

INTERNATIONAL BUSINESS MACHINES CORPORATION

EAST FISHKILL FACILITY
DUTCHESS COUNTY, NEW YORK

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Bureau of Hazardous Waste
Facility Permitting
Division of Hazardous
Substances Regulation

6NYCRR PART 373
SOLID WASTE
MANAGEMENT UNIT QUESTIONNAIRE
ADDENDUM

VOLUME 4

SEPTEMBER 1989

CORDDRY CARPENTER DIETZ AND ZACK
ENGINEERS AND PLANNERS
HARRISBURG PENNSYLVANIA

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

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

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

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

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PART 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

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

PART 3-4 STORAGE/TREATMENT TANKS

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

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

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
54	Fluoride / Heavy Metals Wastewater	B/312 S	15000 Gal	Active	155
57	DI Recycle Waste	B/322 N	4000 Gal	Inactive, Not In Use	161
58	Fluoride / Heavy Metals Wastewater	B/300B S	500 Gal	Active	167

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60	Solvent Waste-Mixed	B/300 NW	1500 Gal	Inactive, Removed	173
79	Fluoride / Heavy Metals Wastewater	B/308 W	5000 Gal	Inactive	179
80	Fluoride / Heavy Metals Wastewater	B/300B S	6000 Gal	Active	185
86	Solvent Waste-Mixed	B/330C S.Link	8369 Gal	Inactive, Closed	191
87	Fluoride / Heavy Metals Wastewater	B/330C S.Link	8000 Gal	Active	197
88	Solvent Waste-Mixed	B/330D E	100 Gal	Inactive, Removed	205
89	Fluoride / Heavy Metal Wastewater	B/330D E	100 Gal	Inactive	211
90	Industrial Wastewater	B/315 E	200000 Gal	Inactive, Removed	217
91	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	223
92	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	229
93	Fluoride / Heavy Metals Wastewater	B/330D W	5000 Gal	Active	235
103	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	241
104	Container Storage Area Spill Waste	B/309 N	2000 Gal	Active	247
105	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	253
106	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	259
107	Solvent Waste-Mixed	B/330C E	500 Gal	Inactive, Removed	265
114	Industrial Wastewater	B/315 N	3500 Gal	Active	271
117	Solvent Waste-Mixed	B/304 N	470 Gal	Active	277
118	Solvent Waste-Mixed	B/304 S	800 Gal	Active	283
121	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	289
122	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	295
123	N-Butyl Acetate Waste	B/320B N	300 Gal	Inactive, Not In Use	301
124	Isopropyl Alcohol	B/320B N	300 Gal	Inactive, Not In Use	307
125	Freon Waste	B/320B N	300 Gal	Inactive, Not In Use	313
127	Solvent Waste-Mixed	B/309 NW	5000 Gal	Inactive, Not In Use	319
134	Methylene Chloride Waste	B/309 NW	10000 Gal	Inactive, Closed	325
135	N-Butyl Acetate	B/309 NW	10000 Gal	Inactive, Closed	331
136	Freon TP 35 Waste	B/309 NW	10000 Gal	Inactive, Closed	337
137	Perchloroethylene Waste	B/309 NW	10000 Gal	Inactive, Closed	343
138	Isopropyl Alcohol Waste	B/309 NW	10000 Gal	Inactive, Closed	349
139	Solvent Waste-Mixed	B/309 NW	1000 Gal	Inactive, Not In Use	355
140	N-Butyl Acetate Waste	B/309 NW	1000 Gal	Inactive, Not In Use	361

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

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

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

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285	Solvent Waste-Mixed	B/309 NW	6000 Gal	Active	811
286	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	817
287	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	823
293	Fluoride / Heavy Metals Wastewater	B/334 MER	800 Gal	Inactive	829
294	Industrial Waste	B/334 MER	2000 Gal	Active	835

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

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

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

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

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

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

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SOLID WASTE MANAGEMENT UNIT (SWMU) QUESTIONNAIRE
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VOLUME 4 (cont')

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

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

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VOLUME 4 (cont')

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

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

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

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

PART 3-8 OTHER

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

* Temporary Unit I.D.#

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VOLUME 4 (cont')

PART 3-8 OTHER (cont')

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

PART 3-4 (Con't)

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

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

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

3-4.1 WASTE CHARACTERISTICS

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

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

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 (Cont'd)

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>Wastes are not continuously fed to this unit.</u> <u> </u> <u> </u>

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).

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

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

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

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

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

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

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

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDIAION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	_____

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

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

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

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

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

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

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).

