 3083, or 3085.

7.	If hazaı to stop	rdous was inflow (te was/is	s continuous ste cutoff or	ly fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	No	<u>NK</u>	NA_	<u>COMMENT</u>
	<u>x</u>				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.

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3-4.2 (Cont'c

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).						
	<u>Yes</u>	No	NK_	Description/COMMENT			
		<u>X</u>		Cathodic protection w	was installed in 1989 after	the tank was sand blasted, primed, and	
				epoxy-coated.			
9.	If the ta	ank was/is	used for	waste treatment, briefl	y describe the treatment p	rocess.	
	NA (no t	reatment)	NK	Process Description/C	COMMENT		
	***************************************	· · · · · · · · · · · · · · · · · · ·		Waste treatment withi	n this tank consists of sa	nd filtration for removal of suspended solids	
				carried over from the	Final Clarifier Tanks 188	, 189, 3029, and 3030.	
				****			Lieusiana es
10.	If the ta	ank was/is	s used for	storage of hazardous wa	aste, what was/is average r	esidence time?	
	NA (no st	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT	
	x	***************************************				This tank is not used for waste storage.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3084
Page	<u>1465</u> of	1958

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT				
<u>X</u>	***************************************							
				*e.g., discoloration of surrounding soil, dead vegetation				
Charac	Characteristics of Release							
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ Estimated Quantity on Volume released (U		Nature of Release				

- Control of the Cont			
	4.000		
Market Street,			

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.

UNIT	ID:	3084	1

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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:

	itoring ttached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	e prior/	curren	t release documented	d above please describe	relevant remediation implemented or planned.
Previou Impleme Yes	usly ented NO	NK_	Inclusive Dates	Description/COMMENT	
Curren Impleme Yes	tly ented No	NK_	<u>Start Date</u>	Description/COMMENT	

Planne be Imp Yes	d to lemented <u>No</u>	NK_	Start Date	Description/COMMENT	
	***************************************		\$100 plants of the plants of t	f	
				8-34-34-4-4-3-4-4-4-4-4-4-4-4-4-4-4-4-4-	
			1		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3085
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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. 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. 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. 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?
3085	9000 gal.	ACTIVE X YEAR START: 1985	то1	Sanitary/Treated	110 million gal/yr.	
		INACTIVE INCLUSIVE YEARS: -		Industrial Waste		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
		Water Pollution Control		Chromium & Compounds	Trace	
facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.				Formaldehyde	Trace	
through th	e facility is	as Sand Filter #4. The average f split between Tanks 3017, 3083,	ilow	Fluorides	Trace	
3084, and	3085.			Lead & Compounds	Trace	
1 UNIT ID as coo	led on your fa	cility site map.		Silver	Trace	
and criteria c	constituting w	rdous Waste Codes astes are defined is questionnaire		Cyanide	Trace	

UNIT	ID: _		3085
Page	1468	of	<u>1958</u>

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer th	ne following	questions	concerning	waste management	practices	associated with	the SWMU	J identified o	n the preceding	page.
------------------	--------------	-----------	------------	------------------	-----------	-----------------	----------	----------------	-----------------	-------

						ste management practices associated with the SWMU identified on the preceding page.
•					ound? Please	e describe basic design parameters and materials of construction.
	Above Ground	Belo	ow Groun	<u>d</u>	NK_	Description/COMMENT
	<u> </u>				EDVAN-AN TRANSPORTED	B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht.
	Is/was the ur	nit co	vered or	uncover	ed? If cove	ered, briefly describe.
	Covered	Unce	overed		NK_	Description/COMMENT
	X					This tank is located inside an aluminum enclosure which includes Tanks 3083,
						3083, and 3084.
2.	Describe inspand provide o					ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspe	ction		NK	Inspection	Procedures/COMMENT
	Daily				Inspection	procedures include daily visual inspections.
3.	If the tank	is/was	uncover	ed, are,	/were procedu	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes N	0.	NK	NA_	Description	2/COMMENT
		<u>x</u>		100444000000	Manual	
					Automatic	x
					1/ of free	board is maintained within this tank by flow over a weir.
					1 01 11 66	SOLID TO INSTITUTE FILETING COUNTY OF THE WOLLD'S AND THE SOLID COUNTY OF THE SOLID CO

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3085	
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Page 1469 of 1958 3-4 STORAGE/TREATMENT TANKS

J 4 STORAGE/TREATMENT	

3-4.	2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK_	NA_	Monitoring Description/COMMENT
		<u>X</u>			
	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes_	No	NK	NA_	Control Description/COMMENT
		_x			
					
					dila an Angrah 22 Places describe
5.	Was/is t	he tank	equipped		ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	<u>Descri</u>	ption/COMMENT
		<u> x</u>			
6.	Was/is t	he tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK_	Descri	ption/COMMENT
	х			Inflow	may be diverted to Tank 3017, 3083, or 3084.
				,	
7.	If hazar to stop	dous was inflow (te was/is e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes_	No	<u>NK</u>	<u>NA</u>	COMMENT
	х				Flow into the tank may be stopped via shutdown of influent pumping system.
		g-late-terterto		graveniu (1986)	Flow may also be stopped by closing the influent valves.
					TOO MAY GOOD DO OCOPPOS BY COOKING THE THE TOO TOO TOO TOO TOO TOO TOO TOO TOO TO

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3085	
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J~4 .	a (Contro	1)				
В.					es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	<u>No</u>	NK_	Description/COMMENT		
	(Summianomics) muzida	X	EUODINICATION TITOLOGIA	Cathodic protection w	as installed in 1989 after	the tank was sand blasted, primed, and
				epoxy-coated.		
9.	If the ta	ank was/is	used for	waste treatment, briefl	y describe the treatment p	rocess.
	NA (no tr	eatment)	NK	Process Description/C	COMMENT	
				Waste treatment withi	in this tank consists of sa	nd filtration for removal of suspended solids
				carried over from the	e Final Clarifier Tanks 188	. 189. 3029. and 3030.
10.	If the ta	ank was/is	s used for	storage of hazardous wa	aste, what was/is average r	esidence time?
	NA (no si	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	x					This tank is not used for waste storage.

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		3085
Page	1471	of	<u>1958</u>

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.

Evide		_£ n		
EVIGE	ence :	от к	ele	ase

None X	Indirect*	Positive Proof from Direct Observation	Positi <u>Labora</u>	ve Proof from tory Analyses	COMMENT
		Pol-			*e.g., discoloration of surrounding soil, dead vegetation
	teristics of		v or	Date(s) of	
or Was	zardous Wasto te Descritpio	on 2 Volume released (Units)	Release	Nature of Release

•••••					
			···············		
		Borner and All Control of Action (as a second	·····		

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.

UNIT	ID:	3085	_1
Page	<u>1472</u> of	<u>1958</u>	

3-4.3 (Cont'd)			
constituents in co groundwater monitor	amination that exist ontaminated soil, gro ring data) submitted	s as a result of releas undwater (GW), surface (to EPA and the State	data that may be available which would describe the nature and/or extent of e. Any information on the concentration of hazardous waste or hazardous waste water (SW) or air should be attached. Include any information/data (including under any other regulatory programs (e.g., Superfund) that concerns prior or are attached for the unit, please indicate below:
GW Monitoring	SW Analytical	Soil Analytical	Air Monitoring
Data Attached	Data Attached	Data Attached	Data Attached
		Marie Town Market Control of the Con	Western Committee Committe
For the prior/curre	ent release documente	d above please describe i	relevant remediation implemented or planned.
Previously			
Implemented Yes NO NK	Inclusive Dates	Description/COMMENT	

Current Impleme	:ly			
Yes	No	NK	Start Date	Description/COMMENT

Planned	l to emented			
Yes	No_	NK_	Start Date	Description/COMMENT
*********		Mindred Springering	Distribution recommens or control in the design of the des	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3087	
Page	<u>1473</u> o	f <u>1958</u>	

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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
3087	104000gal	ACTIVE X YEAR START: 1987	<u> </u>	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE	-			
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit	is part of the	Water Pollution Control		Chromium & Compounds	Trace	
facility 4.0 MGD	designed to ha maximum flow.	andle 3.0 MGD average flow and		Formaldehyde	Trace	
daily fl	ow through the	d as Nitrification Bay #6. The facility is split among 4 of t	the 6	Fluorides	Trace	
Nitrific	ation Tanks: 30	037, 3087, 3088, 3089, 3090, ar	nd 3091.	Lead & Compounds	Trace	
1 UNIT ID as c	oded on your fa	acility site map.		Silver	· Trace	
2 EPA Process	Codes, DEC Haza	ardous Waste Codes wastes are defined		Cyanide	Trace	
in Part 1 DE	FINITIONS of th	nis questionnaire.				

UNIT	ID: _		3087	1
Paga	1/.7/	۰£	1059	

3-4.2	WASTE	MANAGEMENT	PRACTICES

Covered

Plea	ase answer the	following question	ns concerning wa	ste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk 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, 34' L. x 34' W. x 12' Ht.

Description/COMMENT

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

NK

Automatic X

	X		
2.	Describe inspection pand provide date of	orocedures for latest inspect	tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of		
	Latest Inspection	<u>NK</u>	Inspection Procedures/COMMENT
	Daily	2-1	Inspection procedures include daily visual inspections.
3.	If the tank is/was ur	ncovered, 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

The liquid level within this tank is maintained by weir gates on the tank influent and effluent.

Uncovered

¹ UNIT ID as coded on your facility site map.

UNIT	ID: _		30871	
Page	1475	of	<u>1958</u>	

Yes	No	NK	NA	Monitoring Description/COMMENT
	<u>_x</u>			
If the	tank ie/u	as uncove	red are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No_	NK_	_NA_	Control Description/COMMENT
	<u>X</u>			
. Was/is	s the tank	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
. Was/is	the tank	equipped		ndary containment structure (e.g., dike or trench)? Please describe. ption/COMMENT
			Descrip	
	<u>No</u>		Descrip	ption/COMMENT
Yes	<u>No</u> <u>X</u>	<u>NK</u>	Descrip	ption/COMMENT
Yes	No X s the tank	<u>NK</u>	Descrip	ption/COMMENT
Yes . Was/is	No X s the tank	NK	Descrip with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Was/is Yes	No X s the tank	NK	Descrip with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Yes Yes X	No X s the tank No	equipped NK	with a drain Descrip Inflow	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes Yes Yes X	No X s the tank No zardous was op inflow (equipped NK	with a drain Descrip Inflow	nage control system or a diversion structure (e.g., standby tank)? Describe. ption/COMMENT to this tank may be diverted to Nitrification Bay Tanks 3037, 3088, 3089, 3090, and 3091.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3087	1
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(Con	t'd	I)
	(Con	(Cont'd

	Yes	No	NK	Description/COMMENT		
		<u>_X</u>	Parameter and the second	This tank is constru	cted of concrete.	
9.	If the	ank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no	reatment)	NK_	Process Description/	COMMENT	
				The waste treatment	consists of an activated sl	udge process where the influent wastewater is
				brought into contact	with biological floccule a	nd is mixed and aerated to remove BOD and ammonia.
				Retention time for t	his unit is 2 hours.	
10.	If the	ank was/i	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
10.		ank was/i storage)		storage of hazardous widence Time Unknown)	aste, what was/is average r <u>Residence Time (units)</u>	esidence time? COMMENT
10.		storage)	NK (Res		•	
10.	NA (no s	storage)	NK (Res	idence Time Unknown)	•	COMMENT
10.	NA (no s	storage)	NK (Res	idence Time Unknown)	•	COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3087	1
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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 F	≀el	ease
---------------	-----	------

<u>None</u>	Indirect*	Posi <u>Dire</u>	tive Proof from ct Observation		ve Proof from atory Analyses	COMMENT
<u>X</u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	se			
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ on_	Estimated Quantity Volume released (L	or Units)	Date(s) of Release	Nature of Release
		-				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
,						
<u></u>						

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.

UNIT	ID: _		3087	1
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3-4.3	Con	t′	d)
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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		W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
	current	release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	NK_	Inclusive Dates	Description/COMMENT	
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
- belifectures	CSI-dim-instruction-pays	MITH ACTION ACTION AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND AN		

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	3088
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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	3088	104000gal	ACTIVE X YEAR START: 1987	<u></u>	Sanitary/Treated	73 million gal/yr.	
			INACTIVE		Industrial Waste		
			INCLUSIVE YEARS:				
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	: This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
	facility d	esigned to ha ximum flow.	ndle 3.0 MGD average flow and		Formaldehyde	Trace	
This tank is designated as Nitrification Bay #1. The average daily flow through the facility is split among 4 of the 6				6	Fluorides	Trace	
	Nitrificat	ion Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.			Lead & Compounds	Trace	
1 (INIT ID as cod	ed on your fa	cility site map.		Silver	Trace	
2 E	EPA Process Co and criteria c	des, DEC Haza onstituting w	ordous Waste Codes vastes are defined vis questionnaire.		Cyanide	Trace	
1	in Part I DEFI	NITIONS OF TH	IIS QUESTIONNAILE.			***************************************	

UNIT	ID:	3088 1
Page	<u>1480</u> of	<u>1958</u>

3-4.2	WASTE	MANAGEMENT	PRACTICES

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

				se describe basic design parameters and materials of construction.
Above	Ground	Below Ground	NK	Description/COMMENT
		X	Workstone Annual Control of the Cont	B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.
Is/was	the uni	t covered or un	ncovered? If cov	vered, briefly describe.
Covere	<u>d</u>	Uncovered	<u>NK</u>	Description/COMMENT
***************************************		X		
. Descri	be inspe	ection procedure	es for tanks and	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
. Descri and pr	be inspe ovide da	ection procedure ate of latest in	es for tanks and aspection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
and pr Da	ovide da te of	ite of latest ir	nspection.	
and pr Da <u>Latest</u>	ovide da te of Inspect	ite of latest ir	Spection. Inspection	n Procedures/COMMENT
and pr Da <u>Latest</u>	ovide da te of	ite of latest ir	Spection. Inspection	
and pr Da <u>Latest</u>	ovide da te of Inspect	ite of latest ir	Spection. Inspection	n Procedures/COMMENT
and pr Da Latest	ovide da te of <u>Inspect</u> Daily	ite of latest in	Inspection. Inspection Inspection	n Procedures/COMMENT n procedures include daily visual inspections.
and pr Da Latest	ovide da te of Inspect Daily tank is	ite of latest in NK	Inspection Inspection Inspection	n Procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and pr Da Latest If the Yes	ovide da te of <u>Inspect</u> Daily	ite of latest in NK	Inspection Inspection Inspection are/were process NA Description	n Procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and pr Da Latest	ovide da te of Inspect Daily tank is	ite of latest in NK	Inspection. Inspection Inspection are/were procection NA Description	n procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and pr Da Latest If the Yes	ovide da te of Inspect Daily tank is	ite of latest in NK	Inspection Inspection Inspection are/were process NA Description	n procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and pr Da Latest If the Yes	ovide da te of Inspect Daily tank is	ite of latest in NK	Inspection Inspection Inspection are/were procect NA Description Manual Automatic	n procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and pr Da Latest If the Yes	ovide da te of Inspect Daily tank is	ite of latest in NK	Inspection Inspection Inspection are/were procect NA Description Manual Automatic	n Procedures/COMMENT n procedures include daily visual inspections. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:		3088	
Page	<u>1481</u>	of	<u>1958</u>	

-4.	2 (Cont				
•	If the	tank is/wa	as uncove	red, are/were	devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	<u>NA</u>	Monitoring Description/COMMENT
		<u>_x</u>	•		
					e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
		<u>_X</u>			
	Una (ia	the tank	eguipped	with a second	dary containment structure (e.g., dike or trench)? Please describe.
٠.	Yes	No_	NK_		tion/COMMENT
	162	X			
	,	<u></u>			
5.	Was/is	the tank	eguipped	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_		tion/COMMENT
	X				to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3089, 3090, and 3091.
7.	If haz	ardous was	te was/is	continuousl	y fed into the tank, was/is the tank equipped with a means
	to sto	p inflow (e.g., was	ste cutoff or	by-pass to a standby tank)? Please specify.
	Yes	<u>No</u>	<u>NK</u>	<u>NA</u>	COMMENT
	_X				Inflow may be stopped by closing the slide gates to this tank.

¹ UNIT ID as coded on your facility map.

UN	IT	ID:		3088	 1
Par	ne.	1482	٥f	1058	

3-4.2 (Cont'd)

8.	Was/is t If no, d	here evid escribe c	ence of exte orrosion pro	ernal corrosion? If ye otection provided (e.g.	s, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	<u>No</u>	NK	Description/COMMENT		
		<u>x</u>		This tank is construc	ted of concrete.	
9.	If the t	ank was/i	s used for :	waste treatment, briefl	y describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/C	OMMENT	
				The waste treatment c	onsists of an activated sl	udge process where the influent wastewater is
				brought into contact	with biological floccule a	nd is mixed and aerated to remove BOD and ammonia.
				Retention time for th	is unit is 2 hours.	
10.	If the t	ank was/i	s used for s	storage of hazardous wa	ste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	x			***************************************		This unit is not used for waste storage.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3088 1
Page	<u>1483</u> of	<u>1958</u>

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 Rele	ease
------------------	------

None	Indirect*	Positive Proof from Direct Observation	Positive Proo Laboratory An	
<u> </u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Wast te Descritpi	e # ₂ Estimated Quantit on Volume released (y or Date(s Units) Relea	
,				
•				
			· · · · · · · · · · · · · · · · · · ·	
		Marie a constitution of the second of the se		

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.

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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:

Data Att		<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/o	- current	release documente	d above please describe	relevant remediation implemented or planned.
Previous				- and to produce acces (be	resevant remediation impresienced of prairied.
<u>Implemer</u> <u>Yes</u>		NK	Inclusive Dates	Description/COMMENT	
***************************************			**************************************	***************************************	
Currentl Implemer Yes	y nted No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
					
Planned be Imple Yes		NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	3089	104000gal	ACTIVE X YEAR START: 1987	<u></u>	Sanitary/Treated	73 million gal/yr.	
			INACTIVE		Industrial Waste		
			INCLUSIVE YEARS:	· 			
					May Contain:		~.
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	: This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
	4.0 MGD ma	ximum flow.	andle 3.0 MGD average flow and		Formaldehyde	Trace	
	daily flow	through the	I as Nitrification Bay #2. The facility is split among 4 of th	ne 6	Fluorides	Trace	
	Nitrificat	ion Tanks: 30	37, 3087, 3088, 3089, 3090, and	3 3091.	Lead & Compounds	Trace	
1 U	NIT ID as cod	led on your fa	acility site map.		Silver	Trace	
ε	nd criteria c	constituting w	ardous Waste Codes wastes are defined his questionnaire.		Cyanide	Trace	

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3-4.	2 WASTE MANAGE	MENT PRACTIC	CES		
Plea	se answer the 1	following que	estions co	oncerning was	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or b	below grou	ınd? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Groun	nd	NK	Description/COMMENT
		X			B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.
	Is/was the uni	it covered or	r uncovere	ed? If cover	red, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
		X		****	
2.	Describe inspe	ection proced ate of latest	dures for t inspecti	tanks and an	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspect	<u>tion</u>	NK_	Inspection P	Procedures/COMMENT
	Daily			Inspection p	procedures include daily visual inspections.
3.	If the tank is	s/was uncovei	red, are/w	vere procedur	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.			Description/	
	_X			Manual	
				Automatic	
					evel within this tank is maintained by weir gates on the tank influent and effluent.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3089	
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	2 (Cont				
	If the	tank is/wa	s uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA	Monitoring Description/COMMENT
		<u> </u>			
					The standard to the etmosphere? Describe
	If the	tank is/wa	as uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	<u>_NA</u>	Control Description/COMMENT
		<u>X</u>			
				• . •	dike or trench)? Please describe.
5.					dary containment structure (e.g., dike or trench)? Please describe.
	<u>Yes</u>	<u>No</u>	<u>NK</u>		tion/COMMENT
		<u>X</u>			
,	Non dia	the tools	aguinnad	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
6.					otion/COMMENT
	<u>Yes</u>	<u>No</u>	<u>NK</u>		to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3090, and 3091.
	<u>X</u>			Intow	CO CHIS CUIN MAY BO GIVE SEE
7	16 ham	andaua uaa	to was/i	e continuous!	y fed into the tank, was/is the tank equipped with a means
7.	to stop	o inflow (e.g., wa	ste cutoff or	by-pass to a standby tank)? Please specify.
	Yes	No	<u>NK</u>	NA_	COMMENT
	<u>x</u>	-			Inflow may be stopped by closing the slide gates to this tank.

¹ UNIT ID as coded on your facility map.

UNIT	ID: -		3089	1
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3-4.2 (Cont'd)

В.	Was/is t If no, c	there evid describe c	ence of ext orrosion pr	ernal corrosion? If yo otection provided (e.g	es, briefly describe the ex	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	<u>No</u>	NK_	Description/COMMENT		
	-	<u>_x</u>		This tank is constru	cted of concrete.	

				***************************************	···	
9.	If the t	tank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no t	treatment)	<u>NK</u>	Process Description/0	COMMENT	
				The waste treatment of	consists of an activated sl	udge process where the influent wastewater is
				brought into contact	with biological floccule a	nd is mixed and aerated to remove BOD and ammonia.
				Retention time for the	his unit is 2 hours.	
10.	If the t	tank was/i	s used for	storage of hazardous wa	aste, what was/is average r	esidence time?
	NA (no s	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
		<u> </u>	**************************************	WWW		This unit is not used for waste storage.

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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 Releas	Evidence	of	Release
--------------------	----------	----	---------

None	<u>Indirect*</u>		tive Proof from ect Observation	Positi <u>Labora</u>	ve Proof from atory Analyses	COMMENT			
<u>x</u>									
						*e.g., discoloration of surrounding soil, dead vegetation			
Charac	Characteristics of Release								
DEC Ha	zardous Wast te Descritpi	e #2 on_	Estimated Quantity Volume released (U	or nits)	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.

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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 Monit Data Att	oring ached		W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/d	current	release documente	d above please describ	pe relevant remediation implemented or planned.
Previous Implemer Yes	ily nted NO	NK	Inclusive Dates	Description/COMMENT	

Currentl Implemer Yes		<u>NK</u>	Start Date	Description/COMMENT	
Planned be Imple Yes		NK_	Start Date	Description/COMMENT	
				P	

¹ UNIT ID as coded on your facility map.

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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. 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. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as per you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and descriptions. 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.

	TYPE/ IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	3090	104000gal	ACTIVE X YEAR START: 1987	<u></u>	Sanitary/Treated	73 million gal/yr.	
					Industrial Waste		
			INCLUSIVE YEARS:				
					May Contain:		
						_	
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	· This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
11012	facility d	esigned to ha ximum flow.	andle 3.0 MGD average flow and		Formaldehyde	Trace	
	daily flow	through the	d as Nitrification Bay #3. The av facility is split among 4 of the	6	Fluorides	Trace	
	Nitrificat	ion Tanks: 30	37, 3087, 3088, 3089, 3090, and 3	091.	Lead & Compounds	Trace	
1 U	INIT ID as cod	led on your fa	acility site map.		Silver	Trace .	
2 E	PA Process Co	des, DEC Haza	ardous Waste Codes		Cyanide	Trace	
a	ind criteria d In Part 1 DEFI	ONSTITUTING F NITIONS of th	wastes are defined nis questionnaire.				

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3-4.	2 WASTE MANAGE	MENT PRACTIC	ES	
Plea	se answer the f	following que	estions conce	rning waste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or b	elow ground?	Please describe basic design parameters and materials of construction.
	Above Ground	Below Groun	nd NK	Description/COMMENT
		X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.
		•		·
	Is/was the uni	it covered or	uncovered?	If covered, briefly describe.
	Covered	Uncovered	NK	
		х		Descriptiony comment
	***************************************	<u></u>		
2.	Describe inche	action proces	lurge for ton	ks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide da	ite of latest	inspection.	ks and ancittary equipment (e.g., uttrasound, tank fightness tests, etc)
	Date of	ian	NIV Tu-	machine Danas de la computation de la computatio
	Latest Inspect	<u>. 1011</u>		pection Procedures/COMMENT
	Daily		Ins	pection procedures include daily visual inspections.
3.	If the tank is	/was uncover	ed, are/were	procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	NK_	NA Des	cription/COMMENT
	<u>X</u>	*************	Man	ual
			Aut	omatic X
			<u>The</u>	liquid level within this tank is maintained by weir gates on the tank influent and effluent.

¹ UNIT ID as coded on your facility site map.

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				e devices or procedures in place to monitor releases to the atmosphere? Describe.
Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
	<u> x</u>		Line Control Control	
If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No	NK	_NA_	Control Description/COMMENT
	<u>_x</u>			
Was/is	the tank (equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
Yes	<u>No</u>	NK_	<u>Descrip</u>	otion/COMMENT
	Х			
Was/is		equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
Was/is _Yes_		equipped		nage control system or a diversion structure (e.g., standby tank)? Describe.
	the tank		Descri	
<u>Yes</u>	the tank		Descri	ption/COMMENT
Yes X	the tank	NK_	<u>Descri</u>	to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3091.
Yes X	No No	NK NK	Descriptions	ption/COMMENT
Yes X	No No	NK NK	Descriptions	to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3091. Ly fed into the tank, was/is the tank equipped with a means

¹ UNIT ID as coded on your facility map.

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3-4	.2	(Cont'd)

8.	Was/is t If no, d	here evide escribe co	ence of externosion pr	ernal corrosion? If yes, otection provided (e.g.,	briefly describe the excorrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT		
		<u>_x</u>	-	This tank is constructed	d of concrete.	
9.	If the t	ank was/is	used for	waste treatment, briefly o	describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/COM	MENT	
				The waste treatment con	sists of an activated sl	udge process where the influent wastewater is
				brought into contact wi	th biological floccule a	nd is mixed and agrated to remove BOD and ammonia.
				Retention time for this	unit is 2 hours.	
10.	If the t	ank was/is	used for	storage of hazardous wast	e, what was/is average re	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				This unit is not used for waste storage.

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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.

None Indirect* Dire	tive Proof from ect Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>X</u>			
			*e.g., discoloration of surrounding soil, dead vegetation
Characteristics of Relea	ase		
DEC Hazardous Waste #2 or Waste Descritpion	Estimated Quantity Volume released (Un	or Date(s) of its) Release	Nature of Release
	1.5.10		
Marie 1997			
31-24-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	****		
	Marian		

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.

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3-4.3 (Cont'd)	•				
environmental constituents in groundwater mor	ontamin conta nitoring	ation that exists minated soil, grou data) submitted	as a result of release. An indwater (GW), surface water to EPA and the State under	y information on the concentration (SW) or air should be attached.	d describe the nature and/or extent of n of hazardous waste or hazardous waste Include any information/data (including e.g., Superfund) that concerns prior or ate below:
GW Monitoring Data Attached		Analytical ta Attached		Monitoring Attached	
•	current	release documented	l above please describe releva	nt remediation implemented or plan	ned.
Previously Implemented Yes NO	NK	Inclusive Dates	Description/COMMENT		
Currently					
Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT		
Planned to					
be Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT		
AND COLUMN ASSESSMENT	**************************************				

¹ UNIT ID as coded on your facility map.

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3-4 STORAGE/TREATMENT TANKS FEXCLUSIVE OF 3-31

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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	3091	104000gal	ACTIVE X YEAR START: 1987	то1	Sanitary/Treated	73 million gal/yr.	·
			INACTIVE	<u>-</u>	Industrial Waste		
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE:	: This unit i	s part of the	Water Pollution Control		Chromium & Compounds	Trace	
	facility d	esigned to har kimum flow	ndle 3.0 MGD average flow and		Formaldehyde	Trace	
	This tank	is designated	as Nitrification Bay #4. The facility is split among 4 of t	average he 6	Fluorides	Trace	
	Nitrificat	ion Tanks: 30	37, 3087, 3088, 3089, 3090, ar	d 3091.	Lead & Compounds	Trace	
1 Uł	NIT ID as cod	ed on your fa	cility site map.		Silver	Trace	
2 El	 UNIT ID as coded on your facility site map. EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined 				Cyanide	Trace	
11	n Part 1 DEFI	NITIONS of th	is questionnaire.				

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3-4.2	WASTE	MANAGEMENT	PRACTICES

Please answer	the	following	questions	concerning	waste	management	practices	associated	with	the SWML	J identified	on	the pro	eceding	page.
---------------	-----	-----------	-----------	------------	-------	------------	-----------	------------	------	----------	--------------	----	---------	---------	-------

bove Ground	Below Ground	NK_	Description/COMMENT

	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.
-/	.:		
s/was the ur	nit covered or unco	verea? It cove	ered, briefly describe.
overed	Uncovered	<u>NK</u>	Description/COMMENT
	Х		

VOCE de Victorio d			
escribe insp		for tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide o	pection procedures	for tanks and a ection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide of	pection procedures date of latest insp	ection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
nd provide o	pection procedures date of latest insp	ection. <u>Inspection</u>	Procedures/COMMENT
Date of atest Inspec	pection procedures date of latest insp	ection. <u>Inspection</u>	
nd provide of Date of atest Inspec	pection procedures date of latest insp	ection. <u>Inspection</u>	Procedures/COMMENT
Date of	pection procedures date of latest insp	ection. <u>Inspection</u>	Procedures/COMMENT
nd provide of Date of atest Inspec Daily	pection procedures date of latest insp etion NK	Inspection Inspection	Procedures/COMMENT procedures include daily visual inspections.
Date of atest Inspec Daily	pection procedures date of latest insp etion NK	Inspection Inspection Inspection	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec Daily f the tank in test in the tank in the	pection procedures date of latest inspection NK	Inspection Inspection Inspection Inspection Inspection Description	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec Daily f the tank in test in the tank in the	pection procedures date of latest inspection NK	Inspection Inspection Inspection Inspection Description Manual	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec Daily f the tank	pection procedures date of latest inspection NK	Inspection Inspection Inspection Inspection Inspection Description	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

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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	<u>NK</u>	<u>NA</u>	Monitoring Description/COMMENT				
		<u> </u>							
	If the t	ank is/wa		red, are/were	devices or procedures in place to control releases to the atmosphere? Describe.				
	Yes	No	<u>NK</u>	<u>NA</u>	Control Description/COMMENT				
		<u>x</u>							
5.	Was/is t	No	quipped	Descript	lary containment structure (e.g., dike or trench)? Please describe.				
		<u> </u>							
6.	Was/is t	he tank e	quipped	with a draina	age control system or a diversion structure (e.g., standby tank)? Describe.				
	<u>Yes</u>	No	NK	Descript	i on/COMMENT				
	<u> </u>			<u>Inflow t</u>	to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3090.				
7.	If hazaı to stop	dous wast	ce was/is	continuously te cutoff or	/ fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.				
	Yes	No	<u>NK</u>	<u>NA</u>	COMMENT				
	х				Inflow may be stopped by closing the slide gates to this tank.				

¹ UNIT ID as coded on your facility map.

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3-4	4 2	,	1	c	n	n	٠	ı	d	١

<u>Yes</u>	No	NK	Description/COMMENT
***************************************	<u> </u>		This tank is constructed of concrete.
If the	tank was/is	used for	waste treatment, briefly describe the treatment process.
NA (no	treatment)	NK	Process Description/COMMENT
NA (no	treatment)	<u>NK</u>	Process Description/COMMENT The waste treatment consists of an activated sludge process where the influent wastewater is
NA (no	treatment)	<u>NK</u>	
NA (no	treatment)	<u>NK</u>	The waste treatment consists of an activated sludge process where the influent wastewater is
			The waste treatment consists of an activated sludge process where the influent wastewater is brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.
If the		s used for	The waste treatment consists of an activated sludge process where the influent wastewater is brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia. Retention time for this unit is 2 hours.
If the	tank was/is	s used for	The waste treatment consists of an activated sludge process where the influent wastewater is brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia. Retention time for this unit is 2 hours. storage of hazardous waste, what was/is average residence time?
If the	tank was/is storage)	s used for	The waste treatment consists of an activated sludge process where the influent wastewater is brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia. Retention time for this unit is 2 hours. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3091
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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.

E	vi	dence	of	Rel	ease

27.0011	OC OI NOTOGO.	=			
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Posit <u>Labor</u>	ive Proof from atory Analyses	COMMENT
<u> </u>			•		
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ Estimated Quanti on Volume released	ty or (Units)	Date(s) of Release	Nature of Release
					
			,		
				<u> </u>	

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.

UNIT	ID:		3091	1
Dago	150) _^ f	1059	

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 Monit		SW <u>Da</u>	Analytical ta Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/c		release documente	d above please describe r	relevant remediation implemented or planned.
Previous Implemen	sly nted			·	octoria i dinadi actioni impromoticadi di pramileati
Yes	NO_	NK_	Inclusive Dates	Description/COMMENT	
				•	
Current Impleme Yes		<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
Planned be Impl Yes		NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		3092	<u> </u>
Page	1503	of	1958	

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. 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. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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?
3092	200 gal.	ACTIVE X YEAR START: 1986	\$02	Industrial Waste	5000 gal/yr.	
		INACTIVE		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Тгасе	
NOTE: This tank i	s designated a	as Pump House Sump TR-127.		Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
1 UNIT ID as cod	ed on your fac	cility site map.				
	onstituting wa	rdous Waste Codes astes are defined is questionnaire				

UNIT	ID:		3092	1
Page	<u>1504</u>	of	<u>1958</u>	

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer	the fo	llowing	questions	concerning	waste	management	practices	associated with	the	SWMU	identified	on the	e preceding	page.
---------------	--------	---------	-----------	------------	-------	------------	-----------	-----------------	-----	------	------------	--------	-------------	-------

Above Ground	Below Ground	NK_	Description/COMMENT
	X		B/316 Recycle Tank Farm, Vertical, Concrete, 3' L. x 3' W. x 3' Ht.
s/was the u	nit covered or unco	vered? If cove	ered, briefly describe.
covered	Uncovered	NK_	Description/COMMENT
	X		
	X		
Lecenihe inc		for topks and s	proilleny equipment (e.g., ultracound tenk tightness tests, etc.)
			ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
and provide Date of	pection procedures date of latest insp	ection.	
and provide	pection procedures date of latest insp ction NK	Inspection	encillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT Inspection of the tank system is performed daily.
and provide Date of Latest Inspe	pection procedures date of latest insp ction NK	Inspection	Procedures/COMMENT
Date of atest Inspe	pection procedures date of latest insp ction NK	Inspection	Procedures/COMMENT
nd provide Date of atest Inspe Daily	pection procedures date of latest insp ction <u>NK</u>	Inspection A visual ir	Procedures/COMMENT Inspection of the tank system is performed daily.
Date of atest Inspe Daily The tank	pection procedures date of latest insp ction <u>NK</u>	Inspection A visual in	Procedures/COMMENT Inspection of the tank system is performed daily. The spection of the tank system is performed daily. The spection of the tank system is performed daily. The spection of the tank system is performed daily. The spection of the tank system is performed daily.
Date of atest Inspe Daily	pection procedures date of latest insp ction NK is/was uncovered, a	Inspection A visual ir	Procedures/COMMENT Inspection of the tank system is performed daily. The procedures of the tank system is performed daily. The procedures of the tank system is performed daily. The procedures of the tank system is performed daily. The procedures of the tank system is performed daily.
Date of Latest Inspe Daily If the tank	pection procedures date of latest insp ction NK is/was uncovered, a	Inspection A visual in A visual in A visual in Description	Procedures/COMMENT Inspection of the tank system is performed daily. Unusually in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures in place to maintain at least 2 feet (60 cm) freeboard?

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3092	
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	2 (Cont			and one (you	re devices or procedures in place to monitor releases to the atmosphere? Describe.
4.	Yes_	enk 1s/wa No	nK_	red, are/wer	Monitoring Description/COMMENT
		<u>x</u>			
			9-1		
	If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT
	4-1-2-2-2	<u>x</u>			
5.	Was/is	<u>No</u>	equipped	Descrip	ondary containment structure (e.g., dike or trench)? Please describe.
		<u> x</u>		•	
6.	Was/is	the tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	<u>No</u>	NK_	Descri	ption/COMMENT
		<u>x</u>			
7.	If haza to stop	rdous was inflow (te was/is e.g., was	continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes	No_	<u>NK</u>	NA_	COMMENT
	***************************************	<u>_x</u>			

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3092
	450/	

3-4.2 (C	ont'	d)
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The tank is constructed of concrete. 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. NA (no storage) NK (Residence Time Unknown) Residence Time (units) COMMENT X Information to address this question		Yes	No	NK_	Description/COMMENT	.,	ings or liners, or cathodic protection systems).
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. O. 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		163		AV.			
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. O. 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			<u> </u>		The tank is construct	ted of concrete.	
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. O. 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							
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. O. 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						· · · · · · · · · · · · · · · · · · ·	
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. O. 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							
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. O. 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							
NA (no treatment) NK Process Description/COMMENT X This unit is not used for waste treatment. NA (no storage) NK (Residence Time Unknown)							
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).	If the	tank was/is	used for	waste treatment, brief	ly describe the treatment p	rocess.
O. 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		NA (no	treatment)	NK	Process Description/	COMMENT	
NA (no storage) NK (Residence Time Unknown) Residence Time (units) COMMENT Information to address this question			x	**********	This unit is not use	d for waste treatment.	
X Information to address this question							
NA (no storage) NK (Residence Time Unknown) Residence Time (units) COMMENT Information to address this question							
X Information to address this question	10.	If the	tank was/is	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
		NA (no	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
is not available.			···		x		Information to address this question
							is not available.

¹ UNIT ID as coded on your facility map.

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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.

Evi	dence	of	Re	lease

<u>None</u>	Indirect*	Posi <u>Dire</u>	tive Proof from ct Observation		ive Proof from atory Analyses	COMMENT
<u>X</u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	se			
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ on_	Estimated Quantity Volume released (y or Units)	Date(s) of Release	Nature of Release
	<u> </u>					

				<u></u>		
						
						

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.

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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:

Data Att			Data Attached	Data Attached Data Attached	
For the	prior/	urrer	nt release documente	above please describe relevant remediation implemented or planned.	
Previous Implemen Yes		NK	<u>Inclusive Dates</u>	Description/COMMENT	
	•				
Current Implemen Yes	y nted No	NK_	Start Date	Description/COMMENT	
Planned be Imple Yes		<u>NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

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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. 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. 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 descriptions. 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.

	TYPE/ IDENTIFIER 1	<u>size</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	3094	1300 gal.	ACTIVE X YEAR START: 1986	то1	Industrial Wastewater	1.2 million gal/yr.	
			INACTIVE				
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
NOTI	: This unit i	s designated a	as Sand Filters ER 129.		Trichloroethylene	Trace	
NOTE. THIS diffe is designated as early treated as					Chromium & Compounds	Trace	
					Formaldehyde	Trace	
					Fluorides	Trace	
1 1	JNIT ID as cod	ed on your fac	cility site map.				
	and criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID: _		3094	- -
Page	<u>1510</u>	of <u>19</u>	95 <u>8</u>	

3-4.2 WASTE MANAGEMENT PRACTICES

lastin the ter	الماسم منتموات بالم			describe basis design commence and manufalls of commenced in
				describe basic design parameters and materials of construction.
Above Ground	Below Ground	<u> </u>	<u>NK</u>	Description/COMMENT
X				B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.
Is/was the un	it covered or	uncovered	d? If cover	ed, briefly describe.
Covered	Uncovered	-	NK	Description/COMMENT
Х		_		This unit is a typical cylindrical type tank, completely enclosed and constructed
				of a uniform shell material.
Describe inspo and provide da	ection proced ate of latest	ures for t	anks and an	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
Describe inspo and provide do Date of Latest Inspec	ate of latest	inspection	n. Inspection P	rocedures/COMMENT Repection of the tank system is performed daily.
and provide da Date of Latest Inspec	ate of latest	inspection	n. Inspection P	Procedures/COMMENT
and provide da Date of Latest Inspec	ate of latest	inspection	n. Inspection P	Procedures/COMMENT
and provide da Date of Latest Inspect	ate of latest	inspection	nspection P	rocedures/COMMENT spection of the tank system is performed daily.
and provide da Date of Latest Inspect	ate of latest tion s/was uncover	NK 1	nspection P	rocedures/COMMENT spection of the tank system is performed daily. sees in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspect Daily If the tank is	ate of latest tion s/was uncover	NK 1	nspection P A visual ins	rocedures/COMMENT spection of the tank system is performed daily. res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspect Daily If the tank is	ate of latest tion s/was uncover	NK I	enspection P A visual inserve procedur Description/	rocedures/COMMENT spection of the tank system is performed daily. res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspect Daily If the tank is	ate of latest tion s/was uncover	inspection NK 1 A ed, are/we NA E X N	ere procedur Description/	rocedures/COMMENT spection of the tank system is performed daily. res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspect Daily If the tank is	ate of latest tion s/was uncover	inspection NK 1 A ed, are/we NA E X N	ere procedur Description/	rocedures/COMMENT spection of the tank system is performed daily. res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3094
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5-4.	2 (Cont'				
÷.	If the t	ank is/wa	s uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA	Monitoring Description/COMMENT
			W-SETTLE STATE	<u>X</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	ered, are/wer	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT
				_X	This is a covered tank.
5.	Was/is	the tank (equipped	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
٠.		No.	NK		ption/COMMENT
	<u>Yes</u>		- AK		(CTOT) (SERVICE)
		<u> </u>		<u></u>	
					discription attricture (a.g. attendby tank)? Describe
6.	Was/is	the tank	equipped		nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	<u>NK</u>		otion/COMMENT
	_X			Flow to	o this unit may be diverted to Unit 3095 or 3096.
7.	If haza	rdous was	te was/i	s continuous	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	to stop				
	<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	COMMENT Flow into the tank may be stopped by closing influent valve.
	<u>X</u>				Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3094 1	
Dage	151	0 a4 10E0	

3-4.2 (Cont'd	(Cont'd)
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If no,	No_	NK	Description/COMMENT			
	<u> X</u>		Information to addres	ss this question is not ava	ilable for this unit.	
			W. C.			

