INTERNATIONAL BUSINESS MACHINES CORPORATION

EAST FISHKILL FACILITY

DUTCHESS COUNTY, NEW YORK

6NYCRR PART 373

SOLID WASTE

MANAGEMENT UNIT QUESTIONNAIRE

ADDENDUM

VOLUME 4

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CORDDRY CARPENTER DIETZ AND ZACK

ENGINEERS AND PLANNERS

HARRISBURG PENNSYLVANIA

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UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
477	Perchloroethylene Waste	B/330D BD-34	250 Gal	Active	1063
529	Industrial Wastewater	B/316 L-2	7600 Gal	Active	1069
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588	Industrial Wastewater	B/316 E Pumphouse	100000 Gal	Active	1137
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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
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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
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3031	Sanitary/Treated Industrial Wastewater	B/325 W	4500 Gal	Active	1239
3033	Sanitary/Treated Industrial Wastewater	B/325 E	2700 Gal	Active	1245
3034	Sanitary/Treated Industrial Wastewater	B/325 NW	10000 Gal	Active	1251
3035	Sanitary/Treated Industrial Wastewater	B/325 E	90000 Gal	Active	1257
3036	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1263
3037	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1269
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3039	Sanitary/Treated Industrial Wastewater	B/325 N	900 Gal	Inactive, Not In Use	1281
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* Temporary Unit I.D.#

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3071	360 gal.	ACTIVE X YEAR START: 1987	S02	Fluoride / Heavy Metals	SEE NOTE	
				Treated Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as Treated Fluoride/Heavy Metal Tank T-24.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

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

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

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				This sump is equipped with a automatic pumping system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	NA	COMMENT
			X	Wastes are not continuously fed to this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		This unit is concrete with an epoxy coating.

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3072	5000 gal.	ACTIVE X YEAR START: 1987	T01	Fluoride / Heavy Metals	23 Million gal/yr.	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	

NOTE: This unit is part of the Treated Fluoride/Heavy Metal Effluent recycle plant in Building 316.
This tank is designated as DF MIX TF-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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/316 C-2, Vertical, FRP, 10′ Diam. x 9′ Ht.
			This unit is equipped with a mixing unit.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

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

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				A 1′ freeboard is maintained by use of an overflow weir to unit 589.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
X			This unit is serviced by the floor trench drains and building holding tank system.

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 582.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content.

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 1 hour.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3073	65000 gal	ACTIVE X YEAR START: 1987	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	

NOTE: This unit is part of the Treated Fluoride/Heavy Metal Effluent recycle plant in Building 316.
This tank is a defluoridation facility process clarifier.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/316 N/W, Vertical, Steel, 30' Diam. x 13' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

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

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				A 1' freeboard is maintained by an overflow weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
X			This tank is serviced by an epoxy coated concrete dike with dimensions of 44'L x 36'W x 16' Ht. This containment is equipped with a sump which may be pumped to the clarifier or to a truck connection.

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

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 589.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		This tank is painted and is visually inspected daily.

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

NA (no treatment)	NK	Process Description/COMMENT
		This tank is used as a clarifier for settling out solids. The sludge is pumped to a sludge collection tank (Unit # 578) while the supernatant is pumped to a transfer tank (Unit #581).

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3074	1500 gal.	ACTIVE X YEAR START: 1987	S02	Treated Fluoride/	23 million gal/yr.	
				Heavy Metal Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	

NOTE: This unit is designated as the D.F. Surge Tank.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

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

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

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

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		Any spill would flow to the concrete floor trench drains which would divert the spill to a holding tank in B/316.

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

Yes	No	NK	Description/COMMENT
X			Flow may be diverted to Tank 581.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3077	60 gal.	ACTIVE X YEAR START: 1979	S02	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is the Carbon Bed Decanter Sump (Perchlor Fraction). This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Vertical, Steel.

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

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

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		This tank is located inside the building where the majority of any spill would be contained by the floor.

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		This tank is visually inspected daily.

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

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

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

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3079	60 gal.	ACTIVE X YEAR START: 1979	S02	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This tank is the Carbon Bed Decantor Sump (Water Fraction). This tank is part of the B/335 Pechloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/335, 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 the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		This sump has a bolted cover with an access hole for the pump unit and float.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual Automatic X An automatic pump is activated when the float level reaches 90% of the unit's capacity and deactivated when the level reduces to 10% of the capacity.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
X			The tank is serviced by a concrete vault slightly larger than itself.

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

Yes	No	NK	Description/COMMENT
	X		

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
		X	Visual inspection of this unit's external surface is not possible due to insufficient space

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

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

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 2 minutes.	Wastewater entering this unit is automatically pumped to the Carbon Filter Units.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3083	9000 gal.	ACTIVE X YEAR START: 1985	T01	Sanitary/Treated	110 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Sand Filter #2. The average flow through the facility is split between Tanks 3017, 3083, 3084, and 3085.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/325 NW, Vertical, Steel, 10′ L. x 10′ W. x 12′ Ht.