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

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

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

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

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

¹ UNIT ID as coded on your facility map.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/316 B-2, Vertical, FRP, 7' Diam. x 6'6" Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>

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

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Vertical, Steel.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

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

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	<u>The perchloroethylene fraction from the Carbon Bed Regeneration Decantor enters this unit to be pumped to unit 158 for recycling.</u>

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/335, Vertical, Steel.</u>
<u>This tank is used to pump the water fraction from the Decantor (Unit 455) for</u>			
<u>the Carbon Bed Regeneration Waste, to the Calgon Carbon Filters (Units 9004,</u>			
<u>9005).</u>			

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
	<u>X</u>			

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
	<u>X</u>			

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

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

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

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	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.

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

1 UNIT ID as coded on your facility map.

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>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.</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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. 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.

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

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

_____	<u>X</u>	_____	_____
-------	----------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

<u>X</u>	_____	_____	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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u>X</u>	_____	_____	_____	Flow into the tank may be stopped via shutdown of influent pumping system.
----------	-------	-------	-------	--

_____	_____	_____	_____	Flow may also be stopped by closing the influent valves.
-------	-------	-------	-------	--

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>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.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				<u> </u>
				<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

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

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	_____	_____	<u>B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u> Daily </u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
____	<u>X</u>	____	____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
____	<u>X</u>	____	____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
____	<u>X</u>	____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	____	____	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.

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

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>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.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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 Description	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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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

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 TANKS3-4.2 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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Manual _____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic <u> X </u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

_____	<u>X</u>	_____	_____
-------	----------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3088, 3089, 3090, and 3091.</u>
----------	-------	-------	---

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>
----------	-------	-------	-------	---

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>The waste treatment consists of an activated sludge process where the influent wastewater is</u>
<u> </u>	<u> </u>	<u>brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.</u>
<u> </u>	<u> </u>	<u>Retention time for this unit is 2 hours.</u>

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Currently</u> <u>Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

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

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.

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

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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>				

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>The waste treatment consists of an activated sludge process where the influent wastewater is</u>
<u> </u>	<u> </u>	<u>brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.</u>
<u> </u>	<u> </u>	<u>Retention time for this unit is 2 hours.</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u> X </u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u> Daily </u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> X </u>	_____	_____	_____	Manual _____ Automatic <u> X </u>
<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>				

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____				_____
_____				_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____				_____
_____				_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____			_____
_____			_____

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>
_____				_____
_____				_____

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>The waste treatment consists of an activated sludge process where the influent wastewater is</u>
		<u>brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.</u>
		<u>Retention time for this unit is 2 hours.</u>

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Manual <u> </u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic <u> X </u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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_____	<u>X</u>	_____	_____
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>
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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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>The waste treatment consists of an activated sludge process where the influent wastewater is</u>
		<u>brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.</u>
		<u>Retention time for this unit is 2 hours.</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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. 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.

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

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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

_____	<u>X</u>	_____	_____
-------	----------	-------	-------

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Nitrification Bay Tanks 3037, 3087, 3088, 3089, and 3090.</u>
----------	-------	-------	---

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>
----------	-------	-------	-------	---

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>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.</u>
		<u>Retention time for this unit is 2 hours.</u>

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

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

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>

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

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.

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

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 TANKS3-4.2 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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>
<u>X</u>	_____	_____	_____

COMMENT

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of Release

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>

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

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

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

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

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 (Cont'd)

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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.

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

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this unit may be diverted to Unit 3094 or 3095.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

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

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

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

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

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

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.

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).

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

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

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

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

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

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 Description	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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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

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 TANKS3-4.2 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.

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

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	<u>There are three inlet lines: two do not have shut-off valves, one has a shut-off valve only to prevent backflow.</u>
_____	_____	_____	_____	_____

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3121</u>	<u>2400 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Mixed Solvent Waste</u> <u>(F001, F002, F003, F005)</u>	<u>SEE NOTE</u>	_____
		INACTIVE <input checked="" type="checkbox"/> - 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.

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

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

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 TANKS3-4.2 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.