				· · · · · · · · · · · · · · · · · · ·		
			B COMMON AND AND AND AND AND AND AND AND AND AN	The state of the s		
If the	tank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.	
				•	rocess.	
	tank was/i		Process Description/	COMMENT		
			Process Description/	•		
			Process Description/	COMMENT		
			Process Description/	COMMENT		No.
NA (no	treatment)	_NK	Process Description/O	COMMENT	on.	
NA (no	treatment)	NK s used for	Process Description/O	COMMENT s consists of sand filtrati	on. esidence time?	
NA (no	treatment) tank was/i	NK s used for	Process Description/O	COMMENT s consists of sand filtrati	on. esidence time? COMMENT	
NA (no	treatment)	NK s used for	Process Description/O	COMMENT s consists of sand filtrati	on. esidence time?	
NA (no	treatment) tank was/i	NK s used for	Process Description/O	COMMENT s consists of sand filtrati	on. esidence time? COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		3094	1
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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.

	Evide	nce	of	Rel	ease
--	-------	-----	----	-----	------

None	Indirect*	Posi <u>Dire</u>	tive Proof from ect Observation		ive Proof from atory Analyses	COMMENT
_X						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Rele	ase_			
DEC Ha	zardous Wast te Descritpi	e # ₂	Estimated Quantity Volume released (U	or nits)	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.

UNIT	ID:	3094

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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 SW Analytical <u>Data Attached</u> <u>Data Attached</u>		Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>		
For th	e prior/	 current	release documente	d above please describe	relevant remediation implemented or planned.
Previo Implem Yes	usly ented NO	<u>NK</u>	Inclusive Dates	Description/COMMENT	
	***************************************		44.4		
Curren Implem Yes		<u>NK</u>	Start Date	Description/COMMENT	
Planne be Imp Yes	d to lemented No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT /	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3095	
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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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
3095	<u>1300 gal.</u>	ACTIVE X YEAR START: 1986	<u>T01</u>	Industrial Wastwater	1.2 million gal/yr.	
		INACTIVE				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit i	is designated a	s Sand Filters ER 130.		Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
1 UNIT ID as coo	ded on your fac	ility site map.				
2 EPA Process Co and criteria c in Part 1 DEF	constituting wa	dous Waste Codes stes are defined s questionnaire.				

UNIT	ID:		3095	¹
Page	<u>1516</u>	of	<u>1958</u>	

3-4.2 WASTE MANAGEMENT PRACTICES

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

Above 4	naumal n	alau Casus -		NV	Decembrica / COMMENT
Above G	rouna B	elow Ground		<u>NK</u>	Description/COMMENT
X					B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.
ls/was	the unit	covered or	uncover	ed? If c	overed, briefly describe.
Covered	<u>U</u>	ncovered		NK	Description/COMMENT
X					This unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
and pro	vide date e of Inspectio	of latest		ion. Inspecti	on Procedures/COMMENT
and pro	vide date e of	of latest	inspect	ion. Inspecti	
and pro	vide date e of Inspectio	of latest	inspect	ion. Inspecti	on Procedures/COMMENT
and pro	vide date e of <u>Inspectio</u> aily	of latest <u>n</u>	inspect	Inspecti	on Procedures/COMMENT inspection of the tank system is performed daily.
and pro	vide date e of <u>Inspectio</u> aily	of latest <u>n</u>	inspect	Inspecti	on Procedures/COMMENT inspection of the tank system is performed daily.
and pro	vide date e of <u>Inspectio</u> aily	of latest <u>n</u>	inspect	Inspecti A visual	on Procedures/COMMENT inspection of the tank system is performed daily.
Dat Latest D If the	vide date e of Inspectio aily tank is/w	of latest n	inspect NK ed, are/	Inspection. A visual were proc	on Procedures/COMMENT inspection of the tank system is performed daily. edures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Dat Latest D If the	vide date e of Inspectio aily tank is/w	of latest n	NK	Inspection A visual Were proc	on Procedures/COMMENT inspection of the tank system is performed daily. edures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. ion/COMMENT
Dat Latest D	vide date e of Inspectio aily tank is/w	of latest n	NK	Inspection. A visual were proceing the manual Automation.	on Procedures/COMMENT inspection of the tank system is performed daily. edures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. ion/COMMENT

¹ UNIT ID as coded on your facility site map.

UNIT ID: 3095 1	
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3-4.	2 (Cont'	d)			
4.	If the ta	ank is/wa	is uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK_	NA	Monitoring Description/COMMENT
			***********	<u>x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA	Control Description/COMMENT
	-			<u>x</u>	This is a covered tank.
5.	Was/is t	he tank e	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK_		ption/COMMENT_
		X			

6.	Was/is t	he tank e	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_		ption/COMMENT_
	X				o this unit may be diverted to Unit 3094 or 3096.
			***************************************	1000	5 THE GIVE HELD STATE OF THE ST
				H	
_					
7.	If hazar to stop	dous was: inflow (e	te was/is e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes	No_	<u>NK</u>	NA_	<u>COMMENT</u>
	x				Flow into the tank may be stopped by closing influent valve.
			444444		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3095	1
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V			and the second s	
<u>Yes</u>	<u>No</u>	NK_	Description/COMMENT	
	<u>_x</u>	-	Information to address this question is not available for this unit.	
• 6 41 -				
If the			unata trantment briefly describe the treatment process.	
		s used for	waste treatment, briefly describe the treatment process.	
	treatment)	NK_	Process Description/COMMENT	
			Process Description/COMMENT	
			Process Description/COMMENT	
NA (no	treatment)	<u>NK</u>	Process Description/COMMENT The treatment process consists of sand filtration.	
NA (no	treatment)	<u>NK</u>	Process Description/COMMENT The treatment process consists of sand filtration. storage of hazardous waste, what was/is average residence time?	
NA (no	treatment)	NK. ————————————————————————————————————	Process Description/COMMENT The treatment process consists of sand filtration.	
NA (no	treatment)	NK. ————————————————————————————————————	Process Description/COMMENT The treatment process consists of sand filtration. storage of hazardous waste, what was/is average residence time?	
NA (no	tank was/is	NK. ————————————————————————————————————	Process Description/COMMENT The treatment process consists of sand filtration. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT	
NA (no	tank was/is	NK. ————————————————————————————————————	Process Description/COMMENT The treatment process consists of sand filtration. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT	

UNIT	ID:	3095
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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.

dence		

	<u>Indirect*</u>	Positive Proof from Direct Observation	Positiv <u>Laborat</u>	ve Proof from tory Analyses	COMMENT
<u> X</u>				· · · · · · · · · · · · · · · · · · ·	
					*e.g., discoloration of surrounding soil, dead vegetation
Characte	eristics of	Release			
DEC Haza or Waste	ardous Waste e Descritpio	Estimated Quantity Nolume released (L	or 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.

UNIT	ID:	3095
Page	<u>1520</u> of	1958

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 Monitori Data Attach	ing ied	SI D	d Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>	
For the pri	 ior/cur	rent	release documented	d above please describ	be relevant remediation implemented or planned.	
Previously Implemented Yes NO		<u>K</u>	<u>Inclusive Dates</u>	Description/COMMENT		
						
						MINIMONE .
Currently Implemented Yes No		<u>IK</u>	Start Date	Description/COMMENT		
			WE TO THE CONTROL OF			

Planned to be Implementes No.	nted	IK_	Start Date	Description/COMMENT		
				•		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3096	
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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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
3096	<u>1300 gal.</u>	ACTIVE X YEAR START: 1986	<u>T01</u>	Industrial Wastwater	1.2 million gal/yr.	
		INACTIVE	_			
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
NOTE: This unit i	s designated a	s Sand Filters ER 131.		Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
1 UNIT ID as coo	ded on your fac	ility site map.				
	constituting wa	dous Waste Codes estes are defined s questionnaire.				

UNIT	ID:	3096	1
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3-4.2	WASTE	MANAGEMENT	PRACTICES

3-4 Plea				ncerning was	te management practices associated with the SWMU identified on the preceding page.
1.					describe basic design parameters and materials of construction.
	Above Ground			NK_	Description/COMMENT
	X				B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.
	Is/was the un	it covered or	uncovere	d? If cover	ed, 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 insp and provide d Date of Latest Inspec	ate of lates	t inspecti	on.	rocedures/COMMENT
Daily A visual inspection		A visual ins	spection of the tank system is performed daily.		
3.	If the tank i	s/was uncove	red, are/w	ere procedur	res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	. <u>NK</u>	NA_	Description/	<u>COMMENT</u>
	***************************************		<u>_x</u>	Manual	
				Automatic	
				This is a co	overed tank.
	•				

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3096	i
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3-4.	.2 (Cont'	d)			
4.	If the t	ank is/wa	is uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	NA	Monitoring Description/COMMENT
				<u>X</u>	This is a covered tank.
	If the t	ank is/wa	is uncove	ered, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
			***************************************	<u>X</u>	This is a covered tank.
5.	Una/ia t	ha tank d	aui pood	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
۶.					
	Yes	No_	<u>NK</u>	vescrit	otion/COMMENT
	-	<u>X</u>		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
6.	Was/is t	he tank e	equipped		nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	<u>No</u>	<u>NK</u>	*	ption/COMMENT
	<u>x</u>			Flow to	o this unit may be diverted to Unit 3094 or 3095.
7.					ly fed into the tank, was/is the tank equipped with a means r 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.

UNIT	ID:		3096 1
Page	<u>1524</u>	of	<u>1958</u>

3-4.2	(Cont'd	ľ
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8.	Was/is t If no, d	here evide escribe co	ence of extention pro	rnal corrosion? If yes, briefly corrosion	escribe the extent resistant coatings	of the problem. or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
		<u>x</u>		Information to address this quest	ion is not availab	ole for this unit.
					10000000000000000000000000000000000000	
9.	If the t	ank was/i	s used for 1	aste treatment, briefly describe	he treatment proc	ess.
	NA (no t	reatment)	NK	Process Description/COMMENT		
				The treatment process consists or	sand filtration.	
10.	If the t	ank was/i	s used for	torage of hazardous waste, what w	s/is average resi	dence time?
	NA (no s	storage)	NK (Res	dence Time Unknown) Residence	Time (units) C	THEMMO
	>	(<u>I</u>	his unit is not used for waste storage.
					_	
					_	
					Books	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3096	l
Page	1525 of	1958	

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 Releas	se	eas	Rel	of	dence	Evi
--------------------	----	-----	-----	----	-------	-----

<u>None</u> X	Indirect*	Positive Proof from <u>Direct Observation</u>	Positive Proof from <u>Laboratory Analyses</u>	COMMENT
				*e.g., discoloration of surrounding soil, dead vegetation
	teristics of			
DEC Has	zardous Wasto te Descritpio	e # ₂ Estimated Quantiton Volume released (y or Date(s) of (Units) Release	Nature of Release
	<u></u>			

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.

UNIT	ID:	3096	1
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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:

W Monito lata Atta		SV Da	A Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
or the p	orior/c	urrent	release documented	d above please describe	relevant remediation implemented or planned.
Previous Implement Yes	y ced NO	NK	Inclusive Dates	Description/COMMENT	
-					
Currentl Implemen Yes		NK_	Start Date	Description/COMMENT	
Planned be Imple Yes		NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3098
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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. 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 waste 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. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3098	60 gal.	ACTIVE X YEAR START: 1980	<u></u>	Industrial Waste	36,500 gal/yr.	
		INACTIVE INCLUSIVE YEARS:		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
NOTE: This unit i	s designated	as the B/335 I.W. Waste Sum	p. This unit	Trichloroethylene	Trace	
handles th	e carbon bed	filter effluent and boiler	blowdown.	Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
1 UNIT ID as coo	led on your fa	acility site map.				
and criteria d	onstituting w	ardous Waste Codes wastes are defined				

UNI	T ID:	3098 1
Dane	152	R of 1058

3-4.2	WASTE	MANAGEMENT	PRACTICES

3-4.	2 <u>WASTE MANAGI</u>	MENT PRACTICE	<u>s</u>		
Plea	se answer the	following ques	stions c	oncerning was	e management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or be	elow gro	und? Please o	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	4	NK	Description/COMMENT
		X	_	***************************************	B/335, Vertical, Steel, 3.3' L. x 3.3' W. x 3' Ht.
	Is/was the un	it covered or	uncover	ed? If cover	ed, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
		x		-	This tank has a flanged cover, bolted to the top of the tank.
2.					cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide d	ate of latest	inspect	ion.	
	Date of Latest Inspec	<u>tion</u>	NK	Inspection P	rocedures/COMMENT
	Daily			Inspection p	rocedures include visual inspections made by the plant operator during his rounds each
				shift. There	are generally three shifts each day.
3.	If the tank i	s/was uncover	ed, are/	were procedur	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No		NA	Description/	
				Manual	
			****	Automatic	
					evel in this unit is controlled automatically by a float activated pump system.
				(144.4	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3098	•
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3-4.	.2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	_NA_	Monitoring Description/COMMENT
	(-110-11-1-1-1-1-1	<u>_X</u>			
	If the t	ank is/wa	as uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u> X	NK	<u>NA</u>	Control Description/COMMENT

5.	Was/is t	he tank e	equipped	with a second	dary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descript	I ON/COMMENT
	<u> </u>			<u>This uni</u>	t is serviced by a concrete vault slightly larger than itself.
				W-11	
6.	Was/is t	ne tank e	equipped	with a draina	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descript	ion/COMMENT
	**********	<u>x</u>			
7.	If hazard	dous wast inflow (e	e was/is e.g., was	continuously te cutoff or	/ fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	No	NK_	NA	COMMENT
	<u>X</u>	messace and a	-		Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UNIT	ID:		3098	-
Page	1530	of	<u>1958</u>	

				3-4 STORAGE/TREATMENT TANKS
3-4.	2 (Cont'	d)		
8.	Was/is th	here evide escribe co	nce of ext rrosion pr	ernal corrosion? If yes, briefly describe the extent of the problem. otection 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 t	ank was/is	s used for	waste treatment, briefly describe the treatment process.
	NA (no t	reatment)	NK_	Process Description/COMMENT
		х		This unit is not used for waste treatment.
10.	If the t	ank was/i	s used for	storage of hazardous waste, what was/is average residence time?
	NA (no s	torage)	NK (Re	sidence Time Unknown) Residence Time (units) COMMENT
				Less than 8 hours. Flow from this unit is pumped to the I.W.T.P.

UNIT	ID:	3098	i

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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 preceding pages.

		_		
FV	dence	ot.	Rel	ease

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>x</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha or Was	zardous Wasto te Descritpi	Estimated Quantit on Volume released (y or Date(s) of Units) 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.

UNIT	ID:	3098
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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:

	itoring <u>ttached</u>		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For th	e prior,	'currer	nt release documente	d above please describe	relevant remediation implemented or planned.
Previo Implem Yes	usly ented NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
					
Curren Implem Yes		NK_	Start Date	Description/COMMENT	
-					
Planne be Imp Yes	d to lemented No	NK_	<u>Start Date</u>	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		3111	١.
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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. 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. 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. 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	QUANTITY (SPECIFY UNITS)	RELEASE?
3111	700 gal.	ACTIVE X YEAR START: 1987	<u>\$02</u>	Fluoride/Heavy Metal	NOT KNOWN	
				Wastewater		
		INACTIVE	-	D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This tank i	s designated a	ns Spill Tank T-11.		Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fac	cility site map.				
					:	
2 EPA Process Co and criteria C	constituting wa	astes are defined is questionnaire.				

U	NIT	ID: _		3111	1
		157/	- 4	1050	

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer	the followin	g questions	concerning	waste management	practices	associated with	the SW	MU identified	on the	preceding	page.
---------------	--------------	-------------	------------	------------------	-----------	-----------------	--------	---------------	--------	-----------	-------

hava onaved	Balan Onner	1112	Description of the second of t
bove Ground	Below Ground	<u>NK</u>	Description/COMMENT
X			B/334 E-9, Vertical, Polyethylene, 4'6" x 5'8"
:/was the uni	t covered or unco	overed? If cov	ered, briefly describe.
overed	Uncovered	<u>NK</u>	Description/COMMENT
X		*************	This unit is covered with a loose fitting, gasketless polyethylene lid.
			
escribe inspe	ection procedures	for tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide da	ection procedures ate of latest insp	for tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide da Date of	ite of latest insp	pection.	
nd provide da Date of atest Inspect	ite of latest insp	Inspection	Procedures/COMMENT
nd provide da Date of	ite of latest insp	Inspection	
nd provide da Date of atest Inspect	ite of latest insp	Inspection	Procedures/COMMENT
nd provide da Date of atest Inspect	ite of latest insp	Inspection	Procedures/COMMENT
nd provide da Date of atest Inspect Daily	ite of latest insp	Inspection Inspection	Procedures/COMMENT procedures include daily visual inspections.
nd provide da Date of atest Inspect Daily	ite of latest insp	Inspection Inspection	Procedures/COMMENT
nd provide da Date of atest Inspect Daily	ite of latest inspand	Inspection Inspection Inspection	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures
Date of atest Inspect Daily The tank is	ite of latest insp	Inspection Inspection Inspection are/were procedum	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures
Date of stest Inspect Daily the tank is	ite of latest inspansion NK NK NK NK NK NK	Inspection Inspection Inspection are/were proceded Description	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures
Date of atest Inspect Daily f the tank is	ite of latest inspansion NK NK NK NK NK NK	Inspection Inspection Inspection are/were procede Description Manual Automatic	Procedures/COMMENT procedures include daily visual inspections. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3111 1
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5-4.	2 (Cont	'd)			
.	If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA	Monitoring Description/COMMENT
				<u>x</u>	This is a covered tank.
	If the	tank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No_	NK	NA	Control Description/COMMENT
				<u>x</u>	This is a covered tank.
5.	Was/is	the tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes_	No	NK_	Descri	ption/COMMENT_
		_ x			
6.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes_	No	NK_		ption/COMMENT
	X		<u></u>		nage valve allows discharge to a floor trench. A leak detector is installed in the trench.

7.	If hose	andoue use	to was/i	e continuous	sly fed into the tank, was/is the tank equipped with a means
٠.	to stop	indous was inflow (e.g., was	ste cutoff o	or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No_	<u>NK</u>	_NA_	COMMENT
		<u> </u>			There are three inlet lines: two do not have shut-off valves, one has a shut-off valve only to
					prevent backflow.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3111	
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3-4.2 (Cont'd)
---------------	---

8.					es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	<u>No</u>	NK_	Description/COMMENT		
		X		The tank is construct	ed of polyethylene.	
	•					
9.	If the tank	<pre>was/is</pre>	used for w	waste treatment, briefl	y describe the treatment p	rocess.
	NA (no trea	atment)	NK	Process Description/C	COMMENT	
	x_		· ••••••	This unit is not used	i for waste treatment.	
				•		
					·	
10.	If the tank	< ₩as/is	used for s	storage of hazardous wa	nste, what was/is average r	esidence time?
	NA (no stor	rage)	NK (Resi	dence Time Unknown)	Residence Time (units)	COMMENT
				x		This is a spill tank.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3111
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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.

	Evi	dence	of	Rel	ease
--	-----	-------	----	-----	------

None	Indirect*	Positive Proof from Direct Observation	Positi <u>Labora</u>	ve Proof from story Analyses	COMMENT
<u>x</u>					
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ Estimated Quantit on Volume released (y or (Units)	Date(s) of Release	Nature of Release
				<u> </u>	

	<u></u>				

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.

UNIT	ID:	3111 1
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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		W Analytical pata Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the prior,	current	release documented	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	NK_	Inclusive Dates	Description/COMMENT	
	•		W-nbushaman famous source at the source of t	
Currently Implemented Yes No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
				
Planned to be Implemente Yes No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT	·
бологодина вомното-волого	water constitute	Characteristic encountry later more under a contracted to	(Andrews Company) processes and an arrangement of the company of	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3121 1	
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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. 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 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. 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. 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.

	TYPE/ IDENTIFIER 1	<u>\$17E</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	3121	<u>2400 gal.</u>	ACTIVE YEAR START:	<u>s02</u>	Mixed Solvent Waste	SEE NOTE	La caracteristica de la caract
			INACTIVE < X - NOT IN USE INCLUSIVE YEARS:		(F001,F002,F003,F005)		

NOTE	E: This tank i	s designated a	as Solvents Mixed Waste Tank.				
	As of July	89 this unit	had not been placed into service	÷.			
1 l	JNIT ID as cod	ed on your fa	cility site map.				
	and criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	3121 1
Pane	1540 of	1058

3-4.	.2	WASTE	MANA	GEMENT	PRACT	ICES

Please answer	the f	following	questions	concerning	waste	management	practices	associated wi	th the	SWMU	identified or	the	preceding	page.
---------------	-------	-----------	-----------	------------	-------	------------	-----------	---------------	--------	------	---------------	-----	-----------	-------

· tea					te management practices associated with the SWMU identified on the preceding page.
١.	Was/is the tar	nk above or	below gro	und? Please o	describe basic design parameters and materials of construction.
	Above Ground	Below Gro	<u>und</u>	<u>NK</u>	Description/COMMENT
	X				B/330C, Vertical, Stainless Steel, 8' Diam. x 9'6" Ht.
	Is/was the uni	it covered	or uncover	ed? If covere	ed, briefly describe.
	Covered	Uncovered		<u>NK</u>	Description/COMMENT
	X			**************************************	This unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
2.	Describe inspe and provide d	ection proc ate of late	edures for st inspect	tanks and and ion.	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspec	tion	<u>NK</u>	Inspection P	rocedures/COMMENT
	Daily			A visual ins	pection of the tank system will be performed daily.
				Before start	up this unit will have been tested and inspected be its
					contractor and by IBM.
3.	If the tank i	s/was uncov	ered. are/	were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.			Description/	·
		<u> </u>	<u> </u>		
	X 40-in-in-ord-option-to			Manual	
				Automatic	
				<u>Liquid level</u>	within this unit will be monitored continuously by a computer system.
				<u>Contents wil</u>	l be emptied by manually activating the pump system.
					

¹ UNIT ID as coded on your facility site map.

UNIT	ID:		3121 1
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					3-4 STORAGE/TREATMENT TANKS
3-4.	2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
				<u> x</u>	<u>This is a covered tank.</u>
-					Describe
					re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK	_NA_	Control Description/COMMENT This is a covered tank.
				<u> </u>	IIIIS 15 d Covered Caik.
5.	Was/is t	the tank (equipped	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descrip	ption/COMMENT
	<u>x</u>			<u>This ta</u>	ank is serviced by a stainless steel dike with dimensions of 34' L x 15' W x 1' Ht.
				-	
6.	Was/is	the tank	equipped	with a drair	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK		otion/COMMENT
		<u> </u>	-	WELL-PLOTTED	
				<u> </u>	
7.	If haza	rdous was inflow (te was/is	continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes_	No	NK_	NA_	COMMENT
		<u>x</u>		**	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3121	_1
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3-4.2	(Cont/	d)
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3.	Was/is t If no, d	here evide lescribe co	ence of extended	ernal corrosion? If ye otection provided (e.g.	s, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	No	NK_	Description/COMMENT		
		<u>x</u>	***********	This tank is construc	ted of stainless steel.	

				######################################		

9.					y describe the treatment p	rocess.
		reatment)	<u>NK</u>	Process Description/C		
	**************************************	<u>x</u>		This unit is not used	for waste treatment.	

	- -					asidanas Aires
10.				idence Time Unknown)	aste, what was/is average r Residence Time (units)	COMMENT
	NA (no s	storage)	NK (Res	X	Residence Time (diffes)	As of July 89 this unit had not been
					· · · · · · · · · · · · · · · · · · ·	placed into service.

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		3121	1
Page	<u>1543</u>	of	<u>1958</u>	

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	οf	Releas	e
EVIDENCE	U 1	NC CCGG	

<u>None</u>	Indirect*	Posi <u>Dire</u>	tive Proof from ct Observation	Positi <u>Labora</u>	ve Proof from tory Analyses	COMMENT
<u>x</u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	ıse			
DEC Ha or Was	zardous Wasto te Descritpi	e #2 on_	Estimated Quantit Volume released (y or Units)	Date(s) of <u>Release</u>	Nature of Release
H						
						
						
						
,				·····		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u></u>	

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.

UNIT	ID:	3121	1 -
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3-4.5 (Cont'd)	
environmental contamination that exists constituents in contaminated soil, groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or extent of as a result of release. Any information on the concentration of hazardous waste or hazardous waste undwater (GW), surface water (SW) or air should be attached. Include any information/data (including to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or If any analytical data are attached for the unit, please indicate below:
	Soil Analytical Air Monitoring
Data Attached Data Attached	Data Attached 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	Described by (comput)
Yes No NK Start Date	Description/COMMENT
Application pulliproperty distributions appropriate contractions	

¹ UNIT ID as coded on your facility map.

UNIT	ID: 3122 1	
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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. 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. 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. 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)	RELEASE?
3122	1000 gal.	ACTIVE	<u>\$02</u>	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Wastewater D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
NOTE: At the tim	ne of this subm	ittal, this unit was under constr	uction.	Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as co	oded on your fa	cility site map.				
and criteria	constituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID: 3122 1	
Page	1546 of 1958	

3-4	4.2	WAST	E MA	NAGI	EMENT	PRA	CTICES	S

Please answer	the following	questions	concerning	waste	management	practices	associated	with the	e SWMU	identified of	n the	preceding pa	age.
---------------	---------------	-----------	------------	-------	------------	-----------	------------	----------	--------	---------------	-------	--------------	------

Plea	ase answer the	following	questions	concerning wa	aste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nk above o	or below gr	ound? Please	e describe basic design parameters and materials of construction.
	Above Ground	Below Gr	ound	NK_	Description/COMMENT
	X				B/330C Pump House (B/330G), Horizontal, FRP, 5' Diam. x 8'6" L.
	Is/was the ur	nit covered	d or uncove	red? If cove	ered, briefly describe.
	Covered	Uncovere	<u>ed</u>	NK_	Description/COMMENT
	X				This unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
2.	Describe insp and provide o	pection pro date of lat	ocedures fo cest inspec	r tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspec	ction	NK	Inspection	Procedures/COMMENT
	NA		,,		nspection will be performed on a daily basis.
				n Visuat ii	respection with be performed on a darty basis.
3.	If the tank i	s/was unco	overed, are	/were procedu	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
		. NK		Description	
	******		<u>X</u>	Manual	
				Automatic _	
				<u>This is a c</u>	covered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3122	i
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-4.	2 (Cont'				
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK_	NA_	Monitoring Description/COMMENT
		***		<u>_x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK	NA_	Control Description/COMMENT
		galanteen der der der		<u> x</u>	This is a covered tank.
5.	Was/is t	the tank	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	<u>NK</u>		ption/COMMENT
	_X	***************************************			3122 and 3123 are situated over a common epoxy-coated concrete dike approximately 30' L. x
				9' W.	x 2' Ht. The dike drains to a sump equipped with a leak sensing device and a pump to convey
				flow d	directly to B/386 or to a tanker.
6.	Was/is 1	the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK	<u>Descri</u>	ption/COMMENT
	_X			Flow t	to this tank may be diverted to Tank 3123. The tank contents may be drained to the
	,			contai	inment structure sump.
7.	If haza	rdous was	te was/is	continuous	sly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (e.g., was	ste cutoff (or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK_	<u>NA</u>	COMMENT
	<u>x</u>				Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UN	IT	ID: .		3122	1	
Pa	ge	<u>1548</u>	of	1958		

3-4.2 (Cont'd)

8.	Was/is ther If no, desc	re evide cribe co	ence of externosion pro	ernal corrosion? If y otection provided (e.g	es, briefly describe the ex ., corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
		x	***********	The tank is construc	ted of FRP.	
				Chillible white restations to the state of t		
9.	If the tank	was/is	used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no trea	tment)	NK	Process Description/	<u>COMMENT</u>	
	x			This unit will not b	e used for waste treatment.	
10.	If the tank	was/is	used for	storage of hazardous w	aste, what was/is average r	esidence time?
	NA (no stor	age)	NK (Res	idence Time Unknown)	Residence Time (units)	<u>COMMENT</u>
				X		<u>Information to address this question is not available.</u>
				•		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3122 1
Page	<u>1549</u> of	1958

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	
<u> x</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
<u>Charac</u>	teristics of	Release		
DEC Ha or Was	zardous Wasto te Descritpi	Estimated Quantity on Volume released (U	or Date(s) of Units) Release	Nature of Release
<u></u>				

-				

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.

UNIT	ID: _		3122	1
Page	1550	of	1958	

3-4.3 (Cont'd)		
environmental contamin constituents in conta groundwater monitoring	ation that exists minated soil, groundata) submitted	provide any analytical data that may be available which would describe the nature and/or extent of s as a result of release. Any information on the concentration of hazardous waste or hazardous waste undwater (GW), surface water (SW) or air should be attached. Include any information/data (including to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or If any analytical data are attached for the unit, please indicate below:
	Analytical ta Attached	Soil Analytical Air Monitoring Data Attached Data Attached
para recorred po	tu Accomed	para Artaciea

For the prior/current	release documented	d above please describe relevant remediation implemented or planned.
Previously Implemented		
Yes NO NK	<u>Inclusive Dates</u>	Description/COMMENT
Currently		
Implemented Yes No NK	Start Date	Description/COMMENT
TES NO IN	Start Date	DESCRIPTION COMPLETE
	Market Annihilation of the Control o	
Planned to		
be Implemented Yes No NK	Start Date	Description/COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:		3123
Page	<u>1551</u>	of	<u>1958</u>

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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	QUANTITY (SPECIFY UNITS)	RELEASE?
	3123	1000 gal.	ACTIVE YEAR START:	<u> </u>	Fluoride / Heavy Metals	SEE NOTE	
					Wastewater		
			INCLUSIVE YEARS:		D002, D007		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
NOTE	: At the time	of this subm	ittal, this unit was under cons	struction.	Phenols	Trace	
					Lead & Compounds	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
1 1	JNIT ID as coo	led on your fa	cility site map.			and the second s	
	and criteria d	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:		3 123	i
Page	<u>1552</u>	of	1958	

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer	the following	questions	concerning	waste management	practices	associated with	the SW	MU identified o	n the preceding pa	age.
---------------	---------------	-----------	------------	------------------	-----------	-----------------	--------	-----------------	--------------------	------

	ank above or below	ground? Pleas	se describe basic design parameters and materials of construction.
			and the state design parameters and materials of somethorn
bove Ground	Below Ground	<u>NK</u>	Description/COMMENT
X		***************************************	B/330C Pump House (B330G), Horizontal, FRP, 5' Diam. x 8'6" L.
s/was the ur	nit covered or unco	overed? If co	vered, briefly describe.
overed	Uncovered	<u>NK</u>	Description/COMMENT
Х			This unit is a typical cylindrical type tank, completely enclosed and constructed
			of a uniform shell material.
escribe insp	pection procedures	for tanks and	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
escribe insp nd provide c Date of atest Inspec	date of latest insp	Inspection	n Procedures/COMMENT
nd provide of Date of atest Inspec	date of latest insp	Inspection	
nd provide of Date of atest Inspec	date of latest insp	Inspection	n Procedures/COMMENT
Date of atest Inspec	date of latest insp	Inspection A visual	n Procedures/COMMENT inspection will be performed on a daily basis.
Date of atest Inspec NA f the tank i	date of latest insp	Inspection A visual are/were process	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec NA f the tank i	etion NK NK	Inspection A visual are/were process	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec NA f the tank i	etion NK is/was uncovered, a	Inspection. A visual A visual Description	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec NA f the tank i	etion NK is/was uncovered, a	Inspection A visual Description Manual Automatic	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec NA f the tank i	etion NK is/was uncovered, a	Inspection A visual Description Manual Automatic	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. on/COMMENT
Date of atest Inspec NA f the tank i	etion NK is/was uncovered, a	Inspection A visual Description Manual Automatic	n Procedures/COMMENT inspection will be performed on a daily basis. dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. on/COMMENT

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3123
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-4	.2 (Cont	a)			
•	If the t	ank is/wa	as uncove	ered, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
				<u>_X</u>	<u>This</u> is a covered tank.
	If the t	ank is/wa	as uncove	ered, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
				<u> x</u>	This is a covered tank.
i.	Was/is t	he tank e	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	<u>Descri</u>	ption/COMMENT_
	<u> </u>			<u>Tanks</u>	3122 and 3123 are situated over a common, epoxy-coated, concrete dike approximately
				<u>30′ L.</u>	x 9' W. x 2' Ht. The dike drains to a sump equipped with a leak sensing device and a pump to
				convey	flow directly to B/386 or to a tanker.
5.	Was/is 1	he tank e	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	<u>Descri</u>	ption/COMMENT
	_X	*********	-	Flow t	o this tank may be diverted to Tank 3122. The tank contents may be drained to the containment
				struct	ure sump.
				<u></u>	
·.	If hazaı to stop	dous wast	te was/is	s continuous ste cutoff d	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Yes	No_	NK_	NA_	COMMENT
	X			<u></u>	Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	31231
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3-4.2 (C	ont'd)
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8.	Was/is If no,	there evide describe co	nce of ext rrosion pr	ernal corrosion? If ye otection provided (e.g.	es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	<u>No</u>	NK_	Description/COMMENT		
		<u>x</u>		The tank is construct	ed of FRP.	
				•		

9.	If the	tank was/is	used for	waste treatment, briefl	y describe the treatment p	rocess.
	NA (no	treatment)	NK	Process Description/C	<u>OMMENT</u>	
		Х	******	This unit will not be	used for waste treatment.	
10.	If the	tank was/is	used for	storage of hazardous wa	ste, what was/is average r	esidence time?
	NA (no	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
				<u> </u>		Information to address this question is not available.
						A STATE OF THE PROPERTY OF THE

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3123	ı

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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 preceding pages.

Evidence	of	Re	lease

None X	Indirect*	Positive Proof from Direct Observation	Positiv Laborat	ve Proof from tory Analyses	COMMENT
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release			
DEC Haz or Wast	ardous Waste e Descritpic	Estimated Quantity Notume released (y or Units)	Date(s) of Release	Nature of Release
	<u></u>				
					
				<u> </u>	
<u></u>					

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.

UNIT	ID:		3123	1
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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:

Data Attached		Data Attached	Data Attached Data Attached Data Attached	
For the prior/	currer	nt release documente	d above please describe relevant remediation implemented or planned.	
Previousty Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	

Currently Implemented Yes No	NK_	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID: 3124
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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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	QUANTITY (SPECIFY UNITS)	RELEASE?
3124	500 gal.	ACTIVE YEAR START:	\$02	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Wastewater D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
NOTE: At the time	of this subm	nittal this unit was under const	ruction,	Phenols	Trace	
with limite	d information	a available.		Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fa	acility site map.		And the second s		
and criteria o	constituting w	ardous Waste Codes wastes are defined his questionnaire.				

UNIT	ID: _		3124	i
Page	<u>1558</u>	of	<u>1958</u>	

3-4.2	WASTE	MANAGEMENT	PRACTICES

3-4	.2 WASTE MANAGE	EMENT PRACTI	CES		
Plea	ise answer the	following qu	estions conc	rning waste management practices associated with the SWMU identified on the preceding page.	
1.	Was/is the tar	nk above or l	below ground	Please describe basic design parameters and materials of construction.	
	Above Ground	Below Grou	nd N	Description/COMMENT	
	X	Military Company of the Company of t	torrere	B/312 Lift Station, Vertical, 4' Diam. x 8' Ht.	
					-
	Is/was the uni	it covered o	r uncovered?	If covered, briefly describe.	
	Covered	Uncovered	N	Description/COMMENT	
	<u> </u>		***************************************	At the time of this submittal this tank was under construction and not in	
				service.	
2.	Describe inspe	ection proced	dures for ta	s and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)	*************
	and provide da	ate of lates	t inspection		
	Date of Latest Inspect	<u>t i on</u>	NK In	Dection Procedures/COMMENT	
			X At	the time of this submittal this tank was under construction and not in service.	
3.	If the tank is	s/was uncover	red, are/wer	procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.	
	Yes No.			ription/COMMENT	
				at	
				matic	
	. '			is a covered tank.	
			<u> 111</u>	10 d Covered Carry	
			-		

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	3124
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					3-4 STORAGE/TREATMENT TANKS
3-4.	2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No_	<u>NK</u>	NA_	Monitoring Description/COMMENT
				<u> </u>	This is a covered tank.
	If the t	ank is/wa	as uncove	ered, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
				<u>x</u>	This is a covered tank.
5.	Was/is t	the tank	equipped	with a secon	dary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK_	Descrip	tion/COMMENT
÷	x			At the	time of this submittal this tank was under construction with limited
					tion available.
				<u></u>	
6.	Was/is t	the tank	equipped	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_		tion/COMMENT
	x			At the	time of this submittal this tank was under construction with limited
	gga finismum medelek				tion available.
				<u></u>	
7.	If haza	rdous was inflow (te was/i	s continuousl ste cutoff or	y fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	No	NK	NA_	<u>COMMENT</u>
	X Y	ALALIA PERMANANANANANANANANANANANANANANANANANANAN	<u></u>		At the time of this submittal this tank was under construction with limited
	_^				information available.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	3124 1	
D = ===	15/) -£ 1000	

3-4.2 (Cont'c	ļ	
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If no,	No	NK	Description/COMMENT
-	<u>x</u>		At the time of this submittal this tank was under construction and not in service.
If the	tank was/is	s used for	waste treatment, briefly describe the treatment process.
	tank was/is		waste treatment, briefly describe the treatment process. Process Description/COMMENT
			Process Description/COMMENT
	treatment)		Process Description/COMMENT
	treatment)		Process Description/COMMENT
NA (no	X X	_NK	Process Description/COMMENT This unit is not used for waste treatment.
NA (no	X X	_NK	Process Description/COMMENT
NA (no	X X	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment.
NA (no	X tank was/is	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time?
NA (no	X tank was/is	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time? idence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5032
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3-4.	2 (Cont'				
4.	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK_	<u>NA</u>	Monitoring Description/COMMENT
	-			<u>X</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/wer	re 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 1	he tank	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descrip	ption/COMMENT
	_x	***************************************		Tanks 5	5031, 5032, 5033, 5035 and 5082 are serviced by a common,
				epoxy-	coated, concrete dike.
6.	Was/is	the tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descri	ption/COMMENT
	Х			Inflow	to this tank may be diverted to Tank 5031, 5033, or 5035.
7.	If haza	rdous was	te was/is	s continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (e.g., was	ste cutoff o	r by-pass to a standby tank)? Please specify.
	Yes	No	<u>NK</u>	<u>NA</u>	COMMENT
	<u>X</u>	arranan disdort		******	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.

UNIT ID: 5032 1	ļ
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	3-4	1.2	(Cont	'd)
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Yes	No	NK	Description/COMMENT
dadatetikeninganapa	X	W 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	The tank is constructed of FRP.
If the	tank was/is	s used for	waste treatment, briefly describe the treatment process.
	tank was/is treatment) X	used for <u>NK</u>	waste treatment, briefly describe the treatment process. Process Description/COMMENT This unit is not used for waste treatment.
	treatment)		Process Description/COMMENT
NA (no	treatment) X	_NK	Process Description/COMMENT
NA (no	treatment) X	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment.
NA (no	X X tank was/is	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time?
NA (no	X X tank was/is	NK ————————————————————————————————————	Process Description/COMMENT This unit is not used for waste treatment. storage of hazardous waste, what was/is average residence time? sidence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5032
Page	<u>1729</u> of	<u>1958</u>

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.

consti	tuents associ	ated with the SWMU desc	ribed in the preceding p	ages.
<u>Eviden</u>	ce of Release	2		
None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>X</u>			parameter and a second	
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Has	zardous Wast ste Descritpi	e # ₂ Estimated Quanti on Volume released	ty or Date(s) of (Units) Release	Nature of Release
days do rem war week to				

			### ### ### ### ### ### ### ### ### ##	
	<u> </u>	Separate Sep		
			Same pair and the same pair an	

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.