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

Covered	Uncovered	NK	Description/COMMENT
X			This tank is located inside an aluminum enclosure which includes Tanks 3017, 3084, and 3085.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				1′ of freeboard is maintained within this tank by flow over a weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 3017, 3084, or 3085.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		Cathodic protection was installed in 1989 after the tank was sand blasted, primed, and epoxy-coated.

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

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment within this tank consists of sand 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 waste, what was/is average residence time?

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3084	9000 gal.	ACTIVE X YEAR START: 1985	T01	Sanitary/Treated	110 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as Sand Filter #3. The average flow through the facility is split between Tanks 3017, 3083, 3084, and 3085.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/325 NW, Vertical, Steel, 10′ L. x 10′ W. x 12′ Ht.

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

Covered	Uncovered	NK	Description/COMMENT
X			This tank is located inside an aluminum enclosure which includes Tanks 3083, 3083, and 3085.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				1′ of freeboard is maintained within this tank by flow over a weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 3017, 3083, or 3085.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		Cathodic protection was installed in 1989 after the tank was sand blasted, primed, and epoxy-coated.

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

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment within this tank consists of sand 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 waste, what was/is average residence time?

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3085	9000 gal.	ACTIVE X YEAR START: 1985	T01	Sanitary/Treated	110 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as Sand Filter #4. The average flow through the facility is split between Tanks 3017, 3083, 3084, and 3085.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/325 NW, Vertical, Steel, 10′ L. x 10′ W. x 12′ Ht.

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

Covered	Uncovered	NK	Description/COMMENT
X			This tank is located inside an aluminum enclosure which includes Tanks 3083, 3083, and 3084.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				1′ of freeboard is maintained within this tank by flow over a weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow may be diverted to Tank 3017, 3083, or 3084.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		Cathodic protection was installed in 1989 after the tank was sand blasted, primed, and epoxy-coated.

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

NA (no treatment)	NK	Process Description/COMMENT
		Waste treatment within this tank consists of sand 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 waste, what was/is average residence time?

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3087	104000gal	ACTIVE X YEAR START: 1987	T01	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Nitrification Bay #6. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3088, 3089, 3090, and 3091.

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

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing the slide gates to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		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.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3088	104000gal	ACTIVE X YEAR START: 1987	T01	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as Nitrification Bay #1. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3089, 3090, and 3091.

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

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing the slide gates to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		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.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3089	104000gal	ACTIVE X YEAR START: 1987	T01	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Nitrification Bay #2. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3090, and 3091.

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

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing the slide gates to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		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.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3090	104000gal	ACTIVE X YEAR START: 1987	T01	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This tank is designated as Nitrification Bay #3. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3091.

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

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing the slide gates to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		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.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3091	104000gal	ACTIVE X YEAR START: 1987	T01	Sanitary/Treated	73 million gal/yr.	
				Industrial Waste		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	
				Lead & Compounds	Trace	
				Silver	Trace	
				Cyanide	Trace	

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Nitrification Bay #4. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3090.

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

Yes	No	NK	NA	COMMENT
X				Inflow may be stopped by closing the slide gates to this tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		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.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3092	200 gal.	ACTIVE X YEAR START: 1986	S02	Industrial Waste	5000 gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This tank is designated as Pump House Sump TR-127.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/316 Recycle Tank Farm, Vertical, Concrete, 3' L. x 3' W. x 3' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
	X		

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

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

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

Yes	No.	NK	NA	Description/COMMENT
				Manual
				Automatic X
				Liquid level within this unit is maintained automatically by a level sensor and pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
____	X	____	____	____

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

Yes	No	NK	NA	Control Description/COMMENT
____	X	____	____	____

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

Yes	No	NK	Description/COMMENT
____	X	____	____

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

Yes	No	NK	Description/COMMENT
____	X	____	____

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

Yes	No	NK	NA	COMMENT
____	X	____	____	____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3094	1300 gal.	ACTIVE X YEAR START: 1986	T01	Industrial Wastewater	1.2 million gal/yr.	
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Sand Filters ER 129.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.

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

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

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

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

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to Unit 3095 or 3096.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		The treatment process consists of sand filtration.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3095	1300 gal.	ACTIVE X YEAR START: 1986	T01	Industrial Wastwater	1.2 million gal/yr.	
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Sand Filters ER 130.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.

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

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

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

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

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to Unit 3094 or 3096.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		The treatment process consists of sand filtration.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3096	1300 gal.	ACTIVE X YEAR START: 1986	T01	Industrial Wastwater	1.2 million gal/yr.	
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as Sand Filters ER 131.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/316 E-1, Vertical, Steel, 8'6" Diam. x 5' Ht.

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

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

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

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

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to Unit 3094 or 3095.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

NA (no treatment)	NK	Process Description/COMMENT
		The treatment process consists of sand filtration.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3098	60 gal.	ACTIVE X YEAR START: 1980	S02	Industrial Waste	36,500 gal/yr.	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as the B/335 I.W. Waste Sump. This unit handles the carbon bed filter effluent and boiler blowdown.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/335, Vertical, Steel, 3.3' L. x 3.3' W. x 3' Ht.