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

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

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

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>NA</u>	<u> </u>	<u>A visual inspection will be performed on a daily basis.</u>
<u> </u>	<u> </u>	<u> </u>

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>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.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to this tank may be diverted to Tank 3123. The tank contents may be drained to the containment structure sump.</u>

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

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

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit will not be used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3123</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X - SEE NOTE</u> INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/330C Pump House (B330G), Horizontal, FRP, 5' Diam. x 8'6" L.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>NA</u>	<u> </u>	<u>A visual inspection will be performed on a daily basis.</u>
<u> </u>	<u> </u>	<u> </u>

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3122 and 3123 are situated over a common, epoxy-coated, concrete dike approximately</u>
<u> </u>	<u> </u>	<u> </u>	<u>30' L. x 9' W. x 2' Ht. The dike drains to a sump equipped with a leak sensing device and a pump to</u>
<u> </u>	<u> </u>	<u> </u>	<u>convey flow directly to B/386 or to a tanker.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Tank 3122. The tank contents may be drained to the containment</u>
<u> </u>	<u> </u>	<u> </u>	<u>structure sump.</u>

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

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

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit will not be used for waste treatment.</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3124</u>	<u>500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X - SEE NOTE</u> INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/312 Lift Station, Vertical, 4' Diam. x 8' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>At the time of this submittal this tank was under construction and not in service.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>At the time of this submittal this tank was under construction and not in service.</u>
_____	_____	_____
_____	_____	_____

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>At the time of this submittal this tank was under construction with limited information available.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>At the time of this submittal this tank was under construction with limited information available.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u>At the time of this submittal this tank was under construction with limited information available.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>At the time of this submittal this tank was under construction and not in service.</u>

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>At the time of this submittal this tank was under construction and not in service.</u>

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common,</u>
<u> </u>	<u> </u>	<u> </u>	<u>epoxy-coated, concrete dike.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Inflow to this tank may be diverted to Tank 5031, 5033, or 5035.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5033</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1989</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u>_____</u>	<u>_____</u>
				<u>Industrial Wastewater</u>	<u>_____</u>	<u>_____</u>
				<u>D002, D007</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/690 S, Vertical, FRP, Onground Tank with Domed Roof, 24' Diam. x 30'6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u>This tank is equipped with a level control system and a high level alarm.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common, epoxy-coated, concrete dike.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Inflow to this tank may be diverted to Tank 5031, 5032, or 5035.</u>

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

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

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).

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

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
X				<hr/> <hr/> <hr/> <hr/> <hr/> *e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5034</u>	<u>100000gal</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>Industrial Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____

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.

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

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
			<u>This tank has a domed top and is equipped with high and low level alarm systems.</u>

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>X</u>	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Tanks 5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to Tank 5031 or 5032.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	<u>Flow may also be stopped by closing the influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is currently under construction and built of FRP.</u>

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5035</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1989</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>B/690 S, Vertical, FRP, Onground Tank with Domed Roof, 24' Diam. x 30'6" Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material with a domed top.</u>

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<input type="checkbox"/>	<u>A visual inspection of the tank system is performed daily.</u>

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common,</u>

epoxy-coated, concrete dike.

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Inflow to this tank may be diverted to Tank 5031, 5032, or 5033.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>

Flow may also be stopped by closing the influent valves.

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5036</u>	<u>4500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Industrial Waste</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	<u>This tank is equipped with high and low level alarm systems.</u>
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>
_____	_____	_____

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>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.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to this tank may be diverted to tank 5047.</u>
			<u>The diversion of flow is conducted automatically.</u>

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

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

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction and is built of FRP.</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>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.</u>

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>33 min.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5037</u>	<u>8000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1989</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 L-14, Vertical, FRP, 12' Diam. x 10' Ht.</u>
			<u>This tank is equipped with a high level alarm.</u>

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>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.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>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.</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5038</u>	<u>8000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1989</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 L-14, Vertical, FRP, 12' Diam. x 10' Ht.</u>
_____	_____	_____	<u>This tank is equipped with a level control system and a high level alarm.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5036, 5037, 5038, 5039, 5041, 5047, 5305, and 5306 are serviced by an</u>
<u> </u>	<u> </u>	<u> </u>	<u>epoxy-coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

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

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5039</u>	<u>1500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - SEE NOTE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 G-14, Vertical, FRP, 6'6" Diam. x 7' Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged cover, bolted to the top of the tank.</u>
			<u>This tank is equipped with both high and low level alarm systems.</u>

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>X</u>	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>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.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to this tank may be diverted to the Emergency Hold Tank 5034.</u>

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

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

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction and is built of FRP.</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Sulfur dioxide gas is injected into the influent flow to reduce the chromium(Cr+6 to Cr+3).</u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5040</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>Industrial Waste</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 B-12, Vertical, FRP, 6' Diam. x 5'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	<u>This tank is equipped with both high and low level alarm systems.</u>
_____	_____	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspections procedures will include a visual inspection of the tank system to be performed daily.</u>
_____	_____	<u>and a visual integrity check to be performed weekly.</u>
_____	_____	_____

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5301 and 5040 are serviced by a common, epoxy-coated, concrete dike with dimensions of</u> <u>17'7" L. x 24' W. x 3' Ht.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Tank 5301.</u>