UNIT ID: 5032

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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental contamination that exist constituents in contaminated soil, gro groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or est as a result of release. Any information on the concentration of hazardous waste or hazardoundwater (GW), surface water (SW) or air should be attached. Include any information/data (industriant to the state under any other regulatory programs (e.g., Superfund) that concerns and analytical data are attached for the unit, please indicate below:	ous waste
GW Monitoring SW Analytical Data Attached Data Attached	Soil Analytical Air Monitoring Data Attached Data Attached	
STELLER WITH SHEET SEE SHEET SEE SHEET SEE SHEET SEE STELLER SHEET SEE STELLER		
For the prior/current release document	ed above please describe relevant remediation implemented or planned.	
Previously Implemented Yes NO NK Inclusive Dates	Description/COMMENT	
description of the second seco		
Currently Implemented Yes No NK Start Date	Description/COMMENT	
Planned to be Implemented		
Yes No NK Start Date	Description/COMMENT	
APPROPRIES STATEMENT STATE		

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5033	•
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ACCOCIATED

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. 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. 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. 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 IDENTIFIE	R ¹ SIZE	OPERATIONAL STATUS	CODE CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
5033	100000gal	ACTIVE X YEAR START: 1989	\$02	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE		Wastewater Industrial Wastewater		
		INCLUSIVE TENGS.		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This un	it is part of the	Building 690 Fluoride/Heavy Meta	nl	Lead & Compounds	Trace	
approxi	IDENTIFIER SIZE OPERATIONAL STATUS ACTIVE X 5033 100000gal YEAR START: 1989	3	Methyl Ethyl Ketone	Trace		
This tar			Trichloroethylene	Trace		
				Formaldehyde	Trace	
1 UNIT ID as	coded on your fa	cility site map.				
and criter	ia constituting w	wastes are defined				

UNIT	ID:	5033
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3-4.	.2 WASTE MANAG	EMENT PRACTIC	ES		
Plea	ase answer the	following que	stions o	concerning wast	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nk above or b	elow gro	ound? Please o	describe basic design parameters and materials of construction.
	Above Ground	Below Groun	nd	NK	Description/COMMENT
	<u> </u>	77 (1977)		***************************************	B/690 S, Vertical, FRP, Onground Tank with Domed Roof, 24' Diam. x 30'6" Ht.
					This tank is equipped with a level control system and a high level alarm.
·	Is/was the un	it covered or	uncover	ed? If covere	ed, 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 with a domed top.
2.	Describe inspe and provide da	ection proced ate of latest	lures for inspect	tanks and and	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of		N14	*	
	Latest Inspect	<u>c i ori</u>	<u>NK</u>		cocedures/COMMENT
	Daily			A visual insp	pection of the tank system is performed daily.
				######################################	
3.	If the tank is	s/was uncover	ed, are/	were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	NK_	NA	Description/C	COMMENT
	Architecture (Marie Control of Co		<u>X</u>	Manual	
				Automatic	
				This is a cov	vered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5033	
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					3-4 STORAGE/TREATMENT TANKS						
3-4.	2 (Cont	d)									
4.	If the t	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						
		*************		<u> x</u>	This is a covered tank.						
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.						
	Yes	<u>No</u>	<u>NK</u>	<u>NA</u>	Control Description/COMMENT						
	*****	***************************************	energist (***	<u> </u>	This is a covered tank.						
					dille on Angel N2 Diopos describe						
5.	Was/is t	he tank (ondary containment structure (e.g., dike or trench)? Please describe.						
	Yes	<u>No</u>	<u>NK</u>		ption/COMMENT 5031, 5032, 5033, 5035 and 5082 are serviced by a common,						
	<u> </u>				coated, concrete dike.						
				ероху-	coated, concrete dike.						
6.	Use/ie t	he tenk	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.						
٥.	Yes	No No	NK		ption/COMMENT						
	<u> </u>	-112-		***************************************	to this tank may be diverted to Tank 5031, 5032, or 5035.						

				4							
7.	If hazar	dous was	te was/is	continuous	sly fed into the tank, was/is the tank equipped with a means						
	to stop	inflow (e.g., was	ste cutoff o	or by-pass to a standby tank)? Please specify.						
	Yes	<u>No</u>	NK	NA	COMMENT						
	<u>X</u>	********			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.

UNIT	ID: .		5033	1 -
Page	<u>1734</u>	of	<u>1958</u>	

3-	٠4.	.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).					
	<u>Yes</u>	No	NK	Description/COMMENT		
		<u> </u>	*	The tank is construc	ted of FRP.	
9.	If the ta	ank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
		reatment)		Process Description/		
)	(
			22			
10.	If the ta	ank was/i	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
	NA (no st	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	District property and a second second				Less than 24 hours.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5033	
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3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

None		Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>X</u>	are an own or shiple for twenty on the state of	Martin Martin Company and Associated States and Company and Associated States and Company		
Charac	cteristics of	Release		*e.g., discoloration of surrounding soil, dead vegetation
	azardous Waste			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.

UNIT	ID:	5033	l
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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SVMU 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		alytical <u>Attached</u>	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/o Previously Implemented Yes NO		ease documented	above please describe re	elevant remediation implemented or planned.
Currently Implemented Yes No	NK St	art Date	Description/COMMENT	
Diamed &				
Planned to De Implemented Yes No	NK Sta	ert Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

1	UNIT	ID:		5034	 i
	Dogo	1777	n.f	1058	

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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. 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. 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. 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.

	TYPE/ IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	CODE CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
	5034	100000gal	ACTIVE YEAR START:	<u>\$02</u>	Fluoride / Heavy Metals	SEE NOTE	
					Wastewater		
			INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Industrial Wastewater		
					D002, D007		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	
NOTE	: This unit i	s part of the	Building 690 Fluoride/Heavy M	letal	Lead & Compounds	Trace	
	approximate	ly 10 million	r treatment plant which proces gallons annually.		Methyl Ethyl Ketone	Trace	
	This B/690 The facilit	Emergency Holy y is designed	d Tank is currently under cons for a flow of 50-60 gal/min.	truction.	Trichloroethylene	Trace	
					Formaldehyde	Trace	
1 U	NIT ID as coo	led on your fa	cility site map.				
a	nd criteria d	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

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3-4.	2	WASTE	MANAGEMENT	PRACTICES

Above Ground Below	Ground	_NK	Description/COMMENT
X			B/690 S, Vertical, FRP, 24' Diam. x 30'6" Ht.

Is/was the unit cove	red or uncov	vered? If cove	ered, briefly describe.
	ered	NK_	Description/COMMENT
<u>Covered</u> <u>Uncov</u>	CI CU		
Covered Uncov	<u> </u>		This unit is a typical cylindrical type tank, completely enclosed and constructed
<u> </u>			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.
X	******		of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems.
X	procedures f	for tanks and a	of a uniform shell material.
X Describe inspection and provide date of	procedures f latest inspe	for tanks and a ection. Inspection	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
X Describe inspection and provide date of	procedures f latest inspe	for tanks and a ection. Inspection Inspection	This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
X Describe inspection and provide date of	procedures f latest inspe	for tanks and a ection. Inspection Inspection	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures will include a visual inspection of the tank system to be performed daily
X Describe inspection and provide date of Date of Latest Inspection	procedures f latest inspe <u>NK</u> X	for tanks and a ection. Inspection Inspection and a visua	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures will include a visual inspection of the tank system to be performed daily
Describe inspection and provide date of Date of Latest Inspection	procedures f latest inspe <u>NK</u> X	Inspection Inspection and a visua	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures will include a visual inspection of the tank system to be performed daily al integrity check to be performed weekly. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Describe inspection and provide date of Date of Latest Inspection	procedures f latest inspe NK X	Inspection Inspection and a visua re/were procedu	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures will include a visual inspection of the tank system to be performed daily at integrity check to be performed weekly. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. n/COMMENT
Describe inspection and provide date of Date of Latest Inspection	procedures flatest inspendent inspendent NK NA	Inspection Inspection and a visua re/were procedu	of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems. ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT procedures will include a visual inspection of the tank system to be performed daily al integrity check to be performed weekly. ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures. n/COMMENT

¹ UNIT ID as coded on your facility site map.

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3-	4	2	- (Co	nt	'd	٥

<u>Yes</u>	No	NK	<u>NA</u>	Monitoring Description/COMMENT
\$1000 damma \$1000 da	and the second of	securement	<u> </u>	This is a covered tank.
If the	tank is/wa	as uncove	red, are/we	ere devices or procedures in place to control releases to the atmosphere? Describe.
<u>Yes</u>	No	NK	NA_	Control Description/COMMENT
	*******		<u>x</u>	This is a covered tank.
. Was/is	the tank	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
<u>Yes</u>	No	NK	Descr	iption/COMMENT
<u> x </u>			Tanks	5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.
S. Was∕is	the tank	equipped	with a dra	inage control system or a diversion structure (e.g., standby tank)? Describe.
<u>Yes</u>	No	NK.		iption/COMMENT
			Flow	to this tank may be diverted to Tank 5031 or 5032.
_X				
<u> </u>				
<u>X</u>			Albania productiva de la Colonia de la Colon	
7 If haz	ardous was	te was/is	s continuou	usly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
7. If haz	o inflow (e.g., was	ste cutoff	or by-pass to a standby tank)? Please specify.
7 If haz	ardous was o inflow (te was/is e.g., was NK	s continuou ste cutoff	Isly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify. COMMENT Flow into the tank may be stopped via shutdown of influent pumping system.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5034	

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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8.						tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	<u>No</u>	NK	Description/COMMENT		
		_x	· ·	This tank is current	ly under construction and b	uilt of FRP.
9.	If the t	ank was/is	used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/O	<u>COMMENT</u>	
		x		This unit is not used	d for waste treatment.	
10.	If the t	ank was/is	used for	storage of hazardous wa	aste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	EU/NOW-COTEST FUNCTION DATES AND ADMINISTRA	no de consequencia por consequencia de seguina de la consequencia de seguina de la consequencia de seguina de la consequencia del consequencia de la consequencia del consequencia de la consequencia del la c	district of the speech or common agreement of the speech o	X		Information to address this question
						is not available

¹ UNIT ID as coded on your facility map.

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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	~ f	Dalance	
Evidence	OΤ	Retease	

None	Indirect*	Positive Proof from Direct Observation	Positi <u>Labora</u>	ve Proof from tory Analyses	COMMENT
<u>x</u>	**************************************		***********		
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha	zardous Wasto te Descritpio	Estimated Quantit On Volume released (y or <u>Units)</u>	Date(s) of Release	Nature of Release

•	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
941					
		and the state of t			
	ann de Milyano Moster est de la responsación de Milyano de la Responsación de la Responsa	description of the second seco			
	and the second s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
group species may designed					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	

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.

UNIT	ID:		5034	1
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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 Monitor Data Atta		! !	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
Previously Implemente	у	urren NK	t release documented	d above please describe Description/COMMENT	relevant remediation implemented or planned.
Currently Implemente Yes M		<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Impleme Yes N		NK	Start Date	Description/COMMENT	
		eri manana na ma			

¹ UNIT ID as coded on your facility map.

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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. 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. 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 descriptions. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	QUANTITY (SPECIFY UNITS)	RELEASE?
5035	100000gal	ACTIVE X YEAR START: 1989	\$02	Industrial Waste	SEE NOTE	
				D002		
		INCLUSIVE YEARS:				
				May Contains		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit	is part of the	Building 690 Fluoride/Heavy	Metal	Chromium & Compounds	Trace	
and Industr	rial wastewate elv 10 millior	er treatment plant which proce n gallons annually.	esses	Formal dehyde	Trace	
This tank	is designated	as the Flow Equilization Tank	k for B/690.	Fluorides	Trace	
1 UNIT ID as co	ded on your fa	acility site map.				
and criteria	constituting w	ardous Waste Codes wastes are defined nis questionnaire.				

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3-4.2 WASTE MANAGEMENT PRACTICES

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

bove Ground	Below Ground	<u>NK</u>	Description/COMMENT B/690 S, Vertical, FRP, Onground Tank with Domed Roof, 24' Diam. x 30'6" Ht.
200 V Prilitor (St. All St. St. St.) tale to graph date to sear reduce and	phononical agency of the letter of the lette	All orping agg	8/690 S. Vertical ERP Onground Tank with Domed Boof 2// Diam v 30/48 8+
			Systematics from the state of t
			This tank is equipped with a level control system and a high level alarm.
s/was the uni	t covered or und	covered? If cov	vered, briefly describe.
overed	Uncovered	<u>NK</u>	Description/COMMENT
X	***************************************	Sec. 10 (100)	This unit is a typical cylindrical type tank, completely enclosed and constructed
			of a uniform shell material with a domed top.
escribe inspend provide da Date of atest Inspect Daily	te of latest ins	Inspection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT nspection of the tank system is performed daily.

f the tank is,	/was uncovered,	are/were proced	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Yes No.	NK N	A <u>Descriptio</u>	n/COMMENT
	<u>X</u>	Manual	
		Automatic	
Marie Control		•	covered tank.

¹ UNIT ID as coded on your facility site map.

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3-4.	.2 (Cont'	d)			
.	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK_	NA	Monitoring Description/COMMENT
		E-mp-street	Mair or Secretaria	<u>X</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No_	NK_	NA	Control Description/COMMENT
				<u> </u>	This is a covered tank.
5.	Was/is t	he tank e	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No_	NK_	Descri	ption/COMMENT
	x			Tanks	5031, 5032, 5033, 5035 and 5082 are serviced by a common,
				ероху-	coated, concrete dike.
				,	
6.	Was/is t	he tank e	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes_	No_	NK_	Descri	ption/COMMENT
	X			Inflow	to this tank may be diverted to Tank 5031, 5032, or 5033.
					
7.	If hazar	doug uses	ta was/is	continuous	ly fed into the tank, was/is the tank equipped with a means
٠.	to stop	inflow (e.g., Was	te cutoff o	r by-pass to a standby tank)? Please specify.
	Yes	No	NK	NA_	COMMENT
	_X			erere invided	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.

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3-4.2 (Cont	'd)
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8.	Was/is t If no, c	here evid lescribe c	ence of ext orrosion pr	ernal corrosion? If you	es, briefly describe the ex ., corrosion resistant coar	itent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
		<u>X</u>	Milanton	The tank is construc	ted of FRP.	

				•		

				•		
9.	If the t	ank was/is	s used for	waste treatment, brief	y describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/C	COMMENT	
		x	***********	<u>This unit is not used</u>	for waste treatment.	
				• ***		
10.	If the t	ank was/is	s used for	storage of hazardous wa	ste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	-		Control of		Less than 24 hours,	

¹ UNIT ID as coded on your facility map.

UNIT	ID: 5035	
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3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

<u>None</u>	Indirect*		tive Proof from ct Observation		ive Proof from atory Analyses	COMMENT
<u> </u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	ase			
DEC Ha or Was	zardous Wast te Descritpi	e # ₂ on_	Estimated Quantity Volume released (U	or 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.

UNIT	ID:	5035	1
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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	<u>.</u>	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the prior,	/current	t release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>nk</u>	<u>Inclusive Dates</u>	Description/COMMENT	
Currently Implemented Yes No	NK_	<u>Start Date</u>	Description/COMMENT	

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

¹ UNIT ID as coded on your facility map.

UNIT	ID: 5036	
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POTTMATED ANNUAL

ASSOCIATED

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. 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. 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. 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.

DEC HAZADDONIC HACTE

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
	5036	4500 gal.	ACTIVE YEAR START:	то1	Industrial Waste	SEE NOTE	
			INACTIVE X - SEE NOTE		D002		
			INCLUSIVE YEARS:				
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.					Chromium & Compounds	Trace	
					Formaldehyde	Trace	
	This B/690 Spike Treatment Tank is currently under construction. The tank is designed for a flow of 135 gal/min.				Fluorides	Trace	
1 UNIT ID as coded on your facility site map.							
а	nd criteria d	constituting w	rdous Waste Codes astes are defined is guestionnaire.				

UNIT	ID:	5036
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3-4.	2 WASTE MANAG	EMENT PRACTICE	<u>ES</u>		
Plea	ise answer the	following ques	stions co	ncerning wast	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nk above or be	elow grou	nd? Please o	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	₫ .	NK_	Description/COMMENT
	X		,		B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.
					<u> </u>
	is/was the un	it covered or	uncovere	d? If covere	ed, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
	X		,	··················	This tank has a flanged cover, bolted to the top of the tank.
					This tank is equipped with high and low level alarm systems.
2.	Describe insp and provide d	ection procedu ate of latest	ures for inspecti	tanks and and	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of				
	Latest Inspec	<u>tion</u>	NK .	Inspection Pr	rocedures/COMMENT
	<u>Daily</u>	- Contraction and	Penisayyana (Inspection pr	ocedures will include a visual inspection of the tank system to be performed daily
			Ė	and a visual	integrity check to be performed weekly.
3.	If the tank i	s/was uncovere	ed, are/w	ere procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	. <u>NK</u>	NA I	escription/C	COMMENT COMMENT
	Storo constitutiva de disconer es	TETANIA Serendi de manuel	<u>x</u> 1	tanua l	
				Nutomatic	
				<u>[his is a cov</u>	vered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:		5036
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-4.	.2 (Cont'				
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
	-		-	<u> x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	_NA_	Control Description/COMMENT
			graph de de la constitución de l	<u>X</u>	This is a covered tank.
5.	Was/is 1	he tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes_	No	NK	<u>Descri</u>	ption/COMMENT
	_x	***************************************		<u>Tanks</u>	5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an
				epoxy-	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
6.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_		ption/COMMENT
	Х	Mr. at any - to the said		Flow t	o this tank may be diverted to tank 5047.
	THE CONTRACTOR OF THE PARTY OF			<u>The di</u>	version of flow is conducted automatically.
7.	If haza	rdous was	te was/is	continuous	ly fed into the tank, was/is the tank equipped with a means
•	to stop	inflow (e.g., was	ste cutoff o	r by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	NK	_NA_	COMMENT
	<u>X</u>	************		s-a-anorati-siste	Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5036
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Yes	<u>No</u>	NK_	Description/COMMENT
	<u> x</u>		This tank is currently under construction and is built of FRP.
If the	tank was/is	s used for	waste treatment, briefly describe the treatment process.
	tank was/is	used for	waste treatment, briefly describe the treatment process. Process Description/COMMENT
			Process Description/COMMENT
			Process Description/COMMENT The pH of the waste stream is adjusted using a caustic and/or an acid addition. The resulting
NA (no	treatment)	NK_	Process Description/COMMENT The pH of the waste stream is adjusted using a caustic and/or an acid addition. The resulting
NA (no	treatment)	NK s used for	Process Description/COMMENT The pH of the waste stream is adjusted using a caustic and/or an acid addition. The resulting slurry is then pumped to a clarifier.
NA (no	treatment)	NK s used for	Process Description/COMMENT The pH of the waste stream is adjusted using a caustic and/or an acid addition. The resulting sturry is then pumped to a clarifier. storage of hazardous waste, what was/is average residence time?

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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	٥f	Palease
evidence	υı	Retease

<u>None</u>	<u>Indirect*</u>	Positive Proof from Direct Observation	Positive Pro Laboratory A	oof from <u>inalyses</u>	COMMENT
X	grant delening manager yelder souder der fiel St felder				
					*e.g., discoloration of surrounding soil, dead vegetation
<u>Charac</u>	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	e # ₂ Estimated Quantit on Volume released ((s) of ease	Nature of Release
		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	4799		
***************************************				W. Commission of the Commissio	
III WING HOUSE WE'R	ens van die des des des des des des des des des de			- (412-1111-111	
	· · · · · · · · · · · · · · · · · · ·				

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.

UNIT	ID:	5036	1
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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

constituents in congroundwater monitor	mination that exist ntaminated soil, gro ing data) submitted	s as a result of relea undwater (GW), surface to EPA and the State	data that may be available which would describe the nature and/or ease. Any information on the concentration of hazardous waste or hazardous water (SW) or air should be attached. Include any information/data (include any other regulatory programs (e.g., Superfund) that concerns are attached for the unit, please indicate below:	ous waste
GW Monitoring	SW Analytical	Soil Analytical	Air Monitoring	

Data At	tached		Data Attached	Data Attached Data Attached
***************************************	····		the second section of the sect	
For the	prior/	current	t release documente	d above please describe relevant remediation implemented or planned.
Previou Impleme Yes	nsly nted NO	NK_	Inclusive Dates	Description/COMMENT
Current Impleme Yes	ly nted No	NK_	Start Date	Description/COMMENT
Planned be Impl Yes		NK_	Start Date	Description/COMMENT

¹ UNIT ID as coded on your facility map.

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ESTIMATED ANNUAL

ASSOCIATED

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. 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. 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. 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.

DEC HAZADDONIC MACTE

SWMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
5037	8000 gal.	ACTIVE X YEAR START: 1989	то1	Fluoride / Heavy Metals	SEE NOTE	<u></u>
		INACTIVE		Wastewater		
		INCLUSIVE YEARS:	-	Industrial Waste		
				D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This unit i	is part of the	Building 690 Fluoride/Heavy Me	etal	Lead & Compounds	Тгасе	
approximate	and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.			Methyl Ethyl Ketone	Trace	
		as the pH Adjustment Tank. This u flow of 275 gal/min.	is unit	Trichloroethylene	Trace	
				Formaldehyde	Trace	
1 UNIT ID as cod	ded on your fa	ncility site map.		Chromium & Compounds	Trace	
and criteria	constituting w	ordous Waste Codes wastes are defined wis questionnaire.				

UNIT	ID:		5037
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3-4.2 WASTE MANAGEMENT PRACTICES

Daily

	Above Ground	Below Ground	NK	Description/COMMENT
	x	PROCESSO (-PER al-e topholosomorpos again gran		B/690 L-14, Vertical, FRP, 12' Diam. x 10' Ht.
				This tank is equipped with a high level alarm.
	Is/was the u	nit covered or unco	overed? If cov	vered, briefly describe.
	Is/was the u	nit covered or unco <u>Uncovered</u>	overed? If cov	Description/COMMENT
	Covered			Description/COMMENT
	Covered			Description/COMMENT This unit is a typical cylindrical type tank, completely enclosed and constructed
2.	Covered X Describe ins	<u>Uncovered</u>	NK	Description/COMMENT This unit is a typical cylindrical type tank, completely enclosed and constructed

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

A visual inspection of the tank system is performed daily.

163	NO.	_NY	_NA	DESCRIPTION COMMENT
	***************************************		<u>X</u>	Manual
				Automatic
				This is a covered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5037
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5-4.	2 (Cont	/d)			
	-		as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
	····		ence gradual trada	<u>x</u>	This is a covered tank.
	If the	tank is/wa	as uncove	ered, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK_	NA_	Control Description/COMMENT
			***************************************	<u> </u>	<u>This</u> is a covered tank.
5.	Was/is	the tank (equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	<u>Descri</u>	ption/COMMENT
	<u>X</u>		• w ***********************************	Tanks	5036, 5037, 5038, 5039, 5041, 5047, 5305, and 5306 are serviced by an
				epoxy-	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
6.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_	<u>Descri</u>	ption/COMMENT
	-	<u>X</u>		<u></u>	

7.	If haza	rdous was	te was/is	s continuous	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	NA_	COMMENT
	<i></i>	X		***************************************	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5037 1	
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3-4.	2 (Cont	t'd)				
8	Was/is	there	evidence	of	external	corrosion

Yes	No	NK	Description/COMMENT
	_X		The tank is constructed of FRP.
lf the	tank was/i	s used for	waste treatment, briefly describe the treatment process
If the	tank was/i	s used for	waste treatment, briefly describe the treatment process.
	tank was/i treatment)		waste treatment, briefly describe the treatment process. Process Description/COMMENT
	·		·
	·		Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5
	·		Process Description/COMMENT
	·		Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5
NA (no	treatment)	NK.	Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5
NA (no	treatment)	NK NK	Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5 to 9.5 by adding caustic soda or sulfuric acid.
If the	treatment) tank was/i storage)	NK S used for	Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5 to 9.5 by adding caustic soda or sulfuric acid. storage of hazardous waste, what was/is average residence time?
If the	treatment)	NK S used for	Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5 to 9.5 by adding caustic soda or sulfuric acid. storage of hazardous waste, what was/is average residence time?
If the	treatment) tank was/i storage)	NK S used for	Process Description/COMMENT The effluent from Unit 5303 is accepted by this tank where the pH is adjusted into the range of 7.5 to 9.5 by adding caustic soda or sulfuric acid. storage of hazardous waste, what was/is average residence time?

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5037	-1 -
Page	1759	of <u>19</u>	<u> 258</u>	

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.

Evider	ice of Release	<u> </u>		
None	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Ana	from yses COMMENT
X	aproduce reprint professional and analysis		Water Charles	
		:		
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	cteristics of	Release		
DEC Ha	azardous Waste ste Descritpio	Estimated Quanti on Volume released	ty or Date(s) (Units) Releas	

The same and distill	***************************************			
		ALANA PROPERTY AND A STATE OF THE STATE OF T		

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.

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3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental contamination that exists constituents in contaminated soil, groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or ext s as a result of release. Any information on the concentration of hazardous waste or hazardous undwater (GW), surface water (SW) or air should be attached. Include any information/data (inc to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns pr If any analytical data are attached for the unit, please indicate below:	: Waste				
GW Monitoring SW Analytical Data Attached Data Attached	Soil Analytical Air Monitoring Data Attached Data Attached					
For the prior/current release documented	d 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	<u>Description/COMMENT</u>					

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5038

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ECTIMATED ANNUAL

ACCOCTATED

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

DEC HAZADDONIC HACTE

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. 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. 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. 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	CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
5038	8000 gal.	ACTIVE X YEAR START: 1989	\$02	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVEINCLUSIVE YEARS:		Wastewater Industrial Waste D002		-
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This unit	is part of the	Building 690 Fluoride/Heavy Metal		Lead & Compounds	Trace	
and Indust	rial wastewater ely 10 million	treatment plant which processes gallons annually.		Methyl Ethyl Ketone	Trace	
	is designated a or a flow of 27	ns a transfer tank. This unit has 75 gal/min.	s been	Trichloroethylene	Trace	
				Formaldehyde	Trace	
1 UNIT ID as co	ded on your fac	eility site map.		Chromium & Compounds	Trace	
and criteria	constituting wa	rdous Waste Codes astes are defined as questionnaire.				

UNIT	ID:	5038	1
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3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRA	CTICES
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Plea	ase answer the	following questions	concerning wast	e 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	<u>NK</u>	Description/COMMENT			
	X		ARTHUR GARAGON	B/690 L-14, Vertical, FRP, 12' Diam. x 10' Ht.			
				This tank is equipped with a level control system and a high level alarm.			
	Is/was the un	it covered or uncov	ered? If covere	d, briefly describe.			
	Covered	Uncovered	<u>NK</u>	Description/COMMENT			
	X	**************************************	-	This unit is a typical cylindrical type tank, completely enclosed and constructed			
				of a uniform shell material.			
2.	Describe inspe and provide d	ection procedures f ate of latest inspe	or tanks and anc ction.	illary equipment (e.g., ultrasound, tank tightness tests, etc)			
	Date of	tion W	Imama aki an Ba				
	Latest Inspect	tion NK		ocedures/COMMENT			
	Darty	CTATALLE WIL	A Visual insp	ection of the tank system is performed daily.			
3.	If the tent is	- (
J.				s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.			
	Yes No.		Description/CO	MMENT .			
		<u>X</u>	Manuai				

Automatic ____

This is a covered tank.

¹ UNIT ID as coded on your facility site map.

U	NIT	ID:		5038	3	1
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5-4.	2 (Cont				
	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA	Monitoring Description/COMMENT
	<u></u>		**************************************	<u> X</u>	This is a covered tank.
	If the t	tank is/wa	as uncove	ered, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA_	Control Description/COMMENT
			40 to 10000000	_X	This is a covered tank.
5.	Was/is	the tank (equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK		ption/COMMENT
	_X			Tanks !	5036, 5037, 5038, 5039, 5041, 5047, 5305, and 5306 are serviced by an
				ероху-	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
6.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descri	ption/COMMENT
		<u> X</u>	********		
7.	If haza	rdous was	te was/i	s continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (e.g., was	ste cutoff o	r by-pass to a standby tank)? Please specify.
	Yes	<u>No</u>	<u>NK</u>	NA_	COMMENT
	man na projekt 1998	X	*****	above on the error	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5038	1
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3-4.2 (Cont'd)

8.	Was/is If no,	there evic describe c	dence of ext corrosion pr	ernal corrosion? If y otection provided (e.g	res, briefly describe the expression resistant coar	ktent of the problem. tings or liners, or cathodic protection systems).		
	<u>Yes</u>	No	NK_	Description/COMMENT				
		<u>x</u>	######################################	The tank is construc	ted of FRP.			

9.	If the	If the tank was/is used for waste treatment, briefly describe the treatment process.						
	NA (no	treatment)	NK_	Process Description/	COMMENT			
		х	#18W-114ppp	This unit is not use	d for waste treatment.			
				a .S				
10.	If the	tank was/i	s used for	storage of hazardous w	aste, what was/is average r	residence time?		
	NA (no s	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT		
			***************************************		Less than 24 hours.			

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5038		
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3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

None	Indirect*		ive Proof from t Observation	Positi Labora	ve Proof from tory Analyses	COMMENT
<u>X</u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Releas	<u>se</u>			
DEC Ha or Was	zardous Wasto te Descritpio	e #2 on_	Estimated Quantity Volume released (U	or nits)	Date(s) of Release	Nature of Release
	ury and the same of the same o				and the second s	

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.

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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 Moni	toring tached	<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	- current	release documente	d above please describe	e relevant remediation implemented or planned.
Previous Implement Yes		<u>NK</u>	Inclusive Dates	Description/COMMENT	
Current Implemen Yes		NK_	Start Date	Description/COMMENT	
Planned be Impl Yes		NK.	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5039	1
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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. 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. 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. 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	CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
5039	<u>1500 gal.</u>	ACTIVE YEAR START:	<u> </u>	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Wastewater D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
NOTE: This unit i	s part of the	Building 690 Fluoride/Heavy Meta	al	Methyl Ethyl Ketone	Trace	
and Industr	ial wastewate ely 10 million	r treatment plant which processes gallons annually. ion Tank is currently under cons	S	Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fa	cility site map.				
	constituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5039
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3-4.	3-4.2 WASTE MANAGEMENT PRACTICES								
Plea	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/690 G-14, Vertical, FRP, 6'6" Diam. x 7' Ht.					
				This tank is equipped with a level control system and a high level alarm.					
	Is/was the uni	t covered or uncov	ered? If covere	d, briefly describe.					
	Covered	Uncovered	<u>NK</u>	Description/COMMENT					
	<u>X</u>	Ann britte markern demonstrape plays surviva plays sign		<u>This tank has a flanged cover, bolted to the top of the tank.</u>					
				This tank is equipped with both high and low level alarm systems.					
2.	Describe inspe and provide da	ction procedures f te of latest inspe	or tanks and anc ction.	illary equipment (e.g., ultrasound, tank tightness tests, etc)					
	Date of Latest Inspect	ion NK	Inspection Dr	ocedures/COMMENT					
	Edecot Triopcot	X		ocedures will include a visual inspection of the tank system to be performed daily					
	h-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			integrity check to be performed weekly.					
			did a visuat	micegi ity check to be periormed weekty.					
3.	If the tank is	/was uncovered. ar	e/were procedure	s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.					
	Yes No.		Description/C						
	THE COLUMN TWO IS NOT THE OWNER.	X	Manual						
			Automatic						
			This is a cov						
	THIS IS A CONCICC CAIR,								

¹ UNIT ID as coded on your facility site map.

UNIT	ID: 5039	
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					5-4 STURAGE/TREATMENT TANKS
3-4.	.2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
				<u>x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	ere devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	_NA	Control Description/COMMENT
		# 10 11 11 11 11 11 11 11 11 11 11 11 11 1	Barrer de pri 1948	<u>X</u>	This is a covered tank.
5.	Was/is t	he tank e	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
	<u>Yes</u>	No	<u>NK</u>		iption/COMMENT
	<u>_x</u>				5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an
				ероху	-coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
6.	Was/is t	he tank	equipped	with a dra	inage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	<u>NK</u>		iption/COMMENT
	<u>X</u>	STORY THE YEAR	new rhoping of the	Flow	to this tank may be diverted to the Emergency Hold Tank 5034.
7.	If hazaı to stop	dous was	te was/is	s continuou ste cutoff	sly fed into the tank, was/is the tank equipped with a means 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.