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

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

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

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

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				The liquid level in this unit is controlled automatically by a float activated pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

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

Yes	No	NK	NA	Control Description/COMMENT
	X			

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

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a concrete vault slightly larger than itself.

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

Yes	No	NK	Description/COMMENT
	X		

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
		X	Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.

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

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

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 8 hours.	Flow from this unit is pumped to the I.W.T.P.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3111	700 gal.	ACTIVE X YEAR START: 1987	S02	Fluoride/Heavy Metal	NOT KNOWN	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This tank is designated as Spill Tank T-11.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/334 E-9, Vertical, Polyethylene, 4'6" x 5'8"

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

Covered	Uncovered	NK	Description/COMMENT
X			This unit is covered with a loose fitting, gasketless polyethylene lid.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections.

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	Description/COMMENT
X			A drainage valve allows discharge to a floor trench. A leak detector is installed in the trench.

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			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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		This is a spill tank.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3121	2400 gal.	ACTIVE _____ YEAR START: _____	S02	Mixed Solvent Waste	SEE NOTE	
				(F001,F002,F003,F005)		
		INACTIVE X - NOT IN USE				
		INCLUSIVE YEARS: _____ - _____				

NOTE: This tank is designated as Solvents Mixed Waste Tank.
As of July 89 this unit had not been placed into 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/330C, Vertical, Stainless Steel, 8' Diam. x 9'6" Ht.

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

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

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system will be performed daily. Before start up this unit will have been tested and inspected be its construction contractor and by IBM.

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

Yes	No.	NK	NA	Description/COMMENT
X				Manual X Automatic Liquid level within this unit will be monitored continuously by a computer system. Contents will be emptied by manually activating the pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a stainless steel dike with dimensions of 34' L x 15' W x 1' Ht.

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

Yes	No	NK	Description/COMMENT
	X		

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

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		As of July 89 this unit had not been placed into service.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3122	1000 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: At the time of this submittal, this unit was under construction.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/330C Pump House (B/330G), Horizontal, FRP, 5' Diam. x 8'6" L.

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

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

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
NA		A visual inspection will be performed on a daily basis.

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			Tanks 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 directly to B/386 or to a tanker.

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

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 3123. The tank contents may be drained to the containment structure sump.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3123	1000 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: At the time of this submittal, this unit was under construction.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/330C Pump House (B330G), Horizontal, FRP, 5' Diam. x 8'6" L.

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

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

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
NA		A visual inspection will be performed on a daily basis.

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			Tanks 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 directly to B/386 or to a tanker.

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

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 3122. The tank contents may be drained to the containment structure sump.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
3124	500 gal.	ACTIVE YEAR START:	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE INCLUSIVE YEARS: -		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: At the time of this submittal this unit was under construction, with limited information available.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/312 Lift Station, Vertical, 4' Diam. x 8' Ht.

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

Covered	Uncovered	NK	Description/COMMENT
X			At the time of this submittal this tank was under construction and not in service.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	At the time of this submittal this tank was under construction and not in service.

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			At the time of this submittal this tank was under construction with limited information available.

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

Yes	No	NK	Description/COMMENT
X			At the time of this submittal this tank was under construction with limited information available.

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				At the time of this submittal this tank was under construction with limited information available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

Yes	No	NK	Description/COMMENT
	X		At the time of this submittal this tank was under construction and not in service.

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

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

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		At the time of this submittal this tank was under construction and not in service.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common, epoxy-coated, concrete dike.

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 5031, 5033, or 5035.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5033	100000gal	ACTIVE X YEAR START: 1989	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____		Industrial Wastewater		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	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.
This tank is designated as Emergency Holding Tank T-152.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

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

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

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

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

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

Yes	No	NK	Description/COMMENT
X			Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common, epoxy-coated, concrete dike.

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

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 5031, 5032, or 5035.

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

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

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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

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

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-31]

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

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5034	100000gal	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		Industrial Wastewater		
		INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	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.
This B/690 Emergency Hold Tank is currently under construction.
The facility is designed for a flow of 50-60 gal/min.

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

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

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

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

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

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material. This tank has a domed top and is equipped with high and low level alarm systems.

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

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

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

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 5031 or 5032.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5035	100000gal	ACTIVE X YEAR START: 1989	S02	Industrial Waste	SEE NOTE	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.
This tank is designated as the Flow Equilization Tank for B/690.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
			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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material with a domed top.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common, epoxy-coated, concrete dike.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 5031, 5032, or 5033.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5036	4500 gal.	ACTIVE _____ YEAR START: _____	T01	Industrial Waste	SEE NOTE	
				D002		
		INACTIVE X - SEE NOTE				
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.
This B/690 Spike Treatment Tank is currently under construction.
The tank is designed for a flow of 135 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.
			This tank is equipped with high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to tank 5047. The diversion of flow is conducted automatically.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and is built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

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 slurry is then pumped to a clarifier.