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

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

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is currently under construction and built of FRP.</u>

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 20 min.</u>	

3-4 STORAGE/TREATMENT TANKS3-4.3 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				<u> </u>
				<u> </u>
				<u> </u>
				<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5041</u>	<u>15000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1989</u>	<u>T01</u>	<u>Industrial Waste</u>	<u>SEE NOTE</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 K-14, Vertical, FRP, 16' Diam. x 10' Ht.</u>
			<u>This tank is equipped with a high and low level/control</u>
			<u>system on the inflow and outflow.</u>

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

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

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>X</u>	<u>Inspection procedures for this unit have not been established.</u>

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>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.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Inflow to this tank may be diverted to Tank 5031, 5032, 5033, or 5035.</u>

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

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

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).

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

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>The pH of the regeneration flow is adjusted to the range of 7.5 to 9.5 using caustic soda or sulfuric acid.</u>
<u> </u>	<u> </u>	<u> </u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5046</u>	<u>30 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X - SEE NOTE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>Industrial Waste</u>	_____	_____
				<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/690 G-12, Vertical, Polyethylene, 2' Diam. x 2' Ht.</u>
			<u>This tank is equipped with an automatic float activated pump and a high level alarm system.</u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
				<u>The tank level will be maintained with an automatic float activated pump and a high level alarm system.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is currently under construction and is built of polyethylene.</u>

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (Units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5047</u>	<u>4500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Industrial Waste</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/690 H-14, Vertical, FRP, 9' Diam. x 10' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u>This tank is equipped with both high and low level alarm systems.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>
<u> </u>	<u> </u>	<u> </u>

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an</u>
<u> </u>	<u> </u>	<u> </u>	<u>epoxy-coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Tank 5036.</u>
<u> </u>	<u> </u>	<u> </u>	<u>This flow diversion is conducted automatically.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction and is built of FRP.</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>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).</u>

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>33 min.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

1 UNIT ID as coded on your facility map.

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/650 1-N-2, Horizontal, Steel, 5' Diam. x 10' L.</u>

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

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

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

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

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

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

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by a painted, stainless steel dike with dimensions of 18' L. x 18' W. x 18" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This unit is under construction.</u>

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

¹ UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5069</u>	<u>750 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>NMP Waste</u> <u>(F001,F002,F003,F005)</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X - NOT IN SERVICE</u> 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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/650 1-N-2, Horizontal, Steel, 4'6" Diam. x 8' L.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 18' W. x 18" Ht.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This unit is under construction.</u>

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

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

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5070</u>	<u>500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Anisole Waste</u> <u>(F001,F002,F003,F005)</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X - NOT IN SERVICE</u> 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.</u>

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x</u>
			<u>18" Ht.</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
	<u>X</u>			

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This unit is under construction.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

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

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SUMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5071</u>	<u>500 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - 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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/650 1-N-2, Horizontal, Steel, 3'6" Diam. x 7' L.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

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

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

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.

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

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

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

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is serviced by a painted, stainless steel dike with dimensions of 10' L. x 12' W. x</u>
<u> </u>	<u> </u>	<u> </u>	<u>18" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This unit is under construction.</u>

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

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

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This unit was not in service.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5081</u>	<u>20000 gal</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride/Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - NOT IN SERVICE INCLUSIVE YEARS: _____ - _____		<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 S, Vertical, Steel, On Ground, 18'Diam. x 13'6" Ht.</u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

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

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

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual</u>
				<u>Automatic X</u>
				<u>A one foot freeboard is maintained by an internal tank weir.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5034, 5081, and 5309 are serviced by a stainless steel-lined, concrete dike.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this unit may be diverted to tank #5034.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>or the influent valves.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This unit is painted steel and insulated with a urethane material.</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Emulsion polymers are added to the wastewater to promote solids settling.</u>
		<u>Sludge is pumped off to unit 5301, while the supernatant flows to unit 5303.</u>

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

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

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

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

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5082</u>	<u>100 K gal</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Industrial Wastewater</u>	<u>SEE NOTE</u>	
		INACTIVE <u>X</u> - NOT IN SERVICE INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 S, vertical, Steel, On Ground, 38'Diam. x 13'6" Ht.</u>
			<u>This unit is cylindrical in shape with a conical bottom.</u>

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

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

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system will be performed daily.</u>
		<u>A visual integrity check will be performed weekly.</u>

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual</u>
				<u>Automatic X</u>
				<u>A one foot freeboard is maintained by an internal tank weir.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5031, 5032, 5033, 5035 and 5082 are serviced by a common,</u> <u>epoxy-coated concrete dike.</u> <u>_____</u> <u>_____</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system</u> <u>or by closing the influent valves.</u> <u>_____</u> <u>_____</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>this unit is painted steel and insulated with a urethane material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit is used to seprate solids from the wastewater.</u>
<u> </u>	<u> </u>	<u>Sludge fromthis unit are pumped to tank #5301, while supernatant flows to tank # 5037.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

¹ UNIT ID as coded on your facility site map.