UNIT	ID:	5039
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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				
	discretization and the second	X	**************************************	This tank is current	ly under construction and i	s built of FRP.		
9.	If the ta	ank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.		
	NA (no ti	reatment)	NK	Process Description/	COMMENT			
		-	(Printed Contractions)	Sulfur dioxide gas i	s injected into the influer	t flow to reduce the chromium(Cr+6 to Cr+3).		
10.	If the ta	enk was/i	s used for	storage of hazardous w	ast e, w hat was/is average r	esidence time?		
	NA (no st	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT		
		~~~	William 100 100 100 100 100 100 100 100 100 10		Less than 24 hours.			

¹ UNIT ID as coded on your facility map.

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#### 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.

		1
Evidenc	еотн	ιeιease

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Posit Labora	ive Proof from atory Analyses	COMMENT
<u>X</u>	<del></del>	Was a series with the series of the series o	<del></del>		
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release			
DEC Haz or Wast	ardous Waste e Descritpio	Estimated Quantity Notume released (	y or Units)	Date(s) of Release	Nature of Release
			<del></del>	<del> </del>	
				· · · · · · · · · · · · · · · · · · ·	
		***************************************	· · · · · · · · · · · · · · · · · · ·		
		4 - A - A - A - A - A - A - A - A - A -		Andreas (September 1994)	
***************************************		**************************************		#1000000000000000000000000000000000000	
gregor minimum in the contract		equipments a responsibility of a contract and sent of a section of a s	<del></del>	**************************************	
***************************************				#-14	
***********		**************************************		######################################	
<del></del>			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		

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.

UNIT	ID:	5039	1
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#### 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 environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous was 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 continuing releases as described above. If any analytical data are attached for the unit, please indicate below:								
GW Monitoring SW Analytical Data Attached Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached						
photographic delicitor recommende de commende de comme	-							
or the prior/current release document	ed above please describe	e relevant remediation implemented or planned.						

roi the	briory	current	release documented	above please describe relevant remediation implemented or planned.
Previou Impleme Yes	sly nted NO	<u>NK</u>	Inclusive Dates	Description/COMMENT
Current Impleme Yes	ly nted No	<u>NK</u>	Start Date	Description/COMMENT
Planned be Implo Yes		NK	Start Date	Description/COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	5040	
Dogo	1777 -	¥ 1058	

# 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 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
5040	<u>1000 gal.</u>	ACTIVE YEAR START:	\$02	Fluoride / Heavy Metals	SEE NOTE	***************************************
				Wastewater		
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Industrial Waste		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
		Building 690 Fluoride/Heavy Meta		Lead & Compounds	Trace	
approximate	ely 10 million	r treatment plant which processes gallons annually.	}	Methyl Ethyl Ketone	Trace	
This B/690 construction		Effluent Tank is currently under		Trichloroethylene	Trace	
				Formaldehyde	Trace	
1 UNIT ID as coo	ded on your fac	cility site map.				
and criteria d	constituting wa	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID: _		5040 1	
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3-4.	2 WASTE MANAGE	EMENT PRACTICES		
Plea	ise answer the	following quest	ions concerning wa	aste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or bel	ow ground? Please	e describe basic design parameters and materials of construction.
	Above Ground	Below Ground	NK	Description/COMMENT
	<u> </u>	********************************		B/690 B-12, Vertical, FRP, 6' Diam. x 5'6" Ht.
	Is/was the un	it covered or u	ncovered? If cove	ered, briefly describe.
	Covered	Uncovered	NK	Description/COMMENT
	X	**************	<del>/</del>	This tank has a flanged cover, bolted to the top of the tank.
				This tank is equipped with both high and low level alarm systems.
2.	Describe inspeand provide d	ection procedur ate of latest i	es for tanks and a nspection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of	<b></b>		D
	Latest Inspec	tion N		Procedures/COMMENT
	Daily	<del></del>		s procedures will include a visual inspection of the tank system to be performed daily.
			and a visua	l integrity check to be performed weekly.
3.	If the tank is	s/was uncovered	, are/were procedu	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	. <u>NK</u>	NA Description	OCCUMMENT
		With Broken and	X Manual	
			Automatic _	
			<u>This is a c</u>	covered tank.
			***	

¹ UNIT ID as coded on your facility site map.

UNIT ID: 5040	.'
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-4.	2 (Cont				
	If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK_	<u>NA</u>	Monitoring Description/COMMENT
	***************************************	-	No	<u>X</u>	This is a covered tank.
	If the	tank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No_	NK	NA_	Control Description/COMMENT
				<u>_X</u>	This is a covered tank.
5.	Was/is	the tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No_	NK		ption/ <u>COMMENT</u>
	X				5301 and 5040 are serviced by a common, epoxy-coated, concrete dike with dimensions of
			<del></del>	<u></u>	L. x 24' W. x 3' Ht.
				<u> </u>	
6	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
•	Yes_	No_	NK_		ption/COMMENT
					o this tank may be diverted to Tank 5301.
	<u>x</u>		***************************************	TON	O CHTS Lank may be diversed to take so
7.	If haza to stop	rdous was inflow (	te was/is e.g., was	s continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Yes	No_	NK	NA	COMMENT
	Х	<del></del>			Flow into the tank may be stopped by closing influent valve.
			<u> </u>		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5040	1
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3-4	4.2	(Cont'c	t)

8.	Was/is t	here evide lescribe co	nce of ext rrosion pr	ernat corrosion? If ye otection provided (e.g.	es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	No	NK	Description/COMMENT		
		<u>_x</u>	***********	The tank is currently	under construction and bu	ilt of FRP.
9.		ank was/is reatment)	used for	waste treatment, briefl	y describe the treatment p	rocess.
		X			for waste treatment.	
	<del></del>	·	<del>************</del>	THIS GIVE TO NOT USES	ror waste treatment.	
				***************************************	**************************************	
10.	If the t	ank was/is	used for	storage of hazardous wa	ste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	At the state of th				Less than 20 min.	
						***************************************

¹ UNIT ID as coded on your facility map.

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#### 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 Releas
--------------------

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		The state of the s		
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Has	zardous Wasto te Descritpi	e # ₂ Estimated Quantity on Volume released (U	or Date(s) of nits) Release	Nature of Release
	<u> </u>			
-				
			And the second s	
			4	
			4,300,000	

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.

UNIT	ID:	5040	
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#### 3-4.3 (Cont'd)

constituents i groundwater mo	contam n con nitori	unation that exist staminated soil, ground ng data) submitted	s as a result of relea undwater (GW), surface to EPA and the State	data that may be available which would describe the nature and/or extent of se. Any information on the concentration of hazardous waste or hazardous waste water (SW) or air should be attached. Include any information/data (including under any other regulatory programs (e.g., Superfund) that concerns prior or a 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/	curren	t release documented	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	Inclusive Dates	Description/COMMENT	
Mandalardia standarda unyang		acres a vente de la companya de la c		
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.

UNIT	ID: 5041	
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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 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	5041	15000 gal	ACTIVE X YEAR START: 1989	<u></u>	Industrial Waste	SEE NOTE	
			INACTIVE		D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	: This unit i	s part of the	Building 690 Fluoride/Heavy	Metal	Chromium & Compounds	Trace	
	and Industr	ial wastewate ely 10 million	r treatment plant which proce gallons annually.	esses	Formaldehyde	Trace	
This tank has been designated as the Regeneration pH Adjustment Tank. This unit has been designed for a flow of 60 gal/min.				Fluorides	Trace		
1 U	NIT ID as coo	ded on your fa	ncility site map.				
а	nd criteria d	constituting W	nrdous Waste Codes wastes are defined				

UNIT	ID:		5041	-1
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### 3-4.2 WASTE MANAGEMENT PRACTICES

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

					ste management practices associated with the SWMU identified on the preceding page.
. Was/	is the ta	nk above o	r below gr	ound? Please	describe basic design parameters and materials of construction.
Abov	e Ground	Below Gr	ound	<u>NK</u>	Description/COMMENT
######################################	<u> </u>	brossessian de la companya de la com		****	B/690 K-14, Vertical, FRP, 16' Diam. x 10' Ht.
					This tank is equipped with a high and low level/control
					system on the inflow and outflow.
Is/v	as the un	it covered	or uncove	red? If cover	red, briefly describe.
Cove	ered	Uncovere	<u>d</u>	NK	Description/COMMENT
>		Process of the State of the Sta	*****	William State Stat	This tank has a flanged cover, bolted to the top of the tank.
. Desc	ribe insp	ection pro	cedures fo	r tanks and ar	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
		ate or tat	est inspec	tion.	
	Date of est Inspec	tion	NK_	Inspection F	Procedures/COMMENT
*******		***************************************	<u>_x</u>	Inspection p	procedures for this unit have not been established.
If t	he tank i	s/was unco	vered, are	/were procedur	res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Yes				Description/	
-					
	***	THE STATE OF THE S	definition article X	Manual	
				Automatic	
				This is a co	overed tank.
				<b>VIII III III III III III III III III II</b>	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5041
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-4.	2 (Cont	'd)			
	If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No	<u>NK</u>	NA	Monitoring Description/COMMENT
		and the second		<u>X</u>	This is a covered tank.
	If the	tank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	NA	Control Description/COMMENT
				<u> x</u>	This is a covered tank.
5.	Was/is	the tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	<u>Descri</u>	ption/COMMENT_
	<u> x</u>	****	40-1-11 (3-1-2-1-1)	Tanks !	5036, 5037, 5038, 5039, 5041, 5047, 5305, and 5306 are serviced by an
				epoxy-	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
				- <del></del>	
5.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK_	Descri	ption/COMMENT
	<u>X</u>	Section Section for the	BANK - 100 - 1700	Inflow	to this tank may be diverted to Tank 5031, 5032, 5033, or 5035.
				approximate annique specific person (1944)	
7.	If haza	ardous was	te was/is	continuous	sly fed into the tank, was/is the tank equipped with a means
	to stop	p inflow (	e.g., was	ste cutoff o	or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK	<u>NA</u>	COMMENT
	<u>X</u>	Arraya marana	***************************************	F-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	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.

UNIT	ID:	5041	1

3-4.2 (Cont'd)

Yes	No	<u>NK</u>	Description/COMMENT
	<u> X</u>	No. of Statement	The tank is constructed of FRP.
If the 1	tank was/i	s used for	Waste treatment, briefly describe the treatment process
	tank was/i	s used for <u>NK</u>	waste treatment, briefly describe the treatment process.  Process Description/COMMENT  The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.
			Process Description/COMMENT
NA (no t	reatment)	_NK	Process Description/COMMENT  The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or
NA (no t	reatment)	NK NK	Process Description/COMMENT  The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.
NA (no t	reatment)  ank was/is	NK S used for NK (Res	Process Description/COMMENT  The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.  Storage of hazardous waste, what was/is average residence time?
If the t	reatment)  ank was/is	NK S used for NK (Res	Process Description/COMMENT  The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.  storage of hazardous waste, what was/is average residence time?  idence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5041
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#### 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.

Eviden	ce of Release	2		
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof f Laboratory Analy	com ses <u>COMMENT</u>
<u>X</u>		Construction of the Constr		
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Waste te Descritpi	e # ₂ Estimated Quantit on <u>Yolume released (</u>	y or Date(s) o Units) Release	f <u>Nature of Release</u>
			***************************************	
	ay day yang di gagar sa di salaman sana a wada sabir di di di salama ay say di di di			
			And the second s	
		***************************************		

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.

UNIT	ID:		5041	-1
Page	1784	of	1958	

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 Moni		<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	- current	release documente	d above please describe	relevant remediation implemented or planned.
Previous Implemen Yes	sly nted NO	NK_	Inclusive Dates	Description/COMMENT	
Current Implemen Yes	y nted No	NK.	Start Date	Description/COMMENT	
	-				
				WEST-MANUAL AND	
Planned be Imple Yes		NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5046

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**FSTIMATED ANNUAL** 

ASSOCIATED

# 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. 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. 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. 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.

DEC HAZADDONIS WASTE

SWMU TYPE/ UNIT IDENTIFIER 1	SIZE	OPERATIONAL STATUS	CODE	NO. OR WASTE DESCRIPTION	QUANTITY (SPECIFY UNITS)	RELEASE?
5046	<u>30 gal.</u>	ACTIVE YEAR START:	<u>\$02</u>	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:		Wastewater Induatrial Waste D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: This unit	is part of the	Building 690 Fluoride/Heavy Meta	ι	Lead & Compounds	Trace	
approximate	ely 10 million	r treatment plant which processes gallons annually.		Methyl Ethyl Ketone	Trace	
This B/690	Monitoring Su	mp is currently under construction	n.	Trichloroethylene	Trace	
				Formaldehyde	Trace	
1 UNIT ID as coo	ded on your fa	acility site map.		Chromium & Compounds	Trace	
and criteria	constituting w	ardous Waste Codes wastes are defined				

UNIT	ID:	5046 1
Page	1786 of	1958

### 3-4.2 WASTE MANAGEMENT PRACTICES

Plea	ise answer the 1	following questions	concerning was	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or below g	round? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	<u>NK</u>	Description/COMMENT
	AT THE RESIDENCE OF THE PARTY O	X	determination	B/690 G-12, Vertical, Polyethylene, 2' Diam. x 2' Ht.
				This tank is equipped with an automatic float activated pump and a high level
				alarm system.
	Is/was the uni	t covered or uncov	ered? If cover	ed, briefly describe.
	Covered	Uncovered	<u>NK</u>	Description/COMMENT
	there were the best distributed by the	X	age-environ-environi	
2.	Describe inspe and provide da	ection procedures f ate of latest inspe	or tanks and and ction.	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of	vian MV		
	Latest Inspect	ion NK		rocedures/COMMENT
	Daily			ocedures will include a visual inspection of the tank system to be performed daily
			and a visual	integrity check to be performed weekly.

Automatic X

The tank level will be maintained with an automatic float activated pump and a high level alarm

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.

Description/COMMENT
Manual

1 UNIT ID as coded on your facility site map.

<u>Yes</u>

UNIT	ID:	5046	
Page	<u>1787</u> o	f <u>1958</u>	

7-1. 2	(Cont/d)	
3-4-/	(LODE'D)	

Yes				
<u>res</u>	No	NK	NA_	Monitoring Description/COMMENT
	<u>X</u>	***************************************	and the second second	
If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No	NK_	_NA_	Control Description/COMMENT
-	<u>x</u>	*********	<del>Street Street</del>	
Was/is t	he tank e	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
Yes	No	NK		etion/COMMENT
_X	***************************************	****	<u>This ta</u>	ank is serviced by an epoxy-coated concrete dike with dimensions of 4' L. x 4' W. x 46" Ht.
				·
Was/is t	he tank (	equi pped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
Was/is t	he tank (	equipped <u>NK</u>		
			Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>No</u>		Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes	No X	NK NK	<u>Descrip</u>	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  Ly fed into the tank, was/is the tank equipped with a means
Yes If hazar to stop	No X	NK 	<u>Descrip</u>	nage control system or a diversion structure (e.g., standby tank)? Describe.
Yes	No X dous was	NK NK	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  Ly fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	 5046	ŀ
Dogo	1700	 1050	

3-4	.2	(Cont'	d)

			rotection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).
Yes	No	NK	Description/COMMENT
***************************************	<u> </u>	<del>0 </del>	This tank is currently under construction and is built of polyethylene.
If the t	tank was/is	s used for	waste treatment, briefly describe the treatment process.
NA (no t	treatment)	NK	Process Description/COMMENT
	treatment) X	<u>NK</u>	Process Description/COMMENT  This unit is not used for waste treatment.
		<u>NK</u>	
		<u>NK</u>	
	x		This unit is not used for waste treatment.
	X tank was/is	used for	
If the t	X tank was/is	used for	This unit is not used for waste treatment.  storage of hazardous waste, what was/is average residence time?  sidence Time Unknown) Residence Time (units) COMMENT
If the t	X tank was/is	used for	This unit is not used for waste treatment.  storage of hazardous waste, what was/is average residence time?
If the t	X tank was/is	used for	This unit is not used for waste treatment.  storage of hazardous waste, what was/is average residence time?  sidence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5046	
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#### 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	Rel	ease
----------	----	-----	------

<u>None</u> X	Indirect*	Positive Proof from Direct Observation		Proof from ory Analyses	COMMENT
	***************************************				
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release			
DEC Haz or Wast	ardous Waste e Descritpio	Estimated Quantity Notume released (	y or D Units)	ate(s) of Release	Nature of Release
***************************************					
			_		
		#*************************************		······································	
		4444	<del></del>		
			<del></del>		

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.

UNIT	ID:	5046

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#### 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 SW Analytical ST Data Attached Data Attached		Soil Analytical Data Attached	Air Monitoring Data Attached	
For the prio	r/curre	nt release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>		Description/COMMENT	
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implement Yes No	ed NK	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5047	i
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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. 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. 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. 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	QUANTITY (SPECIFY UNITS)	RELEASE?
5047	4500 gal.	ACTIVE YEAR START:	то1	Industrial Waste	SEE NOTE	
		INACTIVE X - SEE NOTE		D002		
		INCLUSIVE YEARS: -	<del></del>			
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit	is part of the	Building 690 Fluoride/Heavy	Metal	Chromium & Compounds	Trace	
and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.				Formaldehyde	Trace	
This B/690 Spike Treatment Tank is currently under construction. The tank is designed for a flow of 135 gal/min.			nstruction.	Fluorides	Trace	
1 UNIT ID as co	ded on your fac	ility site map.		**************************************		
and criteria	constituting wa	dous Waste Codes astes are defined s questionnaire.				

UNIT	ID:	5047
Page	<u>1792</u> of	<u>1958</u>

3-4.2	WASTE	MANAGEMENT	PRACTICES

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

Above Ground	Below Ground	_NK_	Description/COMMENT
Х			
			B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.
s/was the un	it covered or unco	vered? If cov	vered, briefly describe.
Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.
	***************************************		
			This tank is equipped with both high and low level alarm systems.
			This tank is equipped with both high and low level alarm systems.
escribe insp	ection procedures ate of latest insp	for tanks and	This tank is equipped with both high and low level alarm systems.  ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide d	ate of latest insp	for tanks and ection.	
nd provide d	ate of latest insp	ection.	
and provide d	ate of latest insp	ection. <u>Inspection</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
Date of atest Inspec	ate of latest insp	ection.  Inspection  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide d Date of atest Inspec	ate of latest insp	ection.  Inspection  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily
nd provide d Date of atest Inspec Daily	ate of latest insp	Inspection  Inspection  Inspection  and a visu	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily  al integrity check to be performed weekly.
Date of atest Inspec  Daily  f the tank is	tion NK  NK  NK	Inspection Inspection Inspection and a visu	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily  al integrity check to be performed weekly.  Surprise to maintain at least 2 feet (60 cm) freeboard? Describe the procedures
Date of atest Inspec  Daily  f the tank is	ate of latest insp  tion NK  S/was uncovered, a	Inspection  Inspection  Inspection  and a visu  re/were proceded  Description	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily hal integrity check to be performed weekly.  The procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures in/COMMENT
Date of atest Inspec  Daily  f the tank is	tion NK  NK  NK	Inspection  Inspection  Inspection  and a visu  re/were proced  Description  Manual	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily  pal integrity check to be performed weekly.  Pures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of atest Inspec  Daily  f the tank is	ate of latest insp  tion NK  S/was uncovered, a	Inspection  Inspection  Inspection  and a visu  re/were proceded  Description	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures will include a visual inspection of the tank system to be performed daily  pal integrity check to be performed weekly.  Pures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5047
Page	<u>1793</u> of	<u>1958</u>

					5-4 STORAGE TREATMENT PRINCE
3-4.	2 (Cont'	d)			
4.	If the ta	ank is/wa	as uncove	red, are/we	re 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.
	<del></del>			<del></del>	
	If the t	ank is/wa	as uncove	red, are/we	ere devices or procedures in place to control releases to the atmosphere? Describe.
	Yes_	No	NK_	NA_	Control Description/COMMENT
				<u>x</u>	This is a covered tank.
				-	
5.	Was/is t	he tank	equipped	with a sec	ondary containment structure (e.g., dike or trench)? Please describe.
	Ye <u>s</u>	No	NK		iption/COMMENT
•	Х	<del></del>		Tanks	5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an
					-coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
				CDOXY	
6.	Was/is t	he tank	equipped	with a dra	inage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK		iption/COMMENT
	X	<u> </u>			to this tank may be diverted to Tank 5036.
			***************************************		flow diversion is conducted automatically.
				11113	TON OTTO TO THE TOTAL OF THE TO
7.	If haza	rdous was	ste was/i	s continuou	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	NA_	COMMENT  Flow into the tank may be stopped by closing influent valve.
	<u> </u>		<del>,,</del>		Flow into the tank may be stopped by closing in tuent voice.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5047 1
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3-4	1.2	(Cont'	d)

8.	Was/is th If no, de	ere evide scribe co	ence of extended	ernal corrosion? If yes, briefly describe the extent of the problem. Detection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).	
	Yes	No	NK_	Description/COMMENT	
	Machine Superferences	Х		This tank is currently under construction and is built of FRP.	
					otato
9.	If the ta		used for s	Process Description/COMMENT  The pH of the waste stream is adjusted using a caustic and/or an acid addition. The resulting	
				slurry is then pumped to a clarifier (unit #5082).	
10.	If the ta	nk was/is	s used for	storage of hazardous waste, what was/is average residence time?	
	NA (no st	orage)	NK (Res	idence Time Unknown) Residence Time (units) COMMENT	
				33 min.	

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5047	1
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#### 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.

CONST	tuents associ	ated with the same des	strate the end by the many	,
Eviden	ce of Release			
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>X</u>	Marie and the second of the second	West was the second of the sec		
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Wasto te Descritpi	Estimated Quanti on Volume released	ty or Date(s) of (Units) Release	Nature of Release
***************************************				
<u> </u>				
			AND THE PERSON NAMED AND THE P	
				·····

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.

UNIT	ID:	5047
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#### 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:

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	
	<del></del>
Planned to <u>be Implemented</u> <u>Yes No NK Start Date Description/COMMENT</u>	

¹ UNIT ID as coded on your facility map.

UNIT	ID: .		5068	ŧ
Page	1797	of	1958	

ECTIMATED ANNIAL

ACCOCTATED

# 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. 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. 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. 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 SIZE OPERATIONAL STATUS EPA PROCESS DEC HAZARDOUS WASTE 2  QUANTITY (SPEC	CIFY UNITS) RELEASE?
ACTIVE	DTE
INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:	
NOTE: This tank is designated as T-7. As of this submittal, this unit	
was not in service.	
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.	

UNIT	ID:	5068 1
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### 3-4.2 WASTE MANAGEMENT PRACTICES

Plea	ase answer the i	following que	estions c	oncerning_wast	e management practices associated with the SWMU identified on the preceding page.
1.					escribe basic design parameters and materials of construction.
	Above Ground	Below Groun		NK	Description/COMMENT
	X			************	B/650 1-N-2, Horizontal, Steel, 5' Diam. x 10' L.
	Is/was the uni	it covered or	uncover	ed? If covered	d, briefly describe.
	Covered	Uncovered		NK	Description/COMMENT
	<u> </u>				Ihis unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
2.	Describe inspe and provide da	ection proced ate of latest	lures for : inspecti	tanks and anci	illary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspect	ion	NK	Increation Dru	ocedures/COMMENT
	Daily	.1011			
			<del></del>	Thispect for pro	ocedures include daily visual inspections and daily inventory monitoring.
3.	If the tank is	/use uncover	ad ana/	tono procedures	
٠.	Yes No.				in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	NO.	NK_		Description/CO	
	-		<u> </u>	Manual	

Automatic ____

This is a covered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5068	ł
Page	<u>1799</u> o	of <u>1958</u>	

				3-4 STURAGE/TREATMENT TANKS
2 (Cont	d)			
If the t	ank is/wa	s uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
<u>Yes</u>	No	NK	NA	Monitoring Description/COMMENT
************	***************************************	***************************************	<u> </u>	This is a covered tank.
If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT
Access to the Control of the Control			<u>_x</u>	This is a covered tank.
Was/is t	he tank e	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
				ption/COMMENT
	NO	**************************************		unit is serviced by a painted, stainless steel dike with dimensions of 18' L. x 18' W. x
		***********		
			18" HT	
Was/is t	:he tank (	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
				ption/COMMENT
<del></del>		<del></del>		
			<del></del>	
If hazar	dous was	te was/is	s continuous	sly fed into the tank, was/is the tank equipped with a means
to stop	inflow (	e.g., was	ste cutoff c	or by-pass to a standby tank)? Please specify.
Yes	No	<u>NK</u>	NA_	COMMENT
	<u>X</u>			
	If the to Yes  Was/is to Yes  Yes  If hazarto stop	Yes No  If the tank is/way Yes No  Was/is the tank of Yes No  X  If hazardous was to stop inflow ( Yes No	If the tank is/was uncoveryes No NK  Was/is the tank equipped Yes No NK  X  If hazardous waste was/is to stop inflow (e.g., was Yes No NK)	If the tank is/was uncovered, are/we  Yes No NK NA  X  If the tank is/was uncovered, are/we  Yes No NK NA  X  Was/is the tank equipped with a seco  Yes No NK Descri  X Ihis u  18" Ht  Was/is the tank equipped with a drai  Yes No NK Descri  X  If hazardous waste was/is continuous to stop inflow (e.g., waste cutoff of the control of the

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5068	1
Page	1800	of	1958	

3-4.2 (	Cont'	d)
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8.	Was/is t If no, d	here evide lescribe co	ence of extended	ernal corrosion? If yeotection provided (e.g.	es, briefly describe the ex	tent of the problem. ings or liners, or cathodic protection systems).	
	Yes	No	<u>NK</u>	Description/COMMENT			
		<u>x</u>		This unit is under co	onstruction.		
							•
							•
9.	If the t	ank was/is	s used for	waste treatment, brief	ly describe the treatment p	rocess.	•
	NA (no t	reatment)	NK_	Process Description/(	COMMENT		
	4	х		This unit is not used	d for waste treatment.		_
10.	If the t	ank was/is	used for	storage of hazardous wa	aste, what was/is average r	esidence time?	
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT	
				X	Management of the second of th	Information to address this question is not	-
						available.	_

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5068
Page	1801	of 1958

#### 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.

Evider	ce	of	Rel	ease

None	Indirect*	Positive Proof from Direct Observation	Positive Pr Laboratory	roof from <u>Analyses</u>	COMMENT
<u>X</u>		Control of the Contro		······································	
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha	zardous Wasto te Descritpi	Estimated Quantity On Volume released (		e(s) of lease	Nature of Release
	***************************************	Market Commence of the Assessment Commence of th			
		***************************************		w	

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.

UNIT	ID:	5068	
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#### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental cont constituents in c groundwater monito	camination that exist contaminated soil, grooring data) submitted	provide any analytica ts as a result of rele oundwater (GW), surfac d to EPA and the Stat . If any analytical da	ase. Any information e water (SW) or air sh e under any other reg	on the concentration ould be attached. oulatory programs (e	n of hazardous was Include any infor e.g., Superfund) t	te or hazardous wast mation/data (includin
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 <u>Implemented</u> Yes NK_ Inclusive Dates Description/COMMENT Currently <u>Implemented</u> Start Date Description/COMMENT Planned to be Implemented Start Date Description/COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID: 506	9 '
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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. 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. 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. 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	QUANTITY (SPECIFY UNITS)	RELEASE?
5069	750 gal.	ACTIVE YEAR START:	<u></u> \$02	NMP Waste	SEE NOTE	
		INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:		(F001,F002,F003,F005)		
NOTE: This tank i was not in	s designated service.	as T-6. As of this submittal,	, this unit			
1 UNIT ID as coo	led on your fa	cility site map.				
and criteria d	constituting w	rdous Waste Codes mastes are defined is questionnaire.				

UNIT ID:5	069 1
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1.	Was/is the ta	nk above or below	ground? Pleas	se describe basic design parameters and materials of construction.
	Above Ground	Below Ground	NK	Description/COMMENT
	x			B/650 1-N-2, Horizontal, Steel, 4'6" Diam. x 8' L.
	Is/was the uni	it covered or unco	vered? If cov	vered, briefly describe.
	Covered	Uncovered	NK_	Description/COMMENT
	Х			This unit is a typical cylindrical type tank, completely enclosed and constructed
	<del></del>			inis unit is a typical cylindrical type tank, completely enclosed and constructed
				of a swifene shall material
				of a uniform shell material.
2.	Describe inspe	ection procedures ate of latest insp	for tanks and ection.	of a uniform shell material.  ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
2.	Describe inspe and provide da Date of Latest Inspect	ate of latest insp	ection.	
2.	and provide da  Date of	ate of latest insp	ection.  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
2.	Date of Latest Inspect	ate of latest insp	ection.  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
2.	Date of Latest Inspect	ate of latest insp	ection.  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
· · · · · · · · · · · · · · · · · · ·	Date of Latest Inspect  Daily	ate of latest insponention NK	Inspection  Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include daily visual inspections and daily inventory monitoring.
2.	Date of Latest Inspect  Daily  If the tank is	tion NK  NK	Inspection Inspection Inspection	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include daily visual inspections and daily inventory monitoring.  Procedures include daily visual inspections and daily inventory monitoring.
2.	Date of Latest Inspect  Daily	tion NK NA	Inspection  Inspection  Inspection  re/were proced  Descriptio	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include daily visual inspections and daily inventory monitoring.  Pures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
2.	Date of Latest Inspect  Daily  If the tank is	tion NK  NK	Inspection  Inspection  Inspection  re/were proced  Descriptio  Manual	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include daily visual inspections and daily inventory monitoring.  Procedures include daily visual inspections and daily inventory monitoring.  Pures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
2.	Date of Latest Inspect  Daily  If the tank is	ate of latest insponsions of the state of latest insponsions of the state of the st	Inspection  Inspection  Inspection  re/were proced  Descriptio  Manual  Automatic	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include daily visual inspections and daily inventory monitoring.  Procedures include daily visual inspections and daily inventory monitoring.  Pures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5069	!

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, ,	40			

3-4.	2 (Cont				and the state of t
<b>4</b> -	If the	tank is/w	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No_	NK	NA	Monitoring Description/COMMENT
			-	<u> </u>	<u>This</u> is a covered tank.
	If the	tank is/w	as uncove	red, are/we	ere 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 seco	ondary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK		iption/COMMENT
	х			<u>This </u>	unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 18' W. x
				18" Ht	t.
6.	Was/is	the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
•	Yes_	No	NK_		iption/COMMENT
		<u>X</u>	a constant		
	decreases enter to the		<del></del>		
_	- 4 4				sly fed into the tank, was/is the tank equipped with a means
7.	if haza to stop	irdous was o inflow (	ite was/is [e.g., was	te cutoff	or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK	NA	COMMENT
		<u>_X</u>			
		<del></del>			

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5069	1

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### 3-4.2 (Cont'd)

8.	Was/is t	here evide	ence of ext	ernal corrosion? If y	es, briefly describe the ex	ktent of the problem. tings or liners, or cathodic protection systems).	,
	Yes	<u>No</u>	NK_	Description/COMMENT	., corrosion resistant coat	ings or liners, or cathodic protection systems).	
		<u> x</u>	-	<u>This unit is under c</u>	onstruction.		
9.	If the t	ank was/is	used for	waste treatment, brief	ly describe the treatment p	process.	
	NA (no t	reatment)	<u>NK</u>	Process Description/	COMMENT		
		<u> </u>	-	This unit is not used	d for waste treatment.		
				M			· · · · · · · · · · · · · · · · · · ·
10.	If the ta	ank was∕is	used for s	storage of hazardous wa	aste, what was/is average r	residence time?	
	NA (no st	torage)	NK (Resi	idence Time Unknown)	Residence Time (units)	COMMENT	
	X		***************************************		Control of the Contro	Information to address this question is not	**************************************
						available.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5069
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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 preceding pages.

<u>None</u>	Indirect*	Positive Proof from Direct Observation		Proof from ry Analyses	COMMENT
		\$6.0 \ \dash\$0.00\			
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	teristics of	Release			
DEC Haz	zardous Waste te Descritpio	e # ₂ Estimated Quantit Volume released (		ate(s) of Release	Nature of Release
	***************************************		Marine Ma		
			-		
		designation of the second control of the sec	The state of the s		
			<del></del>		
***************************************			<del></del>	<u> </u>	
			gardensis		
,		Version to the second s			

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.

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UNIT	ID:	5069	l

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# 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

constituents in contaminated soil, groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or extents as a result of release. Any information on the concentration of hazardous waste or hazardous waundwater (GW), surface water (SW) or air should be attached. Include any information/data (include to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior If any analytical data are attached for the unit, please indicate below:	ste
GW Monitoring SW Analytical Data Attached Data Attached	Soil Analytical Air Monitoring Data Attached Data Attached	
For the prior/current release documented	d 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.

UNIT	ID:	5070 1
		•
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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. 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. 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 descriptions. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	5070	500 gal.	ACTIVE YEAR START:	<u>\$02</u>	Anisole Waste	SEE NOTE	
			INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:		(F001,F002,F003,F005)		
				:			
NOTE	: This tank is was not in s		as T-8. As of this submittal, th	is unit			
1 (	NIT ID as code	ed on your fac	cility site map.				
ε	and criteria co	onstituting w	rdous Waste Codes astes are defined				

UNIT	ID:	5070	
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3-4.2	WASTE MAN	AGEMENT PRA	CTICES												
Please	answer th	e following	questions	concerning	waste	management	practices	associated	wi th	the S	WMU	identified	on	the precedin	ng pa

Ple	ase answer the	tollowing qu	estions	concerning was	ste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nk above or l	below gr	ound? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Groun	<u>nd</u>	NK	Description/COMMENT
	X		<del></del> -		B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.
	is/was the un	it covered o	r uncove	red? If cover	red, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
	X			<del>(</del>	This unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
2.	Describe inspe and provide da	ection proced ate of latest	dures fo t inspec	r tanks and ar tion.	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspect		NIC	V	
		<u>c Tori</u>	<u>NK</u>		Procedures/COMMENT
	<u>Daily</u>	·············	***************************************	Inspection p	procedures include daily visual inspections and daily inventory monitoring.
				<del></del>	
3.	If the tank is	s/was uncover	red, are	/were procedur	res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	<u>NK</u>	<u>NA</u>	<u>Description</u> /	COMMENT
			<u> </u>	Manual	
				Automatic	
				This is a co	overed tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: .		5070	- -
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5-4.	2 (Cont	d)			
<b>.</b>	If the t	ank is/wa	is uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK_	<u>NA</u>	Monitoring Description/COMMENT
	April 1900 to Child State World	ACTIONS STORY	**********	<u> X</u>	This is a covered tank.
					Live and the control releases to the etmocrhere? Describe
					re devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	<u>NA</u>	Control Description/COMMENT
			***	<u>X</u>	This is a covered tank.
5	Was/is t	he tank e	eauipped	with a secon	ndary containment structure (e.g., dike or trench)? Please describe.
-•	Yes_	No_	NK		otion/COMMENT
	X				nit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x
	<del></del>	***********	***************************************		
6.	₩as/is t	he tank e	equipped	with a drair	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK	Descrip	otion/COMMENT
	g.engr::errist	<u> </u>		<del></del>	
7.	If hazar	dous was	te was/is	continuous	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
					COMMENT
	<u>Yes</u>	NO.	<u>NK</u>	<u>_NA_</u>	COMPLAT
		<u> </u>	<del></del>		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5070	1
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### 3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8.	Was/is If no,	there evid describe c	lence of ext	ernal corrosion? If yotection provided (e.g	es, briefly describe the e	ktent of the problem. tings or liners, or cathodic protection systems).
	Yes	<u>No</u>	<u>NK</u>	Description/COMMENT		
	·····	X	GGG-desidelated national	This unit is under c	onstruction.	
9.	If the	tank was/i	s used for	waste treatment, brief	ly describe the treatment p	process.
	NA (no	treatment)	NK_	Process Description/	COMMENT	
		_х		This unit is not use	d for waste treatment.	
10.	If the	tank was/i	s used for	storage of hazardous w	aste, what was/is average :	residence time?
		storage)		idence Time Unknown)	Residence Time (units)	COMMENT
				х		Information to address this question is not
						available.

¹ UNIT ID as coded on your facility map.

UNIT	1D: _	50	070	
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#### 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 <u>Laborato</u>	e Proof from ory Analyses	COMMENT
_X	Market Company	With March Mill State Control of the			
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Has	zardous Wasto te Descritpi	e # ₂ Estimated Quantity on <u>Volume released (</u> I		Date(s) of Release	Nature of Release
		**************************************			
**************************************			·		
			<del></del> .	**************************************	
4 <u>11</u>		***************************************			

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.

UNIT	ID:	5070	
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3-	4.	3	((	Con	t	(d)
•		_	٠.		•	ω,

For the SUMU 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, grou	ndWater (GW), surface water (SW) or air should be attached. In	nclude any information/data (including
groundwater monitoring data) submitted	to EPA and the State under any other regulatory programs (e.g.	s Superfund) that concerns prior or
continuing releases as described above.	If any analytical data are attached for the unit, please indicate	e below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
For the prior/curr	ent release documente	d above please describe	pe relevant remediation implemented or planned.	
Previously Implemented Yes NO NK		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.

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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION 2	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	5071	500 gal.	ACTIVE YEAR START:	<u>\$02</u>	SOLVENT WASTE-MIXED	SEE NOTE	
			INACTIVE X - NOT IN SERVICE		(F001,F002,F003,F005)		
NOTE	: This tank is		as T-9. As of this submittal,	this unit			
1 L	JNIT ID as code	ed on your fac	cility site map.				
ē	and criteria co	onstituting w	rdous Waste Codes astes are defined				
i	in Part 1 DEFII	NITIONS of th	is questionnaire.				

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3-4	.2 <u>WASTE MANA</u>	GEMENT PRACT	TICES		
Ple	ase answer the	following c	questions	concerning wa	ste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the t	ank above or	below gr	ound? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Gro	ound	NK_	Description/COMMENT
	X	***************************************		-	B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.
	Is/was the u	nit covered	or uncove	red? If cove	red, briefly describe.
	Covered	Uncovered		NK_	<u>Description/COMMENT</u>
	<u>X</u>				This unit is a typical cylindrical type tank, completely enclosed and constructed
				<del></del>	of a uniform shell material.
2.	Describe ins	pection proc	edures fo	r tanks and ar	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide o	date of late	st inspec	tion.	error, equipment (erg., accidental, talk ergittless tests, etc)
	Date of <u>Latest Inspec</u>	ction	_NK_	Inchection [	Procedures/COMMENT
	Daily	<del></del>			
				Inspection t	procedures include daily visual inspections and daily inventory monitoring.
				·	
3.	16 the took				
٥.					res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	<u>Yes</u> No	<u>NK</u>	<u>NA</u>	<u>Description</u>	<u>COMMENT</u>
	<del></del>		<u>_X</u>	Manual	
				Automatic	
				This is a co	overed tank.
				***************************************	

¹ UNIT ID as coded on your facility site map.

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	Yes	No	NK	NA_	Monitoring Description/COMMENT
	<u></u>			<u>x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	<u>NA</u>	Control Description/COMMENT
			***************************************	<u>X</u>	This is a covered tank.
	Was/is t	he tank e	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	<u>Yes</u>	<u>No</u>	NK_	<u>Descri</u>	ption/COMMENT_
	Yes_X	<u>No</u>	<u>NK</u>		ption/COMMENT unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x
		<u>No</u>	<u>NK</u>	<u>This u</u>	
		<u>No</u>	NK_	<u>This u</u>	unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x
·•	X			<u>This u</u> 18" Ht	unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x
·•	X			This u	unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x
·•	X Was/is t	the tank o	equipped	This u  18" Ht  with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
·•	X Was/is t	he tank o	equipped	This u  18" Ht  with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
••	X Was/is t	he tank o	equipped	This u  18" Ht  with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
···	X Was/is t Yes	the tank of No X	equipped <u>NK</u> ——	This u	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  sly fed into the tank, was/is the tank equipped with a means
	X Was/is t Yes	the tank of No X	equipped <u>NK</u> ——	This u	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
	Was/is t Yes  If hazar to stop	the tank of No X	equipped  NK  NK  te was/is	This u  18" Ht  with a drai  Descri	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

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3-4.2 (Cont'd)

8.	Was/is t If no, d	here evid lescribe c	ence of ext orrosion pr	ernal corrosion? If yotection provided (e.g	res, briefly describe the ex	ctent of the problem. Fings or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
	-	<u> </u>		<u>This unit is under c</u>	onstruction.	
				Color		
9.	If the t	ank was/i	s used for	waste treatment, brief	ly describe the treatment p	process.
	NA (no t	reatment)	NK	Process Description/	COMMENT	
		<u>x</u>		<u>This unit is not used</u>	d for waste treatment.	
						•
10.	If the t	ank was/i	s used for	storage of hazardous wa	aste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	•		<del></del>	X	CONTRACTOR ACTION ACTION CONTRACTOR CONTRACT	This unit was not in service.

¹ UNIT ID as coded on your facility map.

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#### 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.

None	<u>Indirect*</u>	Positive Proof from Direct Observation	Posit <u>Labor</u>	ive Proof from atory Analyses	COMMENT
<u>X</u>	-		***************************************		
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha	zardous Waste te Descritpio	Estimated Quantit on Volume released (	y or Units)	Date(s) of Release	Nature of Release
		Section 1		<u> </u>	
***************************************					
				**************************************	
<del></del>				***************************************	
			······································		
		Particular Court Symbol (1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884	······································		
***************************************		en verget	<del></del>	100-10-10-10-10-10-10-10-10-10-10-10-10-	

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.

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#### 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 SW Analytical Data Attached Data Attached		Soil AnalyticalData_Attached	Air Monitoring Data Attached			
For the prior/currer Previously Implemented	nt release documented	d above please describe	relevant remediation implemented or planned.			
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.

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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. 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. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE 2 NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	5081	20000 gal	ACTIVE YEAR START:	<u></u>	Fluoride/Heavy Metals	SEE NOTE	
			INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:		D002, D007		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	•
NOTE: This unit is designated as the B/690 Clarifier #DFC-1.				Lead & Compounds	Trace		
	This unit is part of the Building 690 Fluoride/Heavy Metals and Industrial Wastewater Treatment Facility which is			ls	Methyl Ethyl Ketone	Trace	
	designed to processing 10 million gal./yr. This unit is currently under construction.			Trichloroethylene	Trace		
1 U	NIT ID as cod	ed on your fa	cility site map.				
a	nd criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

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3-4.2	WASTE	MANAGEMEN	NT.	PRACT	ICES

Please answer	the	following	questions	concerning	waste	management	practices	associated	with	the S	WMU	identified	on t	he preceding p	age.
---------------	-----	-----------	-----------	------------	-------	------------	-----------	------------	------	-------	-----	------------	------	----------------	------

Was/is t	he tank	above or he	low area	ind? Dlasca	describe basic design parameters and materials of construction.
Above Gr		elow Ground		_NK_	Description/COMMENT
	<u> </u>	eron eround	•	- MK	
Х		·····	•		B/690 S, Vertical, Steel,On Ground, 18'Diam. x 13'6" Ht.
is/was t	he unit	covered or	uncovere	ed? If cover	red, briefly describe.
Covered	<u>U</u> i	ncovered		NK	Description/COMMENT
		X		·	
escribe)	inspect	ion procedu	res for	tanks and ar	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
and prov Date	ide date	of latest	inspecti	ion.	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
and prov Date	ide date of	of latest	inspecti <u>NK</u>	ion. Inspection F	Procedures/COMMENT
and prov Date	ide date of	of latest	inspecti <u>NK</u>	ion. Inspection F	
and prov Date	ide date of	of latest	inspecti <u>NK</u>	ion. Inspection F	Procedures/COMMENT
Date Date Latest I	ide date of nspection	of latest	inspecti <u>NK</u> NK	Inspection F	Procedures/COMMENT
Date Date Latest I	ide date of nspection	of latest	inspecti <u>NK</u> <u>NK</u> d, are/w	Inspection F	Procedures/COMMENT  ere no established inspection or testing procedures for this unit.  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date Latest I	ide date of nspection	of latest  n	inspecti NK NK NK d, are/w	Inspection F There are/we were procedur Description/	Procedures/COMMENT  Procedures/COMMENT  Procedures/COMMENT  Procedures/COMMENT  Procedures/COMMENT
Date Latest I	of nspection ank is/wa	of latest  n	inspecti NK NK NK NA NA	Inspection F There are/we were procedur Description/	Procedures/COMMENT  ere no established inspection or testing procedures for this unit.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date Latest I	of nspection ank is/wa	of latest  n	inspecti NK NK d, are/w	Inspection F There are/we were procedur Description/ Manual Automatic	Procedures/COMMENT  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  ere no established inspection or testing procedures for this unit.  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date Latest I	of nspection ank is/wa	of latest  n	inspecti NK NK d, are/w	Inspection F There are/we were procedur Description/ Manual Automatic	Procedures/COMMENT  ere no established inspection or testing procedures for this unit.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

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3-4.	2 (Cont'	d)			
4.	If the ta	ank is/wa	s uncover	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA	Monitoring Description/COMMENT
	<del></del>	<u>X</u>	***************************************		
	If the ta	ank is/wa	s uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No_	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
		<u> </u>		4	
5.	Was/is t	he tank e	quipped	with a secon	dary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	<u>NK</u>		tion/COMMENT
	<u> </u>			Tanks 5	034, 5081, and 5309 are serviced by a stainless steel-lined, concrete dike.
6.	Was/is t	he tank e	equipped	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No_	<u>NK</u>		tion/COMMENT