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
		33 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5037	8000 gal.	ACTIVE X YEAR START: 1989	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		Industrial Waste		
				D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	Trace	
				Chromium & Compounds	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. This tank is designated as the pH Adjustment Tank. This unit has been designed for a flow of 275 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 L-14, Vertical, FRP, 12' Diam. x 10' Ht.
			This tank is equipped with a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		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.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5038	8000 gal.	ACTIVE X YEAR START: 1989	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE INCLUSIVE YEARS: ____ - ____		Industrial Waste		
				D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	Trace	
				Chromium & Compounds	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. This tank is designated as a transfer tank. This unit has been designed for a flow of 275 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5039	1500 gal.	ACTIVE _____ YEAR START: _____	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		D002, D007		
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.
This B/690 Chrome Reduction Tank is currently under construction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.
			This tank is equipped with both high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to the Emergency Hold Tank 5034.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and is built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Sulfur dioxide gas is injected into the influent flow to reduce the chromium(Cr+6 to Cr+3).

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5040	1000 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		Industrial Waste		
		INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	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.
This B/690 Filter Press Effluent Tank is currently under construction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 B-12, Vertical, FRP, 6' Diam. x 5'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank. This tank is equipped with both high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspections procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5301 and 5040 are serviced by a common, epoxy-coated, concrete dike with dimensions of 17'7" L. x 24' W. x 3' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 5301.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is currently under construction and built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 20 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5041	15000 gal	ACTIVE X YEAR START: 1989	T01	Industrial Waste	SEE NOTE	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This tank has been designated as the Regeneration pH Adjustment Tank. This unit has been designed for a flow of 60 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Inspection procedures for this unit have not been established.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to Tank 5031, 5032, 5033, or 5035.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This tank is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5046	30 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		Induatrial Waste		
		INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	Trace	
				Chromium & Compounds	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.
This B/690 Monitoring Sump is currently under construction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual Automatic X The tank level will be maintained with an automatic float activated pump and a high level alarm system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by an epoxy-coated concrete dike with dimensions of 4' L. x 4' W. x 46" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and is built of polyethylene.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5047	4500 gal.	ACTIVE _____ YEAR START: _____	T01	Industrial Waste	SEE NOTE	
				D002		
		INACTIVE X - SEE NOTE INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This B/690 Spike Treatment Tank is currently under construction. The tank is designed for a flow of 135 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank. This tank is equipped with both high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 5036. This flow diversion is conducted automatically.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and is built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

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 slurry is then pumped to a clarifier (unit #5082).

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
		33 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5068	1400 gal.	ACTIVE _____ YEAR START: _____	S02	IPA Waste	SEE NOTE	
				D001		
		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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/650 1-N-2, Horizontal, Steel, 5′ Diam. x 10′ L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a painted, stainless steel dike with dimensions of 18' L. x 18' W. x 18" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is under construction.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5069	750 gal.	ACTIVE _____ YEAR START: _____	S02	NMP Waste (F001,F002,F003,F005)	SEE NOTE	
		INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS: _____ - _____				

NOTE: This tank is designated as T-6. 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/650 1-N-2, Horizontal, Steel, 4'6" Diam. x 8' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 18' W. x 18" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is under construction.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5070	500 gal.	ACTIVE _____ YEAR START: _____	S02	Anisole Waste	SEE NOTE	
				(F001,F002,F003,F005)		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____				

NOTE: This tank is designated as T-8. 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x 18" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is under construction.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5071	500 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	SEE NOTE	
		INACTIVE X - NOT IN SERVICE INCLUSIVE YEARS: ____ - ____				

NOTE: This tank is designated as T-9. 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include daily visual inspections and daily inventory monitoring.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x 18" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is under construction.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		This unit was not in service.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5081	20000 gal	ACTIVE _____ YEAR START: _____	T01	Fluoride/Heavy Metals	SEE NOTE	
				D002, D007		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is designated as the B/690 Clarifier #DFC-1.
This unit is part of the Building 690 Fluoride/Heavy Metals and Industrial Wastewater Treatment Facility which is designed to processing 10 million gal./yr.
This unit is currently under construction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 S, Vertical, Steel,On Ground, 18'Diam. x 13'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	There are/were no established inspection or testing procedures for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				A one foot freeboard is maintained by an internal tank weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5034, 5081, and 5309 are serviced by a stainless steel-lined, concrete dike.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to tank #5034.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system or the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is painted steel and insulated with a urethane material.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