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

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5300</u>	<u>3300 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>12 K gal/day</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u> X </u>	_____	<u>B/690 A-10, Vertical, Onground FRP Tank, 9' Diam. x 7' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	<u>This tank is equipped with a level control system and a high level alarm.</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u> X </u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> X </u>	_____	_____	_____	Manual _____
_____	_____	_____	_____	Automatic <u> X </u>
_____	_____	_____	_____	<u>This unit is equipped with an automatic level control system.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
	<u>X</u>			

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
	<u>X</u>			

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank is contained by Unit 5017, an inground epoxy-coated concrete structure with steel grating.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
				<u>Flow may also be stopped by closing the influent valves.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5301</u>	<u>7100 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater Sludge</u>	<u> </u>	<u> </u>
				<u>Industrial Wastewater</u>	<u> </u>	<u> </u>
				<u>Sludge</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/690 A-13, Vertical, Painted Epoxy-coated Steel, 9' Diam. x 15' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5301 and 5040 are serviced by a common, epoxy-coated dike with dimensions of 17'7" L. x 24' W. x 3' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Inflow to this tank may be diverted to a tanker.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valves.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted and internally coated with epoxy.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 3 days.</u>	

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
(EXCLUSIVE OF 3-3)

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5302</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ X - REMOVED INCLUSIVE YEARS: <u>1985</u> - <u>1988</u>		<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/690 COL, Vertical, FRP, Onground Tank, 6' Diam. x 5' Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Winter 1988</u>	<u> </u>	<u>A visual inspection of the tank system was performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u>Manual <u> </u></u>
				<u>Automatic <u>X</u></u>
				<u>The level control system maintained the appropriate level in the tank by controlling the influent and effluent pumps.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank was contained by the sloped floor and trench drain system which has dimensions of 32'L. x</u>
<u> </u>	<u> </u>	<u> </u>	<u>61' W. x 6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank was constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit was not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 8 hours.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIAION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5303</u>	<u>700 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/690 Pmp Hse., Vertical, FRP, 4'9" Diam. x 5' Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>
			<u> </u>
			<u> </u>
			<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>
			<u> </u>
			<u> </u>
			<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>X</u>	<u> </u>	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily.</u>
		<u>and a visual integrity check to be performed weekly.</u>
		<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual <u>X</u></u>
				<u>Automatic <u> </u></u>
				<u>This tank is equipped with an 18" freeboard high level alarm system with manual shutdown.</u>
				<u> </u>
				<u> </u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is contained by the sloped floor and trench drain system with dimensions of 32'L. x 61' W. x 6" Ht.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction and built of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction.</u>

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
(EXCLUSIVE OF 3-3)

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5305</u>	<u>2000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	<u>This tank is equipped with both high and low level alarm systems.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>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.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to this tank may be diverted to Tank 5034.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
				<u>Flow may also be stopped by closing the influent valve.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Lime is added to the flow to increase the pH so that Calcium Fluoride will precipitate.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 50 min.</u>	

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5306</u>	<u>2000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X - SEE NOTE</u> INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 G-15, Vertical, FRP, 6'6" Diam. x 8'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	<u>This tank is equipped with both high and low level alarm systems.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5036, 5037, 5038, 5039, 5047, 5305, and 5306 are serviced by an</u> <u>epoxy-coated, concrete dike with dimensions of 110' L. x 30' W. x 1' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Tank 5034.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u> <u>Flow may also be stopped by closing the influent valve.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is currently under constuction and built of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Lime is added to flow from Flash Tank 5305 to further increase pH for precipitation of Calcium Fluoride.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 50 min.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5309</u>	<u>40000 gal</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X - SEE NOTE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 Defluorination 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/690 5, Vertical, FRP, 19' Diam. x 19' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	<u>This tank has a domed cover and is equipped with both high and low level alarms.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures will include a visual inspection of the tank system to be performed daily and a visual integrity check to be performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 5034, 5081 and 5309 are serviced by a stainless steel-lined, concrete dike.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow may be diverted to Tank 5031, 5032, 5033, or 5034.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is currently under construction and built of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