	<u>X</u>	APPLICATION STATES	ALGORIGIES	Flow to	this unit may be diverted to tank #5034.
7.	If hazar	dous wast inflow (e	e was/is	continuousl te cutoff or	y fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.

Flow into the tank may be stopped via shutdown of influent pumping system

COMMENT

or the influent valves.

¹ UNIT ID as coded on your facility map.

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3.	-4	.2	- (	c	on	ıt	'd	1

If the tank was/is used for waste treatment, briefly describe the treatment process.  NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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  This unit is not used for waste storage.	PPPP WERE THIS COURT	¥				
NA (no treatment)  NK Process Description/COMMENT  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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		-		This unit is painted	steel and insulated with a	urethane material.
NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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						
NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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				•		
NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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				#*************************************		
NA (no treatment)  NK Process Description/COMMENT  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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						
NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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				N		
NA (no treatment)  Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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						
Emulsion polymers are added to the wastewater to promote solids settling.  Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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	If the t	ank was/is	used for	waste treatment, brief	ly describe the treatment p	rocess.
Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.  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	NA (no t	reatment)	NK_	Process Description/O	COMMENT	
. 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			-	Emulsion polymers are	e added to the wastewater t	o promote solids settling.
NA (no storage) NK (Residence Time Unknown) Residence Time (units) COMMENT				Sludge is pumped off	to unit 5301, while the su	pernatant flows to unit 5303.
NA (no storage) NK (Residence Time Unknown) Residence Time (units) COMMENT				***************************************		
	. If the t	ank was/is	used for	storage of hazardous w	aste, what was/is average r	esidence time?
X This unit is not used for waste storage.	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
						This unit is not used for waste storage.
	X	<del></del>				

¹ UNIT ID as coded on your facility map.

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#### 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.

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None Indirect*	Positive Proof from Direct Observation	Positive Proof from <u>Laboratory Analyses</u>	COMMENT
	processing the second s	The state of the s	
			*e.g., discoloration of surrounding soil, dead vegetation
Characteristics of	Release		
DEC Hazardous Wasto or Waste Descritpi	e # ₂ Estimated Quantit on Volume released (	y or Date(s) of Units) Release	Nature of Release
		***************************************	
		Approximation Ap	
And the state of t	**************************************		
***************************************			
purpose de la companya del la companya de la compan			
The state of the s	California		

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.

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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 SW Analytical Soil Analytical Air Monitoring

Data Attached Data Attached Data Attached Data Attached Data Attached

Data Attached		ita Attached	Data Attached Data Attached Data Attached
		······································	
For the prior/	current	release documented	d above please describe relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT
<del></del>		ESTATE & STATE CONTRACT CONTRACT OF PROPERTY OF THE PROPERTY O	
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT
	<del>mer der</del> ondung	SQUEET OF THE REAL PROPERTY OF THE PARTY OF	
Planned to be Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5082
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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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5082	<u>100 K gal</u>	ACTIVE	то1	Industrial Wastewater	SEE NOTE	,
		INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
		as the B/690 Clarifier #DAC-1.		Trichloroethylene	Trace	
and Industr	ial Wastewate	Building 690 Fluoride/Heavy Meta r Treatment Facility which is	ls	Chromium & Compounds	Trace	
		illion gal./yr. nder conatruction.		Formaldehyde	Trace	
				<u> Fluorides</u>	Trace	
1 UNIT ID as cod	ed on your fa	cility site map.				
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5082
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Was/is the	e tank above or below	ground? Pleas	se describe basic design parameters and materials of construction.
Above Grou	und <u>Below Ground</u>	NK	Description/COMMENT
<u> </u>		an a strandard strand	B/690 S, vertical, Steel, On Ground, 38'Diam. x 13'6" Ht.
			This unit is cylindrical in shape with a conical bottom.
Is/was the	unit covered or unco	vered? If cov	rered, briefly describe.
Covered	Uncovered	<u>NK</u>	Description/COMMENT
	<u> </u>		
	X		
	<u> </u>	Management	
Describe in	encontractions about the	for tanks and	ancillary equipment (e.g. ultrecound took tichtness tooks atc)
Describe in	encontractions about the	for tanks and ection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
and provide	nspection procedures le date of latest insp	ection.	
Date of Latest Insp	nspection procedures le date of latest insp f pection NK	ection. <u>Inspection</u>	Procedures/COMMENT
and provide	nspection procedures le date of latest insp f pection NK	ection. <u>Inspection</u>	Procedures/COMMENT
Date of Latest Insp	nspection procedures le date of latest insp f pection NK	Inspection  A visual i	
Date of Latest Insp	nspection procedures le date of latest insp f pection NK	Inspection  A visual i	nspection of the tank system will be performed daily.
Date of Latest Inst	nspection procedures le date of latest insp f pection NK	Inspection  A visual i	nspection of the tank system will be performed daily.
Date of Latest Inspection Daily	nspection procedures le date of latest insp f pection NK	Inspection  A visual i  A visual i	nspection of the tank system will be performed daily.  ntegrity check will be performed weekly.  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Insponded Daily  Daily  If the tank	nspection procedures le date of latest insp  f pection NK  Y	Inspection  A visual i  A visual i	nspection of the tank system will be performed daily.  ntegrity check will be performed weekly.  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Insp Daily  If the tank	nspection procedures le date of latest insp  f pection NK  Y  k is/was uncovered, as	Inspection  A visual i  A visual i  re/were proced	nspection of the tank system will be performed daily.  ntegrity check will be performed weekly.  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5082	
Page	<u>1829</u> of	f <u>1958</u>	

					5-4 STURAGE/TREATMENT TARKS
3-4.	2 (Cont	d)			
4.	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	<u>No</u>	NK_	NA	Monitoring Description/COMMENT
		<u>X</u>			
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	<u>NA</u>	Control Description/COMMENT
		<u>X</u>		<del></del>	
5.	Was/is t	he tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descri	ption/COMMENT_
	<u>x</u>	<del></del>	ques::		5031, 5032, 5033, 5035 and 5082 are serviced by a common,
				ероху-	coated concrete dike.
6.	Was/is t	he tank	eguipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	<u>No</u>	_NK_		ption/COMMENT
		<u>x</u>		***************************************	
				************	
7.	If hazar to stop	dous was inflow (	te was/is e.g., was	continuous te cutoff o	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Yes	<u>No</u>	<u>NK</u>	NA	COMMENT
	<u> X</u>	gga-gr-sprendersier	***************************************	<del></del>	Flow into the tank may be stopped via shutdown of influent pumping system
					or by closing the influent valves.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5082 1
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# 3-4.2 (Cont'd)

. Was/is If no,	there evid describe c	ence of ext orrosion pr	ernal corrosion? If yes, briefly describe the e otection provided (e.g., corrosion resistant coa	xtent of the problem. tings or liners, or cathodic protection systems).
Yes	No	NK_	Description/COMMENT	
	<u>x</u>	******	this unit is painted steel and insulated with	a urethane material.
			-	
. If the	tank was/i	s used for	waste treatment, briefly describe the treatment p	process.
NA (no	treatment)	NK_	Process Description/COMMENT	
	······		This unit is used to seprate solids from the wa	astewater.
			Sludge fromthis unit are pumped to tank #5301,	while supernatant flows to tank # 5037.
0. If the	tank was/i	s used for	storage of hazardous waste, what was/is average (	residence time?
NA (no	storage)	NK (Res	idence Time Unknown) Residence Time (units)	COMMENT
# <del>************************************</del>	х	<del></del>		This unit is not used for waste storage.

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5082
Page	1831	of	<u>1958</u>

#### 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	Ev	iden	ce	of	Re	lease
---------------------	----	------	----	----	----	-------

None	Indirect*	Positive Proof from Direct Observation	Positi <u>Labora</u>	ive Proof from atory Analyses	COMMENT
<u> </u>					
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	Estimated Quantity on Volume released (	y or <u>Jnits)</u>	Date(s) of Release	Nature of Release
				<del></del>	
	<u>,,,,</u>	de la constantina della consta			
***************************************					
		Line to the Control of the Control o			
	<del></del>	Children Court - 100-1-1/4-1/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		·	
	W 8 11 2 11 11 11 11 11 11 11 11 11 11 11 1	2000 A COLUMN A COLUM			

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.

UNIT	ID:	5082 1
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## 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 of continuing releases as described above. If any analytical data are attached for the unit, please indicate below:									
GW Monitoring SW Analytical Data Attached Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached							
	mented above please describe	relevant remediation implemented or planned.							
Previously Implemented Yes NO NK Inclusive D	ates 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.

UNIT	ID:		5300
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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	5300	3300 gal.	ACTIVE X YEAR START: 1985	<u></u>	Industrial Waste	12 K gal/day	
			INACTIVE INCLUSIVE YEARS: -		D002		
			INCLUSIVE TEARS.				
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
NOTE	: This unit i	s part of the	Building 690 Fluoride/Heavy Meta	ι	Chromium & Compounds	Trace	
	approximate	ly 10 million	r treatment plant which processes gallons annually.		Formaldehyde	Trace	
	This tank d	esignated as	I.W. Influent T-111.		Fluorides	Trace	
1 U	NIT ID as cod	led on your fa	cility site map.				
а	nd criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5300	1 
Page	<u>1834</u> of	1958	

on the preceding page. on
igh level alarm.
igh level alarm.
etc)
<u>*************************************</u>
Describe the procedures.
bescribe the procedures.
·
_

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5300
Page	<u>1835</u> of	<u>1958</u>

					3 4 STONAGE TREATMENT THINKS
3-4.	2 (Cont'	d)			
4.	If the ta	ank is/wa	as uncove	e devices or procedures in place to monitor releases to the atmosphere? Describe.	
	<u>Yes</u>	No	NK	NA_	Monitoring Description/COMMENT
	4,	<u>X</u>	***************************************		
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	_NK_	<u>NA</u>	Control Description/COMMENT
	-	_X		******	
5.	Was/is t	he tank (	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descrip	otion/COMMENT
	_X			<u>This ta</u>	ank is contained by Unit 5017,an inground epoxy-coated concrete structure with steel grating.
,	lleg/ic t	ho topk	agui ppad	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
6.	Yes	No_	_NK_		otion/COMMENT
	200000000000000000000000000000000000000	X			
7.	If hazar to stop	dous was inflow (	te was/is e.g., was	continuous	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK_	<u>NA</u>	COMMENT
	<u> </u>				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.

UNIT	ID:	5300
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3-4.2 (Cont'd)

8.	Was/is	there evid describe c	lence of ext corrosion pr	ernal corrosion? If yo	es, briefly describe the ex	tent of the problem. ings or liners, or cathodic protection systems).
	<u>Yes</u>	<u>No</u>	NK	Description/COMMENT		, , , ,
		_X		The tank is construc	ted of FRP.	
				***************************************		
9.	If the	tank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no 1	treatment)	_ <u>NK_</u>	Process Description/	COMMENT	
		х	•	This unit is not use	d for waste treatment.	
10.	If the	tank was/i	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
	NA (no s	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	<b>(4)</b>				Less than 24 hours.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5300	i
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# 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.

Evidenc	e of Release			
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X		**************************************		
				*e.g., discoloration of surrounding soil, dead vegetation
	eristics of			
DEC Haz or Wast	ardous Waste ce Descritpic	Estimated Quantity Notume released (U	or Date(s) of Inits) 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.

UNIT	ID:	5300	1
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# 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		A Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring  Data Attached
For the prior,	current	release documented	d 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.

UNIT	ID:	5301	
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ESTIMATED ANNUAL

ASSOCIATED

# 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. 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. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANUAL 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.

DEC HAZARDOUS WASTE

EDA DDOCESS

UNIT IDENTIFIER 1	SIZE	OPERATIONAL STATUS	CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
5301	<u>7100 gal.</u>	ACTIVE X YEAR START: 1985	то1	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE INCLUSIVE YEARS:	_	Wastewater Sludge Industrial Wastewater		
			_	Sludge	4.000.000.000	
				D002, D007	•	
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
		Building 690 Fluoride/Heavy Mer r treatment plant which process		Lead & Compounds	Trace	
approximate	ly 10 million	gallons annually. as the Sludge Blend Tank. This		Methyl Ethyl Ketone	Trace	
		n and the annual quantity is no		Trichloroethylene	Trace	
				<u>Formaldehyde</u>	Trace	
1 UNIT ID as code	ed on your fa	cility site map.		#1-2-1-10-10-10-10-10-10-10-10-10-10-10-10-1		
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5301	
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3-4.	2 <u>WASTE MANAGE</u>	MENT PRACTIC	ES		
Plea	se answer the 1	following que	estions c	oncerning wast	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or b	pelow gro	und? Please o	describe basic design parameters and materials of construction.
	Above Ground	Below Groun	<u>nd</u>	NK	Description/COMMENT
	X			-	B/690 A-13, Vertical, Painted Epoxy-coated Steel, 9' Diam. x 15' Ht.
	Is/was the uni	it covered or	Hincover	ed? If covere	ed, briefly describe.
	Covered		GI 100YCI		
		<u>Uncovered</u>		NK_	Description/COMMENT
	X	M		47	This unit is a typical cylindrical type tank, completely enclosed and constructed
					of a uniform shell material.
2.	Describe inspe	ection proced ate of latest	lures for inspect	tanks and and	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of				
	Latest Inspect	<u>ion</u>	NK	Inspection Pr	cocedures/COMMENT
	Daily		CONTRACTOR DE	A visual insp	pection of the tank system is performed daily.
3.	If the tank is	/was uncover	ed, are/	were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.		NA	Description/C	
			<u>x</u>	Manual	
				Automatic	·
				This is a cov	ered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:		5301	
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-4.	.2 (Cont	d)			
	-	•	is uncover	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
	***************************************	Market Sales and Market	and the state of t	<u>X</u>	This is a covered tank.
	If the t	ank is/wa	is uncovei	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	NA_	Control Description/COMMENT
				<u>x</u>	This is a covered tank.
5.	Was/is 1	the tank e	equipped (	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes_	No_	NK	Descrip	otion/COMMENT
	X			Tanks 5	3301 and 5040 are serviced by a common, epoxy-coated dike with dimensions of 17'7" L. x
		<del></del>			x 3' Ht.
6.	Was/is	the tank o	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No_	NK_	Descrip	otion/COMMENT
	x			Inflow	to this tank may be diverted to a tanker.
		<del></del>	<del></del>		
				properties to make here the he	
7.	If haza to stop	rdous was inflow (	te was/is e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	NK_	NA.	COMMENT
	<u>x</u>				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.

UNIT	ID: _		5301	1
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3-	4.	2	(Cont'd	)

8.	Was/is t If no, c	there evid describe c	ence of ext orrosion pr	ernal corrosion? If yes, brientection provided (e.g., corro	fly describe the extension resistant coati	ent of the problem. ngs or liners, or cathodic protection systems).
	Yes	No	NK	Description/COMMENT		
	***************************************	<u> x</u>		This tank is painted and int	ernally coated with	ероху.
					<del></del>	
				***************************************	· · · · · · · · · · · · · · · · · · ·	
				***		
9.	If the t	ank was/i	s used for	waste treatment, briefly descr	ibe the treatment pr	ocess.
	NA (no t	reatment)	<u>NK</u>	Process Description/COMMENT		
	<del></del>	Х	<del></del>	This unit is not used for wa	ste treatment.	
				-		
40				CONTROL CONTRO	_	
10.				storage of hazardous waste, wh		sidence time?
	NA (no s	storage)	NK (Res		lence Time (units)	COMMENT
	<del></del>			Les	s than 3 days.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5301	
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#### 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.

Eviden	ce	of	Rel	ease

None X	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Ana	from lyses <u>COMMENT</u>
				*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release		
DEC Haz or Wast	ardous Waste e Descritpio	Estimated Quantit n Volume released (	y or Date(s) Units) Releas	
<del></del>				
	······································			
		*****		

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.

		1
UNIT	ID:	5301

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# 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 Monitori Data Attach		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring  Data Attached
For the pri	 or/currer	t release documented	d above please describe	e relevant remediation implemented or planned.
Previously Implemented Yes NO		<u>Inclusive Dates</u>	Description/COMMENT	
Currently Implemented Yes No		Start Date	Description/COMMENT	
Planned to be Implemen Yes No		<u>Start Date</u>	Description/COMMENT	
	-	***************************************		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5302	
Page	<u>1845</u> of	1958	

# 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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
5302	<u>1000 gal.</u>	ACTIVE YEAR START:	\$02	Industrial Wastewater	NOT KNOWN	
		INACTIVE X - REMOVED		D002		
		INCLUSIVE YEARS: 1985 - 1988				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Тгасе	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
NOTE: This unit	was part of th	e Building 690 Fluoride/Heavy Me	tal	Chromium & Compounds	Trace	
and Indus	trial wastewate tely 10 million	r treatment plant which processes gallons annually.	S	Formaldehyde	Trace	
Industria	l Waste Effluen	t was contained in this tank.		Fluorides	Trace	
1 UNIT ID as c	oded on your fa	cility site map.				
and criteria	constituting w	rdous Waste Codes wastes are defined is guestionnaire.				

UNIT	ID:		5302	
Page	1846	of	<u>1958</u>	

	.2 <u>WASTE MANAG</u>				
Ple	ase answer the	following qu	estions (	concerning was	ste management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nk above or i	pelow gr	ound? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Grou	<u>nd</u>	NK	Description/COMMENT
	X			Stillindinings.	B/690 COL, Vertical, FRP, Onground Tank, 6' Diam. x 5' Ht.
					This tank is equipped with a level control system and a high level alarm.
	Is/was the un	it covered o	uncove	ed? If cover	red, briefly describe.
	Covered	Uncovered		NK	Description/COMMENT
		X			
				-	
2.	Describe insp	ection proced	dures for	tanks and ar	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide d	ate of lates	inspect	ion.	
	Date of Latest Inspec	tion	NK	Inspection P	Procedures/COMMENT
	Winter 1988				spection of the tank system was performed daily.
		<del></del>	***************************************	A VISUAL IIIS	pection of the tank system was performed daily.
				*	
7	TE Alice Access to			<del></del>	
3.					res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	<u>. NK</u>	<u>NA</u>	Description/	COMMENT
	<u>X</u>		H-Balair sistema	Manual	
				Automatic	X
				The level co	ontrol system maintained the appropriate level in the tank by controlling the influent
				and effluent	pumps.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5302	
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#### 3-4.2 (Cont'd)

				the second secon
Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
*************	<u>X</u>	brirouwras web	***************************************	
If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No_	NK	NA_	Control Description/COMMENT
	x			
			***************************************	
Was/is t	he tank e	equipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
<u>Yes</u>	<u>No</u>	NK_	pescri	ption/COMMENT
<u>X</u>		***************************************		
<u>X</u>		***************************************		ank was contained by the sloped floor and trench drain system which has dimensions of 32'L. x x 6" Ht.
	<del></del>		61' W.	x 6" Ht.
	he tank e	equipped	61' W.	
	he tank e	equipped	61' W.	x 6" Ht.
Was/is t			61′ W. with a draid	nage control system or a diversion structure (e.g., standby tank)? Describe.
Was/is t	<u>No</u>		61′ W. with a draid	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
Was/is t	<u>No</u>		61′ W. with a draid	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
Was/is t	No X	NK_	61' W. with a drain	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
Was/is t Yes	No X dous wast	NK NK	61' W. with a drain	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT
Was/is t Yes	No X dous wast	NK NK	61' W. with a drain	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  ly fed into the tank, was/is the tank equipped with a means
Was/is t Yes  If hazar to stop	No X dous wast	NK NK te was/is	61' W.  with a drain  Descri	x 6" Ht.  nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT  ly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

UNIT	ID: .		5302	1
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3-4.2 (	Cont'c	(k
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8.	Was/is If no,	there evid describe c	ence of ext orrosion pr	ernal corrosion? If you	es, briefly describe the ex ., corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT		
		<u>_x</u>	<del>(\$6.140.440.440)</del>	The tank was constru	cted of FRP.	
9.	If the	tank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no	treatment)	<u>NK</u>	Process Description/	COMMENT	
		X	-	<u>This unit was not use</u>	ed for waste treatment.	
10.	If the	tank was/i	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
	NA (no	storage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
	the or the strongerous	0000E024E023	altered in the property of the state of		Less than 8 hours.	

¹ UNIT ID as coded on your facility map.

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# 3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

***************************************		•		
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	
<u>X</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charact	teristics of	Release		
DEC Haz or Wast	zardous Waste te Descritpio	Estimated Quantity Volume released (U	or Date(s) of Units) Release	Nature of Release
		Particular de la constitución de		

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.

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### 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 SW Analyti Data Attached Data Attac	cal Soil Analytical hed <u>Data Attached</u>	Air Monitoring <u>Data Attached</u>
For the prior/current release	documented above please descr	ribe relevant remediation implemented or planned.
Previously Implemented	ve Dates Description/COMMENT	·
Currently Implemented Yes No NK Start D	ate Description/COMMENT	I
Planned to be Implemented Yes No NK Start D	ate <u>Description/COMMENT</u>	I

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5303	1
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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. 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. 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. 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.

	TYPE/ IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	CODE CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
	5303	700 gal.	ACTIVE YEAR START:	<u>\$02</u>	Fluoride / Heavy Metals	SEE NOTE	
			INACTIVE X - SEE NOTE INCLUSIVE YEARS: -		<u>Wastewater</u> D002		
			INCLUSIVE FEATURE.				
					May Contain:	•	
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	
					Lead & Compounds	Trace	
NOTE			Building 690 Fluoride/Heavy Meta		Methyl Ethyl Ketone	Trace	
	and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.				Trichloroethylene	Trace	
	This B/690 construction		luent tank is currently under		Chromium & Compounds	Trace	
1 U	NIT ID as coo	led on your fa	cility site map.				
a	nd criteria d	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5303	
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5-4	.2 WASTE MANAG	GEMENT PRACTICES		
Ple	ase answer the	following questions	s concerning was	te management practices associated with the SWMU identified on the preceding page.
1.	Was/is the ta	nnk above or below (	ground? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	NK	Description/COMMENT
	X		Não ESPARA Najvejusto	B/690 Pmp Hse., Vertical, FRP, 4'9" Diam. x 5' Ht.
				This tank is equipped with a level control system and a high level alarm.
	Is/was the un	nit covered or uncov	vered? If cover	ed, briefly describe.
	Covered	Uncovered	NK	Description/COMMENT
		X	***************************************	
2.	Describe insp and provide d	ection procedures f ate of latest inspe	for tanks and an	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of			
	Latest Inspec	tion NK		rocedures/COMMENT
	X			rocedures will include a visual inspection of the tank system to be performed daily.
			and a visual	integrity check to be performed weekly.
3.	If the tank is	s/was uncovered, ar	e/were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	. NK NA	Description/	COMMENT
	<u>x</u>		Manual	<u>K</u>
			Automatic	
			<u>This tank is</u>	equipped with an 18" freeboard high level alarm system with manual shutdown.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5303
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-4.2	(Cont	d)			
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA	Monitoring Description/COMMENT
		<u>x</u> _			
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes_	No	NK_	NA_	Control Description/COMMENT
		X			
	111:- 4	. ماسمه ما		with a asser	dary containment structure (e.g., dike or trench)? Please describe.
•					
	Yes	No_	<u>NK</u>		otion/COMMENT
	<u>X</u>				nk is contained by the sloped floor and trench drain system with dimensions of 32'L. x
				61' W.	x 6" Ht.
				***************************************	
	Was/is t	he tank	equipped	with a drair	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descrip	otion/COMMENT
		<u>X</u>		4	
	If hazar	done mae	te was/is	continuousi	y fed into the tank, was/is the tank equipped with a means
•	to stop	inflow (	e.g., was	ste cutoff or	by-pass to a standby tank)? Please specify.
	Yes	No	<u>NK</u>	NA_	COMMENT
	Х	part 1217 PT 0		all and the second of the seco	Flow into the tank may be stopped by closing influent valve.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5303 1
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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).							
	<u>Yes</u>	No	<u>NK</u>	Description/COMMENT				
	Marian experiences	<u>X</u>	der <del>ando de</del> rindo	This tank is currently under construction and b	uilt of FRP.			
				***************************************				
9.	If the t	ank was/is	s used for	waste treatment, briefly describe the treatment p	rocess.			
	NA (no t	reatment)	NK	Process Description/COMMENT				
	<del></del>	X	PROPERTY.	This unit is not used for waste treatment.				
10.	If the t	ank was/is	s used for	storage of hazardous waste, what was/is average r	esidence time?			
	NA (no s	torage)	NK (Res	idence Time Unknown) Residence Time (units)	COMMENT			
	<del>(                                    </del>			<u>x</u>	This tank is currently under construction.			

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5303	ı

# Page 1855 of 1958 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.

Evidend	ce of Release	2				
<u>None</u>	<u>Indirect*</u>		itive Proof from ect Observation		ive Proof from atory Analyses	COMMENT
<u>x</u>	***************************************			******		
						*e.g., discoloration of surrounding soil, dead vegetation
Charact	teristics of	Relea	ase			
DEC Haz or Wast	zardous Waste te Descritpio	e #2 on_2	Estimated Quantity Volume released (U	y or <u>Jnits)</u>	Date(s) of Release	Nature of Release
			designation for the section of the s		Mart Con Con and Minder of the Control of the Contr	
	anningskrausgalausense Sonskinsservar (1884 koninstan				quantum accommendation of the control of the contro	
	derentakon erikariak erika		AT-PENALTH.			
	Blooded we assure agreemy ungland so their arrange				**************************************	
				w10************************************		
	er er <del>ende geregen medern</del> jossen værer er en væreren av <del>en me</del>					·

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.

UNIT	ID:	5303	1
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#### 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	5 <u>D</u>	W Analytical pata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior, Previously Implemented Yes NO	current	release documented	d above please describe  Description/COMMENT	relevant remediation implemented or planned.
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	i NK	Start Date	Description/COMMENT	
	The difference of the latest the			

¹ UNIT ID as coded on your facility map.

UNIT	ID: 5305	
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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
44	5305	2000 gal.	ACTIVE YEAR START:	то1	Fluoride / Heavy Metals	SEE NOTE	
					Wastewater		
			INCLUSIVE YEARS:	<del></del>	D002, D007		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	
					Lead & Compounds	Trace	
NOTE			Building 690 Fluoride/Heavy Me		Methyl Ethyl Ketone	Trace	
	approximate	ly 10 million	r treatment plant which process gallons annually. h Mix Tank is currently under	es	Trichloroethylene	Trace	
			is designed for a flow of 40 g	yal/min.			
1 UI	NIT ID as cod	ed on your fa	cility site map.				
aı	nd criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	5305	
Page	1858 o	f <u>1958</u>	

### 3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning	waste management practic	es associated with the SWM	Jidentified on the preceding page.
--------------------------------------------------	--------------------------	----------------------------	------------------------------------

40, 10 6116	tank above (	or helou a	cound? Planca	te management practices associated with the SWMU identified on the preceding page.  describe basic design parameters and materials of construction.
bove Grour			NK_	Description/COMMENT
Х		7-54714		
^	<del></del>	<del></del>	-	B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.
s/was the	unit covered	d or uncove	ered? If cover	ed, briefly describe.
overed	Uncovere	<u>ed</u>	NK	Description/COMMENT
X	4914-1014-de	9.000A	Market respectively.	This tank has a flanged cover, bolted to the top of the tank.
				This tank is equipped with both high and low level alarm systems.
escribe in nd provide	nspection pro e date of lat	ocedures fo test inspec	or tanks and and ction.	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
Date of atest Insp		NK	Inspection P	rocedures/COMMENT
	ı.		Inspection p	rocedures will include a visual inspection of the tank system to be performed daily
Daily	T			ceedules with metade a visual inspection of the tank system to be performed daily
Daily	<u> </u>	***********		
Daily	<del></del>			integrity check to be performed weekly.
		overed, are	and a visual	integrity check to be performed weekly.
f the tank	( is/was unco		and a visual	integrity check to be performed weekly.  es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
f the tank		K NA	and a visual  e/were procedure	integrity check to be performed weekly.  es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
f the tank	( is/was unco		and a visual e/were procedure Description/C	integrity check to be performed weekly.  es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  COMMENT
f the tank	( is/was unco	K NA	and a visual  e/were procedure	integrity check to be performed weekly.  es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  COMMENT
f the tank	( is/was unco	K NA	and a visual e/were procedure Description/C	integrity check to be performed weekly.  es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  COMMENT
f the tank	( is/was unco	K NA	and a visual e/were procedure Description/( Manual Automatic	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5305	1
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-4	.2 (Cont'	d)			
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********		<u>x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT
				_X	This is a covered tank.
<b>5</b> .	Was/is t	the tank o	eauipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
					otion/COMMENT
	Yes	No	<u>NK</u>		
	<u> </u>		<del></del>	200000	5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an
				epoxy-c	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
5.	Was/is t	the tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descrip	otion/COMMENT
	_X			Flow to	o this tank may be diverted to Tank 5034.
	<del>defroisses in</del>				
				F	
7.	lf bazar	adoup upp	to unclic	continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (	e.g., was	te cutoff or	by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	<u>NK</u>	NA_	COMMENT
	<u> </u>			Dept. of Section 1	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.

UNIT	ID:	5305	
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3-4.2	(Cont'	d)
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<u>Yes</u>	<u>No</u>	NK	Description/COMMENT
#(Drh)Mirjampungeg	<u> </u>	10 totalin tone	This tank is currently under construction.
If the	tank was/is	s used for i	waste treatment, briefly describe the treatment process.
	tank was/is treatment)	s used for 1	waste treatment, briefly describe the treatment process.  Process Description/COMMENT
			·
			Process Description/COMMENT
			Process Description/COMMENT
NA (no	treatment)	<u>NK</u>	Process Description/COMMENT
NA (no	treatment)	NK NK	Process Description/COMMENT  Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.
NA (no	treatment)	NK NK	Process Description/COMMENT  Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.  storage of hazardous waste, what was/is average residence time?
NA (no	treatment)	NK NK	Process Description/COMMENT  Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.  storage of hazardous waste, what was/is average residence time?  idence Time Unknown) Residence Time (units) COMMENT
NA (no	treatment)	NK NK	Process Description/COMMENT  Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.  storage of hazardous waste, what was/is average residence time?  idence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5305	
Page	1861	of	1958	

Nature of Release

#### 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.

Date(s) of

Release

Eviden	ce of Releas	<u>e</u>			
None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT	

Estimated Quantity or

Volume released (Units)

*e.a	discoloration	of	surrounding	soil,	dead	vegetation

#### Characteristics of Release

DEC Hazardous Waste #2

or Waste Descritpion '

		water the second	
warry straightful for the			
	48-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
		<u></u>	
**************************************		**************************************	
		Married to the second s	
		Marine of the same	

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.

UNIT	ID:	5305	
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### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental contam constituents in con groundwater monitori	mination that exist Haminated soil, gro ng data) submitted	s as a result of releas undwater (GW), surface I to EPA and the State	data that may be available which would describe the nature and/or extent of se. Any information on the concentration of hazardous waste or hazardous waste water (SW) or air should be attached. Include any information/data (including under any other regulatory programs (e.g., Superfund) that concerns prior or a are attached for the unit, please indicate below:
	SW Analytical Data Attached	Soil Analytical _Data Attached_	Air Monitoring Data Attached
			· · · · · · · · · · · · · · · · · · ·
For the prior/curren	t release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented			
Yes NO NK	<u>Inclusive Dates</u>	Description/COMMENT	
		****	
		**************************************	
Currently Implemented Yes No NK	<u>Start Date</u>	Description/COMMENT	
Officerofice Objectives to Albertamental	When the second of the second		
		<del></del>	
Planned to be Implemented Yes No NK	Start Date	Description/COMMENT	
		***************************************	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5306
Dogo	1863 of	1058

# 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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
5306	2000 gal.	ACTIVE YEAR START:	<u> </u>	Fluoride / Heavy Metals	SEE NOTE	
		INACTIVE X - SEE NOTE INCLUSIVE YEARS:	_	Wastewater P007		
		INCLUSIVE YEARS:		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
NOTE: This unit i	s part of the	Building 690 Fluoride/Heavy Me	etal	Methyl Ethyl Ketone	Trace	
approximate	ly 10 million	er treatment plant which process gallons annually.	ses	Trichloroethylene	Trace	
This B/690 constructi	Fluoride Flas on. The tank	th Mix Tank is currently under is is designed for a flow of 40 g	gal/min.	***************************************		
1 UNIT ID as coo	led on your fa	ncility site map.				
and criteria d	onstituting W	ardous Waste Codes wastes are defined his questionnaire.				

- 1
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## 3-4 STORAGE/TREATMENT TANKS

### 3-4.2 WASTE MANAGEMENT PRACTICES

Plea	se answer	the fo	llowing	questions	concerning	waste	management	practices	associated	with the	SWMU	identified on	the pr	eceding	page.
1.	Was/is t	ne tank	above o	r below gr	round? Ple	ase de	scribe basi	c design pa	arameters an	nd materia	ls of	construction	•		

	Above Ground	Below Groun	<u>d</u>	NK	<u>Description/COMMENT</u>
	X	•	_		B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.
	Is/was the uni	it covered or	uncover	ed? If covered	d, briefly describe.
	Covered	Uncovered		NK	Description/COMMENT
	X	<del></del>			This tank has a flanged cover, bolted to the top of the tank.
					This tank is equipped with both high and low level alarm systems.
2.	Describe inspe				illary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspect	tion	<u>NK</u>	Inspection Pro	ocedures/COMMENT
	Daily		personal re-service	Inspection pro	ocedures will include a visual inspection of the tank system to be performed daily
				and a visual	integrity check to be performed weekly.
3.	If the tank is	s/was uncover	ed, are/	were procedure:	s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	. NK	NA_	Description/Co	<u>OMMENT</u>
	**************************************	*****	<u> x</u>	Manual	
				Automatic	
				This is a cov	ered tank.
				<b>4</b>	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5306
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### Page <u>1865</u> of <u>1958</u>

5-4	.2 (Cont'	d)			
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No_	NK	NA.	Monitoring Description/COMMENT
	-			<u>x</u>	This is a covered tank.
	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	<u>NA</u>	Control Description/COMMENT
				_X	This is a covered tank.
5.	₩as/is t	he tank e	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK_	Descri	ption/COMMENT
	<u>x</u>	alter alternations for the	STREET OF THE PARTY OF THE PART	<u> Tanks</u>	5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an
				ероху-	coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.
5.	Was/is t	he tank e	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No_	NK_	Descri	ption/COMMENT_
	_x			Flow t	o this tank may be diverted to Tank 5034.
7.	If hazar	dous wast	te was/is	continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (	e.g., was	te cutoff o	r by-pass to a standby tank)? Please specify.
	Yes	No	NK_	<u>NA</u>	COMMENT
	<u>x</u>			***************************************	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.

UNIT	ID:	5306	
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3-4	.2 (Cont	'd)		
8.	Was/is t If no, o	there evid describe c	ence of ext orrosion pr	ernal corrosion? If yes, briefly describe the extent of the problem. otection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).
	Yes	<u>No</u>	NK	Description/COMMENT
	######################################	<u>x</u>	*******	Ihis tank is currently under constuction and built of FRP.
9.	If the t	ank was/is	s used for	waste treatment, briefly describe the treatment process.
	NA (no t	reatment)	NK	Process Description/COMMENT
				Lime is added to flow from Flash Tank 5305 to further increase pH for precipitation of Calcium
				Fluoride.

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
## with a filter retires a filt to the first resonance with the best section of the filter retires and the filter	A	Less than 50 min.	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		5306	i
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#### 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.

Evi	dence	of R	elease	5
EV	uence	UI K	Clease	7

None X	<u>Indirect*</u>	Positive Proof from <u>Direct Observation</u>	Positiv Laborat	ve Proof from cory Analyses	COMMENT
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release			
DEC Haz or Wast	ardous Waste e Descritpio	#2 Estimated Quantity Nolume released (		Date(s) of Release	Nature of Release
			······································		
		***************************************	<del></del>		
				<del></del>	
·		AND THE PROPERTY OF THE PROPER			
			<del></del>		
	······································	Artifetisk (dytomatic recognition equiples of the Children and Childre	<del></del>		
d-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			<del></del>		

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.

UNIT	ID:	5306

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### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

groundwater mon	ntoring data) submit	ted to EPA and the Sta	ce water (SW) or air should be attached. Include any information/data (including te under any other regulatory programs (e.g., Superfund) that concerns prior or lata are attached for the unit, please indicate below:  Air Monitoring  Data Attached
	urrent release docume	nted above please descri	be relevant remediation implemented or planned.
Previously Implemented Yes NO	NK Inclusive Dat	es <u>Description/COMMENT</u>	
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.

UNIT	ID: 5309	
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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. 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. 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. 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.

	TYPE/ IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	5309	<u>40000 gal</u>	ACTIVE YEAR START:	<u> </u>	Fluoride / Heavy Metals	SEE NOTE	**************************************
			INACTIVE X - SEE NOTE INCLUSIVE YEARS:	- -	Wastewater D002, D007		
					May Contain:		
					Arsenic & Compounds	Trace	
					Chlorofluorocarbons	Trace	
					Phenols	Trace	
					Lead & Compounds	Trace	
NOTE	: This unit i	s part of the	Building 690 Fluoride/Heavy Me	etal	Methyl Ethyl Ketone	Trace	
and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This B/690 Defluorinization Equalization Tank is currently under construction. The tank is designed for a flow of 40 gal/min.					Trichloroethylene	Trace	
	Constructi	oite the can	To designed for a rest of 40 g	ym +,			
1 U	NIT ID as cod	ed on your fa	cility site map.				
а	nd criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID: _		5309	1
Page	1870 d	of <u>19</u>	58	

3-4.	2 WASTE	MANAGEMENT	PRACTICES

Please answer the following questions or	oncerning waste management p	ractices associated with	the SWMU iden	itified on the preceding page.
------------------------------------------	------------------------------	--------------------------	---------------	--------------------------------

lea	ase answer the	follo	wing que	estions (	concerning wa	ste management practices associated with the SWMU identified on the preceding page.
١.	Was/is the ta	nk ab	ove or b	pelow gro	ound? Please	describe basic design parameters and materials of construction.
	Above Ground	Bel	ow Groun	<u>nd</u>	<u>NK</u>	Description/COMMENT
	X				***********	B/690 5, Vertical, FRP, 19' Diam. x 19' Ht.
	Is/was the un	it co	vered or	uncove	ed? If cove	red, briefly describe.
	Covered	Unc	overed		NK	Description/COMMENT
	X	-	Military desirate for a second order		***************************************	This unit is a typical cylindrical type tank, completely enclosed and constructed
						of a uniform shell material.
						This tank has a domed cover and is equipped with both high and low level alarms.
2.	Describe insp and provide d	ectio late o	n proced f latest	dures for t inspect	r tanks and a	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of Latest Inspec	tion		NK	Inchection	Procedures/COMMENT
	Daily	CTOIL		WK.		
	Daity	·				procedures will include a visual inspection of the tank system to be performed daily
					and a Visua	l integrity check to be performed weekly.
	***					
5.				red, are,		res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	<u>Yes No</u>		<u>NK</u>	<u>NA</u>	Description	/COMMENT
		··········		<u> </u>	Manual	
					Automatic _	
					<u>This is a c</u>	overed tank.
					····	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	5309
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# Page 1871 of 1958 3-4 STORAGE/TREATMENT TANKS

5-4.	2 (Cont				
	If the	tank is/wa	as uncovei	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK	_NA_	Monitoring Description/COMMENT
		***		<u>X</u>	This is a covered tank.
	If the	tank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA	Control Description/COMMENT
			****	<u>x</u>	This is a covered tank.
5.	Was/is	the tank	eauipped	with a seco	ondary containment structure (e.g., dike or trench)? Please describe.
•	Yes	No_	NK		ption/COMMENT
					5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.
	<u>x</u>			Tarks	J034, J001 Glid 5057 G.
				* . 1	en a diversion structure (e.g. standby tank)? Describe.
6.	Was/is	the tank	equipped		inage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	<u>No</u>	NK_		iption/COMMENT
	<u> x</u>		*******	Flow n	may be diverted to Tank 5031, 5032, 5033, or 5034.
				<u></u>	
				dia www.	
7.	If haza	ardous was o inflow (	te was/is e.g., was	continuous	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Yes	_No_	NK_	NA	COMMENT
	-				Flow into the tank may be stopped by closing influent valve.
	<u> </u>	Property Control (CA)	Appr-10007-178	***************************************	

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5309	1
Page	1872 c	of <u>19</u>	<u> 58</u>	

3-4.2 (Cont'd)

	If no,	describe c	orrosion pr	ernal corrosion? If yes, briefly describe the extent of the problem. otection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT
	THE PERSON NAMED	<u>X</u>	ent Aronny plans	This tank is currently under construction and built of FRP.
9.	If the	tank was/i	s used for	waste treatment, briefly describe the treatment process.
	NA (no	treatment)	<u>NK</u>	Process Description/COMMENT
	***************************************	X		Ihis unit is not used for waste treatment.
10.	If the	tank was/i	s used for	storage of hazardous waste, what was/is average residence time?
	NA (no s	storage)	NK (Res	idence Time Unknown) Residence Time (units) COMMENT
	-			Less than 24 hours.

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5309
Page	<u>1873</u>	of	<u>1958</u>

#### 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.

consti	tuents associ	ated with the SWMU desc	ribed in the preceding p	ages.
Eviden	ce of Release	1		
None X	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
		Annia de la desta de la companya de		
				<pre>*e.g., discoloration of surrounding soil, dead vegetation</pre>
<u>Charac</u>	teristics of	Release		
DEC Ha or Was	zardous Waste te Descritpio	Estimated Quantit on Volume released (	y or Date(s) of Units) Release	Nature of Release
		Company of the Part of the Par		
			**************************************	
			manuscript and the second seco	
		501-50-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0-101-0		

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.

UNIT	ID:	5309	ı
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#### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SMMU 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		V Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/ Previously Implemented Yes NO	current	release documented	d above please describe  Description/COMMENT	relevant remediation implemented or planned.
Annual Annual		Marie Control		
Currently Implemented Yes No	NK	Start Date	Description/COMMENT	
Diamed to				
Planned to be Implemented Yes No	NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5324
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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. 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. 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. 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?
5324	1100 gal.	ACTIVE X YEAR START: 1985	\$02	Industrial Waste	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS:		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
		as the B/630 I.W. Waste Tank. Thi	s	Trichloroethylene	Trace	
Boiler Blo Floor drai	wdown, Seconda	from the following sources; ary Heating System, and Boiler Ro	om	Chromium & Compounds	Trace	
rtoor dram	115.			Formal dehyde	Trace	
				Fluorides	Trace	
1 UNIT ID as code	ed on your fac	cility site map.				
	onstituting wa	rdous Waste Codes astes are defined s questionnaire.				

UNIT	ID:	5324
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3-4.2 WASTE MANAGEMENT PRACT	CES	ACT	PR	GEMENT	MANA	WASTE	. 2	3-4.
------------------------------	-----	-----	----	--------	------	-------	-----	------

Was/is the	tank above or b	elow grou	nd? Please	describe basic design parameters and materials of construction.
Above Grou	nd Below Groun	₫ .	NK_	Description/COMMENT
X		<u></u>	фикализанаризма	B/630 L-1, Vertical, Onground PVC Tank in Containment, 4' Diam. x 12' Ht.
				This tank is equipped with a level control system and a high level alarm.
Is/was the	unit covered or	uncovere	ed? If cover	red, briefly describe.
Covered	Uncovered		NK	<pre>Description/COMMENT</pre>
				This tank has a flanged cover, bolted to the top of the tank.  ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
Describe i	le date of latest of		ion.	
Describe i	de date of latest of spection	inspecti	ion. Inspection F	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
Describe i and provid Date o Latest Ins	de date of latest of spection	inspecti	ion. Inspection F	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
Describe i and provid Date c Latest Ins	de date of latest	NK_	Inspection F A visual ins	ncillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
Describe i and provid Date c Latest Ins	de date of latest	NK_	Inspection F A visual ins	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  spection of the tank system is performed daily.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Describe i and provid Date o Latest Ins Dail	de date of latest of spection .Y	NK NK	Inspection F A visual ins	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  spection of the tank system is performed daily.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Describe i and provid Date o Latest Ins Dail	de date of latest of spection .Y	NK NK are/o	Inspection F A visual ins were procedu	Procedures/COMMENT spection of the tank system is performed daily.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: _		5324	1
Page	1877	of	<u>1958</u>	

3-4 2	(Cont'd)
3-4.6	(COIL'U)

3"4.	.z (contro	1)			
4.	If the ta	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
				<u>X</u>	This is a covered tank.
	If the ta	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
		***************************************	***************************************	<u>x</u>	This is a covered tank.
5.	Was/is t	ne tank e	eauipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK_		ption/COMMENT
			_1315		ank is serviced by a coated concrete dike with sump. The dimensions are 4'6" L. x 8'6" W. x
	_X	*******			
				10' L.	
				<del></del>	
6.	Was/is th	ne tank e	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	<u>NK</u>	<u>Descri</u>	ption/COMMENT
		<u> </u>		***************************************	
				<del></del>	
7.	If hazard	dous wast inflow (e	te was/is e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes	No	NK_	_NA	COMMENT
	_103_		1417	247	
	************	<u> </u>	<del></del>	······	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	5324 1
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8.	Was/is t If no, c	here evid lescribe c	ence of ext orrosion pr	ernal corrosion? If yo	es, briefly describe the ex , corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	<u>No</u>	NK	Description/COMMENT		
		<u>x</u>		The tank is construct	ed of PVC.	
9.				•	ly describe the treatment p	rocess.
	NA (no 1	reatment)	<u>NK</u>	Process Description/		
		X	*********	This unit is not used	d for waste treatment.	
						:
10.	If the	tank was/i	s used for	storage of hazardous wa	aste, what was/is average r	esidence time?
	NA (no s	storage)	NK (Res	sidence Time Unknown)	Residence Time (units)	COMMENT
		<del></del>	************************		Less than 1 hour.	

and the contract of the contract of

¹ UNIT ID as coded on your facility map.

UNIT	ID: _		5324	1
Page	1879	of	1958	