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.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5082	100 K gal	ACTIVE _____ YEAR START: _____	T01	Industrial Wastewater	SEE NOTE	
				D002		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as the B/690 Clarifier #DAC-1.
This unit is part of the Building 690 Fluoride/Heavy Metals and Industrial Wastewater Treatment Facility which is designed to process 10 million gal./yr.
This unit is currently under conatruction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system will be performed daily.
		A visual integrity check will be performed weekly.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual
				Automatic X
				A one foor freeboard is maintained by an internal tank weir.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common, epoxy-coated concrete dike.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system or by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		this unit is painted steel and insulated with a urethane material.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		This unit is used to seprate solids from the wastewater. Sludge fromthis unit are pumped to tank #5301, while supernatant flows to tank # 5037.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5300	3300 gal.	ACTIVE X YEAR START: 1985	S02	Industrial Waste	12 K gal/day	
				D002		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This tank designated as I.W. Influent T-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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/690 A-10, Vertical, Onground FRP Tank, 9' Diam. x 7' Ht.
			This tank is equipped with a level control system and a high level alarm.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				This unit is equipped with an automatic level control system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is contained by Unit 5017,an inground epoxy-coated concrete structure with steel grating.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5301	7100 gal.	ACTIVE X YEAR START: 1985	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater Sludge		
		INACTIVE _____ INCLUSIVE YEARS: ____ - ____		Industrial Wastewater		
				Sludge		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	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. This tank is designated as the Sludge Blend Tank. This unit is not yet in full operation and the annual quantity is not known.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 A-13, Vertical, Painted Epoxy-coated Steel, 9' Diam. x 15' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5301 and 5040 are serviced by a common, epoxy-coated dike with dimensions of 17'7" L. x 24' W. x 3' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Inflow to this tank may be diverted to a tanker.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is painted and internally coated with epoxy.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 3 days.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5302	1000 gal.	ACTIVE _____ YEAR START: _____	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE X - REMOVED INCLUSIVE YEARS: 1985 - 1988				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit was part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually.
Industrial Waste Effluent was contained in this tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Winter 1988		A visual inspection of the tank system was performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X
				The level control 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank was contained by the sloped floor and trench drain system which has dimensions of 32'L. x 61' W. x 6" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank was constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit was not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 8 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5303	700 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		D002		
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	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. This B/690 clarifier effluent tank is currently under construction.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
X		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual X
				Automatic
				This tank is equipped with an 18" freeboard high level alarm system with manual shutdown.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is contained by the sloped floor and trench drain system with dimensions of 32'L. x 61' W. x 6" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		This tank is currently under construction.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5305	2000 gal.	ACTIVE _____ YEAR START: _____	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		D002, D007		
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This B/690 Fluoride Flash Mix Tank is currently under construction. The tank is designed for a flow of 40 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank. This tank is equipped with both high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 5034.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 50 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5306	2000 gal.	ACTIVE _____ YEAR START: _____	T01	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		D002, D007		
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal and Industrial wastewater treatment plant which processes approximately 10 million gallons annually. This B/690 Fluoride Flash Mix Tank is currently under construction. The tank is designed for a flow of 40 gal/min.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank. This tank is equipped with both high and low level alarm systems.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 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 drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this tank may be diverted to Tank 5034.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under constuction and built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	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 for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 50 min.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5309	40000 gal	ACTIVE _____ YEAR START: _____	S02	Fluoride / Heavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - SEE NOTE		D002, D007		
		INCLUSIVE YEARS: _____ - _____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is part of the Building 690 Fluoride/Heavy Metal 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.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/690 5, Vertical, FRP, 19' Diam. x 19' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material. This tank has a domed cover and is equipped with both high and low level alarms.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures 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/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			Tanks 5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow may be diverted to Tank 5031, 5032, 5033, or 5034.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This tank is currently under construction and built of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
5324	1100 gal.	ACTIVE X YEAR START: 1985	S02	Industrial Waste	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as the B/630 I.W. Waste Tank. This tank handles wastewater from the following sources; Boiler Blowdown, Secondary Heating System, and Boiler Room Floor drains.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/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 uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank is serviced by a coated concrete dike with sump. The dimensions are 4'6" L. x 8'6" W. x 10' L.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of PVC.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 1 hour.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9001	400 gal.	ACTIVE X YEAR START: 1987	S02	Perchloroethylene Waste	NOT KNOWN	
				F001, F002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as B/335 Perchloroethylene Sump. This unit is used for Perchloroethylene Residual in B/335 units which need to be drained for maintenance.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/335, Vertical, Carbon Steel, 3'7" L. x 3' W. x 5' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic X
				This unit is 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a concrete vault slightly larger than itself.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	Flow 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9002	200 gal.	ACTIVE X YEAR START: 1979	S02	Perchloroethylene Waste	NOT KNOWN	
				F001,F002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as B/335 Perchloroethylene Sump. This unit is used as a general sump when waste solvents need to be sent to Tank 168.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/335, Vertical, Steel, 3' L. x 3' W. x 3' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic X
				This unit is 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a concrete vault slightly larger than itself.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
			X	Flow to this unit is not continuous.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9003	150 gal.	ACTIVE X YEAR START: 1979	S02	Industrial Waste	40000 gal/yr.	
				Colling Tower		
		INACTIVE		Blowdown/Overflow		
		INCLUSIVE YEARS: ____ - ____		D002		
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This unit is designated as an Industrial Waste Sump. This unit handles cooling tower water which contains Amerol 1129.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Vertical, Onground Tank, 3' Diam. x 3' Ht. This unit is equipped with an automatic liquid level control pump station.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This tank has a flanged cover, bolted to the top of the tank.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped by closing influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Most of the tank surface is visible without corrosion, however, the tank sets on the concrete floor and the bottom cannot be inspected.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hours.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9004	200 gal.	ACTIVE X YEAR START: 1981	T01	Perchloroethylene Waste	NOT KNOWN	
				F001, F002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a Culligan Filter System. This unit is designed to handle the removal of trace perchloroethylene from the flow of Unit 3098 before being discharged to Unit 3079.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual _____ Automatic _____ This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to Unit 9005.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Units are constructed of steel and inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		These tanks act as a filtering unit.