For the SMU 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>5324</u>	<u>1100 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/630 L-1, Vertical, Onground PVC Tank in Containment, 4' Diam. x 12' Ht.</u>
			<u>This tank is equipped with a level control system and a high level alarm.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is serviced by a coated concrete dike with sump. The dimensions are 4'6" L. x 8'6" W. x 10' L.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of PVC.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMIATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9001</u>	<u>400 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Perchloroethylene Waste</u> <u>F001, F002</u>	<u>NOT KNOWN</u>	<u>_____</u>
		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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/335, Vertical, Carbon Steel, 3'7" L. x 3' W. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>This unit is equipped with an automatic liquid level control pump station. Flow from this unit is pumped to Tank 168.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is serviced by a concrete vault slightly larger than itself.</u> <u>_____</u> <u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>Flow to this unit is not continuous. This sump is used to drain units of the perc. recycle plant</u> <u>when maintenance is to be performed.</u> <u>_____</u> <u>_____</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIAION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9002</u>	<u>200 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1979</u>	<u>S02</u>	<u>Perchloroethylene Waste</u>	<u>NOT KNOWN</u>	<u></u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>F001, F002</u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
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				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/335, Vertical, Steel, 3' L. x 3' W. x 3' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>This unit is equipped with an automatic liquid level control pump station. Flow from this unit is pumped to Tank 168.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by a concrete vault slightly larger than itself.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Flow to this unit is not continuous.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9003</u>	<u>150 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1979</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>40000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Colling Tower</u>	<u> </u>	<u> </u>
				<u>Blowdown/Overflow</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/335, Vertical, Onground Tank, 3' Diam. x 3' Ht.</u>
			<u>This unit is equipped with an automatic liquid level control pump station.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Most of the tank surface is visible without corrosion, however, the tank sets on the concrete floor and the bottom cannot be inspected.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9004</u>	<u>200 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1981</u>	<u>T01</u>	<u>Perchloroethylene Waste</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>F001, F002</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u> <u>Automatic _____</u> <u>This is a covered tank.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> </u>	<u> X </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this unit may be diverted to Unit 9005.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Units are constructed of steel and inspected daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>These tanks act as a filtering unit.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u><1 hour-several days</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9005</u>	<u>200 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1981</u>	<u>T01</u>	<u>Perchloroethylene Waste</u> <u>F001, F002</u>	<u>NOT KNOWN</u>	<u> </u>
		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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/335, Vertical, Steel, 20 tanks measuring 8" Diam. x 3'6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each</u>
<u> </u>	<u> </u>	<u>shift. There are generally three shifts each day.</u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this unit may be diverted to Unit 9004.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
				<u>Flow may also be stopped by closing the influent valve.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Units are constructed of steel and inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>These tanks act as a filtering unit.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u><1 hour-several days</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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?
<u>9008</u>	<u>NOT KNOWN</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T04</u>	<u>Contaminated Groundwater</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>SOLVENT WASTE-MIXED</u> <u>(F001,F002,F003,F005)</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/384 S Link, Vertical, Inground Unit, 6' Diam.</u>
_____	_____	_____	<u>This unit includes a ground water collection well and the drain pipe</u>
_____	_____	_____	<u>which directs the ground water to the well.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>Access to the collection well can be made through a hatch in the concrete cover.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this unit is maintained automatically using a</u>
_____	_____	_____	_____	<u>level sensor/pump system.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
------------	-----------	-----------	-----------	---------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
------------	-----------	-----------	-----------	------------------------------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

_____	<u>X</u>	_____	_____
-------	----------	-------	-------

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	----------------------------

_____	<u>X</u>	_____	_____
-------	----------	-------	-------

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
------------	-----------	-----------	-----------	----------------

_____	<u>X</u>	_____	_____	_____
-------	----------	-------	-------	-------

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Visual observation of this units surface is not possible.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit is used to collect ground water which is contaminated</u>
<u> </u>	<u> </u>	<u>with Waste solvents. Flow from this unit is pumped to the solvent separator (Unit 9009).</u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is not used for waste storage.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>	<u>-----</u>