#### 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 X	Indirect*	Positive Proof from Direct Observation		e Proof from pry Analyses	COMMENT
Charac	teristics of	Release			*e.g., discoloration of surrounding soil, dead vegetation
	zardous Waste te Descritpio		or D Jnits)	Date(s) of Release	Nature of Release
			-	-	
<u></u>					
gravious activities even					
Bertaman and				<del></del>	
********					
***************************************			•		

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.

UNIT	ID:	5324	1
UNII	10:		

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### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

3-4.5 (cont. a)	
environmental contamination that exists constituents in contaminated soil, grour groundwater monitoring data) submitted	provide any analytical data that may be available which would describe the nature and/or extent of as a result of release. Any information on the concentration of hazardous waste or hazardous waste nowater (GW), surface water (SW) or air should be attached. Include any information/data (including to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or If any analytical data are attached for the unit, please indicate below:
	Soil Analytical Air Monitoring Data Attached Data Attached
Programme - 471000 February Control of the Control	
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
Tracking eller's cross structure from the control of the control o	

¹ UNIT ID as coded on your facility map.

ŧ	JNIT	ID:		9001	1
ı	age	1881	of	1958	

# 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. 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. 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. 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 IDENTIFIE	R ¹ SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	QUANTITY (SPECIFY UNITS)	RELEASE?
9001	400 gal.	ACTIVE X YEAR START: 1987	<u> </u>	Perchloroethylene Waste	NOT KNOWN	
		INACTIVE		F001, F002		
unit is	it is designated used for Perchlo be drained for m	as B/335 Perchloroethylene roethylene Residual in B/33 aintenance.	Sump. This 35 units which			
1 UNIT ID as	coded on your fa	cility site map.				
and criter	ia constituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	9001 1
Page	<u>1882</u> of	1958

3-4	.2 WASTE MANAG	EMENT PRACTICES					
Plea	ase answer the	following questi	ons_concerning_was	ste management practices associated with the SWMU identified on the preceding page.			
1.	Was/is the ta	nk above or belo	w ground? Please	describe basic design parameters and materials of construction.			
	Above Ground	Below Ground	<u>NK</u>	Description/COMMENT			
		<u> </u>		B/335, Vertical, Carbon Steel, 3'7" L. x 3' W. x 5' Ht.			
	Is/was the uni	it covered or und	covered? If cover	red, briefly describe.			
	Covered	Uncovered	NK_	Description/COMMENT			
	X		WATER BOOK SAFETY AND ASSESSMENT OF THE SAFETY OF THE SAFETY ASSESSMENT OF THE SAFETY OF THE SAFE	This tank has a flanged cover, bolted to the top of the tank.			
2.	Describe inspe and provide da	ection procedures ate of latest ins	s for tanks and ar spection.	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)			
	Date of Latest Inspect	ion NK	Inspection D	Procedures/COMMENT			
	Daily	1011					
	201()	***************************************		procedures include visual inspections made by the plant operator during his rounds each			
			sirre. there	e are generally three shifts each day.			
3.	If the tent is	/uga umaayanad					
٦.				res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.			
	<u>Yes</u> <u>No.</u>		IA Description/				
	-		(Manual				
			Automatic				
			<u>This unit is</u>	s equipped with an automatic liquid level control pump station. Flow from this unit is			
	pumped to Tank 168.						

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9001	

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# 3-4 <u>STORAGE/TREATMENT TANKS</u>

-4	.2 (Cont'	d)			
٠.	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA.	Monitoring Description/COMMENT
		<u> </u>		***********	
	If the t	ank is/wa	as uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
	<del></del>	<u>X</u>	***************************************	And the state of t	
ō.	Was/is t	the tank	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	<u>NK</u>		otion/COMMENT
	<u> </u>	<del>(************************************</del>	*****	<u>This ur</u>	nit is serviced by a concrete vault slightly larger than itself.
5.	Was/is t	he tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descrip	ption/COMMENT
		<u>X</u>			
				<del></del>	
				-	
7.	If hazar to stop	dous was	te was/is e.g., was	continuous te cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes	No	NK	NA_	COMMENT
				<u>x</u>	Flow to this unit is not continuous. This sump is used to drain units of the perc. recycle plant
					when maintenance is to be performed.

¹ UNIT ID as coded on your facility map.

UNIT	ID:		9001	i
Page	<u>1884</u>	of	<u>1958</u>	

3-4.2 (Cont'd)

8.	Was/is t If no, d	here evic escribe c	lence of ext	ernal corrosion? If yes otection provided (e.g.,	, briefly describe the excorrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT		
		-	<u>x</u>	Visual inspection of t	his unit's external surfa	ce is not possible due to insufficient space
				between the tank and t	he containment structure.	
						,
9.	NA (no t	ank was/i <u>reatment)</u> X		Process Description/CO		
	***************************************	Λ		This unit is not used	for waste treatment.	
10.	If the ta	ank was/i	s used for	storage of hazardous was	te, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT
					Less than 24 hours.	·

¹ UNIT ID as coded on your facility map.

UNIT	ID:		9001	
Page	1885	of	1958	

#### 3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof fro Laboratory Analyse	
<u>X</u>	Control of the Contro			
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Wast te Descritpi	e # ₂ Estimated Quanting on <u>Volume released</u>		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.

UNIT	ID:	9001	1
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#### 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		Analytical ota Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
Previously	current	release documented	d above please describe i	relevant remediation implemented or planned.
Implemented Yes NO	NK_	Inclusive Dates	Description/COMMENT	
Currently Implemented Yes No	NK_	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	<u> NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9002
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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. 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. 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. 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	QUANTITY (SPECIFY UNITS)	RELEASE?
9002	200 gal.	ACTIVE X YEAR START: 1979	<u> </u>	Perchloroethylene Waste	NOT KNOWN	
		INACTIVE		F001,F002		
		INACTIVE INCLUSIVE YEARS:				
NOTE: This unit is unit is	s designated das a genera	as B/335 Perchloroethylene S l sump when waste solvents n	ump. This eed			
to be sent	to Tank 168.					
1 UNIT ID as cod	ed on your fa	cility site map.				
2 EPA Process Co and criteria c	onstituting w	rdous Waste Codes astes are defined is guestionnaire.		***************************************		

UNIT	ID:	9002 1
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3-4.	2 WASTE MANAG	EMENT PRACTICES							
Plea	se answer the	following question	ns concerning w	aste management practices associated with the SWMU identified on the preceding page.					
1.	Was/is the ta	nk above or below	ground? Pleas	e describe basic design parameters and materials of construction.					
	Above Ground	Below Ground	<u>NK</u>	Description/COMMENT					
		X		B/335, Vertical, Steel, 3' L. x 3' W. x 3' Ht.					
				,					
	Is/was the un	it covered or unc	overed? If cov	ered, briefly describe.					
	Covered	Uncovered	NK_	Description/COMMENT					
	X	<u>Unicover ed</u>	NX						
		WWW-directors over measure.	*	This tank has a flanged cover, bolted to the top of the tank.					
2.	and provide d	ection procedures ate of latest ins	for tanks and a pection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)					
	Date of								
	Latest Inspec	tion NK	Inspection	Procedures/COMMENT					
	Daily		Inspection	Inspection procedures include visual inspections made by the plant operator during his rounds each					
			shift. The	re are generally three shifts each day.					
3.	If the tank is	s/was uncovered, a	are/were proced	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.					
	Yes No	<u>. NK N/</u>	A Description	n/COMMENT					
		x	Manual						
			Automatic						
				is equipped with an automatic liquid level control pump station. Flow from this unit is					
			pumped to	I GIIN 1003					

¹ UNIT ID as coded on your facility site map.

UNIT	ID: _		9002	1
Page	1889 d	of <u>1</u>	<u>958</u>	

<b>5-4</b> .	2 (Cont	'd)			
	If the	tank is/wa	as uncove	red, are/wer	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
	***************************************	<u>x</u>	Bornet-Harriert	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	If the	tank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA_	Control Description/COMMENT
		<u>_X</u>			
5	Wae/ie	the tank	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
•					ption/COMMENT
	Yes	No	<u>NK</u>	,	nit is serviced by a concrete vault slightly larger than itself.
	<u>X</u>	****	aran and an aran aran aran aran aran ara	inis u	nit is serviced by a concrete valit stightly targer than itset.
				<i></i>	
6.	Was/is	the tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	<u>No</u>	NK_	<u>Descri</u>	ption/COMMENT
	-	<u> X</u>	***************************************	Market the transfer and the	
				# + 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	
7.	If haza	ardous was	te was/is	continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	o inflow (	e.g., was	ste cutoff o	r by-pass to a standby tank)? Please specify.
	Yes	<u>No</u>	NK	_NA_	COMMENT
	and the second second		<b>6</b> -0-4/F	<u> </u>	Flow to this unit is not continuous.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9002
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Yes	<u>No</u>	NK	Description/COMMENT
NO CONTRACTOR	WIGHTE HANDACHES	X	Visual inspection of this unit's external surface is not possible due to insufficient space
			between the tank and the containment structure.
			·
If the t	tank was/is	used for	waste treatment, briefly describe the treatment process.
NA (no t	reatment)	NK	Process Description/COMMENT
111.5			

10.	I f	th	e tan	k۱	was/is	usec	l for	storage	of	hazardous	waste,	what	was/is	average	resi	dence	time?
-----	-----	----	-------	----	--------	------	-------	---------	----	-----------	--------	------	--------	---------	------	-------	-------

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

UNIT	ID:		9002	ì
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#### 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 Rela	ease	
------------------	------	--

None Indirect* Direct	ive Proof from Posi t Observation Labo	tive Proof from ratory Analyses	COMMENT
<u>X</u>			:
			*e.g., discoloration of surrounding soil, dead vegetation
Characteristics of Release	<u>e</u>		
or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of <u>Release</u>	Nature of Release
		Control of the Contro	
***			
The second secon			
		***************************************	
And the state of t			
		Activities of the State Control of the State Contro	

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.

UNIT	ID:	9002
UNIT	ID:	9002

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### 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 ex	xtent of
environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardou	us waste
constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (in	ncluding
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	s <u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the prior,	- current'	release documented	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
Currently Implemented Yes No	NK	Start Date	Description/COMMENT	
Planned to		Stant Data	Description/COMMENT	
Yes No	NK.	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9003

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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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
9003	150 gal.	ACTIVE X YEAR START: 1979	s02	Industrial Waste	40000 gal/yr.	
		INACTIVE	<del></del>	Colling Tower  Blowdown/Overflow  D002		
				May Contain:		
				Arsenic & Compounds	Trace	
NOTE: This unit is designated as an Industrial Waste Sump. This unit handles cooling tower water which contains Amerol 1129.				<u>Phenols</u>	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
1 UNIT ID as co	ded on your fa	cility site map.		Fluorides	Trace	
and criteria	constituting w	rdous Waste Codes wastes are defined is questionnaire.				

UNIT	ID:	9003
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### 3-4 STORAGE/TREATMENT TANKS

### 3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the	following questions	concerning waste	management practi	ces associated w	ith the SWMU	identified on	the preceding page.

		• ,		•	
1.	Was/is the tar	nk above or be	elow grou	nd? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	1	NK	Description/COMMENT
	X		<b>.</b>		B/335, Vertical, Onground Tank, 3' Diam. x 3' Ht.
					This unit is equipped with an automatic liquid level control pump station.
	Is/was the uni	it covered or	uncovere	d? If cover	ed, briefly describe.
	Covered	Uncovered		NK	Description/COMMENT
	X	#************************************			This tank has a flanged cover, bolted to the top of the tank.
2.	Describe inspe	ection procedu ate of latest	ıres for inspecti	tanks and an	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of				
	Latest Inspect	tion _	NK	Inspection P	rocedures/COMMENT
	Daily_	<del></del>	············	Inspection p	rocedures 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	s/was uncovere	ed, are/w	ere procedur	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	. <u>NK</u>	NA	Description/	COMMENT
			<u>x</u>	Manual	
		<del></del>		Automatic	
					vered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9003
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	No	NK	NA	Monitoring Description/COMMENT
***************************************	*********		_X	This is a covered tank.
If the ta	ank is/wa	s uncove	red, are/we	ere devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No	<u>NK</u>	NA_	Control Description/COMMENT
and considerate the second	*********	***********	<u> </u>	This is a covered tank.
Was/is t	he tank e	equipped NK	<u>Descri</u>	ondary containment structure (e.g., dike or trench)? Please describe.
			Acres de la companya	
Was/is t	he tank e	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
Yes	No	NK	Descri	iption/COMMENT
	X		space and the specific state of	
State of the state				
WARPING SHIPPING			-	
If hazar	dous was inflow (	te was/is	continuous	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
If hazar to stop	dous was inflow (d	te was/is e.g., was <u>NK</u>	s continuous ste cutoff c	sly fed into the tank, was/is the tank equipped with a means

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9003	1
Page	1896 o	f <u>1958</u>	

3-4	.2 (	Cont	(d)

					resistant coatings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT	
			_X	Most of the tank surface is visib	le without corrosion, however, the tank sets on the concrete floor
				and the bottom cannot be inspecte	d.
9.	If the t	tank was/i	s used for	waste treatment, briefly describe t	he treatment process.
	NA (no 1	treatment)	<u>NK</u>	Process Description/COMMENT	
	***************************************	х	• •	This unit is not used for waste t	reatment.
10.	If the t	tank was/i	s used for	torage of hazardous waste, what wa	s/is average residence time?
	NA (no s	storage)	NK (Res	dence Time Unknown) Residence	Time (units) COMMENT
		·		Less than	24 hours.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9003	
Page	1897 c	of <u>1958</u>	

#### 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.

Evider	ce of Release	2		
None X	<u>Indirect*</u>	Positive Proof from Direct Observation	Positive Proof fro Laboratory Analyse	
	***************************************			
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	azardous Waste ste Descritpi	Estimated Quantii on Volume released (	ty or Date(s) of (Units) Release	Nature of Release
******				
		AND THE PROPERTY OF THE PROPER		
	<del>Marijan (1900 (1904))</del> ar			
***************************************		***************************************		
APPRICATE TO				
P-W-10-0-0-0				
***************************************				

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.

UNIT	ID:	9003
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#### 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 documente	d above please describe	relevant remediation implemented or planned.
Previou Impleme Yes	nted NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
			SALLEY		
Current Impleme Yes		NK_	Start Date	Description/COMMENT	
				<b>U</b>	
Planned be Impl Yes	to emented No	<u>NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

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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. 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. 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. 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	<u>\$12E</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
9004	200 gal.	ACTIVE X YEAR START: 1981	<u> 101</u>	Perchloroethylene Waste	NOT KNOWN	
		INACTIVE		F001, F002		
				-		
is designed	to handle the	as a Culligan Filter System e removal of trace perchlor fore being discharged to Ur	oethylene from			
1 UNIT ID as cod	led on your fa	cility site map.				
2 EPA Process Co and criteria c in Part 1 DEFI	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	9004	
Page	<u>1900</u> o	f <u>1958</u>	

3-4.2 WASTE MA	ANAGEMENT	PRACTI	CES
----------------	-----------	--------	-----

Plea	se answer	the followi	ng questions	concerning	waste	management	practices	associated	with th	e SWMU	identified	on the	preceding p	age.
1.	Was/is t	he tank abov	e or below g	round? Plea	ase des	scribe basio	design p	arameters an	d mater	ials of	constructi	on.		

Above Ground Bel	ow Ground	<u>NK</u>	Description/COMMENT
X	***************************************	***********	B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.
Is/was the unit co	vered or uncov	vered? If cover	red, briefly describe.
Covered Unc	overed	NK_	Description/COMMENT
x			This unit is a typical cylindrical type tank, completely enclosed and constructed
		<del></del>	of a uniform shell material.
and provide date o	n procedures i f latest inspe	for tanks and ar ection.	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
Describe inspection and provide date of Latest Inspection	n procedures t f latest inspe <u>NK</u>	ection.	
and provide date o	f latest inspe	Inspection F	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
Date of Latest Inspection	f latest inspe	Inspection F	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT
Date of Latest Inspection	f latest inspe	Inspection F	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds each
Date of Latest Inspection  Daily	f latest inspo <u>NK</u> ——	Inspection F Inspection F Shift. There	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds eac
Date of Latest Inspection  Daily	f latest inspo <u>NK</u> ——	Inspection F Inspection F shift. There	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds each each each day.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection  Daily  If the tank is/was	f latest insperience NK	Inspection F Inspection F Inspection F shift. There	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds each eare generally three shifts each day.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection  Daily  If the tank is/was	f latest insperience NK NK NA	Inspection F Inspection F Shift. There re/were procedur Description/	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds each e are generally three shifts each day.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection  Daily  If the tank is/was	f latest insperience NK NK NA	Inspection F Inspection F Inspection F shift. There re/were procedur Description Manual Automatic	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)  Procedures/COMMENT  procedures include visual inspections made by the plant operator during his rounds each e are generally three shifts each day.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: .		9004
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					3-4 STORAGE/TREATMENT TANKS
3-4.	.2 (Cont	d)			
4.	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA	Monitoring Description/COMMENT
	<del></del>	********	**********	<u> X</u>	This is a covered tank.
	If the t	ank is∕wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
	<del></del>	gradovelleten		<u>X</u>	This is a covered tank.
5.	Uac/ic t	he tank (	equipped	with a seco	ndary containment structure (e.g., dike or trench)? Please describe.
•	Yes	No	NK_		ption/COMMENT
	163			<u> </u>	per on our men.
	ALACA COLOR DE COLOR	<u>X</u>	***************************************	***************************************	
6.	Was/is t	he tank	equipped	with a drai	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK_	<u>Descri</u>	ption/COMMENT
	_X			Flow t	o this unit may be diverted to Unit 9005.
	••••				
7.	If hazar	dous was	te was/is e.g., was	continuous ste cutoff o	sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	NK	NA_	COMMENT
	_X		92449992	description of the second	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.

UNIT	ID:	9004	1
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3-4.2 (Cont'd)

Yes	<u>No</u>	NK	Description/COMMENT
ne <del>ros</del> tados	X	and descriptions	Units are constructed of steel and inspected daily.
			waste treatment, briefly describe the treatment process.
	ank was/is reatment)	s used for <u>NK</u>	waste treatment, briefly describe the treatment process.  Process Description/COMMENT  These tanks act as a filtering unit.
			Process Description/COMMENT
NA (no t	<u>reatment)</u>	NK_	Process Description/COMMENT
NA (no t	reatment)	NK  s used for	Process Description/COMMENT  These tanks act as a filtering unit.
NA (no t	reatment)	NK  s used for	Process Description/COMMENT  These tanks act as a filtering unit.  storage of hazardous waste, what was/is average residence time?

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9004
Page	<u>1903</u> of	<u>1958</u>

### 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.

Evi	dence	of	Rel	ease

<u>None</u>	Indirect*	Posit <u>Direc</u>	ive Proof from t Observation		ve Proof from tory Analyses	COMMENT
<u>X</u>		***************************************				
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Releas	<u>se</u>			
DEC Ha	zardous Wasto te Descritpi	e #2 on_	Estimated Quantit Volume released (	y or Units)	Date(s) of Release	Nature of Release
***************************************						
		<del></del>				
	and the second s					

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.

UNIT	ID:	9004	
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#### 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		<u>5</u>	W Analytical Pata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	current	release documente	d above please describe	relevant remediation implemented or planned.
Previou Impleme Yes		NK	<u>Inclusive Dates</u>	Description/COMMENT	
		<del></del>			
Current					
Impleme Yes	No_	NK_	Start Date	Description/COMMENT	
Planned be Impl Yes		<u>NK</u>	Start Date	Description/COMMENT	
estamble (constitution)		Elith-team-twood			

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9005

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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. 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. 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. 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.

	TYPE/ IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	QUANTITY (SPECIFY UNITS)	RELEASE?
	9005	200 gal.	ACTIVE X YEAR START: 1981	то1	Perchloroethylene Waste	NOT KNOWN	*··
			INACTIVE		F001, F002		
NOTE	is designed	to handle th	as a Culligan Filter System e removal of trace perchlor fore being discharged to Un	oethylene from			
1 U	NIT ID as cod	ed on your fa	cility site map.				
ε	ınd criteria c	onstituting W	nrdous Waste Codes wastes are defined wis questionnaire.				

UNIT	ID:		9005	
Page	1906	of	1958	

3-4.2	WASTE	MANAGEMENT	PRACTICES

Plea	se answer	the following	questions	concerning	waste i	management	practices	associated	with t	the SWMU	identified o	n the pre	eceding p	age.
1.	Was/is t	ne tank above	or below g	round? Plea	ase des	cribe basio	design pa	arameters an	nd mate	erials of	constructio	n.		

	Above Ground	Below Ground		NK	Description/COMMENT
	X	was a successive of the succes		Chinateron	B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.
	Is/was the uni	it covered or	uncover	ed? If cove	ered, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
	X				This unit is a typical cylindrical type tank, completely enclosed and constructed
	1-4				of a uniform shell material.
					of a difficient material.
2.	and provide da  Date of  Latest Inspect	ate of latest	inspect	ion.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc) <u>Procedures/COMMENT</u>
	Daily	**************************************		Inspection	procedures include visual inspections made by the plant operator during his rounds each
				shift. Ther	re are generally three shifts each day.
3.	If the tank is	s/was uncovere	d, are/	were procedu	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No.	NK_	NA_	Description	1/COMMENT
		PP-PH	<u> x</u>	Manual	
				Automatic _	
					covered tank.
				***************************************	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9005	1
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3-4.	2 (Cont'				
<b>.</b>	If the t	ank is/wa	s uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	<u>No</u>	NK	<u>NA</u>	Monitoring Description/COMMENT
			***************************************	<u>x</u>	This is a covered tank.
	If the t	tank is/wa	is uncove	ered, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No_	NK_	NA_	Control Description/COMMENT
		<del></del>		x	This is a covered tank.
		quyerament fortil		<del></del>	
r	Handin I	.b	الممسون سي	with a good	ndary containment structure (e.g., dike or trench)? Please describe.
5.					
	<u>Yes</u>	No	<u>NK</u>		otion/COMMENT
	<u></u>	<u> </u>			
				<del>*************************************</del>	
6.	Was/is	the tank e	equipped		nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK		otion/COMMENT
	_X			Flow to	o this unit may be diverted to Unit 9004.
				Total State of the	
7.	If haza	rdous was	te was/i	s continuous	ly fed into the tank, was/is the tank equipped with a means
	to stop	inflow (	e.g., was	ste cutoff o	r by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	NK_	<u>NA</u>	<u>COMMENT</u>
	<u> </u>	-		<del></del>	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.

UNIT	ID:	9005 1
<b>n</b>	4000	4.4050

3-4.2	(Cont'd)	

8.	Was/is t If no, d	here evid lescribe c	ence of ext	ernal corrosion? If yes, briefly describe the extent of the problem.  otection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).	
	Yes	<u>No</u>	NK	Description/COMMENT	
	errerendentales	<u>X</u>	<b>Gir arracerrance</b>	Units are constructed of steel and inspected daily.	
					***
9.	If the t	ank was/i	s used for	waste treatment, briefly describe the treatment process.	
	NA (no t	reatment)	NK_	Process Description/COMMENT	
				These tanks act as a filtering unit.	
10.	If the t	ank was/i	s used for	torage of hazardous waste, what was/is average residence time?	
	NA (no s	torage)	NK (Res	dence Time Unknown) Residence Time (units) COMMENT	
			***************************************	<1 hour-several days	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9005	1
Page	<u>1909</u> of	1958	

#### 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.

Positive Proof from Positive Proof from None Indirect* Direct Observation Laboratory Analyses COMMENT	
None Indirect* Direct Observation Laboratory Analyses COMMENT  X	
*e.g., discoloration of surrounding soil, dead vegetat	ion
Characteristics of Release	
DEC Hazardous Waste #2	

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.

UNIT	ID:	9005	7	
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## 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 ext	tent of
environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous	e waeta
constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (inc	cluding
groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns or	ior or
continuing releases as described above. If any analytical data are attached for the unit, please indicate below:	

GW Monitoring Data Attached		W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/ Previously Implemented Yes NO	current	release documented	d above please describe  Description/COMMENT	relevant remediation implemented or planned.
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.

UNIT	ID:	9008
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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. 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. 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. 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	QUANTITY (SPECIFY UNITS)	RELEASE?
9008	NOT KNOWN	ACTIVE X YEAR START: 1985	<u> </u>	Contaminated Groundwater	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS:		SOLVENT WASTE-MIXED		
		INCLUSIVE YEARS:		(F001, F002, F003, F005)		
NOTE: This unit i	s designated s part of the	as the B/384 Ground Water C Ground Water Treatment Fac	ollection Well. ility for the			
Remedial Ac	tion Plan of	Area A.				
1 UNIT ID as cod	led on your fa	ncility site map.		Address of the second s		
and criteria c	onstituting w	nrdous Waste Codes Wastes are defined Nis questionnaire.				

UNIT	ID:	9008
Page	<u>1912</u> of	<u>1958</u>

3-4.2	WASTE	MANAGEMENT	PRACTICES

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

1.	Was/is the ta	nk above or below	ground? Pleas	se describe basic design parameters and materials of construction.
	Above Ground	Below Ground	NK BECOMMON	Description/COMMENT
		X	WWW.	B/384 \$ Link, Vertical, Inground Unit, 6' Diam.
				This unit includes a ground water collection well and the drain pipe
				which directs the ground water to the well.
	Is/was the un	it covered or unco	overed? If cov	vered, briefly describe.
	Covered	Uncovered	NK	<u>Description/COMMENT</u>
	The fact of the same that the party	X		Access to the collection well can be made through a hatch in the concrete cover,
2.	Describe insp and provide d	ection procedures ate of latest insp	for tanks and ection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of	·		
	Latest Inspec	tion NK	Inspection	Procedures/COMMENT
	Daily	Medifferen describingun	<u>A visual i</u>	nspection of the tank system is performed daily.
			**************************************	
			<del></del>	
3.	If the tank is	s/was uncovered, a	re/were proced	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	. NK NA	Descriptio	n/COMMENT
	X		Manual	
			Automatic	X
			The Liquid	level within this wnit is maintained automaticaly using a
			<u>level sens</u>	or/pump system.
1 (	NIT ID as code	d on your facility	site map.	

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4.	2 (Cont'		is uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	NA_	Monitoring Description/COMMENT
	****************	<u>X</u>		At the second second	
	If the t	ank is/wa	as uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	<u>No</u>	<u>NK</u>	NA_	Control Description/COMMENT
		<u> </u>	****	<del></del>	
5.	Was/is t	the tank o	equipped		dary containment structure (e.g., dike or trench)? Please describe.
	SPREASON AND ALCOHOLD	<u>X</u>	***************************************	Annual Value Sales	
				***************************************	
6.	Was/is 1	the tank e	equipped	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	NK	Descrip	tion/COMMENT
	Specific destruction resources	<u> </u>	-		
7.	If haza to stop	rdous was inflow (	te was/is e.g., was	continuousl ste cutoff or	y fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	<u>Yes</u>	<u>No</u>	NK_	NA_	COMMENT
	-	<u> </u>			

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9008	ı
Page	<u>1914</u> of	<u>1958</u>	

3-4.2 (Co	nt	'd	
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<u>Yes</u>	No	NK	Description/COMMENT
<del></del>		<u>x</u>	Visual observation of this units surface is not possible.
If the	tank was/is	s used for	waste treatment, briefly describe the treatment process.
	tank was/is	s used for NK	waste treatment, briefly describe the treatment process.  Process Description/COMMENT  This unit is used to collect ground water which is contaminated
			Process Description/COMMENT  This unit is used to collect ground water which is contaminated
			Process Description/COMMENT
NA (no	treatment)	NK_	Process Description/COMMENT  This unit is used to collect ground water which is contaminated
NA (no	treatment)	NK  s used for	Process Description/COMMENT  This unit is used to collect ground water which is contaminated  with Waste solvents. Flow from this unit is pumped to the solvent separator (Unit 9009).
If the	treatment) tank was/is	NK  s used for NK (Res	Process Description/COMMENT  This unit is used to collect ground water which is contaminated  with Waste solvents. Flow from this unit is pumped to the solvent separator (Unit 9009).  storage of hazardous waste, what was/is average residence time?  sidence Time Unknown) Residence Time (units) COMMENT
If the	treatment) tank was/is	NK  s used for NK (Res	Process Description/COMMENT  This unit is used to collect ground water which is contaminated  with Waste solvents. Flow from this unit is pumped to the solvent separator (Unit 9009).  storage of hazardous waste, what was/is average residence time?

¹ UNIT ID as coded on your facility map.

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### 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 X	Indirect*	Positive Proof from Direct Observation		ive Proof from atory Analyses	COMMENT
	\$1.2 table 100 t	The same of the sa			
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Has	zardous Waste te Descritpio	#2 Estimated Quantity n Volume released (	or Units)	Date(s) of Release	Nature of Release
				· · · · · · · · · · · · · · · · · · ·	
<del></del>					
	The state of the s				
***************************************					
***************************************					
			***************************************		

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.

UNIT	ID:	9008	1
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### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please p	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 releas	se. Any informatio	n on the concentration	of hazardous w	aste or hazard	lous waste
constituents in contaminated soil, groun	ndwater (GW), surface	water (SW) or air	should be attached.	Include any infe	ormation/data (	including
groundwater monitoring data) submitted	to EPA and the State	under any other r	egulatory programs (e	.a. Superfund)	that concerns	prior or
continuing releases as described above.	If any analytical data	a are attached for t	he unit, please indica	ite below:		•

GW Monitoring SW Analyti Data Attached Data Attac		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
For the p	orior/o	urrent	: release documente	d above please describe	e relevant remediation implemented or planned.
Previousl Implement Yes		NK_	<u>Inclusive Dates</u>	Description/COMMENT	
Currently	,				
Implement		_NK_	Start Date	Description/COMMENT	
Planned t be Implem Yes		NK_	Start Date	Description/COMMENT	
				TO COMMISSION OF THE PARTY OF T	

¹ UNIT ID as coded on your facility map.

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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. 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. 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. 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.

	TYPE/ IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION 2	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	9009	750 gal.	ACTIVE X YEAR START: 1985	<u>T01</u>	Contaminated Groundwater	NOT KNOWN	<del></del>
			INACTIVE INCLUSIVE YEARS:		SOLVENT WASTE-MIXED (F001,F002,F003,F005)		
NOTE	: This unit i	s designated is part of th	as the B/384 Solvent Separat e Ground Water Treatment Fac	tor Tank. cility for the			
	Remedial A	ction Plan of	Area A.	·			
1 U	NIT ID as cod	ed on your fa	cility site map.				
a	n <mark>d crite</mark> ria c	onstituting w	rdous Waste Codes wastes are defined is questionnaire.				

UNIT	ID:	9009	!
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3-4.2	WASTE	MANAGEMENT	PRACTICES

Please answer	the following	questions	concerning	waste management	practices	associated with	the S	swmu i	dentified	on the	preceding	page.
---------------	---------------	-----------	------------	------------------	-----------	-----------------	-------	--------	-----------	--------	-----------	-------

Above Ground	Below Ground	NK	Description/COMMENT
X	Marine and the second s	W707-74003	B/384 S Link, Vertical, Steel, Conical Bottom, 5' Diam. x 4' Ht.
			This unit is elevated above a Waste solvent/Drum Collection Scale.
			The waste solvent fraction which settles out of the ground water is manually
			drained to a 55 gal. drum setting on the scale to indicate when the drum is full.
Is/was the u	nit covered or upco	vered? If co	vered, briefly describe.
Covered	Uncovered		
Covered		<u>NK</u>	Description/COMMENT
	X		This unit is uncovered and is equipped with a hood to collect and
			discharge room air.
Describe ins	pection procedures date of latest insp	for tanks <b>and</b> ection.	discharge room air.  ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
Describe ins and provide Date of Latest Inspe	date of latest insp	ection. <u>Inspectio</u>	
Date of Latest Inspe	date of latest insp	ection. <u>Inspectio</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT
and provide Date of Latest Inspe	date of latest insp	ection. <u>Inspectio</u>	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT
and provide of Date of Latest Inspe	date of latest insp	Inspection  A visual	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT  inspection of the tank system is performed daily.
Date of Latest Inspe  Daily  If the tank	ction NK  NK	Inspection  A visual  re/were proces	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT  inspection of the tank system is performed daily.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspe Daily  If the tank	date of latest insp	Inspection  A visual  re/were proced	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT  inspection of the tank system is performed daily.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  on/COMMENT
Date of Latest Inspe  Daily  If the tank	ction NK  NK	Inspection  A visual  re/were proced  Description	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT inspection of the tank system is performed daily.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  on/COMMENT
Date of Latest Inspe  Daily  If the tank	date of latest insp	Inspection  A visual  re/were proced  Description  Manual  Automatic	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  n Procedures/COMMENT  inspection of the tank system is performed daily.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  on/COMMENT

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9009

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Yes	No X ank is/wa	NK.	<u>NA</u>	e devices or procedures in place to monitor releases to the atmosphere? Describe.  Monitoring Description/COMMENT
If the t	X ank is/wa		(M) COMPANIENTS	MOTITOD THIS DESCRIPTION CONTENT
	ank is/wa	as uncove	mad are/ware	
		is uncovel	rad are/ware	
		is uncovei	rad ara/ware	
		is dilcove		e devices or procedures in place to control releases to the atmosphere? Describe.
105	No	NK	NA_	Control Description/COMMENT
Control of the Contro	<u> X</u>		ALCOHOLOGY TO	
Was/is t	he tank e	equipped :	with a second	dary containment structure (e.g., dike or trench)? Please describe.
<u>res</u>	<u>NO</u>	NK_		
<u> </u>				it is serviced by a concrete sump built into the building floor and
			measures	s 6'2" L x 6'2" W x 3.73' Ht.
			<u> </u>	to the state of th
Was/is t	he tank o	equipped	with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
<u>Yes</u>	No	<u>NK</u>		tion/COMMENT
<u> x</u>	-	ACMPORATE THE	<u>This un</u>	it is equipped with a solvent phase sensor. When the solvent phase reaches a set level the
			sensor :	sounds an alarm and the operator then drains the solvent fraction to the solvent waste drum.
			**************************************	
If hazar	dous was	te was/is	continuousl	y fed into the tank, was/is the tank equipped with a means
to stop	INTLOW (	e.g., was		
Yes	<u>No</u>	<u>NK</u>	_NA_	COMMENT
Х		***************************************	Aproposition Section	Flow into the tank may be stopped via shutdown of influent pumping system and
				closing the influent valves.
	Yes X Was/is t Yes X If hazar to stop Yes	Was/is the tank of X  Was/is the tank of Yes No X  If hazardous was to stop inflow (A)	Was/is the tank equipped  Yes No NK  X  Was/is the tank equipped  Yes No NK  X  If hazardous waste was/is to stop inflow (e.g., was	Was/is the tank equipped with a seconomy Yes No NK Descrip X This un measure  Was/is the tank equipped with a drain Yes No NK Descrip X This un sensor  If hazardous waste was/is continuous to stop inflow (e.g., waste cutoff or Yes No NK NA

¹ UNIT ID as coded on your facility map.

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3-	4.	2	(	C	กท	t	'd	)

8.	Was/is t If no, d	here evid escribe c	ence of ext orrosion pr	ernal corrosion? If ye otection provided (e.g.	es, briefly describe the ex ., corrosion resistant coat	tent of the problem. ings or liners, or cathodic protection systems).
	Yes	No	NK_	Description/COMMENT		
	enter the second of the	<u>X</u>	THE ENGINEERIN	The external surface	of this unit is visible an	d checked daily.
9.	If the t	ank was/i	s used for	waste treatment, brief	ly describe the treatment p	rocess.
	NA (no t	reatment)	NK_	Process Description/	<u>COMMENT</u>	
	Contraction (1)		and the second	The heavy solvent fr	action of the contaminated	ground water is allowed to collect
				in the tanks conical	bottom.	
10.	If the t	ank was/i	s used for	storage of hazardous w	aste, what was/is average r	esidence time?
	NA (no s	torage)	NK (Res	sidence Time Unknown)	Residence Time (units)	COMMENT
	*******************************			<u> </u>	**************************************	The time needed to collect a solvent fraction to
						sound the set alarm varies with the concentration
						and amount of ground water collected.

¹ UNIT ID as coded on your facility map.

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Page	<u>1921</u> of	<u>1958</u>

#### 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.

Eviden	ce of Releas	2			
None	Indirect*	Positive Proof from Direct Observation	Positive Proo Laboratory An		
<u>X</u>					
				*e.g., discoloration of surrounding soil, dead vegetation	
Charac	teristics of	Release		•	
DEC Ha	azardous Wast ste Descritpi	e # ₂ Estimated Quantit on <u>Volume released (</u>	y or Date(s Units) Relea		
<u></u>		***************************************	and the state of t		
***************************************					
<del></del>	****				

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.

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#### 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 Monitorir Data Attache		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the pric	r/currer	nt release documented	above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	Inclusive Dates	Description/COMMENT	
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implement Yes No		Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

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Dogo	1023	of 10	25.8		

## 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. 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. 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. 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	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9010	807 gal.	ACTIVE YEAR START:	<u>\$02</u>	Fluoride/Hevavy Metals	SEE NOTE	<del></del>
				Wastewater		
		INCLUSIVE YEARS: -		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: Units 9010	and 9011 will	be replaceing units 58 and 80.		Lead & Compounds	Trace	
These units they will s	s are currentl service Buildi	y in planing. When installed ngs B/300 and B/300B, combined		Methyl Ethyl Ketone	Trace	
total estim	nate is 350,00	0 gal/yr.		Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fa	cility site map.			Martin Committee of the	
and criteria d	constituting w	ndous Waste Codes wastes are defined his questionnaire.				

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3-4.	2 WASTE MANAGE	MENT PRACTIC	ES		
Plea	se answer the 1	following que	estions co	oncerning waste	management practices associated with the SWMU identified on the preceding page.
1.	Was/is the tar	nk above or b	elow grou	und? Please de	scribe basic design parameters and materials of construction.
	Above Ground	Below Groun	<u>nd</u>	NK	Description/COMMENT
	X	<del></del>	adended		B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.
	Is/was the un	it covered o	r uncover	ed? If covered	, briefly describe.
	Covered	Uncovered		NK_	Description/COMMENT
	X				This unit will have a bolted manway opening.
2.	Describe insp and provide d	ection proced ate of lates	dures for t inspect	tanks and anci ion.	llary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of	. •			and the company
	Latest Inspec	tion	<u>NK</u>		cedures/COMMENT
		www.tout-0114	<u>NK</u>	Information to	address this question is not available for this unit.
				A-4	
3.	If the tank i	s/was uncove	red, are/	were procedures	in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	. <u>NK</u>	<u>NA</u>	Description/CO	MMENT
			<u>X</u>	Manual	
				Automatic	
				This will be a	covered tank.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9010
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					5-4 STURAGE/TREATMENT TAKES
3-4.	.2 (Cont'	d)			
4.	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	<u>NK</u>	NA	Monitoring Description/COMMENT
	<del>(11</del>		**********	<u> </u>	This will be a covered tank.
	If the t	ank is/wa	as uncove	red, are/wer	e devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
	teasure to the late with	Account States	was to the state of the	<u> </u>	This will be a covered tank.
5.	Was/is t	he tank	equipped	with a secor	ndary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	<del></del>	otion/COMMENT_
	<u>x</u>	***************************************	STATE STATE OF THE		ank will be serviced by a stainless steel pan common with unit 9011.
				<u>Capici</u>	y will be approximately 210 gal.
				M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
6.	Was/is t	he tank	equipped	with a drain	nage control system or a diversion structure (e.g., standby tank)? Describe.
	<u>Yes</u>	No	<u>NK</u>		ot ion/COMMENT
	<u>X</u>	****	\$100 T \$100		o this unit may be diverted to unit 9011.
				Tank co	ontents may be drained to a tanker.
					and the state of the April and the company
7.	If hazaı to stop	dous was inflow (	te was/is e.g., was	s continuous ste cutoff o	ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.
	Yes	No	NK	NA_	COMMENT
	_X			apo areas	Flow into the tank may be stopped by closing influent valve.
					Flow into the tank may be stopped via shutdown of influent pumping system.

¹ UNIT ID as coded on your facility map.

UNIT	ID: .		9010	
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Yes	<u>No</u>	<u>NK</u>	Description/COMMENT
Herd and destroyments	<u>X</u>	****	This unit is currently in planing.
If the	tank was/i	s used for	waste treatment, briefly describe the treatment process.
	tank was/i treatment) X		waste treatment, briefly describe the treatment process.  Process Description/COMMENT  This unit will not be used for waste treatment.
	treatment)		Process Description/COMMENT
	treatment)		Process Description/COMMENT
NA (no	treatment) X	<u>NK</u>	Process Description/COMMENT
NA (no	treatment) X	NK 	Process Description/COMMENT  This unit will not be used for waste treatment.
NA (no	X X tank was/i	NK 	Process Description/COMMENT  This unit will not be used for waste treatment.  storage of hazardous waste, what was/is average residence time?
NA (no	X X tank was/i	NK 	Process Description/COMMENT  This unit will not be used for waste treatment.  Storage of hazardous waste, what was/is average residence time?  Sidence Time Unknown) Residence Time (units) COMMENT

¹ UNIT ID as coded on your facility map.

UNIT	ID:		9010	1
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#### 3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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.

None I	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
<u>X</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
<u>Character</u>	ristics of	Release		
DEC Hazaı or Waste	rdous Waste Descritpio	Estimated Quantity On Volume released (	y or Date(s) of Units) Release	Nature of Release
<b>***</b>				
discount assessment for the Properties	er year dadar dada da galaga da ar			
delication of the contraction		THE STATE OF THE S	<b>300-10-10-10-10-10-10-10-10-10-10-10-10-1</b>	

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.

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#### 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 <u>Data Attached</u>		Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the pri	ior/cur	rent	release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>d</u>	IK_	Inclusive Dates	Description/COMMENT	
•	<del></del>				
Currently Implemented Yes No		<u>IK</u>	<u>Start Date</u>	Description/COMMENT	
Planned to be Implement Yes No		<u> K</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID: _	9011	
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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. 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. 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. 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?
9011	807 gal.	ACTIVE YEAR START:	<u>s02</u>	Fluoride/Hevavy Metals	SEE NOTE	
		INACTIVE X - NOT IN SERVICE		Wastewater		
		INCLUSIVE YEARS:		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
NOTE: Units 9010	NOTE: Units 9010 and 9011 will be replaceing units 58 and 80.  These units are currently in planing. When installed they will service Buildings B/300 and B/300B, combined			Lead & Compounds	Trace	
they will s				Methyl Ethyl Ketone	Trace	
total estimate is 350,000 gal/yr.				Trichloroethylene	Trace	
				***************************************		
1 UNIT ID as cod	ed on your fa	cility site map.	,			
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	9011
Page	<u>1930</u> of	<u>1958</u>

#### 3-4.2 WASTE MANAGEMENT PRACTICES

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

bove Groun	nd <u>Below Grou</u>	<u>nd</u>	NK_	Description/COMMENT
Х			-	B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.
s/was the	unit covered o	r uncove	red? If cover	red, briefly describe.
overed	Uncovered		NK	Description/COMMENT
X			10-10-1-1-1-10-10-10-10-10-10-10-10-10-1	This unit will have a bolted manway opening.
entre en		house 6.		
escribe ir	e date of lates	dures fo	r tanks and an	ncillary equipment (e.g., ultrasound, tank tightness tests, etc)
escribe in	e date of lates f	dures for tinspec	tion.	ncillary equipment (e.g., ultrasound, tank tightness tests, etc) Procedures/COMMENT
escribe in	e date of lates f	t inspec	Inspection (	
escribe ind provide	e date of lates f	t inspec	Inspection (	Procedures/COMMENT
escribe ind provide	e date of lates f	t inspec	Inspection (	Procedures/COMMENT
escribe in nd provide Date on atest Insp	e date of lates f pection	NK NK	Inspection   Information	Procedures/COMMENT  to address this question is not available for this unit.
escribe in nd provide Date on atest Insp	e date of lates f pection	NK NK	Inspection   Information	to address this question is not available for this unit.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
escribe in nd provide Date on atest Insp	e date of lates  f pection  k is/was uncove	NK NK NK	Inspection   Information	to address this question is not available for this unit.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
escribe in nd provide Date on atest Insp	e date of lates  f pection  k is/was uncove	NK NK NK	Inspection Information Information  /were procedured	to address this question is not available for this unit.  res in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	90111
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-4.	2 (Cont'	d)			
•	If the ta	ank is/wa	s uncover	ed, are/were	devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
			gar-sar-44-54-74%	X	This will be a covered tank.
	If the t	ank is/wa	is uncover	red, are/were	devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Control Description/COMMENT
	Children and the second second page	······································	****	X	This will be a covered tank.
j.	Was/is t	he tank e	equipped (	with a second	ary containment structure (e.g., dike or trench)? Please describe.
	Yes	No	NK	Descript	ion/COMMENT
	_X		poors processed	<u>This tar</u>	nk will be serviced by a stainless steel pan common with unit 9011.
				Capicity	will be approximately 210 gal.
6.	Was/is t	he tank e	equipped	with a draina	age control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK		tion/COMMENT
	X			Flow to	this unit may be diverted to unit 9010.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>pon-</i> <b>v v</b> · · · · · · · · · · · · · · · · · · ·	Tank cor	ntents may be drained to a tanker.
7	If bezar	dous was	te was/is	continuously	y fed into the tank, was/is the tank equipped with a means
•	to stop	inflow (	e.g., was	te cutoff or	by-pass to a standby tank)? Please specify.
	<u>Yes</u>	No	<u>NK</u>	NA_	COMMENT
	_X		Birth	terrorrari 4/M	Flow into the tank may be stopped by closing influent valve.
					Flow into the tank may be stopped via shutdown of influent pumping system.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9011 1
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) = 4 <b>.</b> 3	2 (Cont'd		ence of ext	ernal 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).							
	<u>Yes</u>	No	NK_	<u>Description/COMMENT</u>				
		<u>X</u>	***************************************	This unit is currently in planing.				
9.	If the ta	ınk wəs/i	s used for	waste treatment, briefly describe the treatment process.				
	NA (no tr	eatment)	NK	Process Description/COMMENT				
	<u>, , , , , , , , , , , , , , , , , , , </u>	(		This unit will not be used for waste treatment.				
10.	If the ta	ank was∕i	s used for	storage of hazardous waste, what was/is average residence time?				
	NA (no st	orage)	NK (Res	idence Time Unknown) Residence Time (units) COMMENT				
	May consistent action of the particular		######################################	Less than 24 Hr.				

¹ UNIT ID as coded on your facility map.

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# 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.

Eviden	ce of Release			
<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof t Laboratory Analy	rom vses COMMENT
<u>X</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Has	azardous Wast ste Descritpi	e #2 Estimated Quant yolume released	ty or Date(s) (Units) Release	
<del></del>				
		\$ 2 days (1974)		
			Manager and the second	
		EV ABBITORING Or Apparent States on Apparent States		
<del>, _ , </del>		Account on the second of the s	And the second s	
******	and to refuse the second desired and second and second desired desired desired desired desired desired desired			
**************************************	partyrysius and 12600 to remote newsjusk green kalender stem	NAME AND PROPERTY OF THE PROPE	Approximately and a second sec	

- 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.