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
		<1 hour-several days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9005	200 gal.	ACTIVE X YEAR START: 1981	T01	Perchloroethylene Waste	NOT KNOWN	
				F001, F002		
		INACTIVE _____ INCLUSIVE YEARS: ____ - ____				

NOTE: This unit is designated as a Culligan Filter System. This unit is designed to handle the removal of trace perchloroethylene from the flow of Unit 3098 before being discharged to Unit 3079.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual Automatic This is a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This is a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This is a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to Unit 9004.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system. Flow may also be stopped by closing the influent valve.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		Units are constructed of steel and inspected daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		These tanks act as a filtering unit.

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
		<1 hour-several days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9008	NOT KNOWN	ACTIVE X YEAR START: 1985 INACTIVE _____ INCLUSIVE YEARS: ____ - ____	T04	Contaminated Groundwater SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	

NOTE: This unit is designated as the B/384 Ground Water Collection Well. This unit is part of the Ground Water Treatment Facility for the Remedial Action Plan of Area 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/384 S Link, Vertical, 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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		Access to the collection well can be made through a hatch in the concrete cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual Automatic X The liquid level within this unit is maintained automaticaly using a level sensor/pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Visual observation of this units surface is not possible.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	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).

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
X			This unit is not used for waste storage.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9009	750 gal.	ACTIVE X YEAR START: 1985	T01	Contaminated Groundwater	NOT KNOWN	
				SOLVENT WASTE-MIXED		
		INACTIVE INCLUSIVE YEARS: ____ - ____		(F001,F002,F003,F005)		

NOTE: This unit is designated as the B/384 Solvent Separator Tank. This unit is part of the Ground Water Treatment Facility for the Remedial Action Plan of Area 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/384 S Link, Vertical, 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 unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		This unit is uncovered and is equipped with a hood to collect and discharge room air.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
Daily		A visual inspection of the tank system is performed daily.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
	X			Manual _____ Automatic _____ The liquid level within this unit is maintained by an overflow weir which then gravity feeds to the Influent Storage Tank (Unit 214).

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is serviced by a concrete sump built into the building floor and measures 6'2" L x 6'2" W x 3.73' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			This unit 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.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank may be stopped via shutdown of influent pumping system and closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The external surface of this unit is visible and checked daily.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
		The heavy solvent fraction of the contaminated ground water is allowed to collect in the tanks conical bottom.

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		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.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9010	807 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride/Hevavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

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 total estimate is 350,000 gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit will have a bolted manway opening.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This will be a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This will be a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This will be a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank will be serviced by a stainless steel pan common with unit 9011. Capicity will be approximately 210 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to unit 9011. Tank contents may be drained to a tanker.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is currently in planing.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit will not be used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 Hr.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9011	807 gal.	ACTIVE _____ YEAR START: _____	S02	Fluoride/Hevavy Metals	SEE NOTE	
				Wastewater		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

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 total estimate is 350,000 gal/yr.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
X			B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit will have a bolted manway opening.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	NK	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
			X	Manual
				Automatic
				This will be a covered tank.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
			X	This will be a covered tank.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
			X	This will be a covered tank.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This tank will be serviced by a stainless steel pan common with unit 9011. Capicity will be approximately 210 gal.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
X			Flow to this unit may be diverted to unit 9010. Tank contents may be drained to a tanker.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
X				Flow into the tank 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.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		This unit is currently in planing.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit will not be used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 Hr.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9012	2,600 gal	ACTIVE X YEAR START: 1983	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/312 SE, Horizontal, FRP, Double Walled, 5.5' W. x 8.5' L. x 7.5' Ht.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
	X		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
X				Manual
				Automatic X

Liquid level within this unit is controled by a level sensor/pump system.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
	X			

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
	X			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
X			This unit is a double wall tank in a concrete vault.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
	X		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
	X			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
	X		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 24 hrs.	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
9013	UNKNOWN	ACTIVE _____ YEAR START: _____	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE X				
		INCLUSIVE YEARS: NK - NK				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/300 N,

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
		X		Manual
				Automatic
				Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
		X		Information to address this question is not available for this unit.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
		X		Information to address this question is not available for this unit.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
	X		Information to address this question is not available.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
TANK A	1000 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X-REMOVED		CORROSIVE WASTEWATER		
		INCLUSIVE YEARS: NK - NK		(D002)		

NOTE: This unit was a manhole type tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C E, Vertical, inground concrete manhole/tank.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit had a manhole type cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
		X		Manual
				Automatic
				Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
		X		Information to address this question is not available for this unit.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
		X		Information to address this question is not available for this unit.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 90 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER[1]	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION[2]	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
TANK B	1000 gal.	ACTIVE _____ YEAR START: _____	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE X REMOVED		CORROSIVE WASTEWATER		
		INCLUSIVE YEARS: NK - NK		(D002)		

NOTE: This unit was a manhole type tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

Above Ground	Below Ground	NK	Description/COMMENT
	X		B/330C E, Vertical, inground concrete manhole/tank.