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9009</u>	<u>750 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T01</u>	<u>Contaminated Groundwater</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>SOLVENT WASTE-MIXED</u>	<u> </u>	<u> </u>
				<u>(F001,F002,F003,F005)</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
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				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/384 S Link, Vertical, Steel, Conical Bottom, 5' Diam. x 4' Ht.</u>
			<u>This unit is elevated above a Waste solvent/Drum Collection Scale.</u>
			<u>The waste solvent fraction which settles out of the ground water is manually</u>
			<u>drained to a 55 gal. drum setting on the scale to indicate when the drum is full.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u>This unit is uncovered and is equipped with a hood to collect and</u>
			<u>discharge room air.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual</u>
				<u>Automatic</u>
				<u>The liquid level within this unit is maintained by an overflow weir which then gravity</u>
				<u>feeds to the Influent Storage Tank (Unit 214).</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by a concrete sump built into the building floor and</u>
_____	_____	_____	<u>measures 6'2" L x 6'2" W x 3.73' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is equipped with a solvent phase sensor. When the solvent phase reaches a set level the</u>
_____	_____	_____	<u>sensor sounds an alarm and the operator then drains the solvent fraction to the solvent waste drum.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system and</u>
_____	_____	_____	_____	<u>closing the influent valves.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The external surface of this unit is visible and checked daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>The heavy solvent fraction of the contaminated ground water is allowed to collect</u>
		<u>in the tanks conical bottom.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>The time needed to collect a solvent fraction to</u>
			<u>sound the set alarm varies with the concentration</u>
			<u>and amount of ground water collected.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				<u> </u>
				<u> </u>
				<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9010</u>	<u>807 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride/Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - NOT IN SERVICE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: Units 9010 and 9011 will be replacing units 58 and 80. These units are currently in planning. 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit will have a bolted manway opening.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>NK</u>	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This will be a covered tank.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This will be a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This will be a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank will be serviced by a stainless steel pan common with unit 9011.</u>
			<u>Capacity will be approximately 210 gal.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to this unit may be diverted to unit 9011.</u>
			<u>Tank contents may be drained to a tanker.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>
				<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This unit is currently in planing.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit will not be used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 Hr.</u>	

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9011</u>	<u>807 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride/Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> - NOT IN SERVICE INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: Units 9010 and 9011 will be replacing units 58 and 80. These units are currently in planning. 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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/300 Shelter Floor Basement, N16, Vertical, FRP, 6' L. x 3' W. x 6' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit will have a bolted manway opening.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>NK</u>	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This will be a covered tank.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This will be a covered tank.</u>
_____	_____	_____	_____	_____

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This will be a covered tank.</u>
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank will be serviced by a stainless steel pan common with unit 9011.</u>
_____	_____	_____	<u>Capacity will be approximately 210 gal.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this unit may be diverted to unit 9010.</u>
_____	_____	_____	<u>Tank contents may be drained to a tanker.</u>
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This unit is currently in planing.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
	<u>X</u>	<u>This unit will not be used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 Hr.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>9012</u>	<u>2,600 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1983</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/312 SE, Horizontal, FRP, Double Walled, 5.5' W. x 8.5' L. x 7.5' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>X</u>	

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>Liquid level within this unit is controlled by a level sensor/pump system.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a double wall tank in a concrete vault.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		The tank is constructed of FRP.

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		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?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hrs.</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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?
<u>9013</u>	<u>UNKNOWN</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>NK</u> - <u>NK</u>		<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>B/300 N,</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u> </u>	<u>Manual _____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic _____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>
_____	_____	<u>X</u>	_____

Monitoring Description/COMMENTInformation 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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>
_____	_____	<u>X</u>	_____

Control Description/COMMENTInformation 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.

<u>Yes</u>	<u>No</u>	<u>NK</u>
_____	_____	<u>X</u>

Description/COMMENTInformation 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.

<u>Yes</u>	<u>No</u>	<u>NK</u>
_____	_____	<u>X</u>

Description/COMMENTInformation 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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>
_____	_____	<u>X</u>	_____

COMMENTInformation to address this question is not available for this unit.

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Information to address this question</u>
<u> </u>	<u> </u>	<u> </u>	<u>is not available.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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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. 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>TANK A</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ X-REMOVED _____ INCLUSIVE YEARS: <u>NK</u> - <u>NK</u>		<u>CORROSIVE WASTEWATER</u> <u>(D002)</u>		

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 TANKS3-4.2 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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/330C E, Vertical, inground concrete manhole/tank.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit had a manhole type cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>X</u>	<u>Information to address this question is not available for this unit.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
		<u>X</u>		<u>Manual</u>
				<u>Automatic</u>
				<u>Information to address this question is not available for this unit.</u>

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 90 days</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>TANK B</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>SO2</u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ X REMOVED INCLUSIVE YEARS: <u>NK</u> - <u>NK</u>		<u>CORROSIVE WASTEWATER</u> <u>(D002)</u>		

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.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330C E, Vertical, inground concrete manhole/tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit had a manhole type cover.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____	_____	_____