UNIT ID: 9011	1
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# 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

environmental contamina constituents in contam groundwater monitoring	ation that exists minated soil, grou data) submitted	s as a result of release, undwater (GW), surface wa to EPA and the State (	data that may be available which would describe the nature and/or extent and a superior of the concentration of hazardous waste or hazardous waster (SW) or air should be attached. Include any information/data (include under any other regulatory programs (e.g., Superfund) that concerns prior	ste
continuing releases as	described above.	If any analytical data a	are attached for the unit, please indicate below:	
I-W MODITORING SU	Amalytical	Cail Analytical	A Sur Sanuta III Programme Company Com	

GW Monitoring Data Attached	<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior,	current	release documente	d above please describe	e 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.

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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. 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. 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. 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.

	U TYPE/ T IDENTIFIER ¹	<u> </u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	9012	2,600 gal	ACTIVE X YEAR START: 1983		Industrial Wastewater	NOT KNOWN	
			INACTIVE		D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
					Chromium & Compounds	Trace	
					Formal dehyde	Trace	
					<u>Fluorides</u>	Trace	
1	UNIT ID as cod	led on your fa	cility site map.				
2	and criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	9012
Page	<u>1936</u> of	<u>1958</u>

3-4.2	WASTE	MANAGEMENT	PRACTICES

Please answer	the	following	questions	concerning	waste	management	practices	associated	with	the SW	MU i	dentified on	the	preceding	ı par	ae.
			-7			maria gameric	p. accioco	accountacea				activity to a off		pi cocarrig	Pu	.,

	Was/is the <b>ta</b>			
Is/was the unit covered or uncovered? If covered, briefly describe.  Covered Uncovered NK Description/COMMENT  X  Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.  Date of Inspection NK Inspection Procedures/COMMENT  X  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	Above Ground	Below Ground	NK_	Description/COMMENT
Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.  Date of attest Inspection			Phonestonals	B/312 SE, Horizontal, FRP, Double Walled, 5.5' W. x 8.5' L. x 7.5' Ht.
Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Date of				
describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Date of atest inspection NK Inspection Procedures/COMMENT  X  f 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  Automatic X				
describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Date of atest inspection NK Inspection Procedures/COMMENT  X  f 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  Automatic X				
describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Date of atest inspection NK Inspection Procedures/COMMENT  X  f 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  Automatic X				
describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc)  Date of atest inspection NK Inspection Procedures/COMMENT  X  f 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  Automatic X	aluga tha un	it sovered on these	veneda If seve	and briefly describe
Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.  Date of				
Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.  Date of	Covered	Uncovered	<u>NK</u>	Description/COMMENT
Date ofatest InspectionNKInspection Procedures/COMMENT	A-ve statement is Characteristics	X	#7 PARCOVANO	
Date of atest inspection.  Date of atest Inspection NK Inspection Procedures/COMMENT  X  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				
Date ofatest InspectionNKInspection Procedures/COMMENT				
Yes         No.         NK         NA         Description/COMMENT           X          Manual           Automatic         X	escribe insp and provide d	pection procedures a Mate of latest inspo	for tanks and a	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
Yes         No.         NK         NA         Description/COMMENT           X          Manual           Automatic         X	and provide d Date of	date of latest inspo tion <u>NK</u>	Inspection	Procedures/COMMENT
Yes         No.         NK         NA         Description/COMMENT           X          Manual           Automatic	and provide d Date of	date of latest inspo tion <u>NK</u>	Inspection	Procedures/COMMENT
XManual  Automatic X	and provide d Date of	date of latest inspo tion <u>NK</u>	Inspection	Procedures/COMMENT
Automatic X	Date of Date of Atest Inspec	date of latest insponential of the second se	Inspection	Procedures/COMMENT
	Date of Date of Atest Inspec	s/was uncovered, an	Inspection  Inspection	Procedures/COMMENT  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Date of Date of Atest Inspec  If the tank i	s/was uncovered, an	Inspection  Inspection  re/were procedu	Procedures/COMMENT  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Enquire tever within this differ is controlled by a tever sensor/pump system.	and provide d  Date of Latest Inspec  If the tank i	s/was uncovered, an	Inspection  Inspection  re/were procedu  Description  Manual	Procedures/COMMENT  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	and provide d  Date of Latest Inspec  If the tank i	s/was uncovered, an	Inspection  Inspection  re/were procedu  Description  Manual  Automatic	Procedures/COMMENT  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  n/COMMENT  X
	and provide d  Date of Latest Inspec  If the tank i	s/was uncovered, an	Inspection  Inspection  re/were procedu  Description  Manual  Automatic	Procedures/COMMENT  ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.  n/COMMENT  X

¹ UNIT ID as coded on your facility site map.

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3-4.	2 (Cont'c				
4.	If the ta	nk is/was	uncover	ed, are/were	devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	NA_	Monitoring Description/COMMENT
		<u> x</u>			
	If the to	ank is/was	s uncover	red. are/were	devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No_	<u>NK</u>	NA	Control Description/COMMENT
	p. 100 100 100 100 100 100 100 100 100 10	<u>X</u>		and 1-street at the street	
5.	Was/is th	ne tank e	quipped		ary containment structure (e.g., dike or trench)? Please describe.
			province the		t is a double wall tank in a concrete vault.
	<u>X</u>			And the second s	
6.	Was/is t	he tank e	quipped	with a draina	ge control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No	NK	Descript	i on/COMMENT
	property and spiritual	<u>X</u>	*******	Miles characteristic grown a consequence and a second	
7.	If hazar to stop	dous wast inflow (e	e was/is	continuously te cutoff or	fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	No	<u>NK</u>	NΛ	COMMENT
	Sector Numbers	<u>X</u>	And reference of a sign to sample	e, watermer emole	

¹ UNIT ID as coded on your facility map.

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3-4	1.2	(Cont'c	١

Yes	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>	
	_х	************	The tank is constructed of FRP.	·
				STOCKER FOLD VIEWS
			Waste treatment, briefly describe the treatment process.	**************************************
	tank was/i treatment) X		Process Description/COMMENT  This unit is not used for waste treatment.	
	treatment)		Process Description/COMMENT  This unit is not used for waste treatment.	
NA (no	treatment) X	NK_	Process Description/COMMENT  This unit is not used for waste treatment.	
NA (no	treatment) X	NK NK	Process Description/COMMENT  This unit is not used for waste treatment.	
NA (no	X X tank was/i	NK NK	Process Description/COMMENT  This unit is not used for waste treatment.  Storage of hazardous waste, what was/is average residence time?	
NA (no	X X tank was/i	NK NK	Process Description/COMMENT  This unit is not used for waste treatment.  Storage of hazardous waste, what was/is average residence time?  Indence Time Unknown) Residence Time (units) COMMENT	

¹ UNIT ID as coded on your facility map.

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# 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.

<u>Eviden</u>	ce of Release	2		
None	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Ana	
			des formers and requested a defendance of the second of th	
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Wast te Descritpi	e # ₂ Estimated Quantit on <u>Volume released (</u>	y or Date(s) Units) Releas	
er and the second secon			**************************************	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Analysis of the second		
***				
	W. W	war and the second seco	parameter substitution in	
			***************************************	
***************************************			And the second s	
<del></del>			***************************************	
		***************************************		
			distribution of the second of	

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.

UNIT ID: 9012 1	
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#### 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		W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
Previously	current	release documente	d above please describe	relevant remediation implemented or planned.
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.

UNIT	ID: 9013	
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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. 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. 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. 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.

	U TYPE/ T IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
	9013	UNKNOWN	ACTIVE YEAR START:	\$02	Industrial Wastewater	NOT KNOWN	
			INACTIVE X INCLUSIVE YEARS: NK - NK		D002		
					May Contain:	Trace	
					Arsenic & Compounds  Phenols	Trace	
					Methyl Ethyl Ketone	Trace	
					Trichloroethylene	Trace	
					Chromium & Compounds	Trace	
					Formaldehyde	Trace	
					Fluorides	Trace	
1	UNIT ID as cod	ed on your fa	acility site map.				
2	and criteria c	onstituting (	ardous Waste Codes wastes are defined his questionnaire.				

UNIT	ID:	9013	
Page	<u>1942</u> of	<u>1958</u>	

3-4.2	WASTE	MANAGEMENT	PRACT	ICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding pa	lease answ	swer the following questions concerning waste mana	agement practices associated with	the SWMU identified on the preceding page
-------------------------------------------------------------------------------------------------------------------------------------	------------	----------------------------------------------------	-----------------------------------	-------------------------------------------

1.	Was/is the ta	nk abov	e or b	below gro	ound? Pleas	e describe basic design parameters and materials of construction.
	Above Ground	Below	Groun	<u>nd</u>	_NK_	Description/COMMENT
			X		Mar recognition	B/300 N,
	Is/was the un	it cove	red or	uncovei	ed? If cov	ered, briefly describe.
	Covered	Uncov	ered		NK_	Description/COMMENT
	arms or constant section takens	200 half-teland confer	******		<u>X</u>	Information to address this question is not available for this unit.
						***************************************
2.	Describe insp	ection	proced	dures for	tanks and	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
	and provide d	ate or	tatesi	inspec	.10n.	
	Date of Latest Inspec	tion		NK_	Inspection	Procedures/COMMENT
				<u> x</u>	Informatio	n to address this question is not available for this unit.
3.	If the tank i	s/was u	ncover	ed, are,	were proced	ures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No		NK	NA	Descriptio	n/COMMENT
			X	***************************************	Manual	<del></del>
					Automatic	
					Informatio	n to address this question is not available for this unit.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	9013	
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Page <u>1943</u> of <u>1958</u>

3-4.	2 (Cont'	d)			
<b>4</b> .	If the ta	ank is/wa	is uncove	red, are/were	e devices or procedures in place to monitor releases to the atmosphere? Describe.
	Yes	No	NK	<u>NA</u>	Monitoring Description/COMMENT
		eserver mild-bi	_ Х	gharper tous drive ratio ratio	Information to address this question is not available for this unit.
	If the t	ank is/wa	s uncove	red, are/were	e devices or procedures in place to control releases to the atmosphere? Describe.
	<u>Yes</u>	No	NK	NA	Control Description/COMMENT
	page value a second		Х	Apple continued distribute	Information to address this question is not available for this unit.
5.	Was/is t	he tank o	eguipped	with a secon	dary containment structure (e.g., dike or trench)? Please describe.
	Yes_	No	NK_		tion/COMMENT
			X		tion to address this question is not available for this unit.
			_/	2.1.1.	
				<u> </u>	
,		المستعددة		with a drain	age control system or a diversion structure (e.g., standby tank)? Describe.
6.					
	<u>Yes</u>	No	NK_		ntion/COMMENT ution to address this question is not available for this unit.
	Spring-Wat stray com	proces 1617-74	<u>X</u>	Intorma	tion to address this question is not avaitable for this since.
7.	If hazaı	dous was	te was/is e.g., was	s continuousl ste cutoff or	y fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
	Yes	No	NK		COMMENT
			X		Information to address this question is not available for this unit.
	<u> </u>	***************************************		Continue of the	

¹ UNIT ID as coded on your facility map.

UNI	T ID:	9013
Dog	. 10/	/ -£ 1059

3-4.2 (Cd	ont'd)
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	<u>Yes</u>	No	NK_	Description/COMMENT		
	#3*/\+**********	*******	_X	Information to addres	s this question is not ava	ilable for this unit.
				Production of the second secon		
				***************************************		
٠.	If the t	ank was/i	s used for	waste treatment, briefl	y describe the treatment p	process.
	NA (no t	reatment)	<u>NK</u>	Process Description/C	OMMENT	
	<del></del>	<u>X</u>	terre structure	This unit is not used	for waste treatment.	
	Marian 11 2 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>X</u>	<del></del>	This unit is not used	for waste treatment.	
		<u>X</u>	erre sammes	This unit is not used	for waste treatment.	
0.			s used for		for waste treatment.	esidence time?
0.		ank was/i				esidence time?
0.	If the t	ank was/i		storage of hazardous wa	ste, what was/is average r	
0.	If the t	ank was/i		storage of hazardous wa idence Time Unknown)	ste, what was/is average r	COMMENT
0.	If the t	ank was/i		storage of hazardous wa idence Time Unknown)	ste, what was/is average r	COMMENT Information to address this question

¹ UNIT ID as coded on your facility map.

UNIT	ID:	9013
Page	<u>1945</u> of	<u>1958</u>

# 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	Re	lease
-------------	----	-------

None	Indirect*	Positive Proof from Direct Observation		ive Proof from atory Analyses	COMMENT
<u>X</u>					
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	Estimated Quantit on Volume released (	y or <u>Units)</u>	Date(s) of Release	Nature of Release
			<u></u>		
		P			
·	ne production and the second		-4-4-2-1-1		
			***************************************	perculation of the state of the	
***************************************		Water public 21 August 21		-	

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.

UNIT	ID:	9013	1
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#### 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 Moni Data At	toring tached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
For the	e prior/e	curren	nt release documente	d above please describ	pe relevant remediation implemented or planned.
Previou Impleme Yes	usly ented NO	NK_	Inclusive Dates	Description/COMMENT	
				d170277744818-1018-1018-1018-1018-1018-1018-1018	
Current Impleme Yes		NK	Start Date	Description/COMMENT	
Planned be Impl Yes	i to emented No	<u>NK</u>	Start Date	Description/COMMENT	
				Market Control of the	
					· · · · · · · · · · · · · · · · · · ·

¹ UNIT ID as coded on your facility map.

UNIT	ID:	TANK A
Dogo	10/7 of 10	)5R

# 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. 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. 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 descriptions. 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?
TANK A	<u>1000 gal.</u>	ACTIVE YEAR START: INACTIVEX-REMOVED	<u>so2</u>	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	**************************************
		INCLUSIVE YEARS: NK - NK	- 	CORROSIVE WASTEWATER (D002)		
NOTE: This unit w	as a manhole	type tank.				
1 UNIT ID as cod	led on your fa	acility site map.				
and criteria c	onstituting w	nrdous Waste Codes wastes are defined his questionnaire.				

UNIT	ID:		TANK	Α	1
Page	1948	of	1958		

#### 3-4.2 WASTE MANAGEMENT PRACTICES

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

bove Ground	Below Ground	NK_	Description/COMMENT
	X	***************************************	B/330C E, Vertical, inground concrete manhole/tank.
s/was the un	it covered or unc	overed? If cov	vered, briefly describe.
overed	Uncovered	<u>NK</u>	Description/COMMENT
X		**************************************	This unit had a manhole type cover.
<del></del>			
escribe insp nd provide d	ection procedures ate of latest ins	for tanks and pection.	ancillary equipment (e.g., ultrasound, tank tightness tests, etc)
nd provide date of	ate of latest ins	pection.	
nd provide d	ate of latest insp	pection. <u>Inspection</u>	n Procedures/COMMENT
nd provide date of	ate of latest ins	pection. <u>Inspection</u>	
nd provide date of	ate of latest insp	pection. <u>Inspection</u>	n Procedures/COMMENT
nd provide danger of atest Inspec	tion NK	Inspection.  Inspection  Informatio	n Procedures/COMMENT  on to address this question is not available for this unit.
nd provide danger of atest Inspection	tion NK X s/was uncovered,	Inspection.  Inspection  Informatio	on to address this question is not available for this unit.  Squares in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
nd provide danger of atest Inspec	tion NK X	Inspection.  Inspection Informatio  Informatio	on to address this question is not available for this unit.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
nd provide danger of atest Inspection	tion NK X s/was uncovered,	Inspection  Inspection  Information  Informa	on to address this question is not available for this unit.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
nd provide danger of atest Inspection	tion NK X	Inspection.  Inspection  Information  Information  A Description  Manual  Automatic	on to address this question is not available for this unit.  dures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: _	TANK	<u> </u>
Page	1949	of <u>1958</u>	

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.  Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  X  Has/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.  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	<u>Yes</u>	No	NK	NA_	Monitoring Description/COMMENT
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  Information to address this question is not available for this unit.  Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  X  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.  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		ella taren tirroli-dra	<u> x</u>	SAL-MINISTER	Information to address this question is not available for this unit.
Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  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.  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					
Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  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.  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	If the t	ank is/wa	as uncove	red, are/we	re devices or procedures in place to control releases to the atmosphere? Describe.
Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  X  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.  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					
Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  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.  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	,	# 0 TO	<u>X</u>	Manufacture company	Information to address this question is not available for this unit.
Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.  Yes No NK Description/COMMENT  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.  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					
Yes No NK   Description/COMMENT	Was/is	he tank (	equipped	with a seco	
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.  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					
Yes No NK Description/COMMENT  X Information to address this question is not available for this unit.  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				Descri	per on your many
Yes No NK Description/COMMENT  X Information to address this question is not available for this unit.  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	Approximately special				
Yes No NK Description/COMMENT  X Information to address this question is not available for this unit.  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			MAN TO THE PARTY OF		
Information to address this question is not available for this unit.  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			
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			
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	Was/is	X the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.  Yes No NK NA COMMENT	Was/is	X the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.
to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.  Yes No NK NA COMMENT	Was/is	X the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.  iption/COMMENT  mation to address this question is not available for this unit.
The second of th	Was/is	X the tank	equipped	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.  iption/COMMENT  mation to address this question is not available for this unit.
Information to address this question is not available for this unit.	Was/is Yes	X the tank No	equipped  NK  X	with a drai	inage control system or a diversion structure (e.g., standby tank)? Describe.  iption/COMMENT  mation to address this question is not available for this unit.
A THIS HIGH TO Address thro questy.	Was/is Yes If haza	X  No  No  rdous was inflow (	equipped  NK  X  te was/ine.g., was	with a drain Description Information Second	inage control system or a diversion structure (e.g., standby tank)? Describe.  iption/COMMENT  mation to address this question is not available for this unit.  sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.
	Was/is Yes If haza	X  No  No  rdous was inflow (	equipped  NK  X  te was/ine.g., was	with a drain Description Information Second	inage control system or a diversion structure (e.g., standby tank)? Describe.  iption/COMMENT  mation to address this question is not available for this unit.  sly fed into the tank, was/is the tank equipped with a means or by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

UNIT	ID:	TANK A	
Da	1050	-£ 10E0	

3-4	2 (	'C	or	١t	'd	'n

в.	Was/is the If no, de	ere evide scribe co	nce of externosion pr	ernal corrosion? If yes, briefly describe the extent of the problem. stection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).	
	<u>Yes</u>	No	NK_	Description/COMMENT	
	Marie (1-21-2-200-1-2-2	***************************************	<u>x</u>	Information to address this question is not available for this unit.	
9.	If the ta	nk was/is	used for	waste treatment, briefly describe the treatment process.	
	NA (no tr	eatment)	NK	Process Description/COMMENT	
	X		Married and special participation of the spec	This unit is not used for waste treatment.	
10.	If the ta	nk was/is	used for	torage of hazardous waste, what was/is average residence time?	
	NA (no st	orage)	NK (Res	dence Time Unknown) Residence Time (units) COMMENT	
			****	Less than 90 days	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	TANK A 1
Page	<u>1951</u> of	1958

# 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	$\sim f$	Do I	0200
EVIDENCE	υı	N.C.	. case

None	Indirect*	Posi <u>Dire</u>	tive Proof from ct Observation	Positi <u>Labora</u>	ve Proof from atory Analyses	COMMENT
<u>X</u>						
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	se			
DEC Ha	zardous Wast te Descritpi	e #2 on_	Estimated Quantit Volume released (	y or Units)	Date(s) of Release	Nature of Release
			-			
		<del></del>	Market and the second state of the second se			
m			**************************************		<u></u>	
		J.,			Acquired to the constraint of the Const	
		armentel			Martin and the state of the sta	
		*******	and the second s			
		·				
	and the state of t		Manager and the second	<del></del>		

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.

UNIT	ID:	TANK A
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#### 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		V Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/ Previously Implemented Yes NO	current	release documented	d above please describe  Description/COMMENT	relevant remediation implemented or planned.
	agus ambhir francan			
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	_NK	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	TANK	В	
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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. 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. 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 descriptions. 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	NO. OR WASTE DESCRIPTION 2	QUANTITY (SPECIFY UNITS)	RELEASE?
TANK B	1000 gal.	ACTIVE YEAR START:	<u>so2</u>	SOLVENT WASTE-MIXED	NOT KNOWN	
		INACTIVE X REMOVED INCLUSIVE YEARS: NK - NK		(F001,F002,F003,F005)  CORROSIVE WASTEWATER (D002)		
NOTE: This unit w	ras a manhole	type tank.			•	
					and the second s	
1 UNIT ID as coo	led on your fa	acility site map.		•		
and criteria d	constituting w	ardous Waste Codes wastes are defined his questionnaire.				

UNIT	ID:	TANK	В	1
Dogo	105/ -/	4 1050		

3-4.2	WASTE	MANAGEMENT	PRACTICES

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

	Was/is the ta	nnk above or below :	ground? Please	describe basic design parameters and materials of construction.
	Above Ground	Below Ground	<u>NK</u>	Description/COMMENT
	**************************************	X	#HOTOGRAPHICAL STREET	B/330C E, Vertical, inground concrete manhole/tank.
	Is/was the un	nit covered or unco	vered? If cover	ed, briefly describe.
	Covered	Uncovered	NK	Description/COMMENT
	X	State or an extension or an examinar my	en-rimere reporte	This unit had a manhole type cover.
2.	Describe insp and provide d	pection procedures a date of latest inspe	for tanks and an	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of			
	Latest Inspec	tion NK	Inspection P	rocedures/COMMENT
		<u>X</u>	Information	to address this question is not available for this unit.
			***************************************	
5.	If the tank i	s/was uncovered, a	re/were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No	NK NA	Description/	COMMENT
		<u> </u>	Manual	
			Automatic	
			<u>Information</u>	to address this question is not available for this unit.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	TANK B	ł
------	-----	--------	---

# Page 1955 of 1958 3-4 STORAGE/TREATMENT TANKS

	Yes	No	NK_	NA	Monitoring Description/COMMENT
	162	NO			
			X		Information to address this question is not available for this unit.
	If the ta	ank is/wa	is uncove	red, are/wer	re devices or procedures in place to control releases to the atmosphere? Describe.
	Yes	No	NK	NA	Control Description/COMMENT
	magnetistant side till diske tille	ne nemero e modeli	<u> X</u>	***************************************	Information to address this guestion is not available for this unit.
-	Was/is t	he tank e	aui ppad	with a accor	ndary containment structure (e.g., dike or trench)? Please describe.
ን -				with a secon	
ο.					
5.	Yes	<u>No</u>	NK_		ption/COMMENT
ο.					
		<u>No</u>			ption/COMMENT
·	Yes_	<u>No</u> <u>X</u>	<u>NK</u>	<u>Descrip</u>	otion/COMMENT
	Yes_	<u>No</u> <u>X</u>	<u>NK</u>	<u>Descrip</u>	ption/COMMENT
	Yes_	<u>No</u> <u>X</u>	<u>NK</u>	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
6.	Yes	No X	<u>NK</u> 	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No X	NK 	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
	Yes	No X	NK 	Descrip	nage control system or a diversion structure (e.g., standby tank)? Describe.
6.	Yes Was/is t	No X he tank o	NK 	Descrip with a drain Descrip Informa	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT ation to address this question is not available for this unit.
6.	Yes Was/is t Yes	No X he tank o	NK equipped NK X	Description Description Description Information Continuous	nage control system or a diversion structure (e.g., standby tank)? Describe.
6.	Yes Was/is t Yes	No X he tank o	NK equipped NK X	Description Description Description Information Continuous	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT ation to address this question is not available for this unit.
	Was/is t Yes  If hazar to stop	No X  he tank of No dous was inflow (o	NK equipped NK X te was/is	Description of the continuous steep cutoff of	nage control system or a diversion structure (e.g., standby tank)? Describe.  ption/COMMENT ation to address this question is not available for this unit.  ly fed into the tank, was/is the tank equipped with a means r by-pass to a standby tank)? Please specify.

¹ UNIT ID as coded on your facility map.

				1
UNIT	ID:	TANK	В	t

Page <u>1956</u> of <u>1958</u>

5-4.	2 (Contrd	1)					
3.	. 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).						
	<u>Yes</u>	<u>No</u>	NK_	Description/COMMENT			
	Examination of Marie	****	<u>x</u>	Information to address this question is not available for this unit.			
9.	If the ta	nk was/is	used for	waste treatment, briefly describe the treatment process.			
	NA (no tr	eatment)	NK_	Process Description/COMMENT			
	X	andment have spragared makes the state of	***************************************	This unit is not used for waste treatment.			
10.	If the ta	nk was/is	used for	storage of hazardous waste, what was/is average residence time?			
	NA (no st	orage)	NK (Res	idence Time Unknown) Residence Time (units) COMMENT			
	-	71 <del>2 122 122 122 12</del>		Less than 90 days			

UNIT	ID:	TANK	<u>B</u> 1
Page	1957 of	1958	

# 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.

F١	ıi,	den	Ce	٥f	Rel	ease

None	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Ana	of from nalyses <u>COMMENT</u>
<u>x</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	zardous Wasto te Descritpio	E #2 Estimated Quanti on Volume released	ty or Date(s) (Units) Releas	
		<b>4</b> 244444444444444444444444444444444444		
		***************************************		
*************	and of local states of the sta			
	H		-	
800 - 100 TO 100		Approximately the second secon		
		**************************************		

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.

UNIT	ID:	TANK B

Page 1958 of 1958

#### 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 Mon			W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		current	release documente	d above please describe	relevant remediation implemented or planned.
Previous Implement Yes	usly ented NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
		**************************************	#HOTESTONING #271A SECRETARISM WISPS		
Curren Implem Yes		<u>NK</u>	Start Date	Description/COMMENT	
		***************************************			
Planne be Imp Yes	d to <u>lemented</u> <u>No</u>	<u>NK</u>	Start Date	Description/COMMENT	
			<del>*************************************</del>		

¹ UNIT ID as coded on your facility map.

Page 1 of 64

# 3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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-tol_2 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. 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. 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 described.

SWMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION 2	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
B/310 LS FL	SEE NOTE	ACTIVE X YEAR START: NK	<u>\$02</u>	Fluoride/Heavy Metals	NOT KNOWN	
		INACTIVE		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
NOTE: This questi	onnaire packe	t has been compl <b>eted for th</b> e		Phenols	Trace	
Building 31	O Lift Station	ns. Generally these units are les ity. See the attached listing.	SS	Lead & Compounds	Trace	
_	·			Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fa	cility site map.			***************************************	•
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

Page <u>1A</u> of <u>64</u>

# 3-8 <u>OTHER</u>

# Building 310 Fluoride Lift Stations

IBM I.D.#	LOCATION
F1	A~20
F2	B-19
F3	B-24
F4	G-15
F5	F-19
F6	G-19
F7	G-20
F8	G-20
F9	H-24
F10	D-17
F11	G-8
F12-SL	B-22
F13	E-24
F14	F-20
F15	G-9
F16-SL	B-25
F17-SL	C-24
F18	A-21
F19-SL	F-25
F20-SL	H-26
F21	G-15
F22	G-5
F23	G-5
F24	G-6

UNIT	ID:	B/310 LS FL
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Page 2 of 64

#### 3-8 OTHER

3-8.2	WASTE	MANAGEMENT	PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION		
Within this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.	
	ts the waste to the overhead piping system which discharge to the building waste tanks.	
	arm which activates both a local alarm and an alarm in the buildings	
	<u> </u>	
maintenance department.		
	COMMENT	
	Lift stations are generally rectangular in shape and constructed of polyethylene	
	or stainless steel. Each unit is covered and equipped with a liquid level activated	
	pump system.	
CONTAINMENT/CONTROL SYSTEM DESCRIPTION		
Most lift stations are serviced by a cont	ainment pan approximately 6" wider and longer than the unit itself	
and generally 3" to 6" deep. Each contain	ment pan is equipped with a leak detection device	
which activates an alarm both locally and		
which activates an atami both tocatty and	THE DUTTE THE PARTY TO THE PART	:
	•	
INSPECTION/MONITORING PROCEDURES/RESULTS		
A visual inspection of each lift station	is performed daily.	

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	В	/310	LS	FL	1
Page	3	of	64	-		

#### 3-8 OTHER

3-8.3	EVIDENCE	OF	RELE	ASE/	REMED I	ATION
-------	----------	----	------	------	---------	-------

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.

 11	uc	 ~	O.	Res	ease

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Anal	
			***************************************	
				*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release		
DEC Haz or Wast	ardous Waste e Descritpio	Estimated Quantity On Volume released (U	or Date(s) <u>Units) Release</u>	
			***************************************	
	<del></del>	***************************************		
	1 Ff <del>de comment de la commen</del> cia de la commencia de la commen	The first of the control of the cont		
<del>-11</del>	······································		***************************************	
		***************************************		
			The Particle Committee Age	
***************************************				

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.

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#### 3-8 OTHER

3-8.3 (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/existed 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 Monitori Data Attach	ng <u>ed</u>		Analytical a Attached	Soil Analytical Data Attached	Air Monitoring <u>Data Attached</u>
	<del></del>	***************************************	alay digay ye ye jamiin dala dikareyane mila		
For the pri	or/cur	rent r	elease documented	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u> </u>	K_	Inclusive Dates	Description/COMMENT	
44-44-	<del></del>				
Currently Implemented Yes No	<u>1</u>	<u>IK</u>	Start Date	Description/COMMENT	
B-18-18-18-18-18-18-18-18-18-18-18-18-18-		<del></del>			
Planned to Implemented Yes No	<u></u>	NK_	<u>Start Date</u>	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/310 LS IW

Page <u>5</u> of <u>64</u>

# 3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/310 LS IW	SEE NOTE	ACTIVE X YEAR START: NK	<u></u>	Industrial Waste	NOT KNOWN	
		INACTIVE		D002		
		INCLUSIVE YEARS:				
				***************************************		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
NOTE: This question	onnaire packet	t has been completed for the ns. Generally these units are lo	000	Methyl Ethyl Ketone	Trace	
than 50 gall	ons in capaci	ity. See the attached listing.	ess	Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
1 UNIT ID as code	ed on your fac	cility site map.		Fluorides	Trace	
2 EPA Process Coc and criteria co in Part 1 DEFIN	onstituting wa	rdous Waste Codes astes are defined s questionnaire.				
					_	

Page <u>5A</u> of <u>64</u>

3-8 <u>OTHER</u>

# Building 310 Industrial Waste Lift Stations

IBM I.D.#	LOCATION	<u>IBM I.D.#</u>	LOCATION
Α1	J-7	A38	F-8
Λ2	N-7	A39	ANNEX
A3	T-8	A40	E-24
A4	Z-8	A41	D-24
A5	Z-9	A42	A-24
A6	AB-8	A43	B-23
Α7	AD-10	A44	B-25
A8	A-18	A45	B-25
A9	B-19	A47	C-25
A10	B-20	A48	C-20
A11	C-21	A49	D-19
A13	F-18	A50	F-20
A14	G-20	A51	S-9
A15	G-21	A52	AC-5
A16	G-17	A53	AB-5
A18	G-18	A54	H-15
A19	G-19	A55	G-15
A20	G-21	A56	V-6
A21	G-20	A57	C-23
A22	G-23	A58	H-14
A23	D-11	A59	L-6
A24	F-23	A60	G-16
A25	H-24	A61	H-14
A26	P-11	A62	G-9
A27	R-11	A63	G-15
A28	R-2	A64	G-5
A29	R-3	A65	G-5
A30	T-2	A66	G-6
A31	H-2	A69	D-25
A32	G-3	A70	G-29
A33	Y-8	A71	F-19
A34	D-15	A72	G-3
A35	X-10	A73	M-6
A36	C-22	A74	G-6
A37	A-21	A75	X-6

UNIT	ID:	B/	<u>310</u>	LS	IW	1 
Daga	6	of	6/.			

3-	8.	2	WASTE	MANAGEMENT	PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that lif	ts the waste to the overhead piping system which discharge to the building waste tanks.
Each unit is equipped with a high level at	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
majirethaned departments.	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
Most lift stations are serviced by a conta	inment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each containm	ent pan is equipped with a leak detection device
which activates an alarm both locally and	
milet doctivated an avenue doctivated frame	
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station i	s performed daily.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	<u>B</u>	/310	LS	IW	_1
Dago	7	۰,	41			

## 3-8.3 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 Proc Laboratory Ar		COMMENT
			***************************************	<del> </del>	
					**************************************
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	#2 Estimated Quantity Nolume released (L	or Date(s Units) Relea		Nature of Release
************					
	10 = 1			***************************************	
<del></del>					
					*
			TOTAL TECHNOLOGICAL STATE OF THE STATE OF TH	**************************************	
***************************************					
			***************************************		
	W144 C120 -				

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.

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#### 3-8 OTHER

#### 3-8.3 (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/existed 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 Moni Data At		s <u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring  Data Attached
For the	prior/	- current	release documente	ed above please describe	e relevant remediation implemented or planned.
Previou Impleme Yes	sly nted NO	NK_	Inclusive Dates	Description/COMMENT	
AND 100 100 100 100 100 100 100 100 100 10					
Current Impleme Yes		NK	Start Date	Description/COMMENT	
		********			
Planned Impleme Yes		NK	<u>Start Date</u>	Description/COMMENT	
	p	****	All the state of t		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/310	LS	so	- 1 

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# 3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/310 LS SO	SEE NOTE	ACTIVE X YEAR START: NK	<u>\$02</u>	SOLVENT WASTE-MIXED	NOT KNOWN	***************************************
		INACTIVE		(F001,F002,F003,F005)	W	
			•			
Building 310	Lift Station	thas been completed for the ns. Generally these units are leity. See the attached listing.	ess			
1 UNIT ID as code	ed on your fac	cility site map.				
2 EPA Process Coo and criteria co in Part 1 DEFIN	onstituting wa	rdous Waste Codes astes are defined s questionnaire.		State Man		

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# 3-8 OTHER

# Building 310 Solvent Lift Stations

IBM 1.D.#	LOCATION
<b>S1</b>	G-4
s2	H-5
<b>s3</b>	G-5
\$4	J-5
\$6	G-8
s7	C-24
\$8	B-25
S9	G-9
s10	X-10
SP1	J-15
SP2	J-15
SP3	s-12
SP4	s-12

UNIT	ID: _	B/3	10 LS	so 1
Page	_10_	of _	64_	

3-8.2	WASTE	MANAGEMENT	PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	f lift stations (see attached) which collect wastes from process tools or stations.
	ts the waste to the overhead piping system which discharge to the building waste tanks.
	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
	inner an approximately 60 wider and longer than the unit itself
	ainment pan approximately 6" wider and longer than the unit itself
	ment pan is equipped with a leak detection device
which activates an alarm both locally and	in the building maintenance department.
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily.
A Visual inspection of each time station	13 per 70 med 44 1 7 7

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/	<u>′310</u>	LS	so	1
Page	11	of	64			

3-8.3	EVIDENCE	OF	RELEA	SE.	/REMED	IATION

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.

Evi	dence	of	Rel	ease

<u>None</u>	<u>Indirect*</u>	Positive Proof from Direct Observation	Positive Proof f Laboratory Analy	
	Control of the same of the sam			
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	<u>Release</u>		
DEC Ha	zardous Waste te Descritpio	#2 Estimated Quantit Yolume released (	y or Date(s) o Units) Release	f <u>Nature of Release</u>
***************************************		No.		
<del></del>			***************************************	<b>47</b> 486
***************************************	······································	***************************************		
C0000000000000000000000000000000000000	don-district with district water drawn and margin lay, "angur an paper" and a			:
	75.07 + 25.00 LOCAL - 15.00 April - 15.00	***************************************		
<del></del>		***		

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.

UNIT	ID:	B/310	LS	so

Page 12 of 64

#### 3-8 OTHER

3-8.3 (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/existed 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 Moni Data At	toring tached	<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	 current	release documente	d above please describe	relevant remediation implemented or planned.
Previou Impleme Yes	ısly	<u>NK</u>	Inclusive Dates	Description/COMMENT	
***************************************	***************************************		Marie Malaine Company of the Company		
Current Impleme Yes	ented No	NK_	Start Date	Description/COMMENT	
Planned					
Impleme Yes	No_	<u>NK</u>	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	<u>B/</u>	320B	LS	FL	_ 1 _
Page	13	of	64			

# 3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

SWMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION 2	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
B/320B LS FL	SEE NOTE	ACTIVE X YEAR START: NK	<u> </u>	Fluoride/Heavy Metals	NOT KNOWN	Lawrence and the second
		INACTIVE	_	D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
NOTE: This questi	onnaire packe	t has been completed for the		Phenols	Trace	
		ons. Generally these units are ity. See the attached listing.	less	Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as cod	ed on your fa	cility site map.				
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

Page <u>13A</u> of <u>64</u>

3-8 <u>OTHER</u>

Building 320B Fluoride Lift Stations

INDEX #	LOCATION
1	AA-26
2	AB-28
2 3	N-27
4	R-25
5	AB-33
6	D-30
7	AA-31
8	E-33
9	E-31
10	L-31
11	AA-27
12	J-31
13	X-30
14	M-32
15	X-29
16	R-33
17	s-30
18	R-27
19	T-29
20	G-31
21	R-28
22	K-32
23	P-29
24	M-33
25	P-28
26	D-32
27	Q-28
28	P-32
29	L-31
30	R-31
31	M-28

UNIT	ID:	B/320B	LS	FL	

Page <u>14</u> of <u>64</u>

## 3-8 OTHER

3-8.2	WASTE	MANAGEMENT	PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

indicate containment and control systems di	Sect. In addition, provide a description inspection and members of
WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.
	ts the waste to the overhead piping system which discharge to the building waste tanks.
	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
	<u>COMMENT</u>
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
	Samp of occur.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
	inment pan approximately 6" wider and longer than the unit itself
	ent pan is equipped with a leak detection device
which activates an alarm both locally and	
which activates an atarm both tocatty and	In the burtuing marrice department.
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station i	s performed daily
A VISUAL HISPECTION OF EACH CITE SCACTOR I	s per formed durity.

¹ UNIT ID as coded on your facility site map.

3-8.3	EVIDENCE	OF	RELEASE	/REMED!	NOITAL

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 P Laboratory		COMMENT
	-				
					*e.g., discoloration of surrounding soil, dead vegetation
	teristics of				
DEC Ha or Was	zardous Waste te Descritpio	#2 Estimated Quantity n Volume released (	y or Date Units) <u>Re</u>	e(s) of lease	Nature of Release
	****				
	······································				Martin Control of the
		The state of the s			
*********				-1	
		***			
		######################################			

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.

3-8.3 (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/existed 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 Moni Data At			W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	 current	release documente	d above please describe	e relevant remediation implemented or planned.
Previou <u>Impleme</u> <u>Yes</u>	sly nted NO	<u>NK</u>	Inclusive Dates	Description/COMMENT	
49-40-100-000	***************************************	<del>-,</del>	***************************************		
Current Impleme Yes		NK_	Start Date	Description/COMMENT	
<del>(W)-18-0</del>	EARL STORY	enderville de	Section to represent the section of		
Planned Impleme Yes		<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
<del>and the let</del>			ppp and commission of the second of the seco		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/320B	LS	IW	- -
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Page _17 of _64

# 3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

SWMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
B/320B LS IW	SEE NOTE	ACTIVE X YEAR START: NK	<u>\$02</u>	Industrial Wastewater	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS:		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
		has been completed for the		Methyl Ethyl Ketone	Trace	
		ons. Generally these units are l ty. See the attached listing.	ess	Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				<u>Formaldehyde</u>	Trace	
1 UNIT ID as code	ed on your fac	ility site map.		Fluorides	Trace	
	onstituting wa	rdous Waste Codes astes are defined s questionnaire.				

Page <u>17A</u> of <u>64</u>

3-8 OTHER

Building 320B Industrial Waste Lift Stations

INDEX #	LOCATION
1	D-31
2	Q-26 N-27
3 4	AD-26
5	L-28
6	AA-26
7	M-28
8	Y-26
9	Q-28
10	Z-27
11	S-31 AC-28
12 13	R-33
14	z-28
15	M-33
16	AD-32
17	N-32
18	AC-33
19	P-32
20	X-29
21	N-31
22	T-29 Q-31
23 24	T-27
24 25	M-31
26	E-33
27	K-31
28	z-26
29	L-31
30	AB-27
31	C-31
32	AA-29
33	C-32
34 35	X-30 D-33
35 36	s-28
37	D-31
38	AA-25
39	L-32
40	AA-28
41	E-31
42	V-30
43	H-31
44	X-25
45	R-26 AD-33
46	AU-33 E-33
47	E-33

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/320B LS IW	1
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Page <u>18</u> of <u>64</u>

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICE	3-8	2	WASTE	MANAGEMENT	PRACTIC	ES
---------------------------------	-----	---	-------	------------	---------	----

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION	
dithin this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that lift	s the waste to the overhead piping system which discharge to the building waste tanks.
	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
ing free factor department.	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
	inment pan approximately 6" wider and longer than the unit itself
	ent pan is equipped with a leak detection device
which activates an alarm both locally and	In the purturny marricenance department.
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station is	s performed daily.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/320B	LS	IW
		2701100		

Page 19 of 64

## 3-8 OTHER

## 3-8.3 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 F
---------------

None	<u>Indirect*</u>	Positive Proof from Direct Observation		Proof from ry Analyses	COMMENT
**********			<del></del>		
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	#2 Estimated Quantity Volume released (L	or D	ate(s) of Release	Nature of Release
**********		RA-10		· · · · · · · · · · · · · · · · · · ·	
***************************************		\$100 pt. 610 pt. 100 p			
<del></del>					
		***************************************			
	· · · · · · · · · · · · · · · · · · ·				
teritorio e e e e e e e e e e e e e e e e e e e	**************************************		<del></del>		
	***************************************	***			

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.

Page <u>20</u> of <u>64</u>

#### 3-8 OTHER

3-8.3 (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/existed 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	currer/	t release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	NK_	Inclusive Dates	Description/COMMENT	
Currently Implemented Yes No	NK_	<u>Start Date</u>	Description/COMMENT	
Planned to be Implemented Yes No	NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/320B	LS	so	1

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# 3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. 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. 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 described.

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?
B/320B LS SO	SEE NOTE	ACTIVE X YEAR START: NK	s02	SOLVENT WASTE-MIXED	NOT KNOWN	
		INACTIVE		(F001,F002,F003,F005)		
		INCLUSIVE YEARS:	<b>-</b> .			
					***************************************	
NOTE: This was at					Management	
Building 32	OB Lift Statio	t has been completed for the ons. Generally these units are ity. See the attached listing.	less			
1 UNIT ID as cod	ed on vour fac	cility site map.				
2 EPA Process Co and criteria c	des, DEC Hazar onstituting wa	•				
					The second secon	

Page <u>21A</u> of <u>64</u>

3-8 OTHER

## Building 320B Solvent Lift Stations

INDEX #	WASTE	LOCATION
1	NMP	X-26
2	IPA	AD-30
3	MIXED	AD-30
4	MIXED	H-27
5	IPA	H-27
6	NMP	H-27
7	IPA	X-26
8	NMP	X-26

UNIT	ID:	В	/320B	LS	so 1
Page	22	of	64		

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that lif	ts the waste to the overhead piping system which discharge to the building waste tanks.
	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
majnice departments.	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
	ainment pan approximately 6" wider and longer than the unit itself
	ment pan is equipped with a leak detection device
which activates an alarm both locally and	
witch activates an atam both tocatty and	THE CHE DUTCHING HIS MICHIGAN CONTROL OF THE CHE DUTCHING HIS MICHIGAN CONTROL
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily
A Visual Hispection of each titl station	s per formed darky.

¹ UNIT ID as coded on your facility site map.

UNIT	In.	B/320B	15	รถ
ORLI	w.	5/3200	<u> </u>	<u> </u>

Page <u>23</u> of <u>64</u>

## 3-8.3 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 Rel	.ease
-----------------	-------

<u>None</u>	<u>Indirect*</u>	Positive Proof from Direct Observation	Positive Proc Laboratory An	
facili suddobra nami	*******************			
<u>Charac</u>	teristics of	Release		*e.g., discoloration of surrounding soil, dead vegetation
DEC Ha or Was	zardous Waste te Descritpio	Estimated Quantity Volume released (	y or Date(s <u>Units) Relea</u>	
			hiddin manager and a second ma	
<del></del>	<u></u>			
<del>(************************************</del>	<del></del>			

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.

UNIT	ID:	B/320B	LS	so	-1 
------	-----	--------	----	----	--------

## Page 24 of 64

#### 3-8 OTHER

3-8.3 (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/existed 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:

	nitoring <u>kttached</u>		SW Analytical Data Attached	Soil Analytical  Data Attached	Air Monitoring <u>Data Attached</u>	
For th	ne prior/	currer'	nt release documente	d above please descri	be relevant remediation implemented or planned.	
Previo Implem Yes	ously mented NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT		
descriptions						
Currer Impler Yes		NK	<u>Start Date</u>	Description/COMMENT		
			<del></del>			
	ed to be mented <u>No</u>	<u>NK</u>	<u>Start Date</u>	Description/COMMENT		
			typessendelsendersendelselde Statisterritä			
				source transfer and the second		
				v. v. v. rom navassa suussa suussa suutaan en sa		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/	330c	LS	FL	1 
Page	25	of	64			¥

# 3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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]₂ 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. 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. 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 described.

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?
B/330C LS FL	SEE NOTE	ACTIVE X YEAR START: NK	<u>\$02</u>	Fluoride/Heavy Metals	NOT KNOWN	
		INACTIVE		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
		t has been completed for the		Phenols	Trace	
		ons. Generally these units are le ity. See the attached lis <mark>ting.</mark>	ess	Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fac	cility site map.				
	constituting wa	rdous Waste Codes astes are defined is questionnaire.				

UNIT ID: B/330C LS FL 1

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3-8 <u>OTHER</u>

# Building 330C Fluoride Lift Stations

IBM I.D.#	LOCATION
DF3-2	M-26
DF4-1	R-25
DF4-5	P-26
DF4-6	N-26
DF4-10	R-24
DF5-4	s-25
DF5-8	s-26
DF5-10	s-26
DF5-14	s-27
DF17-1	L-31
DF17-3	L-32

UNIT	ID:	B/330C	LS	FL

Page <u>26</u> of <u>64</u>

3-8 OTHER

#### 3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

•	
WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that lif	ts the waste to the overhead piping system which discharge to the building waste tanks.
Each unit is equipped with a high level al	arm which activates both a local alarm and an alarm in the buildings
maintenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
	ninment pan approximately 6" wider and longer than the unit itself
	ment pan is equipped with a leak detection device
which activates an alarm both locally and	
WIITOIT GETTY GETS GAT GETS GAT GETS GAT	
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station i	is performed daily
A Visual inspection of each tirt station	is performed darty.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/330C	LS	FL

Page <u>27</u> of <u>64</u>

### 3-8 OTHER

3-8.3 EVIDENCE OF	RELEASE	/REMEDIATION
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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 Proo Laboratory An		COMMENT
(m)			The second secon	er-amu-y-anesporopologia	
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Ha or Was	zardous Waste te Descritpio	#2 Estimated Quantity n Volume released (L	y or Date(s Units) Relea		Nature of Release
***************************************		Printed and a second se	Philippine Philippine	***************************************	
		<u> </u>			
Per dalam kepada dalah dalam saga an			·····		
	***************************************	Arrive and the second s	ateura de la constitución de la	NEW MANAGEMENT AND ASSESSMENT ASS	
	······································				
	~~~~				