Is/was the unit covered or uncovered? If covered, briefly describe.

Covered	Uncovered	NK	Description/COMMENT
X			This unit had a manhole type cover.

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

Date of Latest Inspection	NK	Inspection Procedures/COMMENT
	X	Information to address this question is not available for this unit.

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

Yes	No.	NK	NA	Description/COMMENT
		X		Manual Automatic Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes	No	NK	NA	Monitoring Description/COMMENT
		X		Information to address this question is not available for this unit.

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes	No	NK	NA	Control Description/COMMENT
		X		Information to address this question is not available for this unit.

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes	No	NK	Description/COMMENT
	X		

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes	No	NK	NA	COMMENT
		X		Information to address this question is not available for this unit.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		X	Information to address this question is not available for this unit.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

NA (no treatment)	NK	Process Description/COMMENT
X		This unit is not used for waste treatment.

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		Less than 90 days	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWMU described in the preceding pages.

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SWMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

Part 3-8

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 FL	SEE NOTE	ACTIVE X YEAR START: NK	S02	Fluoride/Heavy Metals	NOT KNOWN	
				D002, D007		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This questionnaire packet has been completed for the Building 310 Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	S02	Industrial Waste	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This questionnaire packet has been completed for the Building 310 Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

Building 310 Industrial Waste Lift Stations

IBM I.D.#	LOCATION	IBM I.D.#	LOCATION
A1	J-7	A38	F-8
A2	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
A7	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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks.

Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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, [2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code. [2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] [2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. [2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes. [2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. [2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	S02	SOLVENT WASTE-MIXED	NOT KNOWN	
				(F001,F002,F003,F005)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This questionnaire packet has been completed for the Building 310 Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

Building 310 Solvent Lift Stations

IBM I.D.#	LOCATION
S1	G-4
S2	H-5
S3	G-5
S4	J-5
S6	G-8
S7	C-24
S8	B-25
S9	G-9
S10	X-10
SP1	J-15
SP2	J-15
SP3	S-12
SP4	S-12

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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, [2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code. [2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] [2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. [2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes. [2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. [2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 FL	SEE NOTE	ACTIVE X YEAR START: NK	S02	Fluoride/Heavy Metals	NOT KNOWN	
				D002, D007		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This questionnaire packet has been completed for the Building 320B Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

Building 320B Fluoride Lift Stations

INDEX #	LOCATION
1	AA-26
2	AB-28
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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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 [2] in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive.[2] Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 IW	SEE NOTE	ACTIVE X YEAR START: NK	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This questionnaire packet has been completed for the Building 320B Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

Building 320B Industrial Waste Lift Stations

INDEX #	LOCATION
1	D-31
2	Q-26
3	N-27
4	AD-26
5	L-28
6	AA-26
7	M-28
8	Y-26
9	Q-28
10	Z-27
11	S-31
12	AC-28
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
23	Q-31
24	T-27
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	X-30
35	D-33
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
46	AD-33
47	E-33

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This questionnaire packet has been completed for the Building 320B Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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 [2] in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive.[2] Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	S02	Fluoride/Heavy Metals	NOT KNOWN	
				D002, D007		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This questionnaire packet has been completed for the Building 330C Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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, [2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code. [2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] [2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. [2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes. [2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. [2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This questionnaire packet has been completed for the Building 330C Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 OTHER

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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 SO	SEE NOTE	ACTIVE X YEAR START: NK	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This questionnaire packet has been completed for the Building 330C Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 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	T-27
DOSSUMP	T-33

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # or Waste Descritpion [2]	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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, [2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code. [2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] [2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. [2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes. [2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. [2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	S02	Fluoride/Heavy Metals	NOT KNOWN	
				D002, D007		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This questionnaire packet has been completed for the Building 330D Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 IW	SEE NOTE	ACTIVE X YEAR START: NK	S02	Industrial Wastewater	NOT KNOWN	
				D002		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Phenols	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Chromium & Compounds	Trace	
				Formaldehyde	Trace	
				Fluorides	Trace	

NOTE: This questionnaire packet has been completed for the Building 330D Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 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	BE-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)

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 SO	SEE NOTE	ACTIVE X YEAR START: NK	S02	SOLVENT WASTE-MIXED (F001,F002,F003,F005)	NOT KNOWN	
		INACTIVE INCLUSIVE YEARS: ____ - ____				

NOTE: This questionnaire packet has been completed for the Building 330D Lift Stations. Generally these units are less than 50 gallons in capacity. See the attached listing.