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.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	_____	<u>X</u>	_____	<u>Information to address this question is not available for this unit.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Information to address this question is not available for this unit.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 90 days</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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, 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/310 LS FL</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Fluoride/Heavy Metals</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 OTHERBuilding 310 Fluoride Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/310 LS IW</u>	<u>SEE NOTE</u>	ACTIVE <u> X </u> YEAR START: <u> NK </u>	<u>S02</u>	<u>Industrial Waste</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 OTHERBuilding 310 Industrial Waste Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>	<u>IBM I.D.#</u>	<u>LOCATION</u>
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

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	-------------------	----------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/310 LS SO</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>SOLVENT WASTE-MIXED (F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	<u> </u>
		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 OTHERBuilding 310 Solvent Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/320B LS FL</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Fluoride/Heavy Metals</u> <u>D002, D007</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	

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 OTHERBuilding 320B Fluoride Lift Stations

<u>INDEX #</u>	<u>LOCATION</u>
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

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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. 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/320B LS IW</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 OTHERBuilding 320B Industrial Waste Lift Stations

<u>INDEX #</u>	<u>LOCATION</u>
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

3-8 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 particylar 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/320B LS SO</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	<u>_____</u>
		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 OTHERBuilding 320B Solvent Lift Stations

<u>INDEX #</u>	<u>WASTE</u>	<u>LOCATION</u>
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 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330C LS FL</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Fluoride/Heavy Metals</u> <u>D002, D007</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	

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

<u>IBM I.D.#</u>	<u>LOCATION</u>
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 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-8 OTHERANY 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330C LS IW</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 OTHERBuilding 330C Industrial Waste Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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

3-8 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		

Currently <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		

Planned to be <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		

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 in each 'other' unit. Identify unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describes the characteristics and/or the toxic contaminants of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> 1	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> 2	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330C LS SO</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	
		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 OTHERBuilding 330C Solvent Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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

3-8 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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.

3-8 OTHER

3-8.3 EVIDENCE OF RELEASE/REMIATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330D LS FL</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Fluoride/Heavy Metals</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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

<u>IBM I.D.#</u>	<u>LOCATION</u>
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 description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330D LS IW</u>	<u>SEE NOTE</u>	ACTIVE <u>X</u> YEAR START: <u>NK</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

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 OTHERBuilding 330D Industrial Waste Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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)

3-8 OTHER

3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.
Each unit is equipped with a pump that 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/330D LS SO</u>	<u>SEE NOTE</u>	ACTIVE <u> X </u> YEAR START: <u> NK </u>	<u> S02 </u>	<u>SOLVENT WASTE-MIXED</u> <u>(F001, F002, F003, F005)</u>	<u> NOT KNOWN </u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> - </u>				

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 OTHERBuilding 330D Solvent Lift Stations

<u>IBM I.D.#</u>	<u>LOCATION</u>
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 OTHER3-8.2 WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SWMU identified on the preceding page. Indicate containment and control systems used. In addition, provide a description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

Within this building there are a number of lift stations (see attached) which collect wastes from process tools or stations.

Each unit is equipped with a pump that 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.

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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 particylar 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/386 FP-1</u>	<u>2231sq.ft</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T04</u>	<u>Fluoride/Heavy Metals</u>	<u>753.5 tons/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Sludge (D002,D007)</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 description 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/386 FP-2</u>	<u>2231sq.ft</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T04</u>	<u>Fluoride/Heavy Metals</u>	<u>753.5 tons/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Wastewater</u>	<u> </u>	<u> </u>
				<u>Sludge</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

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 description of inspection and monitoring procedures implemented.

WASTE MANAGEMENT DESCRIPTION

This unit is used to dewater the IW sludge from Tank 3055. Filtrate from the 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>B/690 FP-1</u>	<u>400 sq.ft</u>	<u>ACTIVE</u> <u>YEAR START: _____</u>	<u>T04</u>	<u>Fluoride/Heavy Metals</u>	<u>SEE NOTE</u>	<u>_____</u>
		<u>INACTIVE <input checked="" type="checkbox"/> - NOT IN SERVICE</u> <u>INCLUSIVE YEARS: _____ - _____</u>		<u>Industrial Wastewater</u>	<u>_____</u>	<u>_____</u>
				<u>Sludge</u>	<u>_____</u>	<u>_____</u>
				<u>D002, D007</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>

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 description 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 is 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/REMEDATION

Please 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
				<u> </u>
				<u> </u>
				<u> </u>

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>202</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T04</u>	<u>Fluoride/Heavy Metals</u>	<u>1,100 tons/yr.</u>	_____
		INACTIVE <u>X - NOT IN USE</u> INCLUSIVE YEARS: <u>1979 - 1988</u>		<u>Wastewater Sludge</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

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 description 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 Effluent 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 visual 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

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				

*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-8 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:

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.