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.

Page <u>28</u> of <u>64</u>

3-8 OTHER

3-8.3 (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/existed 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 <u>Data Attached</u>
For the prior/	curren	t release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	_NK	<u>Inclusive Dates</u>	Description/COMMENT	
			·	
Currently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	NK_	Start Date	Description/COMMENT	

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/330C	LS	IW	

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3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/330C LS IW	SEE NOTE	ACTIVE X YEAR START: NK		\$02	Industrial Wastewater	NOT KNOWN	<u> </u>
		INACTIVE	**************************************		D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
NOTE: This questi	onnaire packe	et has been completed for t	:he		Methyl Ethyl Ketone	Trace	
		ons. Generally these units		ess	Trichloroethylene	Trace	
					Chromium & Compounds	Trace	
					Formal dehyde	Тгасе	
1 UNIT ID as cod	led on your fa	ncility site map.			Fluorides	Trace	
and criteria c	onstituting w	ardous Waste Codes wastes are defined wis questionnaire.					

Page <u>29A</u> of <u>64</u>

3-8 <u>OTHER</u>

Building 330C Industrial Waste Lift Stations

IBM I.D.#	LOCATION
DA3-4	K-27
DA3-5	M-24
DA4-2	Q-25
DA4-3	Q-26
DA4-7	R-24
DA4-9	N-24
DA4-11	R-24
DA4-12	P-26
DA4-13	N-26
DA5-3	T-25
DA5-5	T-25
DA5-7	s-26
DA5-11	s-26
DA5-13	T-27
DA5~15	T-24
DA13-1	F-28
DA13-2	F-28
DA13-4	E-28
DA17-2	L-31
DA17-4	L-32
DA17-5	K-31
DA17-6	J-32
DA17-7	L-33
DA19-1	T-33
DA20-1	z-34
DA21-1	AE-33
Inground Sump	B-24
Inground Sump	D-26

UNIT	ID:	B/330C	LS	IW	1
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Page 30 of 64

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

MASTE MANAGEMENT DESCRIPTION
lithin this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
ach unit is equipped with a pump that lifts the waste to the overhead piping system which discharge to the building waste tanks.
ach unit is equipped with a high level alarm which activates both a local alarm and an alarm in the buildings
maintenance department.
COMMENT
Lift stations are generally rectangular in shape and constructed of polyethylene
or stainless steel. Each unit is covered and equipped with a liquid level activated
pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION
Most lift stations are serviced by a containment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each containment pan is equipped with a leak detection device
which activates an alarm both locally and in the building maintenance department.
DOCUMENT OF THE PROPERTY OF TH
INSPECTION/MONITORING PROCEDURES/RESULTS
A visual inspection of each lift station is performed daily.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/	330C	LS	IW	_1
Page	31	of	64			

3-8.3 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		ive Proof from atory Analyses	COMMENT
	water the same of				
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release			
DEC Haz or Wast	ardous Waste e Descritpio	Estimated Quantity Volume released (y or <u>Units)</u>	Date(s) of Release	Nature of Release
		**************************************		Section in the design of the second section of the section of the second section of the section of	
		· · · · · · · · · · · · · · · · · · ·			
				De 100 100 100 100 100 100 100 100 100 10	
				0	
		·····			
**************		WEIGHTAN GLIPPON ISLAND CHARLESTON CHARLESTO	· · · · · · · · · · · · · · · · · · ·	ments or a series of the serie	
***************************************			<u>.</u>		

- 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.

3-8 <u>OTHER</u>

3-8.3 (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/existed 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 Monit <u>Data Att</u>			SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	curren	t release documente	d above please describe	relevant remediation implemented or planned.
Previous Implemen Yes		NK_	<u>Inclusive Dates</u>	Description/COMMENT	
Currentl Implemen Yes		NK_	Start Date	Description/COMMENT	
Planned Implemen Yes		<u>NK</u>	Start Date	Description/COMMENT	
			ATTENDED TO THE STATE OF THE ST		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/330C	LS	so	

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3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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-tol_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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

UNI	OU TYPE/ IT IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
_B/	/330C LS SO	SEE NOTE	ACTIVE X YEAR START: NK	<u>\$02</u>	SOLVENT WASTE-MIXED	NOT KNOWN	
			INACTIVE	········	(F001,F002,F003,F005)		
NOT	Building 330	C Lift Statio	t has been completed for the ons. Generally these units a ity. See the attached listin	re less			
		·					
1	UNIT ID as code	ed on your fac	cility site map.	i i			•
	and criteria co	onstituting wa	rdous Waste Codes astes are defined is questionnaire.				

UNIT ID: B/330C LS SO 1

Page <u>33A</u> of <u>64</u>

3-8 OTHER

Building 330C Solvent Lift Stations

IBM I.D.#	LOCATION
DOS3-1	M-26
DOS4-4	P-26
DOS4-8	N-24
DOS5-6	s-25
DOS5-9	s-26
DOS5-12	1-27
DOSSUMP	T-33

	3-8.2	WASTE	MANAGEMENT	PRACTICES
--	-------	-------	------------	-----------

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number of	f lift stations (see attached) which collect wastes from process tools or stations.
	fts the waste to the overhead piping system which discharge to the building waste tanks.
	larm which activates both a local alarm and an alarm in the buildings
	talli willer det ivates son a voor
maintenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
Most lift stations are serviced by a cont	ainment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each contain	ment pan is equipped with a leak detection device
which activates an alarm both locally and	in the building maintenance department.
MODERATION (WONLTONING DROCEDURES (RESULTS	
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/330C LS SO	1
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3-8 OTHER

3-8.3 EVIDENCE OF RELEASE/REN	1EDIATION
-------------------------------	-----------

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 o	f Release
------------	-----------

None Indirect* Die		itive Proof from oratory Analyses	COMMENT
Characteristics of Rele	ease		*e.g., discoloration of surrounding soil, dead vegetation
DEC Hazardous Waste #2 or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
Hambarda da d		-	
			•
W		o-1-25-6-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
			MARKET AND ASSESSMENT OF THE SECOND OF THE S

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.

3-8.3 (Cont'd)

GW Moni Data At	toring tached	<u>0</u>	W Analytical Pata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the	prior/	- current	release documente	d above please describe	e relevant remediation implemented or planned.
Previou Impleme Yes		NK_	Inclusive Dates	Description/COMMENT	
	***************************************	,,,,,,,,,,			
Current Impleme Yes		<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
Planno	d to be				
Impleme Yes		NK_	Start Date	Description/COMMENT	
	www.combin.Combi				

¹ UNIT ID as coded on your facility map.

UNIT	ID:	<u>B/</u>	330D	LS	FL	1
0	77	- 4	11			

3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/330D LS FL	SEE NOTE	ACTIVE X YEAR START: NK	\$02	Fluoride/Heavy Metals	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: -		D002, D007	**************************************	
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
		has been completed for the		Phenols	Trace	
than 50 gall	ons in capací	ons. Generally these units are le	ess	Lead & Compounds	Trace	
				Meth yl Ethyl Ket one	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as code	ed on your fac	cility site map.		***		
2 EPA Process Cod and criteria co in Part 1 DEFIN	onstituting wa	rdous Waste Codes ustes are defined s questionnaire.				

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3-8 OTHER

Building 330D Fluoride Lift Stations

IBM I.D.#	LOCATION
DF1-28-2	AY-27
DF1-33-5	BD-44
DF1-33-12	BD-45
DF1-37-2	BC-24
DF1-37-7	BB-26
DF1-37-9	BE-24
DF1-37-10	BE-23
DF1-38-4	BF-24
DF1-38-5	BF-24
DF1-38-8	BF-26
DF1-39-1	BG-28
DF1-41-4	BF-41

UNIT	ID: _	В	/330D	LS	FL 1
Page	38	of	64		

3-8.2 WASTE	MANAGEMENT	PRACTICES
-------------	------------	-----------

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number o	f lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that li	fts the waste to the overhead piping system which discharge to the building waste tanks.
	larm which activates both a local alarm and an alarm in the buildings
maintenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
Most lift stations are serviced by a cont	ainment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each contain	ment pan is equipped with a leak detection device
which activates an alarm both locally and	in the building maintenance department.
WITCH activates an atam both tocatty and	
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily.

¹ UNIT ID as coded on your facility site map.

3-8.3 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 Releas

None	Indirect*	Positive Proof from Direct Observation	Positive Proof (Laboratory Analy		
	Mark Principles and Assert Ass				
				*e.g., discoloration of surrounding soil, dead vegetation	
Charac	teristics of	Release			
DEC Har	zardous Waste te Descritpio	#2 Estimated Quantit n Volume released (y or Date(s) (Units) Release	Mature of Release	
	· · · · · · · · · · · · · · · · · · ·		Strikelinaanse avers tul op komp		
***************************************					_
		The state of the s			
Here was a second	***************************************	P-24-15-16-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	<u> </u>		_
***************************************	erre proprieta de la companie de la				
4 3 d with a below to the beauty					_
			P. 1000 9 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Printed and an					

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.

3-8.3 (Cont'd)

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
For the prior/curr	rent release documente	ed above please describe re	elevant remediation implemented or planned.	
Previously Implemented Yes NO NA	Inclusive Dates	Description/COMMENT		

Currently Implemented Yes No No	<pre> Start Date </pre>	Description/COMMENT		
Planned to be <u>Implemented</u> <u>Yes</u> <u>No</u> <u>N</u>	<pre>Start Date</pre>	Description/COMMENT		
Appropriate process				

¹ UNIT ID as coded on your facility map.

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3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

	U TYPE/ T IDENTIFIER 1	<u>\$17E</u>	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
_B/	3300 LS IW	SEE NOTE	ACTIVE X YEAR START: NK	<u> </u>	Industrial Wastewater	NOT KNOWN	
			INACTIVE INCLUSIVE YEARS: -		D002		
					May Contain:		
					Arsenic & Compounds	Trace	
					Phenols	Trace	
UNIT IDENTIFIER SIZE OPERATIONAL STATUS ACTIVE X B/330D LS IW SEE NOTE YEAR START: NK INACTIVE	00	Methyl Ethyl Ketone	Trace				
	Building 330D Lift Stations. Generally these units are	555	Trichloroethylene	Trace			
					Chromium & Compounds	Trace	
					Formaldehyde	Trace	
1	UNIT ID as code	d on your fac	cility site map.		Fluorides	Trace	
	and criteria co	nstituting wa	stes are defined				

Page <u>41A</u> of <u>64</u>

3-8 OTHER

Building 330D Industrial Waste Lift Stations

IBM I.D.#	LOCATION
DA1-28-3	AY-27
DA1-28-6	BA-26
DA1-29-1	BA-31
DA1-29-3	BA-28
DA1-30-1	BA-33
DA1-30-2	BA-34
DA1-30-3	BA-35
DA1-30-8	AZ-32
DA1-32-1	AZ-41
DA1-32-5	AY-43
DA1-32-6	BB-45
DA1-32-7	BB-45
DA1-32-8	AZ-44
DA1-33-1	BB-41
DA1-33-2	BB-43
DA1-33-3	BC-43
DA1-33-6	BD-44
DA1-33-7	BD-45
DA1-33-9	BD-45
DA1-33-10	BC-45
DA1-33-11	BD-45
DA1-33-13	BB-45
DA1-37-3	BC-24
DA1-37-6	BB-26
DA1-37-8	BC-26
DA1-37-11	BE-24
DA1-37-13	8E-24
DA1-37-15	BE-26
DA1-38-2	BF-24
DA1-38-3	BF-24
DA1-38-9	BF-26
DA1-38-10	BF-26
DA1-38-16	BH-23
DA1-39-2	BG-28
DA1-39-4	BF-28
DA1-41-1	BG-39
DA1-41-2	BF-41
DA1-42-3	BG-43
DA1-42-4	BG-45
DA2-31-1	AZ-38 (2nd Floor)
DA2-31-2	AZ-38 (2nd Floor)
DA2-35-1	BC-32 (2nd Floor)

UNIT	ID:	B/330D	LS	IW

Page <u>42</u> of <u>64</u>

3-8 OTHER

3-8.2	WASTE	MANAGEMENT	PRACTICES

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number o	f lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that li	fts the waste to the overhead piping system which discharge to the building waste tanks.
	larm which activates both a local alarm and an alarm in the buildings
maintenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
Most lift stations are serviced by a cont	ainment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each contain	ment pan is equipped with a leak detection device
which activates an alarm both locally and	
which activates an atarm both totatty and	THE BUTTOTHY MUTTHER COPE.
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily.

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	B/330D	LS	IW	
					-

Page <u>43</u> of <u>64</u>

3-8 OTHER

3-8.3	EVIDENCE	OF R	ELEASE	/REMEDIATIO	N

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.

Evic	lence	of Re	lease

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	
Barrier Strame	TO COMPANY OF THE PARTY OF THE		Aller for receive and dealer accounts about your programme and they conclude a section and a section of the section and the se	
				*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of	Release		
DEC Haz or Wast	ardous Waste e Descritpio	e # ₂ Estimated Quantity Volume released (L	y or Date(s) of Units) Release	Nature of Release
	·····			
			e-peaks have-no-wash document	
•				
		TREATMENT BANKANIA AND A STATE OF THE STATE		
				
		MARKE MARKET MAR	MATERIAL STATE OF THE STATE OF	
Marine and the control	······································			
#************************************		***************************************		

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.

UNIT	ID:	B/330D	LS	IW	
OHII		- 5/ 5505			-

Page <u>44</u> of <u>64</u>

3-8 OTHER

3-8.3 (Cont'd)

· 中华国国家的主任第二次主题主题工作 · 中國主任以前的 网络西西南西亚亚洲 2011年12日

GW Monitoring Data Attached	s <u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/	current	release documented	d 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/COMMENI	
Planned to be Implemented Yes No	NK_	Start Date	Description/COMMENT	

¹ UNIT 1D as coded on your facility map.

UNIT	10:	B/3300 LS SO 1
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Page 45 of 64

3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

SWMU TYPE/ UNIT IDENTIFIER 1	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
B/330D LS SO	SEE NOTE	ACTIVE X YEAR START: NK	<u> </u>	SOLVENT WASTE-MIXED	NOT KNOWN	
		INACTIVE YEARS:		(F001,F002,F003,F005)		
				Name and Additional Control of the C		
NOTE: This question	nnaire packe	t has been completed for the				
Building 3300 than 50 gallo) Lift Stati ons in capac	ons. Generally these units ar ity. See the attached listing	e less			
1 UNIT ID as code	d on your fa	cility site map.		No. 2010		
2 EPA Process Code and criteria col in Part 1 DEFIN	nstituting w	rdous Waste Codes astes are defined is questionnaire.				

Page <u>45A</u> of <u>64</u>

3-8 OTHER

Building 330D Solvent Lift Stations

IBM I.D.#	LOCATION
DOS1-28-4	AZ-27
DOS1-28-7	AZ-26
DOS1-29-2	BA-31
DOS1-30-5	AZ-33
DOS1-30-7	AZ-32
DOS1-32-3	BA-43
DOS1-33-4	BC-43
DOS1-33-8	BE-45
DOS1-37-1	BC-23
DOS1-37-4	BC-25
DOS1-37-12	BE-24
DOS1-37-17	BE-26
DOS1-38-1	BE-23
DOS1-38-11	BF-27
DOS1-39-3	BF-28
DOS1-41-5	BF-39
DOS1-42-1	BH-41

UNIT	ID:	B/330D	LS	SO

Page <u>46</u> of <u>64</u>

3-8 OTHER

3-	8.	2	WAS	TE	MANA	GEMENT	PRACT	ICES

WASTE MANAGEMENT DESCRIPTION	
Within this building there are a number o	f lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that li	fts the waste to the overhead piping system which discharge to the building waste tanks.
	larm which activates both a local alarm and an alarm in the buildings
maintenance department.	
maritenance department.	
	COMMENT
	Lift stations are generally rectangular in shape and constructed of polyethylene
	or stainless steel. Each unit is covered and equipped with a liquid level activated
	pump system.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
Most lift stations are serviced by a cont	ainment pan approximately 6" wider and longer than the unit itself
and generally 3" to 6" deep. Each contain	ment pan is equipped with a leak detection device
which activates an alarm both locally and	
which activates an atanh both tocatty and	THE BUTTOTHY MATRICE GEPAT CHIEFTC.
INSPECTION/MONITORING PROCEDURES/RESULTS	
A visual inspection of each lift station	is performed daily
A Visual inspection of each titt station	is performed darry.

¹ UNIT ID as coded on your facility site map.

3-8.3	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.

Evid	ence	of	Rel	ease

None	Indirect*	Positive Proof from Direct Observation		ive Proof from atory Analyses	COMMENT
		***************************************		***************************************	
					*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release			
DEC Has	zardous Waste te Descritpio	Estimated Quantity Notume released (y or Units)	Date(s) of Release	Nature of Release
Alles arrays for a stressory		P		Marie Commission of the Commis	
age words and agency a real strict or					
		•			
		***************************************			Security of the second security of the second security of the second sec
•		W-94-15-18-18-18-18-18-18-18-18-18-18-18-18-18-			* .

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.

3-8.3 (Cont'd)

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior/curre	ent release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO NK	Inclusive Dates	Description/COMMENT	
EMERICAL PROPERTY OF THE PROPE			
Currently Implemented Yes No NK	Start Date	Description/COMMENT	
Planned to be Implemented Yes No NK	<u>Start Date</u>	Description/COMMENT	
	-		

¹ UNIT ID as coded on your facility map.

UNIT	ID:	B/386 FP-1
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3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/386 FP-1	2231sq.ft	ACTIVE X YEAR START: 1985	<u>T04</u>	Fluoride/Heavy Metals	753.5 tons/yr.	
		INACTIVE		Sludge (D002,D007)		
				May Contain:		·
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
		as B/386 Filter Press FP-1.		Phenols	Trace	
Teratment F	acility which	Building 386 Fluoride/Heavy Meta processes 50 million gal/yr.	als	Lead & Compounds	Trace	
This unit m	ainly process	es Fluoride/Heavy Metals Sludge.		Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as cod	ed on your fa	cility site map.				
and criteria c	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	В	/386	FP-1	_1
Page	50	of	64		

3-8.2	WASTE	MANAGEMENT	PRACTICES

WASTE MANAGEMENT DESCRIPTION		
This unit is used to dewater the F/HM sluc	dge from Tank 3054. Filtrate from the press is pumped to the Filtrate Holding	
Tank, unit 3064. Dewatered sludge is disch	narged to a dumpster located below the press in the B/386 Dumpster Bay.	
	COMMENT	
	Filter cloth Material is Polypro #807, Cake thickness is 40 mm. Plates are made	
	of plastic and piping is made of stainless steel or plastic.	
		····
CONTAINMENT/CONTROL SYSTEM DESCRIPTION		
The press is contained by the B/386 Dumpst	ter Rav Area	
The press is contained by the by 500 bumps.	eci bay Area.	
INSPECTION/MONITORING PROCEDURES/RESULTS		
	whole; periodic inspection of hydraulic system.	
barry visual hispection of the diff as a r	whote, periodic inspection of hydradere system.	
		· · · · · · · · · · · · · · · · · · ·
		······································

¹ UNIT ID as coded on your facility site map.

UNIT	ID:	<u>B</u>	<u>/386</u>	FP-1	l
Page	51	of	64		

3-8.3	EVIDENCE	OF REI	LEASE/R	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

		Positive Proof from aboratory Analyses	COMMENT
			*e.g., discoloration of surrounding soil, dead vegetation
Characteristics of Rel	ease		
DEC Hazardous Waste #2 or Waste Descritpion	Estimated Quantity or Volume released (Unit	Date(s) of Release	Nature of Release
	4		
Michael de Arthur Marian and A			
	CONTROL OF CONTROL AND CONTROL	Majorindansk Anar (pers antalitus) propor militario de planta de p	

Annual Section Control of the Contro	199004 of the control	ed-production described and analysis with a second production of the se	
	***************************************	-	•

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.

UNIT	ID:	B/386	FP-1 1
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Page <u>52</u> of <u>64</u>

3-8 OTHER

3-8.3 (Cont'd)

GW Monitoring Data Attached	<u>D</u>	W Analytical ata Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For the prior	- current	release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
manada estretion-				
Currently Implemented Yes No	NK_	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	<u>NK</u>	<u>Start Date</u>	Description/COMMENT	
	49-14-17-18-18-18-18-18-18-18-18-18-18-18-18-18-			

¹ UNIT ID as coded on your facility map.

UNIT	ID: <u>B/386</u>	FP-2 1
Page	53 of <u>64</u>	

3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. 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 described.

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?
B/386 FP-2	2231sq.ft	ACTIVE X YEAR START: 1985	T04	Fluoride/Heavy Metals	753.5 tons/yr.	<u> </u>
				Industrial Wastewater		
		INACTIVE INCLUSIVE YEARS:		Sludge		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
		as B/386 Filter Press FP-2.		Phenols	Trace	
Treatment F	acility which	Building 386 Fluoride/Heavy Met processes 50 million gal./yr.	als	Lead & Compounds	Trace	
This unit mainly processes industrial waste sludge.				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as coo	ded on your fa	cility site map.		Formal dehyde	Trace	
and criteria d	constituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	B	/386	FP-2	_1
Dago	57	۸ŧ	41.		

3-8.2	WASTE	MANAGEMENT	PRACTICE:	S

WASTE MANAGEMENT DESCRIPTION	
This unit is used to dewater the IW sludge	e from Tank 3055. Filtrate from thei press is pumped to the Filtrate Holding
Tank (unit 3065). Dewatered sludge is dis	scharged to a dumpster located in the B/386 Dumpster Bay.
	COMMENT
	Filter Cloth Material is Polypro #807, Cake Thickness is 40 mm., Plates are
	made of plastic, and piping is made of stainless steel or plastic.
CONTAINMENT/CONTROL SYSTEM DESCRIPTION	
This unit is contained by the B/386 Dumpst	rer Bay Area.
INSPECTION/MONITORING PROCEDURES/RESULTS	
Daily visual inspection of the unit as a w	whole; periodic inspection of hydraulic system.

¹ UNIT ID as coded on your facility site map.

UNIT	ID: _	B/38	6 FP-	- 2	
Page	55	of <u>64</u>			

3-8.3 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.

	Evi	dence	of	Rel	ease
--	-----	-------	----	-----	------

<u>None</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof fro Laboratory Analyse	
<u> x</u>				
				*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Release		
DEC Ha	azardous Waste te Descritpi	e # ₂ Estimated Quantiton Volume released (ty or Date(s) of (Units) Release	Nature of Release
a communication of the				

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.

UNIT	ID:	B/386 FP-2 1	
Page	56	of <u>64</u>	

3-8.3 (Cont'd)

GW Monitoring SW Analytical <u>Data Attached</u> <u>Data Attached</u>		Soil Analytical Air Monitoring Data Attached Data Attached				
	- r/currer	nt release documente	d above please describe	relevant remediation implemented or planned.		
Previously Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT			
Currently						
Implemented Yes No	NK_	Start Date	Description/COMMENT			
Planned to be a limplemented Yes No		Start Date	Description/COMMENT			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	And the second s				

¹ UNIT ID as coded on your facility map.

UNIT	ID:	8	/690	FP-1	1
Page	57	of	64		

3-8 <u>OTHER</u> ANY SWMUS <u>NOT</u> INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. 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. 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 described.

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?
B/690 FP-1	400 sq.ft	ACTIVE	<u>T04</u>	Fluoride/Heavy Metals	SEE NOTE	
				Industrial Wastewater		
		INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS:		Sludge		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
		as the B/690 Filter Press #FP-1.	•	Phenols	Trace	
and Industr	ial Wastewate	Building 690 Fluoride/Heavy Meta r Treatment Facility which is	ls	Lead & Compounds	Trace	
		illion gal./yr. nder construction.		Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as cod	led on your fa	cility site map.		Formal dehyde	Trace	
	onstituting w	rdous Waste Codes astes are defined is questionnaire.				

UNIT	ID:	B	/690 FP-1	1
Page	58	of	64	

3-8.2	WASTE	MANAGEMENT	PRACT	ICES

WASTE MANAGEMENT DESCRIPTION		
Wastewater sludge from the Sludge Blend T	ank (unit 5301), is pumped to the filter press where the solids are removed.	
The filtrate is pumped to the Filtrate Ho	lding Tank (unit 5040) and the solids cake is discharged to a	
dumpster in the Dumpster Bay Area (unit B	/690 DB AREA).	
	COMMENT	
	Filter Cloth Material is Polypro #807, Cake Thickness is 40 mm.	
	Mat Press. 100 psi. Plates are plastic.	
CONTAINMENT/CONTROL SYSTEM DESCRIPTION		
This Filter Press id contained by B690's	dumpster Bay which is located directly below	
the press.		
the press.		
INSPECTION/MONITORING PROCEDURES/RESULTS		
Inspection will consist of visual monitor	ing when the is being used .	
The filter press is manually operated.		

¹ UNIT ID as coded on your facility site map.

UN	ΙT	ID:	<u>B/690</u>	FP-1	
----	----	-----	--------------	------	--

Page <u>59</u> of <u>64</u>

3-8 OTHER

3-8.3 EVIDENCE OF RELEASE/REMEDIATION

Please pro	ovide	the	following	information	on	any	prior	or	current	re	lease	of	hazar	dous	waste	or
hazardous	waste	con	stituents	associated	with	ı the	SWMU	des	scribed	in	the p	rece	eding	pages	i .	

Evidence of Release

<u>None</u> X	Indirect*		tive Proof from ct Observation		ve Proof from tory Analyses	COMMENT
		**********	······································	***************************************		
						*e.g., discoloration of surrounding soil, dead vegetation
Charac	teristics of	Relea	<u>se</u>			
DEC Ha or Was	zardous Waste te Descritpio	**2 **********************************	Estimated Quantity Volume released (U	or nits)	Date(s) of Release	Nature of Release
***************************************			M - White date in the state of			
					dörre einer dur ommenda ander frechterliche abbit	
****************					Ethol de conneccionamento en contrate temperatura de la consecuencia della	

•			***************************************		A	

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.

UNIT ID: <u>B/690 FP-1</u>	
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3-8 OTHER

3-8.3 (Cont'd)

GW Monit Data Att			SW Analytical Data Attached	Soil Analytical _Data Attached	Air Monitoring Data Attached
For the	prior/	current	: release documente	d above please describe	relevant remediation implemented or planned.
Previous Implemen Yes		NK	Inclusive Dates	Description/COMMENT	
	······································				
Currentl Implemen Yes		<u>NK</u>	Start Date	Description/COMMENT	
Planned					
Implemen Yes	No_	NK_	Start Date	Description/COMMENT	
				444	

¹ UNIT ID as coded on your facility map.

UNIT	ID:		202	· · · · · · · · · · · · · · · · · · ·
Page	61	of 6	4	

3-8 <u>OTHER</u> ANY SWMUS NOT INCLUDED IN PREVIOUS SWMU CATEGORIES

NOTE: COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SWMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-8.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored, treated, or disposed of in each 'other' unit. Identify 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 describes the characteristics and/or the toxic contaminants of those hazardous wastes. 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. 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 described.

SWMU TYPE/ UNIT IDENTIFIE	er ¹ size	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	RELEASE?
202	1000 gal.	ACTIVE YEAR START:	<u> </u>	Fluoride/Heavy Metals	1,100 tons/yr.	
		INACTIVE X - NOT IN USE INCLUSIVE YEARS: 1979 - 1988		Wastewater Sludge		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
NOTE: This un	it is designated	as the B/385 Filter Press FP-1.		Phenols	Trace	
process	ed approximately	inactive Build.385 treatment pl 54 million gal.of Fluoride/Heavy	Metals	Lead & Compounds	Trace	
Wastewa This un	ter and 3.6 milli it also was assig	on gal. of Silicon wastewater an med a tank number of 202.	nually.	Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
1 UNIT ID as	coded on your fa	cility site map.			Addition with the contract of	
and criter	ia constituting W	ardous Waste Codes Wastes are defined Dis questionnaire.				

UNIT	ID:		20	2	1
Page	62	of	64		

3-8.2 WASTE MANAGEMENT PRACTICES

WASTE MANAGEMENT DESCRIPTION			
This unit was used to dewater sludge produ	uced in the treatment of Fluoride/Heavy Metals Wastewater.		
Filtrate from this unit was pumped to the	B/385 Effulent Holding Tank (unit 37),	-	
the sludge filter cake was discharged to a	a dumpster located in the B/385 Dumpster Bay Area (unit 385).		
	COMMENT		
•			
CONTAINMENT/CONTROL SYSTEM DESCRIPTION			
This unit was serviced by a containment pa	on constructed of PVC with dimensions of 22'L. x 6' W. x 4" Ht.		
	sump which would then pump to Tank 40.		
INSPECTION/MONITORING PROCEDURES/RESULTS			
Inspection procedures included a weekly vi	susl inspection of the filter press.		•

¹ UNIT ID as coded on your facility site map.

UNIT	ID:		202	
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3-8.3 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	Rel	ease

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses		
X	MARKET STATE OF THE STATE OF TH				
	90e			*e.g., discoloration of	surrounding soil, dead vegetation
	teristics of zardous Wasto te Descritpi		ty or Date(s) of (Units) Release	Nature of Release	•• • •
				6,000,000	

		Experience of the second secon			

		Valuation and Address and Addr			

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.

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3-8.3 (Cont'd)

GW Monitoring Data Attached		SW Analytical Data Attached	Data Attached	Data Attached
For the prior	/currer	nt release documente	d above please describe	relevant remediation implemented or planned.
Previously Implemented Yes NO	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT	
		And the second s		
Currently				
Implemented Yes No	NK_	Start Date	Description/COMMENT	
Planned to be Implemented Yes No	NK_	<u>Start Date</u>	Description/COMMENT	
	<u></u>			

¹ UNIT ID as coded on your facility map.