1 UNIT ID as coded on your 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 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

1 UNIT ID as coded on your facility site map.

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 descriptiopn 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 lifts the waste to the overhead piping system which discharge to the building waste tanks. Each 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.

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 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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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	T04	Fluoride/Heavy Metals	753.5 tons/yr.	
				Sludge (D002,D007)		
		INACTIVE INCLUSIVE YEARS: ____ - ____				
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is designated as B/386 Filter Press FP-1.
This unit is part of the Building 386 Fluoride/Heavy Metals Teratment Facility which processes 50 million gal/yr.
This unit mainly processes Fluoride/Heavy Metals Sludge.

1 UNIT ID as coded on your 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 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 descriptiopn of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

This unit is used to dewater the F/HM sludge from Tank 3054. Filtrate from the press is pumped to the Filtrate Holding Tank, unit 3064. Dewatered sludge is discharged 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 Dumpster Bay Area.

INSPECTION/MONITORING PROCEDURES/RESULTS

Daily visual inspection of the unit as a whole; periodic inspection of hydraulic system.

1 UNIT ID as coded on your facility site map.

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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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.	
				Industrial Wastewater		
		INACTIVE ____ INCLUSIVE YEARS: ____ - ____		Sludge		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	Trace	

NOTE: This unit is designated as B/386 Filter Press FP-2.
This unit is part of the Building 386 Fluoride/Heavy Metals Treatment Facility which processes 50 million gal./yr.
This unit mainly processes industrial waste sludge.

1 UNIT ID as coded on your 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 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 descriptiopn of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

This unit is used to dewater the IW sludge from Tank 3055. Filtrate from thei press is pumped to the Filtrate Holding Tank (unit 3065). Dewatered sludge is discharged 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 Dumpster Bay Area.

INSPECTION/MONITORING PROCEDURES/RESULTS

Daily visual inspection of the unit as a whole; periodic inspection of hydraulic system.

1 UNIT ID as coded on your facility site map.

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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4,[2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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 _____ YEAR START: _____	T04	Fluoride/Heavy Metals	SEE NOTE	
				Industrial Wastewater		
		INACTIVE X - NOT IN SERVICE				
		INCLUSIVE YEARS: _____ - _____		Sludge		
				D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	
				Formaldehyde	Trace	

NOTE: This unit is designated as the B/690 Filter Press #FP-1. This unit is part of the Building 690 Fluoride/Heavy Metals and Industrial Wastewater Treatment Facility which is designed to process 10 Million gal./yr. Currently this unit is under construction.

1 UNIT ID as coded on your 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 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 descriptiopn of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Wastewater sludge from the Sludge Blend Tank (unit 5301), is pumped to the filter press where the solids are removed. The filtrate is pumped to the Filtrate Holding 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.

INSPECTION/MONITORING PROCEDURES/RESULTS

Inspection will consist of visual monitoring when the is being used . The filter press is manually operated.

1 UNIT ID as coded on your facility site map.

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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.

3-8 OTHER
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,[2] or disposed of in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code.[2] Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to][2] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit.[2] If you handle/handled hazardous wastes which are not cited in Part 371.4, [2] enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes.[2] For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.[2] For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit 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?
202	1000 gal.	ACTIVE YEAR START:	T04	Fluoride/Heavy Metals	1,100 tons/yr.	
				Wastewater Sludge		
		INACTIVE X - NOT IN USE INCLUSIVE YEARS: 1979 - 1988		D002, D007		
				May Contain:		
				Arsenic & Compounds	Trace	
				Chlorofluorocarbons	Trace	
				Phenols	Trace	
				Lead & Compounds	Trace	
				Methyl Ethyl Ketone	Trace	
				Trichloroethylene	Trace	

NOTE: This unit is designated as the B/385 Filter Press FP-1. This unit is part of the inactive Build.385 treatment plant which processed approximately 54 million gal.of Fluoride/Heavy Metals Wastewater and 3.6 million gal. of Silicon wastewater annually. This unit also was assigned a tank number of 202.

1 UNIT ID as coded on your 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 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 descriptiopn of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

This unit was used to dewater sludge produced 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 dumpster located in the B/385 Dumpster Bay Area (unit 385).

COMMENT

CONTAINMENT/CONTROL SYSTEM DESCRIPTION

This unit was serviced by a containment pan constructed of PVC with dimensions of 22'L. x 6' W. x 4" Ht.

The containment pan drained to the B/385 sump which would then pump to Tank 40.

INSPECTION/MONITORING PROCEDURES/RESULTS

Inspection procedures included a weekly visusl inspection of the filter press.

1 UNIT ID as coded on your facility site map.

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 Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

DEC Hazardous Waste # [2] or Waste Descritpion	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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/current release documented above please describe relevant remediation implemented or planned.

Previously Implemented Yes	NO	NK	Inclusive Dates	Description/COMMENT

Currently Implemented Yes	No	NK	Start Date	Description/COMMENT

Planned to be Implemented Yes	No	NK	Start Date	Description/COMMENT

1 UNIT ID as coded on your facility map.